stay safe

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PREVENTING SEXUAL VIOLENCE

TRAINING PROGRAMME FOR PROFESSIONALS WORKING WITH WOMEN WITHPSYCHO-SOCIAL DISABILITIES

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Learning programme for professionals working with women with psycho-social disabilities

The learning objectives of the programme for professionals working in the psycho-social disability field

The programme aims to improve knowledge and capacities about the risk of sexual harassment/violence to which psycho-socially disabled women are exposed and on how professionals can deal with such incidents. Moreover, in order professionals to be able to better support their clients as regards incidents of sexual harassment/ violence this training also will apply the behavioural approach as follows:

- woman must hold positive attitudes toward reporting violence: professionals should communicate the idea that the report will be taken seriously and investigated while protecting the safety of the victim

- woman must believe that others will approve her behaviour (i.e. norm): professionals should contribute to create a supportive context that enables disclosure
- woman must believe that others will approve her behaviour (i.e. norm): professionals should communicate an attitude that it is good to report
- woman must know about the behaviour and must not be constrained by her environment (i.e. skills, knowledge and environmental-social constraints): professionals should create an environment that enables reporting (routine enquiry, alternatives options for reporting).

The educational programme will include non-formal education activities and creative-drama techniques. It will cover a wide range of topics, such as statistics and trends on sexual harassment and violence, types and forms of sexual violence and their consequences on victims, relevant legislation and victims' rights, best practices and tools for preventing and dealing with such issues etc. The materials will be translated and adapted accordingly by each partner country.

While this training is thought for professionals working in the psycho-social disability field, some of its content might be of interest for informal carers of women with psycho-social disability. An informal carer is a person who provides – usually – unpaid care to someone with a long lasting health or care need, outside a professional or formal framework. As a friend or a relative of the person in need of care, they are in a position to contribute to a large extent to his/her well-being through the care and support they give. However, they often lack the support and training necessary to be able to provide quality care on the long run, without putting at stake their own health and inclusion in society.

In many cases, women with psycho-social disability receive care both from professionals and informal carers (for example if they attend day care facilities, or alternate periods in institutional care with periods within their family). Therefore it is crucial that awareness is raised also among carers on the risks of sexual violence faced by women with psycho-social disabilities, and how to prevent and address the issue.

In particular, the modules 2, 3 and 4 might be relevant for informal carers and as such integrated in initiatives aimed specifically at informing and supporting them. More generally, Stay Safe training might be the basis on which to build partnerships between professionals and organisations supporting informal carers and families of women with psycho-social disability, aimed to share information to a wider audience and join forces to combat sexual violence against vulnerable women.

The approach/Methodology/learning methods

It is suggested to use blended learning for professionals combining face-to-face sessions and online learning experience. Learning online combined with face to face sessions would complement each other by using its particular strengths and lead to best results.

During face to-face sessions it is recommended to use Creative drama techniques which would enable participants to better understand the situations, the feeling of disabled women and their own feelings when dealing with the situations of sexual violence. The method facilitates to look for and find solutions, to develop appropriate communication needed in such cases. This would create a safe space to explore their own feelings and the feelings of others, express their thoughts and ideas when solving the cases of sexual violence. The training course is expected to enable professionals to contribute in creating supportive context that enables disclosure.

Creative drama techniques

Creative drama is a type of theatre used for educational purposes that helps work on social skills and academic subjects using theatre games and improvisations while being led by a trained instructor. It provides a safe environment for learners to explore behaviour, ideas, creativity, and school subjects. Ultimately, creative drama is an out-of-the-box approach to

learning that engages imagination, concentration, and sensory awareness in a theatre environment (Creative Drama: Definition & Example).

Creative drama builds on the elements of play to create a learning atmosphere that targets social growth and academic improvement.

Learners can do role-playing exercises to learn about themselves and others socially, and dramatizing a story allows learners to find new alternatives and make decisions. Creative drama is not formal, and no written scripts are used. The dialogue in the exercises is improvisational and based on stories and subjects discussed and developed by the participants.

These activities build self-discipline, self-esteem, and relationships with others. The art of creative drama lies in technique, and the exercises explore the imagination, dramatic technique, sensory awareness, and concentration.

Creative drama incorporates the following techniques:

- **Pantomime** technique**.** Pantomime is the expression of non-verbal communication, showing how much we can say without speaking and how much we communicate with gestures.
- **Improvisation** technique. Improvisations are scenes that are planned in advance, but the action and dialogue are performed spontaneously in the moment.
- **Role-playing** technique. In role-playing, the participants act out a life problem and play different roles in the scenario.
- **Sense memory improvisation** technique. With sense memory improvisation, the exercises emphasize the five senses - sight, smell, sound, touch, and taste - and also work on sound and visual perception. We experience life through our senses, and seeing and hearing are essential tools for reading and reading comprehension.

- **Emotions**. Participants are encouraged to express and understand their emotions with these exercises. They have a safe place to explore their own feelings and the feelings of others through role-playing.
- **Characterization** improvisations teach the similarities and differences of people, such as physicality, culture, age, religion, and ethnicity. Participants can learn about real people and characters in literature, and they experience how to think, feel, move, and behave like the person they are portraying.
- **Dialogue**. Participants use dialogue to express their thoughts, ideas, and feelings. They can discuss and organize the dialogue in the scenes they act out, and then, after the scenes are performed, they express their responses to the scenes.
- **Story dramatization.** The participants act out stories they write, enjoy, or have heard previously. They can also create stories to dramatize in small groups.

Learning outcomes

After completing the training course learners will be able to:

- Understand the prevalence of violence among women and girls with psychosocial disabilities and challenges while dealing with it;
- Recognise the types and forms of sexual violence;
- Understand the impact of violence and consequences for the victims/ disabled women;
- Evaluate/ distinguish risk factors for gender-based violence against women with psychosocial disabilities;
- Assess/recognize/evaluate the violence against women with psycho-social disabilities in concrete situations;
- Know/Apply victims' rights and the legislation at the European, national and international level in the gender-based violence field;
- Prevent sexual violence among women and girls with psychosocial disabilities;
- Deal with the cases of violence against women with psychosocial disabilities;

- Employ best practices and tools for preventing and dealing with sexual harassment/ violence, including supporting the reporting of cases;
- Understanding the importance of networks to tackle sexual harassment/ violence against disabled women.
- Contribute in creating supportive context for the disabled women that enables disclosure of violence.

The content of the training program

These training program for professionals working in the disability field will cover:

Prevalence of sexual harassment/ violence among women and girls with psycho-social disabilities

This part is an overview of statistical data and any relevant additional information in regards to prevalence of sexual harassment/violence among women and girls with psycho-social disabilities. Available information on cases of violence (statistical information, reports, other data), an extent to which violence against women and girls with psycho-social disabilities is spread nationally is presented by each partner country. Comparison of the national findings in the context of EU will also be presented by discussing the violence prevalence/severity/disclosure scores in the EU.

Types and forms of sexual violence and their consequences on victims

Information about different types and forms of sexual harassment /violence is covered in detail. Relevant and comprehensive examples of different sexual violence are presented and used to sensitize participants, as well as, train them to recognize different types and forms of this violence. As violence may have a great impact on the victim, it is also presented what consequences it might cause to the person experiencing violent acts.

Risk factors for sexual harassment/ violence against women with psycho-social disabilities

This chapter consists of main risk factors that can influence or cause incidents of sexual harassment/ violence against women and girls with psycho-social disabilities. This includes factors such as poverty, low levels of economic empowerment, age, domestic environment, the education level of women, norms supporting gender-based violence, lack of institutional support, etc.

How to recognize sexual harassment/ violence against women with psycho-social disabilities

This part presents possible ways of realising whether a woman or a girl with psycho-social disabilities is or has experienced violence. It consists of possible behavioural traits, body language signs and other relevant remarks from professionals working in this field. The tools to assess/evaluate the situation are presented.

Relevant legislation and victims' rights

Legislation system at the European and international level relevant to gender-based violence is presented. Training program will cover the rights of a person who has experienced violence as well, so that it is clear how the law can benefit professionals and victims in seeking justice. Moreover, each partner country presents their national legislation system and rights that are relevant for victims of gender-based violence and for professionals (such as duty to report).

How professionals could prevent violence among women and girls with disabilities: at professional, organizational and structural level

This chapter covers possible ways of violence prevention by discussing and analysing different levels: professional, organizational and structural. This will provide a broad spectrum of actions and necessary setting at local workplaces, national institutions, institutional support mechanisms, etc. that would help prevent violence among women and girls with disabilities within various levels.

How professionals could deal with the cases of violence against women and girls with psycho-social disabilities: professional, organizational and structural level

This chapter covers possible ways of tackling violence by discussing and analysing different levels: professional, organizational and structural. This will provide a broad spectrum of actions for individual professionals, local workplaces, national institutions, institutional support mechanisms, etc. that would help professionals in dealing with violence among women and girls with disabilities within various levels, including supporting the reporting of cases.

Best practices and tools for preventing and dealing with such issues

Good practices, tools and concrete examples of successful actions, programs, campaigns, etc. in preventing or dealing with violence among women and girls with psycho-social disabilities are presented in the training program. This information is gathered from all partner countries.

Creating networks for preventing and tackling sexual violence / harassment against disabled women

It is suggested how and why networks are important for professionals in solving gender-based violence against disabled women. Professionals are instructed on most convenient ways in networks creation.

Lessons plan and learning hours

The duration of the training course is 32 hours in total, including:

- 16 hours (estimated) of online access to theory via the e-learning platform Stay safe training courses (staysafeproject.eu) and
- 16 hours of 3 face-to-face sessions (kick-off, midterm, final).

Here is a proposal of lesson plan:

No	Method	Duration (*a. h)	Content/Topics
1	Face-to-face	6	• Getting to know each other's • Learners expectations • Sensitising - brainstorming about the violence among women with psychosocial disabilities and main challenges faced by professionals • Introduction of the STAY SAFE Training model for professionals working in the psycho-social disability field • How to recognize the violence against women with psycho-social disabilities: Introduction and exercises based on Creative drama techniques • Introduction of the Online training • Giving the task for online self-learning
2	Online session	8	• Self-learning on the themes: • Prevalence of violence among women and girls with psycho-social disabilities • Types and forms of sexual violence and their consequences on victims • Risk factors for gender-based violence against women with psycho-social disabilities
3	Face-to-face	6	• Reflections on the experience of the online training / questions and answers • The ways to prevent violence among women and girls with disabilities: at professional, organizational and

			structural level Introduction and Exercises based on Creative drama techniques • The ways to deal with the cases of violence against women and girls with psycho-social disabilities: professional, organizational and structural level • Exercises based on Creative drama techniques • Introduction of further Online training
4	Online session	8	• Self-learning on the topics: • Relevant legislation and victims' rights • Best practices and tools for preventing and dealing with such issues
5	Face-to-face	4	• Final session: • Reflections on the experience of the online training / questions and answers • Creating networks for tackling sexual harassment / violence against disabled women • Exercises based on Creative drama techniques • Assessment to the competences gained during the trainings
TOTAL		32	

MODULE 1 – Prevalence. How professionals could understand the prevalence of violence among women and girls with psychosocial disabilities and challenges while dealing with it

Theme	**HOW PROFESSIONALS COULD UNDERSTAND THE PREVALENCE OF VIOLENCE AMONG WOMEN AND GIRLS WITH PSYCHOSOCIAL DISABILITIES**
Goal(s) and objectives	This chapter presents an overview of statistical data and any relevant additional information in regards to prevalence of sexual harassment/violence among women and girls with psycho-social disabilities. Available information on cases of violence (statistical information, reports, other data), an extent to which violence against women and girls with psycho-social disabilities is spread nationally is presented by each partner country. Comparison of the national findings in the context of EU will also be presented by discussing the violence prevalence/severity/disclosure scores in the EU. GBV is a widespread phenomenon affecting millions of women worldwide every year. The aim of the Stay Safe training tool is not to provide an analytic and in-depth presentation of the direct and indirect dimensions and implications of GBV, but to draw attention to the risks which potentially face women with psycho-social disabilities.
Learning outcomes	At the end of this module the learner will: • Know the principles about the violence among women with psychosocial disabilities and main challenges faced by professionals • Know the principles of the extent to which violence against women and girls occurs nationally. • Know the level of national findings in the context of EU by discussing the violence prevalence/severity/disclosure scores in the EU

Methods	• E-learning presentation • Self-assessment • Guided discussion
Duration:	2 hours online – 1,5 hours face to face
Resources needed:	• Flipchart and markers • Post-it, papers, pens • Copies of the national findings (Worksheet 1.2) / one for each participant • Copies of the comparative findings in the context of EU / one for each participant
Order of activities	• E-learning module (2H) • Face to face: • Welcome and introduction (5 min.) • Q&A session (15 minutes) • Guided discussion on the contents of the module (20 min.) – Worksheet 1 • What is the extent of GBV in (name county) according the national findings (30 min.) – Worksheet 2 • What is the level of the national findings in the context of EU – Worksheet 3 • Wrap up and conclusions (5 min.)
Evaluation	Self-assessment quiz

References	• Gender-based violence among people with disabilities is a neglected public health topic. Available from: https://www.tandfonline.com/doi/full/10.1080/16549716.2019.1694758 • Five facts to know about violence against women and girls with disabilities. Available from: https://blogs.worldbank.org/sustainablecities/five-facts-know-about-violence-against-women-and-girls-disabilities • Addressing gender-based violence and supporting sexual and reproductive health and rights for persons with disabilities .Available from: https://www.oecd-ilibrary.org/docserver/9789264309333-16-en.pdf?expires=1607421557&id=id&accname=guest&checksum=D104736194D8AE5825789C8F21A3DBB9
Handouts	-

Theoretical contents available through the e-learning course

Understanding the prevalence

The understanding of the prevalence of GBV against people with disabilities can emerge from several sources:

- By national or international studies
- From national and international statistics
- From the protection policies and public bodies
- From the awareness campaigns

Gender-Based violence refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norm. (UNHCR)[1]

Gender-based violence (GBV) or violence against women and girls (VAWG), is a global pandemic that affects 1 in 3 women in their lifetime.

The numbers are staggering:

- 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.
- Globally, 7% of women have been sexually assaulted by someone other than a partner.
- Globally, as many as 38% of murders of women are committed by an intimate partner.
- 200 million women have experienced female genital mutilation/cutting.

This issue is not only devastating for survivors of violence and their families, but also entails significant social and economic costs. In some countries, violence against women is estimated

[1] Gender-based Violence - UNHCR https://www.unhcr.org/gender-based-violence.html

to cost countries up to 3.7% of their GDP – more than double what most governments spend on education. (World Health Organisation, 2017, The World Bank, 2019)[2][3]

According to 2014 survey on violence against women (VAW) of the EU Fundamental Rights Agency (FRA) the violence against women is a widespread problem in the EU. The report which was based on interviews with 42,000 women across the 28 Member States of the European Union (EU) showed that violence against women, and specifically gender-based violence that disproportionately affects women, **is an extensive human rights abuse that the EU cannot afford to overlook.** (EAPN, 2019)[4]

Main findings from the FRA Survey (EAPN, 2019):

Extent of the problem:

• An estimated 13 million women in the EU have experienced physical violence in the course of 12 months before the survey interviews;

• An estimated 3.7 million women in the EU have experienced sexual violence in the course of 12 months before the survey interviews.

Overall prevalence of physical and sexual violence:

• One in three women (33%) has experienced physical and/or sexual violence from the age of 15;

• Some 8% of women have experienced physical and/or sexual violence in the 12 months before the survey interview;

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[2] Gender-Based Violence (Violence Against Women and Girls)- Gender-Based Violence (Violence Against Women and Girls) (worldbank.org)
[3] Violence against women - https://www.who.int/news-room/fact-sheets/detail/violence-against-women
[4] Gender-based Violence and Poverty in Europe- EAPN https://www.eapn.eu/wp-content/uploads/2019/07/EAPN-Gender-violence-and-poverty-Final-web-3696.pdf

• Out of all women who have a (current or previous) partner, 22% have experienced physical and/or sexual violence by a partner since the age of 15.

A systematic review and meta-analysis of the global prevalence and risk of violence against adults with disabilities published in the Lancet in 2012 found that overall adults with disabilities are 1.5 times more likely to be victims of violence than those without a disability; while adults with mental disabilities are at nearly four times the risk of experiencing violence (Hughes, Bellis, Jones, Wood, Bates et al 2012)[5].

Even there is scanty research on the prevalence and risk factors of GBV among people with disabilities, scholars agree that women with mental disabilities have the highest risk to be victim of GBV. Women with disabilities are less likely to disclose violence or seek help. This is due to women being unaware they are being abused or recognizing ill treatment –thinking it is normal; a cognitive inability to comprehend what is happening; dependence on partner and/or fear of losing partner or children; fear of institutionalization, lack of screening for violence, not being aware of her rights and laws to protect her, and lack of access to information on prevention or protection. If they do seek help, they are met with physical, resource and attitudinal barriers, for example because social workers may not understand the issues facing women with disabilities, and disability sector workers may not be educated about the high risk of violence.

Understanding the challenges of the professionals facing

The EU countries directly targeted by this project are Italy, Greece, Spain, Portugal and Lithuania, which share similar experiences and challenges as regards the phenomenon of sexual violence and sexual harassment against women. In specific:

[5] Hughes K, Bellis MA, Jones L, et al. Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. Lancet. 2012;379:1621–1629. PubMed PMID: WOS:000303452600036. [Crossref], [Web of Science ®], [Google Scholar]

- According to the 2015 Italian National Institute of Statistics report, almost 1 in 3 women in Italy have disclosed physical and/or sexual violence, while the percentage of women aged 16-70 that are victims of some form of violence is 31%, of which 21% concerns sexual violence.
- In Greece, according to the 2014 EU FRA survey, since the age of 15, 1 in 4 women in Greece has experienced physical and/or sexual violence.
- Nearly 1.5 women in 100 over the age of 14 have reported sexual violence in Spain, according to 2017 data of Spain's National Statistics Institute.
- Also, in Portugal, 24% of women have experienced physical and/or sexual violence at least once since the age of 15; 18% of women who have experienced physical and/or sexual violence by any perpetrator in the past 12 months have not told anyone (EIGE, 2017).

Moreover, as stated in the 2012 EU FRA research, 35% of the respondents (women) in Lithuania stated that they have experienced sexual harassment by any perpetrator since age 15.

There are no specific data about sexual harassment on women with mental disabilities, but according to estimations, they seemed to be more affected by sexual violence and harassment. With the exception of some research data in Spain, which indicate that among 70% and 80% of people with disabilities suffer harassment in some moment of their life, among of which, the number of women is undoubtedly prevalent, there are no specific data about sexual harassment on women with mental disabilities. This is also related to the lack of awareness of the problem among professionals working in the disability field as well as to the lack of information and sexual education among women with mental disabilities so as to be able to recognize the actions that can be considered sexual abuse/harassment.

According to the need's analysis developed by the consortium research team, the following modules are developed in order to inform, assist and train professionals and informal caregivers about the risk of sexual harassment/violence to which psycho-socially disabled women are exposed and on how they can deal with such incidents.

Types and forms: Information about different types and forms of sexual harassment /violence will be covered in detail

Risk factors: Main risk factors that can influence or cause incidents of sexual harassment/ violence against women and girls with psycho-social disabilities.

Ability to recognise and prevent sexual harassment: Possible ways of realising whether a woman or a girl with psycho-social disabilities is or has experienced violence**.**

Relevant legislation and victims' rights: Legislation system at the European and international level relevant to gender-based violence.

How professionals could prevent violence among women and girls with disabilities: at professional, organizational and structural level: Possible ways of violence prevention by discussing and analysing different levels: professional, organizational and structural.

How professionals could deal with the cases of violence against women and girls with psycho-social disabilities: professional, organizational and structural level: Possible ways of tackling violence by discussing and analysing different levels: professional, organizational and structural.

Creating networks for preventing and tackling sexual violence / harassment against disabled women: Understanding the importance of networks in solving gender-based violence against disabled women.

Best practices and tools for preventing and dealing with such issues

Good practices, tools and concrete examples of successful actions, programs, campaigns, etc. in preventing or dealing with violence among women and girls with psycho-social disabilities.

Becoming familiar with the gender equality index

In general

The Gender Equality Index is a tool to measure the progress of gender equality in the EU, developed by European Institution for Gender Equality. It gives more visibility to areas that need improvement and ultimately supports policy makers to design more effective gender equality measures.

Unlike the general score of the Gender Equality Index, for which the higher the score the closer the country is to achieving equality between women and men in all areas, the interpretation of the composite measure of violence against women uses the opposite approach. This means that the higher the score of the composite measure the more serious the phenomenon of violence against women is in the country. Building on previous editions and EIGE's approach to intersecting inequalities, the Gender Equality Index 2019 continues to show the diverse realities that different groups of women and men face. It examines how elements such as disability, age, level of education, country of birth and family type intersect with gender to create different pathways in people's lives.

According to the statistics of the European Institute for Gender Equality 2019, the average score in Europe is 67.4. Among the consortium countries, only Spain scores better than that, followed by Italy which scores second while Greece is in the last place of the 28 countries with a percentage of 51.2. Comparing violence scores, the average score in Europe is 27.5, and Greece and Italy score the highest rates, below the European average, while Portugal, Lithuania, and Spain score the lower rates, without significant difference. In addition, the category of Violence consists of three sub-domains: Prevalence, which measures the frequency of violence against women; Severity, which measures the health consequences of violence; and Disclosure, which measures the reporting of violence. In Prevalence all participating countries score below the Europe 28 average with Lithuania scoring the highest rates and Spain and Portugal scoring significantly lower rates. In Severity, all five countries are below the EU-28 46,9 average while Italy scores the highest and Portugal at the lowest rate. In the field of Disclosure, four countries are above the EE-28 14,3 average and Greece scores first while Lithuania is in the last position below the EE-28 average rate.

Online game

Index game: **What does your life look like?** Enter your gender and country of birth to see how your life could turn out: https://eige.europa.eu/gender-equality-index/game

Self-assessment test

A. Why the danger of GBV is higher among victims with psychosocial disabilities?

1. women being unaware they are being abused or recognizing ill treatment –thinking it is normal
2. a cognitive inability to comprehend what is happening
3. dependence on partner and/or fear of losing partner or children
4. fear of institutionalization, lack of screening for violence
5. not being aware of their rights and laws to protect them, and lack of access to information on prevention or protection.
6. All of the above

B. Where the national findings regarding GBV during lock down worrying

1. true
2. false

C. What is the most important GBV index according the EU categorization?

1. Prevalence
2. Severity
3. Disclosure
4. All of the above

D. What is the purpose GBV studies?

1. preventing and responding GBV
2. reducing the harm of GBV
3. for statistic and academic purposes
4. helping professionals, victims and general public to address, prevent, monitor and be aware about the issues of GBV.

Worksheets for the face to face session

Worksheet 1.1 – Guided discussion on the prevalence

Objective: elicit discussion on the contents of the online module

Duration: 20 minutes

Implementation: the facilitator asks each participant to write on a post it the topic of the online module which he/she considers the most interesting / relevant for his/her work. [**Note:** online this can be done with tools such as Reetro or Ideazboard].

The facilitator will then pick up the topics which are mentioned as most relevant and ask the following questions:

- Why do you consider this issue to be the most relevant? How does it link with your practice?
- What kind of challenges do you see in preventing GBV against women and girls in (name country) with psychosocial disabilities in practice?
- Why this topic (choose from the responses) would be more helpful/ interesting to you as professional?

Worksheet 1.2 – National findings

Objective: make sure that the contents are understood correctly by participants

Duration: 30 minutes

Implementation: According to the national findings you distribute to all participants a template with the most recent statistical data regarding GBV in (name country) and you present the related additional information (prepared by whom, when and during which timeframe/ possible info during COVID 19). This can be done by distributing different statistics to different participants/ groups

Ask each participant/group to present different abuse indicators and present their opinions

Discuss the replies in plenary – emphasising to the what these data exemplify

Worksheet 1.3 – Level of national findings in the context of EU

Objective: make sure that the contents are understood correctly by participants

Duration: 30 minutes

Implementation: According to the comparative GBV index you offer to all participants templates with the most recent scores in EU Equality index and the three GBV scores for prevalence/severity/ disclosure in (name country) and you present the related additional information (what is the meaning of every categorization and how the GBV index works). This can be also done by distributing different statistics to different participants/ groups

Briefly present your national context and statistical data referring to the national reports available on https://staysafeproject.eu/download/1590/

Ask each participant/group to present different statistics according different levels

Discuss the replies in plenary – emphasising to the what these data exemplify

MODULE 2 - Types and forms of sexual violence and their consequences on victims

Theme	**TYPES AND FORMS OF SEXUAL VIOLENCE AND THEIR CONSEQUENCES ON VICTIMS**
Goal(S) And Objectives	This chapter covers information about different types and forms of sexual violence. Relevant and comprehensive examples of different sexual violence are presented and used to sensitize participants, as well as, to train them to recognize different types and forms of this violence. As violence may have a great impact on the victim, it is also presented what consequences it might cause to the person experiencing violent acts.
Learning Outcomes	At the end of this module the learner will: • Recognise the types and forms of sexual violence; • Understand the impact of violence and consequences for the victims/disabled women;
Methods	• E-learning presentation • Case study • Self-assessment • FTF case study discussion
Duration:	2 hours online – 1 hour face to face
Resources Needed:	• Papers, pens

	• Copies of the case study and questions (Worksheet 1.1) / one for each participant
Order Of Activities:	• E-learning module (2H) Face to face: • Guided discussion on the e-learning module (15 minutes) • Case study on sexual harassment (30 min.) – Worksheet 1.1 • Wrap up and conclusions (5 min.)
Evaluation	Self-assessment
References	Missouri Coalition Against Domestic and Sexual Violence, Understanding the Nature and Dynamics of sexual Violence – Available from: https://www.mocadsv.org/FileStream.aspx?FileID=388 World Health Organisation, World report on violence and health – Available from: https://www.who.int/violence_injury_prevention/violence/world_report/chapters/en/ Women's Refugee Commission and International Rescue Committee, Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings – Available from - https://vivien-project.eu/downloads/ West Virginia Sexual Assault Free Environment (WV S.A.F.E.) Partnership, Training and Collaboration Toolkit— Serving Sexual Violence Victims with Disabilities – Available from: http://www.fris.org/Resources/Toolkit-Disabilities.html California Coalition Against Sexual Assault, Supporting Sexual Assault Survivors With Disabilities – Available from: https://www.calcasa.org/wp-content/uploads/2010/12/Survivors-with-Disabilities.pdf

	Peter Cameron, George Jelinek, Anne-Maree Kelly, Anthony F. T. Brown, Mark Little (2011). Textbook of Adult Emergency Medicine E-Book. Elsevier Health Sciences. p. 658. ISBN 978-0702049316

Theoretical contents available through the e-learning course

What is sexual violence?

Sexual violence is defined as: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Apart from physical force, it may involve psychological intimidation, blackmail or other threats – for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation.

Sexual violence is purposeful, violent behaviour; non-consensual conduct of a sexual nature. The perpetrator accomplishes sexual violence through threat, coercion, exploitation, deceit, force, physical or mental incapacitation, and/or using power or authority.

Types and forms of sexual violence

Sexual violence encompasses a wide range of sexually violent acts. To commit sexual violence, a perpetrator may use a combination of tactics and may engage in a variety of sexually violent behaviors.

Sexual Harassment: Sexual harassment occurs when a perpetrator initiates unwelcome sexual advances, requests sexual favors or commits some other inappropriate conduct of a sexual nature toward another person. This behavior can occur in many settings, including a workplace or school. Sexual harassment also can include sexual abuse perpetrated by someone in a position of authority, such as a professional with a student, client or patient.

The intent or motivation of the perpetrator does not excuse behaviors that make a victim feel uncomfortable or threatened. The following behaviors, provided they are unwelcome, are examples of sexual harassment:

- Comments, whistles or taunts.
- Staring, leering or ogling.
- Name calling of a sexual nature.
- Telling jokes or stories that are sexist or of a sexual nature.
- Sexual innuendo.
- Unwanted, repeated requests for dates.
- Remarks or jokes about a person's clothing, body or sexual activities.
- Sexual gestures.
- Intrusive, sexually explicit questions.
- Unwanted touching, such as massages or hugs.
- Unwanted displaying pictures of a sexual nature.
- Unwanted requests for sexual favors.
- Unwanted sexual touching.

What is the difference between sexual harassment and flirting? The determining factor is the impact it has on the victim. Flirting is enjoyable to both people. If the behavior of sexual nature is unwelcomed and makes one person feel uncomfortable or unsafe, then it is sexual harassment.

Sexual Assault: The term "sexual assault" most often refers to a physical act of sexual violence. Sexual assault may be used to describe rape, incest, molestation, unwanted fondling or unwanted sodomy. Sometimes the term sexual assault is used interchangeably with the word "rape;" other times it is used to describe the sexual violence that pertains to a range of unwanted sexual contact. Sexual assault is commonly used to mean an act in which a person intentionally sexually touches another person without that person's consent or coerces or physically forces a person to engage in a sexual act against their will.

Rape: "Rape" is another term that is used in a variety of ways. Rape is a type of sexual assault usually involving sexual intercourse or other forms of sexual activity carried out against a person without that person's consent. It is unlawful sexual activity and usually sexual intercourse carried out forcibly or under threat of injury against a person's will or with a person who is beneath a certain age or incapable of valid consent because of mental illness, mental deficiency, intoxication, unconsciousness, or deception.

Incest: Incest is commonly defined as sexual touching or sexual activity between two related persons.

Sexual abuse: Sexual abuse is perpetrated by a person in a position of trust or authority. It can refer to sexual violation of children. It also can refer to the sexual violation of an adult that is perpetrated by a person in a position of trust or authority, such as a professional with a client or patient. Persons with disabilities are especially vulnerable to sexual abuse. Sexual abuse may involve a variety of non-consensual sexual acts, including rape, and often involves manipulative planning or "grooming" of the victim in order to gain control and promote secrecy. This may also include control of reproductive rights, forced abortion, etc.

Forms and contexts of sexual violence

A wide range of sexually violent acts can take place in different circumstances and settings. These include, for example:

- Rape within marriage or dating relationships;
- Rape by strangers;
- Systematic rape during armed conflict;
- Unwanted sexual advances or sexual harassment, including demanding sex in return for favours;
- Sexual abuse of mentally or physically disabled people;
- Sexual abuse of children;
- Forced marriage or cohabitation, including the marriage of children;
- Denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases;
- Forced pregnancy;
- Violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity;
- Forced prostitution and trafficking of people for the purpose of sexual exploitation.

Victims of sexual violence

While the majority of sexual violence perpetrators are men, and the majority of sexual violence victims are female, anyone can be a victim or perpetrator—regardless of age, gender, sexual orientation, ability, appearance, ethnicity, education, race, socioeconomic background or religion.

Sexual violence can take many forms. While many types are not commonly thought of as violent, they can have devastating effects on the victim.

Consequences of sexual violence

Sexual violence is a devastating psychological and/or physical attack that can leave the victim feeling a wide spectrum of emotions. These include fear, humiliation, loss of control, vulnerability, embarrassment, guilt or anger. Some victims may not define what

happened to them as a crime; some may feel as if they did something to deserve the attack. Unlike victims of other crimes, sexual violence victims are often not believed, and are sometimes even blamed, for an act of violence committed against them that was completely beyond their control.

Every survivor will react differently to the violence committed against her. A survivor's reactions can be based on her life experiences, her prior knowledge or perceptions about sexual violence, factors unique to her assault, responses from others and a variety of other factors. It is important to remember that whatever reactions a survivor has are normal responses to an abnormal situation. Below are some common reactions to sexual violence. An individual survivor may experience all, some, or none of these reactions:

- Shock/denial.
- Irritability/anger.
- Depression.
- Social withdrawal.
- Restricted affect (reduced ability to express emotions).
- Nightmares/flashbacks.
- Difficulty concentrating.
- Diminished interest in activities.
- Loss of self-esteem.
- Loss of security/loss of trust in others.
- Guilt/shame.
- Impaired memory.
- Loss of appetite or increased appetite.
- Thoughts of suicide.
- Substance abuse.
- Insomnia.
- Exaggerated startle reflex.
- Panic attacks.
- Eating problems/disorders.
- Self-harm (cutting, burning or otherwise hurting oneself).
- Hypersexuality (elevated sexual activity).

People with disabilities

People with disabilities experience similar forms of overt and covert sexual assault and abuse as people without disabilities. Moreover, many individuals with disabilities are at an increased risk for sexual violence. Perpetrators often choose to target people with disabilities because

they perceive them to be vulnerable, unable to defend themselves and/or unlikely to report an assault.

Some people with disabilities may depend on others (formal or informal carers) to meet their basic needs – they may be conditioned to be obedient or passive; this socialization to comply may inadvertently make them more vulnerable to abuse.

People with physical disabilities may face greater difficulties than those without physical limitations if they try to defend themselves or seek to escape a violent situation.

Those with cognitive disabilities may be overly trusting of others. They may not understand the difference between sexual and nonsexual touching and may not understand that sexual violation is not normal.

People with disabilities are often less likely to seek services because they fear they will not be believed, do not realize that what happened to them was abuse or assume service providers will not be accessible to them.

Barriers to communication also can cause problems in gaining access to services.

For people with disabilities, sexual abuse can also take the form of lack of respect for privacy and unwanted exposure during personal care routines like bathing, dressing and toileting; forced abortion, sterilization or pregnancy; and exploitation.

In addition, individuals who have disabilities may also experience sexual assault and abuse by volunteer, professional care providers or even informal carers from the family - those very people charged with providing assistance with daily life activities. Examples include assistance with transportation, bathing, dressing, toileting, medical procedures, medical testing, physical therapy, job coaching, managing medication, money management, cooking, cleaning and shopping.

People with disabilities may wait longer than people without disabilities to make an outcry and they may have experienced sexual abuse by multiple perpetrators and across multiple years. In addition, sexual assault survivors with disabilities share many of the same general effects of

sexual assault and abuse as all survivors. When they are not supported, they may experience problems with substance abuse, eating disorders, depression and other trauma symptoms.

Interviews with sexual assault and abuse survivors with disabilities indicate that they, too, experience difficulties with trust, safety and relationships and they, too, may become socially withdrawn and lose previously gained abilities that support independent living.

Abuse survivors with disabilities may also encounter additional problems with self-protection, alienation, dissociation and overly compliant and acquiescent behavior.

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

- Abuse of power
- Inequality
- Disrespect

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

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

Exercise - Identification of sexual harassment

Is sexual harassment described in the following scenarios?

1. Emily is a 19-year-old college freshman who is deaf. She is struggling with her introductory algebra course. The professor tells her that if she will babysit his kids this weekend, he'll give her a passing grade.

No, this scenario is not sexual harassment. Nothing of a sexual nature was involved.

2. Emily's English professor tells her that if she will go out on a date with him Friday night, he can make sure that she knows the essay questions for the final.

Yes, this scenario describes sexual harassment. If Emily does a favor that is sexual in nature (going on a date), her professor will give her the test questions. She should report the behavior according to school policy. If she is not satisfied with the school's response, she could then file a complaint to other institutions.

2.1 Is Emily's deafness a factor in the sexual harassment?

It could be, if the professor thinks her disability makes her an easy target for his sexual advances. If Emily also had a cognitive disability, she might be confused or flattered by the professor's request rather than offended. The professor might try to take advantage of Emily's disability to obtain sexual favors from her.

3. Jennifer is the only female in an office with a staff of fourteen. Sometimes at lunch her co-worker, Joe, makes sexist jokes which Jennifer finds degrading, offensive and embarrassing.

This scenario possibly describes sexual harassment. Joe's behavior could be creating a hostile environment. There are several factors in determining whether or not his behavior is sexual harassment. The behavior must be pervasive—meaning that it must be “sustained and non-trivial" or extreme in nature. It also has to unreasonably interfere with her work performance. Not all behavior that is sexist, rude and annoying meets the standard of sexual harassment. However, when it does meet that standard, Jennifer or any of the employees has the right to complain. Jennifer could confront the harasser and/or talk with her supervisor.

4. Joe forwards e-mails on the staff listserv with degrading jokes about women. Jennifer, who is the only female on staff, has told him to stop, but he just laughs at her, saying she can't take a

joke. He has sent one or two of these e-mails every day for at least the past 6 months. She can't tell from the subject line which messages are jokes and which she needs to open. It is disrupting her work.

Yes, this scenario describes sexual harassment. Joe is clearly creating a hostile environment, knowing that this behavior is offensive and he's doing it repeatedly. It is interfering with Jennifer's work. She should follow her agency's policies for reporting sexual harassment.

Self-assessment test

1. What is the difference between sexual harassment and flirting?

(a) There is no difference.

(b) Flirting is acceptable between close colleagues, whereas sexual harassment happens between strangers.

(c) Flirting is enjoyable for both people and if the behaviour is sexual in nature and unwelcome – it is sexual harassment

(d) Flirting is when a woman expresses her interest, whereas sexual harassment appears when a man shows his own interest in the woman.

2. The root causes of GBV against persons with disabilities are (circle all that apply):

(a) Low status in the community

(b) Inequality in power relationships with other people

(c) Poverty and lack of basic needs

(d) All of the above

3. Is forced pregnancy a form of sexual abuse?

(a) Yes

(b) No

4. People with disabilities may wait longer than people without disabilities to disclose sexual violence experiences.

(a) True

(b) False

Worksheets for the face to face session

Worksheet 1.1 – Guided discussion on the e-learning module

Objective: Elicit discussion on the contents of the online module

Duration: 15 minutes

Implementation: The facilitator will ask the participants to reflect on the online module about types and forms of sexual violence. The facilitator might ask these questions and foster a discussion:

- What types of sexual violence could you name and define? What is sexual violence/abuse in general?
- Why many individuals with disabilities are at an increased risk for sexual violence?
- Which topic/aspect of the online module was most interesting/relevant for you?
- What other questions or insights do you have from this online module?

Worksheet 1.2 – Case study

Objective: To practice sexual violence recognition through a case study.

Duration: 30 minutes

Implementation: Form small groups of participants and distribute the case study (below) individually for them to read. Ask each group to respond to the suggested questions in small groups. Discuss the replies in a group discussion and conclude the findings.

Case study to be discussed:

Lydia is a 32-year-old woman with a moderate developmental disability. She works as the receptionist at the local library. Her supervisor, Fred, repeatedly tells Lydia that she is a beautiful

woman. Sometimes she purposely misses the bus so she can ask Fred for a ride home. Fred is married and knows that Lydia has a crush on him. When she asks him for a ride, he tells her that if she shows him her breasts, he'll drive her home. Lydia is flattered by the attention and feels that showing her breasts is a quick and easy way to get a ride home with Fred.

Questions to be discussed:

- Is Lydia being sexually harassed?
- Is there a difference if Lydia had a mild developmental disability? A severe one?
- What if Fred asked Lydia to show him her breasts in exchange for an extra half-hour break for lunch? Would his behavior be considered sexual harassment?
- Is Lydia vulnerable to increased offending behaviors by Fred? Why or why not?

Discuss how the type and severity of a developmental disability could impact a victim's ability to accurately interpret the intent of the behaviour.

MODULE 3 - Risk factors for sexual harassment/ violence against women with psycho-social disabilities

Theme	**RISK FACTORS FOR SEXUAL HARASSMENT/ VIOLENCE AGAINST WOMEN WITH PSYCHO-SOCIAL DISABILITIES**
Goal(S) And Objectives	This chapter consists of main risk factors that can influence or cause incidents of sexual harassment/ violence against women and girls with psycho-social disabilities. This includes factors such as poverty, low levels of economic empowerment, age, domestic environment, the education level of women, norms supporting gender-based violence, lack of institutional support, etc.
Learning Outcomes	At the end of this module the learner will • Understand specific risk factors for sexual harassment women with psycho-social disabilities face • Be able to identify those risks in practical tasks and know what actions to take in order to recognize and prevent them
Methods	• E-learning presentation • Online training activity • Self-assessment • FTF case study discussion
Duration:	2 hours online – 1 hour face to face
Resources Needed:	• Flipchart and markers • Post-it, papers, pens • Copies of the case study

Order Of Activities:	E-learning module (2H) Face to face: • Q&A session on the online training (15 minutes) • Case study on risk factors of GBV (30 min.) • Wrap up and conclusions (5 min.)
Evaluation	Self-assessment (e-learning module)
References	Supporting Sexual Assault Survivors With Disabilities (2010). Retrieved from https://www.calcasa.org/wp-content/uploads/2010/12/Survivors-with-Disabilities.pdf Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings. Retrieved from https://vivien-project.eu/wp-content/uploads/2019/02/GBV-disability-Tool-4-A-training-module-for-GBV-practitioners-in-humanitarian-settings.pdf Inter-American Development Bank (2019). Violence against Women and Girls with Disabilities. Felipe Herrera Library Ortoleva, S., Lewis, H. (2012). Forgotten sisters – a report on violence against women with disabilities: an overview of its nature, scope, causes and consequences. UNFPA (2018). Five things you didn`t know about disability and sexual violence. Retrieved from https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence Ortiz, D., Ozemela L. ,Urban A. (2019) Violence against Women and Girls with Disabilities - Latin America and the Caribbean

Handouts	A copy of a case study scenario for each participant

Theoretical contents available through the e-learning course

Forms of sexual abuse

It is important to remember that people with disabilities can experience similar forms of sexual assault and abuse as people without disabilities, such as:

- rape;
- forced, unwanted or disguised touching;
- exposure to or making pornography;
- sexual harassment, sexual trafficking;
- unwanted sexual jokes, and any other unwanted sexual contact or activity;
- For people with disabilities, sexual abuse can also take the form of:
- forced abortion,
- forced sterilization or pregnancy.

Risk factors of sexual harrasment/ violence against women with psycho-social disabilities

Disclaimer: In this chapter we refer to “risk factor” as a variable that can be linked to a greater likelihood of a women with disabilities of being victims of sexual violence. They are contributing factors and might not be direct causes. Not everyone who is identified as at risk becomes a victim as this is ultimately due to a combination of individual, relational, community, and societal factors.

Risk factors play a central part in prevention as, by trying to reduce or remove them, we can reduce the probability of women to become victims. By knowing the risk factors, we can determine high-risk and low-risk groups and pay closer attention to the signs of harassment/violence practiced towards

women. Professionals tend to recognize abuse at the early stage or even prevent it if they know the risk factors:

Societal attitudes towards women with disabilities:

Generally, society is not comfortable with people with disabilities having sexual desires, feelings, and needs. Those same members of society are also likely to deny that people with disabilities are sexual or can be sexually abused or victimized;

Lack of social credibility for people with disabilities who report or disclose sexual violence.

Age: If a person with a cognitive disability is abused at an early age and no one intervene abuse can continue into adulthood and is likely to involve a number of perpetrators.

Social isolation: Social isolation results in limited exposure and lack of information about personal relationships and the opportunity to disclose if sexual assault/abuse occurs;

Some people with disabilities have had limited opportunity to interact and develop social skills in integrated settings;

Some people with disabilities are at increased risks for not knowing whether or not they can say no to painful or confusing touches related to sexual abuse.

Poverty: The lack of income or basic supplies increases the risk that women and girls with disabilities may be abused and exploited, including by service providers or community members;

Poverty could also increase the risk of abuse and exploitation perpetrated by partners, and reduce their ability to leave violent relationships due to their dependence on others.

The education level of women: Girls with disabilities are less likely to complete primary school and more likely to be marginalized or denied access to education;

Educational disadvantage among women and girls with disabilities could lead to higher risk of social exclusion and poverty.

Lack of sexual education: Young women with disabilities are not seen as needing information about their sexual and reproductive health and rights;

People who have developmental disabilities may lack information about sexuality, sexual abuse and personal safety strategies. This information may have not been taught in special education classes or institutions. Informal carers (parents, other relatives) and care providers may not provide this information, because they don't have it or they don't know how to share it.

Unequal distribution of power: People with disabilities usually get the help from caregivers[6]* and therefore, experience lack of respect for privacy and unwanted exposure during personal care routines which can lead to sexual harassment.

A constant presence of a caregiver also makes it more difficult for a survivor to report harassment, so remember the following insights:

- talk directly to the abuse survivor and not the care provider, family members, case manager, social worker or interpreter;
- involve parents, caregivers, spouses, partners, service providers and other family members only if a survivor gives full consent, extend the same respect for client confidentiality for a person with a disability as for any other survivor (your country might have mandatory reporting laws regarding abuse, neglect or exploitation of adults with disabilities, please check that).

Nature of disability: women with psycho-social disabilities tend to experience challenges that limit their ability to report sexual abuse and exploitation

[6] A caregiver is anyone who provides assistance with the kinds of things that a person would do for themselves if they did not have a disability.

Protective factors of sexual harrasment/violence against women with psycho-social disabilities

Protective factors are factors that tend to lower the risk of women with disabilities being abused and/or harassed. They are the following:

Abuse awareness: increases the women's objectivity when assessing the situation.

Abuse and safety knowledge: raises chances of women to realize that they are being abused and provides with needed information on what steps to take to protect themselves and where to get help.

Safety skills: self-defense skills or skills to select and supervise personal assistants.

Safety self-efficacy: confidence of women that they could leave an abusive or violent situation.

Social support: encourages and strengthens women with disabilities to build their personal boundaries and creates a safe space for women with disabilities to share about signs of abuse which is an uncomfortable topic.

Safety-promoting behaviors in women with disabilities: this includes implementing protective measures such as asking neighbors to call police if violence begins or having available hidden bag with extra clothing, important documents and valuables in case they need to escape quickly

Barriers faced by women with disabilities

The causes of violence against women with disabilities originate in social norms about the nature and type of disability as well as gender roles. Women with disabilities face many barriers to escaping, resisting, or preventing, or redressing violence. Such barriers include, but are not limited to:

- emotional and financial dependency on the abuser;
- an unwillingness to be stigmatized;
- fears regarding child custody or single-parenthood;
- inaccessibility or unavailability of violence prevention programs and facilities;
- fear or loss of assistive devices and other supports;
- concerns about being believed when disclosing the abuse;
- a reluctance to take any action that may escalate the violence.
- Women with disabilities have also reported experiencing abuse longer in duration and feeling as though they had limited and fewer alternatives for escaping or ending the abuse.

Exercise

Timing: 15 minutes

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

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

The terms used in this exercise:

“Power over” - This type of power is built on force, coercion, domination and control and motivates largely through fear. It is built on a belief that power is a finite resource that can be held by individuals, and that some people have power and some people do not.

“**Power within”** - It is related to a person's sense of self-worth and self-knowledge; it includes an ability to recognize individual differences while respecting others; it involves people having a sense of their own capacity and self-worth.

“Power to” – It refers to the productive or generative potential of power and the new possibilities or actions that can be created without using relationships of domination. It is the power to make a difference, to create something new, or to achieve goals.

“Power with” – It is shared power that grows out of collaboration and relationships. It is built on respect, mutual support, shared power, solidarity, influence, empowerment and collaborative decision making. Rather than domination and control, power with leads to collective action and the ability to act together.

Activity:

Read the following statements and choose what kind of power they refer to:

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

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

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

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

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

Self-assessment test

A. What kind of abuse women with disabilities can face?

1. Rape
2. Unwanted touching
3. Forced sterilization
4. All of the above

B. Society tends to see women with disabilities as asexual individuals

1. True
2. False

C. Who can abuse women with disabilities?

1. Caregivers
2. Social workers or volunteers
3. Family members or friends
4. All of the above

D. Who should you talk to if a woman with a disability reports an abuse to you?

1. Inform her legal guardian
2. Tell her family members if they insist
3. Nobody. Give a survivor full confidentiality and talk to others only if she gives a full consent.

Worksheets for the face to face session

Worksheet 1.1 – Guided discussion on the e-learning module

Objective: Elicit discussion on the contents of the online module

Duration: 15 minutes

Implementation: The facilitator will ask the participants to reflect on the online module about risk factors for sexual violence against women and girls with disabilities. The facilitator might ask these questions and foster a discussion:

- What types of risk factors for sexual violence against disabled women could you name and define? What is a risk factor in general?
- Which topic/aspect of the online module was most interesting/relevant for you?
- What other questions or insights do you have from this online module?

Worksheet 1.2 – Case study

Objective: Reflect the material from online module and practice identifying violence as well as its' risk factors.

Duration: 30 minutes

Case study to be discussed:

Sabeen is 13 years old and has an intellectual disability. Her mother says that she is "super active." She likes to dance and draw, and is always going to visit her neighbors. She always wants to learn something new. Sabeen used to go to school in the camp, but now she can't find someone to walk with her. Sabeen likes to go out, even when it is dark. One night, she went to her neighbor's house and when she came back, her mother noticed that she looked different. Her mother asked Sabeen what happened, and she explained that some boys took off her

underpants. The boys said that next time they were going to “play husband and wife." Her mother has now stopped Sabeen from visiting neighbors where there are men and boys, because she feels Sabeen will do whatever these people say. Sabeen went to a group meeting with her mother where they talked about violence in the camp, but she didn't really pay any attention – she preferred to practice her drawing.

Implementation: Divide participants into smaller groups, hand a copy of case study for each participant and after they read it, ask them to discuss the following questions:

- What types of violence are persons with disabilities experiencing in this case study?
- How are other people in the case study affected? In what ways?
- Identify three factors that make persons with disabilities in the case study vulnerable to GBV.

Ask each group to present back the three factors that make the person with a disability vulnerable to GBV. Write these on a flip chart. Summarize by discussing the following questions:

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

MODULE 4 – How professionals could recognize sexual harassment/ violence against women with psycho-social disabilities

Theme	**HOW PROFESSIONALS COULD RECOGNIZE SEXUAL HARASSMENT/ VIOLENCE AGAINST WOMEN WITH PSYCHO-SOCIAL DISABILITIES**
Goal(s) and objectives	This chapter covers possible ways of realising whether a woman or a girl with psycho-social disabilities is or has experienced violence. It consists of possible behavioural traits, body language signs and other relevant remarks from professionals working in this field. The tools to assess/evaluate the situation are presented.
Learning outcomes	At the end of this module the learner will: • Know possible ways of realising sexual harassment/ violence • Know possible behavioural traits • Be able to recognise body language signs and other relevant remarks • Know his/her duties as a professional
Methods	• E-learning presentation • Self-assessment • Guided discussion • Card game • Domestic Violence Danger Assessment Quiz
Duration:	2 hours online – 1,5 hours face to face
Resources needed:	• Flipchart and markers • Post-it, papers, pens • Cards depicting different signs of abuse

	• Copies of Domestic Violence Danger Assessment Quiz (Worksheet 4.3)
Order of activities:	E-learning module (2H) Face to face: • Welcome and introduction (5 min.) • Q&A session (15 minutes) • Guided discussion on the contents of the module (20 min.) – Worksheet 4.1 • Different types of abuse (30 min.) – Worksheet 4.2 • Domestic Violence Danger Assessment Quiz – Worksheet 4.3 • Wrap up and conclusions (5 min.)
Evaluation	Self-assessment (e-learning module)
References	Women's experiences of Domestic Violence and Abuse. Available from: https://healthtalk.org/womens-experiences-domestic-violence-and-abuse/recognising-domestic-violence-and-abuse Coronavirus disease (COVID-19): Violence against women. Available from: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-violence-against-women Recognising domestic abuse. Available from: https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/recognising-domestic-abuse/

Theoretical contents available through the e-learning course

Recognising signs of abuse

Signs of abuse can emerge from several sources:

- By direct observation of the professional
- From the woman herself
- From a family member or friend
- From other third parties

Types and signs of abuse

- **Physical abuse** is intentional bodily injury. Some examples include slapping, pinching, choking, kicking, shoving, or inappropriately using drugs or physical restraints. Signs of physical abuse.
- **Sexual abuse** is nonconsensual sexual contact (any unwanted sexual contact). Examples include unwanted touching, rape, sodomy, coerced nudity, sexual explicit photographing. Signs of sexual abuse.
- **Mental mistreatment** or emotional abuse is deliberately causing mental or emotional pain. Examples include intimidation, coercion, ridiculing, harassment, treating an adult like a child, isolating an adult from family, friends, or regular activity, use of silence to control behavior, and yelling or swearing which results in mental distress. Signs of emotional abuse.
- **Exploitation** occurs when a vulnerable adult or his/her resources or income are illegally or improperly used for another person's profit or gain. Examples include illegally withdrawing money out of another person's account, forging checks, or stealing things out of the vulnerably adult's house. Signs of exploitation.

- **Neglect** occurs when a person, either through his/her action or inaction, deprives a vulnerable adult of the care necessary to maintain the vulnerable adult's physical or mental health. Examples include not providing basic items such as food, water, clothing, a safe place to live, medicine, or health care. Signs of neglect.
- **Self-neglect** occurs when a vulnerable adult fails to provide adequately for themselves and jeopardizes his/her well-being. Examples include a vulnerable adult living in hazardous, unsafe, or unsanitary living conditions or not having enough food or water.
- **Abandonment** occurs when a vulnerable adult is left without the ability to obtain necessary food, clothing, shelter or health care. Examples include deserting a vulnerable adult in a public place or leaving a vulnerable adult at home without the means of getting basic life necessities.

Top warning signs of abuse

Some of the signs of abuse, such as physical marks, may be easy to identify. Others may be things you can easily explain away or overlook—say, not paying attention to a friend's skipping out on an activity you once enjoyed together as being due to a simple loss of interest.

Domestic abuse affects each person differently, but it impacts everyone both physically and psychologically. It's often an aggregate of related signs of domestic abuse that tip someone off that a person is at risk.

- Physical Signs of abuse
- Emotional Signs of abuse
- Behaviour Changes
- Showing Signs of Fear
- Showing Signs of being Controlled

What are the signs of abuse?

It is incredibly difficult for women and girls with psychosocial disabilities to share when they have experienced harassment, rape or other forms of GBV. The following are some of the signs you might pay attention to, in order to be warned of possible abuse towards a woman.

Note that the following signs can be alerts of abuse but they can as well be caused by a variety of different situations. You should use them as "red flags" to investigate the situation further, rather than consider them as unquestionable proofs of a committed abuse.

Physical signs (things you can observe directly and/or that a medical professional can assess)

- Visible bruises, scratches or marks
- Sudden change in how a girl carries herself or how she walks
- Pain or itching in the genital area
- Unexplained, vague or suspicious medical complaints
- Symptoms associated with a venereal disease, such as sores
- Signs of pregnancy, nausea, lack of energy, increased appetite, protruding stomach
- Broken bones
- Multiple bruises that are all in different stages of healing
- Infections in the genital areas, especially sexually transmitted infections
- Discomfort / difficulty in walking or sitting
- Psychosomatic symptoms e.g. recurrent abdominal or headache pain
- Lost their bladder and bowel control

Emotional signs (changes in mood or emotions)

- Depression, withdrawal or suicidal tendencies
- Self-destructive behaviours such as cutting
- Sudden or extreme shifts of moods or emotions; increased irritability, anger or rage
- Excessive crying
- A sudden acting out of feelings or aggressive or rebellious behaviour
- Social isolation – being withdrawn or introverted, does not appear to have any friends

Behavioural signs (change of behaviour compared to the usual one)

- Acting infantile, insecure, scared
- They may start to use drugs and alcohol
- Inability to concentrate or focus on a specific task
- Exaggerated startled response
- Bed-wetting, nightmares, fear of going to bed or other sleep disturbances
- Acting out
- inappropriate sexual activity or showing an unusual interest in sexual matters.
- Overly-sexualized behaviour
- Running away from home

Showing Signs of Fear

- Fear of going home after school or work
- Fear of a particular caregiver or parent
- A fear of certain places, people, or activities, especially being alone with certain people.
- Fear of medical examinations
- Fear of being alone when needing to use toilet facilities

Signs of being Controlled

- Someone keeps track of everything they do. They monitor where they are and whom they are with at all times.
- Someone prevents or discourages them from seeing friends, family, or going to work or school.
- Someone insists that you reply right away to their texts, emails, and calls, and demands to know their passwords to social media sites, email, and other accounts.
- Someone attempts to control how they spend money and their use of medications or birth control.

- Someone makes everyday decisions for them, such as what they wear or eat.

Danger assessment

The Danger Assessment (DA) was originally developed by Co-Investigator Campbell (1986) with consultation and content validity support from battered women, shelter workers, law enforcement officials, and other clinical experts on battering. The Danger Assessment helps to determine the level of danger an abused woman has of being abused by her intimate partner. The test cannot predict what will happen in any person's life, but to draw awareness to the victims/ or professionals of the danger of homicide in situations of abuse and to offer an outline of how many of the risk factors apply to their situation. Source: https://www.dangerassessment.org/DA.aspx

Self-assessment test

A. How could you discover an abuse?

1. By direct observation
2. From the woman herself
3. From a family member or friend
4. From another professional / a colleague
5. All of the above

B. What can be considered as abuse?

1. Physical abuse
2. Sexual abuse
3. Mental mistreatment
4. Exploitation
5. Neglect
6. Self-neglect
7. Abandonment
8. All the above

C. What could be possible the most important signs of abuse?

1. Physical Signs
2. Emotional Signs of abuse
3. Behaviour Changes
4. Showing Signs of Fear
5. Showing Signs of being Controlled
6. All of the above

D. What is the purpose of the danger assessment quiz?

1. preventing any other abuse from occurring
2. reducing the harm caused by the abuse

3. to determine the risk of abuse here and know. (correct)

Worksheets for the face to face session

Worksheet 4.1 – Guided discussion on the contents of the module

Objective: elicit discussion on the contents of the online module

Duration: 20 minutes

Implementation: the facilitator asks each participant to write on a *green* post it the possible types of violence which he/she considers the most relevant for his/her work and on a *yellow* post it the type which was harder to recognise in practice. The facilitator will then pick up the topics which are mentioned as most important and harder to be recognised by the majority of participants and ask the following questions:

- Why do you consider this issue to be the most relevant? How does it link with your practice?
- Can you mention any situation in which you have faced this issue / situation?
- What kind of challenges do you see by recognising the types in practice?
- What would you need to overcome these difficulties?

Worksheet 4.2 – Card game

Objective: make sure that the concept of abuse is understood correctly by participants

Duration: 30 minutes

Implementation: According to their professional background, allocate your participants to groups with the same responsibilities. If all your participants belong to the same group, you can make smaller groups fictionally within the same group.

Distribute selected cards naming one different sign of abuse to every group and ask each team to define the possible group type.

Discuss the replies in plenary – correcting any possible wrong interpretation. Possible superimposition between different types of abuse is logical, special attention should be offered to the less visual cases of abuse.

Card themes

Signs of physical abuse

- bruises, black eyes, welts, lacerations, and rope marks
- broken bones
- open wounds, cuts, punctures, untreated injuries in various stages of healing
- broken eyeglasses/frames, or any physical signs of being punished or restrained
- laboratory findings of either an overdose or under dose medications
- individual's report being hit, slapped, kicked, or mistreated
- vulnerable adult's sudden change in behavior
- the caregiver's refusal to allow visitors to see a vulnerable adult alone

Signs of sexual abuse

- bruises around the breasts or genital area
- unexplained venereal disease or genital infections
- unexplained vaginal or anal bleeding
- torn, stained, or bloody underclothing
- an individual's report of being sexually assaulted or raped

Signs of mental mistreatment/emotional abuse

- being emotionally upset or agitated
- being extremely withdrawn and non-communicative or non-responsive
- unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking)
- nervousness around certain people
- an individual's report of being verbally or mentally mistreated

Signs of neglect

- dehydration, malnutrition, untreated bed sores and poor personal hygiene
- unattended or untreated health problems
- hazardous or unsafe living condition (e.g., improper wiring, no heat or running water)
- unsanitary and unclean living conditions (e.g., dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing)
- an individual's report of being mistreated

Signs of self-neglect

- dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene
- hazardous or unsafe living conditions
- unsanitary or unclean living quarters (e.g., animal/insect infestation, no functioning toilet, faecal or urine smell)
- inappropriate and/or inadequate clothing, lack of the necessary medical aids
- grossly inadequate housing or homelessness
- inadequate medical care, not taking prescribed medications properly

Signs of exploitation

- sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money
- adding additional names on bank signature cards
- unauthorized withdrawal of funds using an ATM card
- abrupt changes in a will or other financial documents
- unexplained disappearance of funds or valuable possessions

- bills unpaid despite the money being available to pay them
- forging a signature on financial transactions or for the titles of possessions
- sudden appearance of previously uninvolved relatives claiming rights to a vulnerable adult's possessions
- unexplained sudden transfer of assets to a family member or someone outside the family
- providing services that are not necessary
- individual's report of exploitation

Signs of abandonment

- deserting a vulnerable adult in a public place
- deserting a vulnerable adult in his/her own home or living space
- individual's report of being abandoned

Worksheet 4.3 – Domestic Violence Danger Assessment Quiz

Objective: to offer a reliable tool which professionals may use to assess possible domestic violence risks

Duration: 30 minutes

Implementation:

How to Take a Danger Assessment: Explain to participants the rationale behind DA (Jacquelyn C. Campbell, Ph.D., R.N.)

The DA is divided into two parts: a calendar assessment and a 20-question quiz. Each serves a specific purpose:

- The calendar tool helps assess the severity and frequency of physical abuse during the past year. The woman is asked to mark the approximate date of an incident and to rank

the severity on a scale of one to five. This portion of the DA was designed to raise the consciousness of a woman who may be in denial about the abuse.

- The 20-question quiz is a weighted system in which a woman is asked to respond with simple "yes" or "no" answers. Some of the risk factors include past death threats, the partner's employment status, and the partner's access to a gun.

What the Assessment Can Tell You

While the calendar portion is used to either track abuse or provide a clearer portrait of the history of abuse, the quiz portion is designed to determine the risk here and now.

Based on the results of the quiz, the risk level will be established as follows:

- extreme danger if you answered "yes" to 18 or more questions.
- severe danger if you answered "yes" to 14 to 17 questions.
- increased danger if you answered "yes" to eight to 13 questions.

Participants can try the instrument from: https://www.dangerassessment.org/DA.aspx

MODULE 5 – Relevant legislation and victims' rights in sexual matter

Theme	**WHERE AND WHAT PROFESSIONALS COULD FIND AS SOURCE OF HUMAN RIGHTS, EUROPEAN LAW AND NATIONAL LAW IN ORDER TO HAVE TOOLS TO DEAL WITH THE CASES OF SEXUAL VIOLENCE AGAINST WOMEN AND GIRLS WITH PSYCHO-SOCIAL DISABILITIES**
Goal(s) and objectives	This chapter provides information about the main legal tools to which can refer to prevent and face violence and abuses against women and girls with psycho-social disabilities. Participants will learn about the main source of law at national, European and international level.
Learning outcomes	At the end of this module the learner will: • Know the basic human rights involved and infringed in cases of violence and abuses against women and girls with psycho-social disabilities • Know the principal source of law and rights both at international, EU, and national level • Be able to distinguish between sex as a matter of right and as a matter of tort or crime against women and girls with psycho-social disabilities
Methods	• E-learning presentation • Online exercise • Guided discussion • Self-assessment
Duration:	4 hours online – 1-hour face to face
Resources needed:	• Flipchart and markers • papers, pens • Copies of the case study scenario (Worksheet 1) / one for each participant

	• A ball or another object
Order of activities:	E-learning module (4H) Face to face (1H) • Welcome and introduction (5 min.) • Q&A session (10 minutes) • Case study and Guided discussion on the contents of the module (45 min.) – worksheet 1
Evaluation	Self-assessment
References	https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf https://www.echr.coe.int/documents/convention_eng.pdf https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A32012L0029 https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32011L0099 https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32013R0606 https://hudoc.echr.coe.int https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e

Theoretical contents available through the e-learning course

Introduction

The rights of women with psycho-social disabilities in relation to their sexuality are protected by a number of legal sources coming from international treaties, European laws and national laws which cover women as well as persons with disabilities. Moreover, other source of law covering human rights and right of victims in general are also relevant for the purpose of this module. In this module we will present you the most important ones.

International conventions

An International convention or treaty is an agreement between different countries that is legally binding to the contracting States, which have therefore the obligation to implement what is stated in the texts. Existing international conventions cover different areas but those who are relevant for us are about human rights.

International conventions protecting women:

- **Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979**

On 18 December 1979, the "Convention on the Elimination of All Forms of Discrimination against Women" (also called CEDAW) was adopted by the United Nations General Assembly. It entered into force as an international treaty on 3 September 1981 after the twentieth country had ratified it. The convention, through Article 1, defines discrimination as "any distinction, exclusion or restriction made on the basis of sex...in the political, economic, social, cultural, civil or any other field".

By accepting the Convention, States commit themselves to undertake a series of measures to end discrimination against women in all forms, including:

- to incorporate the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women;
- to establish tribunals and other public institutions to ensure the effective protection of women against discrimination; and
- to ensure elimination of all acts of discrimination against women by persons, organizations or enterprises (for more details see Article 2 and Article 3).

At least every four years, the States parties are expected to submit a national report to the Committee, indicating the measures they have adopted to give effect to the provisions of the Convention.

- **The Istanbul Convention**

In December 2008, the Council of Europe set up the Ad Hoc Committee for preventing and combating violence against women and domestic violence (CAHVIO) with the goal of drafting the text of a Convention which was opened for signature in Istanbul on 11 May 2011. It entered into force on 1 August 2014.

The Istanbul Convention is based on four pillars:

- Prevention;
- Protection;
- Prosecution;
- Co-Ordinated Policies.

- **Prevention**

If a country has ratified the Istanbul Convention, it will have to take preventive measures based on awareness rising and education about respectful gender roles, antidiscrimination and violence-prevention:

- Encourage the media and the private sector in setting standards that enhance respectful gender roles and challenge attitudes that excuse violence against women
- Education in non-violence and equality between women and men

should be included in the formal curricula at all levels of education
- Awareness-raising campaigns about the different forms of violence, their devastating nature and the impact that they have on women and children must be promoted
- States should establish programmes to teach perpetrators of domestic violence to adopt non-violent behavior and sex offenders to avoid re-offending
- Programmes and activities for the empowerment of women should be introduced and address the specific needs of people in vulnerable situations from a human rights standpoint
- Gender stereotypes should be challenged by promoting changes in the social and cultural patterns of behavior of women and men
- Professionals working with victims or perpetrators should be trained to recognize and respond to violence and make appropriate referrals
- Active engagement and contribution from men and boys in the prevention of violence should be encouraged

- **Protection**

The safety and needs of victims and witnesses must be at the heart of all protective measures adopted by a country. Countries are requested to implement actions to help and protect women who decide to report being victims of violence and their children, if any.

- Victims must be informed of their rights and know where and how to get help in a language they understand
- Victims should have access to specialist women's support services
- Victims must be informed of and have access to relevant regional and international complaints
- Victims must have access to a local, easily accessible shelter for women and children
- Victims must have access to a nearby easily accessible center providing immediate medical counselling, trauma care and forensic services
- Everyone must be encouraged to report acts of violence to relevant

authorities to prevent further incidents, and confidentiality rules should not prevent professionals from doing so, where justified

- Protection or restraining orders should be easily accessible for immediate protection to the victim without any cost
- Victims must have access to a state-wide 24/7 free and confidential telephone helpline offering them expert advice and pointing them towards relevant services

- Police should be granted the power to remove a perpetrator of domestic violence from their home for a specific period of time and order them to stay away from the victim
- If there is a history of violence, custody and visitation decisions must prioritize the rights and safety of the child and the victim
- The best interest of child witnesses of violence must be taken into account and age-appropriate psychosocial counselling provided

- **Prosecution**

Countries who ratified the convention must make sure that perpetrators of violence are duly prosecuted and that violence against women is actually considered the serious crime that it is. This pillar also refers to the protection of the right of the victim during the investigation and legal proceeding phases.

States must introduce laws criminalizing any kind of violence against women and ensure that culture, tradition or so-called 'honor' are not regarded as a justification for violence

Law enforcement agencies will have to respond immediately to calls for assistance, manage dangerous situations appropriately, and investigate all allegations of violence against women

States have to ensure that criminal offences and breaches of protection orders will be subject to proportionate criminal or legal sanctions

Investigation or prosecution of violent offences against women will not be dependent upon a report or complaint by the victim and may even continue if the victim withdraws their statement or complaint

States should ensure that aggravating circumstances are taken into account

Measures referring to the prosecution phase from the point of view of victim's right are the following:

- Investigations and judicial proceedings will respect victims at all stages and refrain from any forms of victims' blaming
- The right to privacy of victims will be protected in any form, for example: in relation to their image, avoiding where possible contact between them and the alleged perpetrator, they will be enabled to testify in the courtroom through communication technologies, or at least without the alleged perpetrator present and their sexual history will only be permitted in civil or criminal proceedings where it is relevant and necessary
- Victims' will be granted a right to information about the progress and outcome of their case and support from governmental and non-governmental organizations and domestic violence counsellors during the investigation and judicial proceedings. Also, they will be granted legal assistance and free legal aid, provision of independent and competent interpreters if needed and they will be supported by law to claim compensation from perpetrators of violence and to sue state authorities if they have failed in their preventative and protective duties
- Victims of violence and their families will be protected at all stages of investigation and judicial proceedings from intimidation, retaliation and repeat victimization. They will be informed of any escape or release of a perpetrator and alternative options to resolve disputes such as mediation between victim and perpetrator will not be mandatory
- Child victims and witnesses will be provided with appropriate special protection measures and will be allowed to initiate legal action for a

sufficient amount of time after they have reached adulthood
- Risk assessments will be carried out in co-operation with all relevant agencies and institutions

- **Co-Ordinated Policies**

If a country has ratified the Istanbul Convention, it will have to ensure that mechanisms are put in place to ensure cooperation between all relevant actors (including NGOs) and that the phenomenon of violence against women is monitored, researched and funded.

Measures referring to co-ordinated response are the following:

- States must ensure that there are appropriate mechanisms in place that provide for effective cooperation among the judiciary, public prosecutors, law-enforcement agencies, local and regional authorities and NGOs
- States must create or designate a state body to oversee the co-ordination, implementation, monitoring and evaluation of the Istanbul Convention
- States must ensure adequate funding for all partners involved in the implementation of the Istanbul Convention, including NGOs
- States have to introduce laws and supporting measures and put in place victim-focused laws to prevent and combat all forms of violence against women
- States have to collect and collate data and conduct research into the prevalence of all forms of violence against women and the effectiveness of their measures, which shall be shared with the public, and similar agencies in other countries, for comparison and to encourage co-operation

International conventions protecting people with disabilities:

- **Convention on the Rights of Persons with Disabilities**

The Convention on the Rights of Persons with Disabilities is an international human rights treaty adopted by the United Nations General Assembly on 2006; it opened to signatures on 2007 and came into force on 3rd May 2008 following ratification by the 20th State Party.

The Convention signaled a 'paradigm shift' from traditional charity-oriented, medical-based approaches to disability to one based on human rights and it is especially relevant as it highlights the rights and empowerment of women with disabilities and children with disabilities as groups which face multiple and intersecting forms of discrimination. The Convention adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.

The Convention includes many articles, but the most relevant in our case is Article 16 - Freedom from exploitation, violence and abuse: this article says that States Parties shall take all appropriate measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects. This includes the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. All appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, should be implemented and States Parties shall put in place effective legislation and policies to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Other relevant articles of this convention are nr.14 and nr.15 :

Article 14 - Liberty and security of person: this article affirms that States Parties shall ensure that persons with disabilities, on an equal basis with others: (a) Enjoy the right to liberty and security of person; (b) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of

liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.

Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment: this article states that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

European legislation

The relevant legislation at European level doesn't refer specifically to women or people with disabilities. In fact, it refers to more general issues, such as the protection of human rights and the protection of victims, that are nevertheless important and applicable to our domain of interest.

- **The European convention on human rights (ECHR)**

The European Convention on Human Rights (ECHR) (formally the Convention for the Protection of Human Rights and Fundamental Freedoms) is an international convention to protect human rights and political freedoms in Europe. Drafted in 1950 by the then newly formed Council of Europe, the convention entered into force on 3 September 1953. All Council of Europe member states are party to the Convention and new members are expected to ratify the convention at the earliest opportunity. The Convention originally has 59 articles and several protocols, which amend the convention framework.

The relevant articles of the Convention, according to case-law concerning violence against women are the following:

- Article 2 - Right to life: everyone's right to life shall be protected by law.
- Article 3 - Prohibition of torture: no one shall be subjected to torture or to inhuman or degrading treatment or punishment.

- Article 8 - Right to respect for private and family life: everyone has the right to respect for his private and family life, his home and his correspondence.
- Article 14 - Prohibition of discrimination: the enjoyment of the rights and freedoms set forth in the Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

The Convention established the European Court of Human Rights (ECHR). Any person who feels their rights have been violated under the Convention by a state party can take a case to the Court.

- **Directive 2012/29/Eu – Minimum Standards on The Rights, Support and Protection of Victims of Crime**

Known as the Victims' Directive, it reinforces existing national measures with EU-wide minimum standards on the rights, support and protection of victims of crime in every EU country.

Its main goals are to ensure that victims of crime receive appropriate information, support and protection and may participate in criminal proceedings wherever the damage occurred in the EU. Therefore, every EU country must ensure that victims of crime are recognized and treated in a respectful, sensitive and professional manner according to their individual needs and without any discrimination (for example based on nationality, resident status, race, religion, age, gender, etc.).

Rights that victims shall have according to the Directive are:

- understand and to be understood during contact with an authority (for example plain and simple language should be used);
- receive information from the first contact with an authority;
- make a formal complaint and receive written acknowledgement;
- receive interpretation and translation (at least during interviews/questioning of the victim);

- receive information about the case's progress;
- access victim support services

Other directives:

There are other EU directives which might be relevant for victims moving from one EU state to another:

- **Directive 2011/99/UE: European Protection Order:** This Directive allows victims of violence, notably domestic violence and stalking, to continue to enjoy protection from offenders when they move to another EU country. It sets out rules allowing a judge or equivalent authority in one EU country to issue a European protection order when the protected person moves to another EU country.
- **Regulation (EU) No 606/2013 of the European Parliament and of the Council of 12 June 2013 on mutual recognition of protection measures in civil matters:** The regulation introduces a simple process of certification whereby a restraining, protecting or barring order issued in one EU country will be quickly and easily recognized throughout the EU. It works in tandem with Directive 2011/99/EU, which works in criminal matters

Additional resource – video:

To learn more about the Istanbul Convention you can watch this video where Dr. Serena Vantin from the Interdepartmental Center on Discrimination and Vulnerabilities of Modena University explains the history and main features of the Convention. (This video is included in this training courtesy of author). Link to video: https://m.youtube.com/watch?v=L-z7JbNqI5c

Self-assessment test

A. **The Convention on the Rights of Persons with Disabilities was adopted**

1. by the United Nations General Assembly (correct)
2. by the UE
3. by the Council of Europe

B. Any person who feels their rights have been violated under the European Convention of Human Rights by a State Party can take a case to

1. The Court of justice of the EU
2. The European Court of Human Rights (correct)
3. The Council of Europe

C. At the EU level:

1. There are no sources of law at all which concern crimes against women
2. There are sources of law which directly concern crimes against women
3. There are sources of law which indirectly concern crimes against women (correct)

D. The so-called "Victims' directive":

1. aims to make sure that victims are protected according to common minimum standards, wherever the damage occurred in the EU (correct)
2. is applied only in the state where the victim has its residency
3. all of the above

E. The pillars of the Istanbul Convention are

1. prevention, protection, prosecution
2. prevention, protection, prosecution, punishment
3. prevention, protection, prosecution, co-ordinated policies (correct)

Worksheets for the face to face session

Q&A session

Objective: elicit discussion on the contents of the online module

Duration: 10 minutes

Implementation: the facilitator asks participants if there is anything unclear in relation to the contents of the module.

Note: should there be no specific questions, this might be the opportunity also to explain the difference between human rights and legal right (the firsts oblige vertically, i.e.: the national states, the latter oblige horizontally, i.e.: between citizens themself) and different kind of legal source of law at European level (Regulation and Directive) and which of the them are directly binding and which not; and under which circumstances, the latter could be considered self-executing

Worksheet 5.1 – Case study and guided discussion on the contents of the module

Objectives: make sure that students understand the difference between sex as a matter of right and sex a matter of abuse or violence, and how they can be coordinated, by playing different roles and by the mean of a Socratic method (not with an adjudication aim but with a mediation aim) elicit discussion on the contents of the online module and find a balance between safeness and freedom in sexuality of women and girls with psycho-social disabilities.

Case study to be discussed: Anna is the sister of Sarah, a woman who suffers from delayed and irregular mental development associated with cognitive impairment. Because of her disability, Sarah has lost her legal capacity: she is interdicted and Anna has been nominated as her guardian.

One day Mary tells to Anna that she had entertained sexual relationships with a guy named Luke, who happens to be the brother of Sarah's care assistant. Anna tries to get more information and she understands that there was no violence in the intercourse and that Sarah has never explicitly denied her consent to this intercourse.

Anna, worried from what she heard, decides to appeal to the judge supervising cases concerning guardianship asking him to intervene to take the appropriate measures, including the possibility to grant her (Anna) the power to forbid sexual relation.

In the meantime, Anna speaks with Sarah who promised her to refrain from having further meetings with Luke.

Duration: 45 minutes

Implementation: Provide to each participant a copy of the case-study and ask them to read it carefully. Divide the class into three group: S (Sarah), A (Anna), M (the Mediator). Each of them should take the position of one of the characters (group A and S) or to try to find a mediation between the twos (M). Allow each group 10/15 minutes of discussion and ask each group to appoint a speaker.

Ask speaker of group A to start: he/she, keeping the ball or the other object in the hands, will have 5 minutes to expose argument to sustain the position and the interest of Sarah. The ball or the other object will be then passed to the "A" group and a person of this group will expose in 5 minutes the reasons to sustain the position of the guardian, keeping the ball or the other object in the hands; finally, the speaker of the third group ("M") will try to expose proposal to mediate the position and the interest of the latter two group in 10 minutes.

Allow other 5 minutes each to groups "S" and "A", to reply to the proposal

Finally, allow 5 minutes for group "M" to refine its mediation proposal.

Suggestion: If time allows, the exercise could also be implemented as follows: at the beginning of the discussion, each group can be located in opposite side of the room. As they progress with

finding a mediation, the groups can physically get closer to each other, to visually show that their position become less extreme.

Note for the facilitator: The facilitator can elicit the discussion asking the following questions:

- Is sex a right or a freedom of the women and girls with psycho-social disabilities?
- Is sex a source of risk or harm for women and girls with psycho-social disabilities?
- Under which circumstances sex would become the first or the latter?
- Could the inhibition or limitation about sex of women and girls with psycho-social disabilities be considered an abuse?
- What could it be done to respect the right to exercise own sexuality and in parallel prevent risk or harm for women with disabilities?
- Which relevance should be given to the will of the woman concerned?
- Is the capacity to understand and will decisive to exercise own right to sexuality?

As a facilitator try to keep the discussion safe and constructive and to foster mediation. The goal of finding a mediation is aimed to encourage participants to reflect on actions that could be implemented to balance the right to sexuality with protection from abuse in a preventive approach.

MODULE 6 – How professionals could prevent violence against women and girls with psychosocial disabilities at professional, organizational and structural level

Theme	**HOW PROFESSIONALS COULD PREVENT VIOLENCE AGAINST WOMEN AND GIRLS WITH PSYCHOSOCIAL DISABILITIES: AT PROFESSIONAL, ORGANIZATIONAL, AND STRUCTURAL LEVEL.**
Goal(s) and objectives	This module covers possible ways of violence prevention by discussing and analysing different levels: professional, organisational and structural. This will provide a broad spectrum of actions and necessary setting at local workplaces, national institutions, institutional support mechanisms, etc. that would help prevent violence among women and girls with psychosocial disabilities within various levels.
Learning outcomes	At the end of this module the learner will: • Be aware of prevention measures to detect and analyse triggers that increase the risk of GBV towards women with psychosocial disabilities • Create awareness for unfounded social and cultural myths relating to disability stigma and gender stereotyping. • Be knowledgeable of strategies that create a safe space that ensure, and create, an environment of security for women with psychosocial disabilities • Be mindful of the role to help as a professional. • Be aware of the ways to prevent violence against women and girls with psychosocial disabilities in professional, organisational and structural levels.
Methods	• E-Learning session

	• Face-to-face session: • Game "Tree of Prevention" • Guided discussion • Self-assessment test
Duration:	2 hours online – 1,5 hours face to face
Resources needed:	• Flipchart and markers • Pens, papers, pins and Post-it • Cardboard or Whiteboard • Copy of Article 12 of the Istanbul Convention (for reference only)
Order of activities	• E-Learning Module (2H) • Face to face (1.5 hours) • Welcome and Introduction (5 minutes) • Guided discussion on the e-learning module (15 minutes) Worksheet 1.1 • Game: "Tree of Prevention" and guided discussion (60 minutes) Worksheet 1.2 • Conclusion, Reflection and Last Thoughts (20 minutes) Worksheet 1.3
Evaluation	Self Assessment (e-learning module)
References	Council of Europe (2011). *Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaty Series - No. 210*. Available from - https://rm.coe.int/168008482e Richard, P., Siebert, S., Ovince, J., Blackwell, A., Contreras-Urbina, M. (2018). *A Community-Based Intervention to Prevent Violence against Women and Girls in Haiti*. Available from - https://publications.iadb.org/publications/english/document/A-Community-Based-

	Intervention-to-Prevent-Violence-against-Women-and-Girls-in-Haiti-Lessons-Learned.pdf Alexander-Scott, M. Bell, E. and Holden, J. (2016). *Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG)*. London: VAWG Helpdesk. Available from - https://www.oecd.org/dac/gender-development/VAWG%20HELPDESK_DFID%20GUIDANCE%20NOTE_SOCIAL%20NORMS_JAN%202016.pdf

Theoretical contents available through the e-learning course

The importance of prevention to address GBV against women with psychosocial disabilities

Prevention is crucial for halting and responding to the alarming rates of violence against women with and without psychosocial disabilities. Researchers and actively involved entities continue to develop, implement, and re-define prevention strategies and programs against sexual, or other kinds of assault. By teaching self-defense strategies to women, as well as by increasing awareness and general knowledge on GBV violence, prevention mechanisms can alter less-positive attitudes towards the subject, as well as provide the tools necessary to decrease all forms of GBV.

Problematics of prevention

It is important to understand that there is a lack of qualified assistance providers. Most providers of assistance for victims of violence are not qualified to address the specific needs of women and girls with psychosocial disabilities. There are inadequate training options, support structures, and guidelines in place to help providers identify and address different needs; for example, people with intellectual disabilities may require more time to communicate their experiences and/or build a trusting relationship with providers.

This also holds true among health care providers - more than 90 percent of medical school students reported that, although they received some clinical training in care of people with ID, there is a need for curriculum enhancements, as studies report. It is important from the professional's part to be able to consider these problematics and follow some initial but essential steps for helping to prevent GBV against women with psychosocial disabilities:

Identify

It is important to identify and be aware of some aspects to enable prevention methods:

- Negative public attitudes about disability
- Social isolation of people with psychosocial disabilities and their families
- Reliance of people with psychosocial disabilities on others for care
- Lack of support for family members who assist people with psychosocial disabilities including lack of appropriate training, notably in relation to the prevention of abuse.
- Negative impact of inadequately supported long-term care on the health and wellbeing of informal carers (also called family carers).
- Lack of opportunities for people with psychosocial disabilities to develop social skills through typical social interaction.

Factors contributing to the risk of violence

There are several factors that contribute to GVB against women and girls with psychosocial disabilities, here are three important ones for consideration when applying prevention methods:

- Gender, particularly with reference to sexual abuse (where women face a very high risk of victimization).
- Poverty and other economic factors affecting people with psychosocial disabilities.
- Lack of control or choice of people with psychosocial disabilities over their personal affairs.
- The special characteristics of the type of disability of the victim.

Pathways for prevention methods at professional, organisational and structural level

In order to have a clear outline on how to build good prevention guidelines that work across spectrums, being of disabilities, types of centers and assistance facilities, professional's main work areas and focuses, among other variant factors, it is important to have a secure and stabilized professional, organisational and structural prevention plan. To achieve a relevant and consolidated base for prevention methods, these three levels need to be considered as a whole.

On Structural Level:

Expand national and subnational laws, policies, strategies, and action plans to include reasonable adjustments to existing provisions/mechanisms to protect women and girls with psychosocial disabilities and expand GBV services that are accessible to them.

Improve multisector coordination, coordination across levels of government, and information for decision-making.

Include an explicit focus on operations regarding women and girls with psychosocial disabilities in the areas of social protection, health care, and caring services.

Provide training and adjusted protocols, with appropriate verification mechanisms, for child and elder care assistance providers, as well as to professionals and carers, to enable them to detect, help prevent, and offer the adequate assistance in cases of GBV against women with psychosocial disabilities.

On Organisational Level:

Strengthen the articulation, coordination, and relationship between social assistance centers and the relevant territorial actors in the provision of services to fully include women and girls with psychosocial disabilities.

Make reasonable adjustments to existing services and centers; in the case of new centers, use universal design principals to ensure access to all.

Increasing knowledge of, and access to, assistance services offered by providers who are sensitive to the specific needs and vulnerabilities of women and girls with psychosocial disabilities that can serve as protective measures against sexual abuse.

Strengthen the region's knowledge on GBV against women with psychosocial disabilities by generating rigorous evidence on the effectiveness of interventions. Map existing promising practices. (also relevant to both structural and professional levels)

On Professional Level:

Professionals can contribute to speak up and share experiences and difficulties to allow changes of policies and institutional measures as well as deeper organisational and structural adjustments as they have the field-work knowledge.

Through measures that prevent intergenerational GBV towards women, with or without disabilities, create positive parenting programs.

Define methods on how to improve access to sexual and reproductive health education and services by women and girls with psychosocial disabilities. (relevant also to both structural and organizational levels)

Participation and helping to the develop, including both at structural and organisational levels, pilot programs or prevention guidelines within existing programs with more rigorous impact evaluations.

Professionals Good Practices

When considering the implementation of strategies against GBV towards women with psychosocial disabilities, some of the following good practices should be taken into consideration:

- Prevention measures should be based on evidence and on theory in terms of analyzing the triggers that increase the risk of GBV against women with psychosocial disabilities.
- Prevention should focus on caregivers, not only as protectors but also as potential perpetrators.
- Build on a preventative approach, enabling caregivers not only to manage incidents without violence, but also to contribute to the identification of cases of abuse. For example, in cases when a woman or a girl with a psychosocial disability attends a day care service, it is important that her family is equipped to spot the potential signs of abuse during the day.

- Help social services and relevant agencies to build awareness on the various forms of violence, such as, for example, being prevented from using a wheelchair or other assistive device; being over or under-medicated; being neglected or refused help; or misuse of welfare grants by family members.
- Professionals as assistance providers can develop protocols or compulsory guidelines to ensure that all instances of violence or cases of suspicion are properly identified and investigated.
- Professionals as service beneficiaries can be involved in the development of intervention strategies.
- It is important to promote networking activities to share experiences and acquired knowledge.
- Methods and programs that contribute for the building of resilience in women and girls with psychosocial disabilities by socially and economically empowering them so that they are able to care for their own health (including sexual and reproductive) as well as to become financially independent.
- Participate in and build educational programs and active communication methods that discredit the social and cultural myths relating to disability stigma and gender stereotyping; for example, interventions should send a clear message that a woman or girl with psychosocial disabilities have the right to speak up if she is attacked for having denied sex to an intimate partner.

Strategies to ensure the ability of women with psychosocial disabilities to access prevention environments in a safely manner

Promoting awareness on prevention of sexual and domestic violence against women with psychosocial disabilities is key. Technical assistance, guidance and information from institutions, organisations, centers, or professionals to whom women seek help from and/or consultation can reduce the risks of abuse against people who have a disability or at least increase accessibility to the women to important prevention tools. However, it is essential that environments for women to seek help are safe environments and which transmit directly that safety feeling as well as insure it.

Some strategies can be:

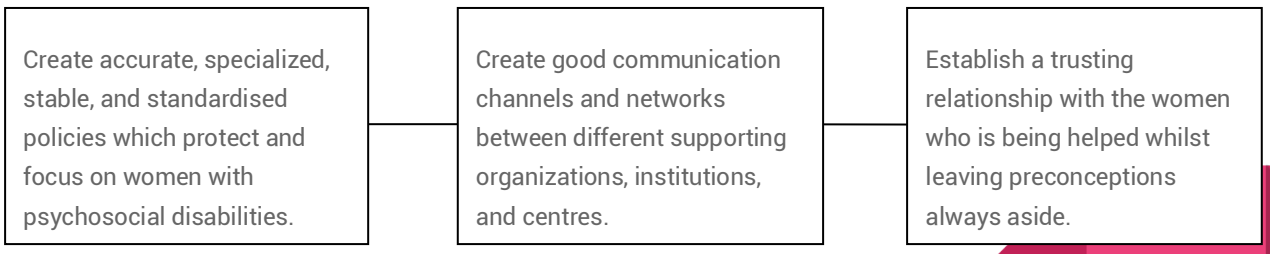
- Provide a cosy, comfortable place, with a good atmosphere, which inspires relaxation and tranquillity, ambient music and empathy from the professionals.
- Establishing Support Groups in a safe space allows survivors of GBV to share experiences and offer support and encouragement to survivors in similar situations. Support groups also work to debunk preconceptions associated with abuse and to affirm positive thinking for each woman.
- It is key to achieve a state of trust and safe sharing, where women feel physically and emotionally secure. This can be achieved by establishing a conversation and having a non-judgmental approach to what is shared. Be an active listener, reiterating your duty as professional to help. Give space for the women to feel at ease and unpressured to talk, but with time and space to do it if they like. Underline that the space where they are is a safe sharing place, and that no information will be shared with others outside that space without the women's consent.

Exercise - Line of Prevention: Exercise to Reflect on Prevention Measures

This is a practical online activity intended for the participants to reflect on the teachings of the module and share their views on what the structure of prevention measure should be.

Implement the activity: A standardized line with boxes to be filled by the participants will appear. The participants can fill the boxes with what they believe is the most accurate chain for prevention measures according to the question: What do you think are the three most important things for a chain of prevention, being the first at structural level, the second at organisational level, and the third at professional level?

After all participants fill in the boxes and submit them, they will be compared to the following reference chain:



Self-assessment test

A. Do you think a professional could help prevent violence among women and girls with psychosocial disabilities?

1. No, it's not his/her job.
2. Yes, he/she can prevent it using specific tools and sharing information (correct)
3. He/she can prevent it only among peers.
4. He/she can prevent it only on the institutional level.

B. Why is prevention and sharing information important?

1. To help shift some of the stigma and attitudinal barriers experienced by women and girls with psychosocial disabilities
2. To raise awareness of the issue in the public discourse, which is equally important to help women and others identify experiences of abuse and community resources available to survivors.
3. Because information should be accessible through a variety of public spaces in the community (bulletin boards, health care facilities, police departments, victim advocate offices, etc.) and utilize television, radio and other mass communication channels.
4. All of the above (correct)

C. What can I do to ensure prevention?

1. Provide specialized information and referrals, which involves asking affected women the type of information they would like to receive; the settings and format that such information should be available; and how they would like to receive support services (within the community; at home; at a specific institutional setting, or other).
2. Use social media professional groups to share good practices

3. Support access to special legal protection against abuse, for example, in cases of dependence on home caregivers or institutions.
4. Establish linkages and strengthen interagency collaboration with disability organizations to ensure holistic and appropriate support is available to women who have experienced abuse.
5. All the above (correct)

Worksheets for the Face to Face Session

Worksheet 6.1. Guided discussion on the e-learning module

Objective: Elicit discussion on the contents of the online module

Duration: 15 minutes

Implementation:

The facilitator will ask the participants to reflect on the online module about types and forms of sexual violence. The facilitator might ask these questions and foster a discussion:

- Why GBV prevention is important?
- What prevention methods could you identify on professional, organisational, structural levels?
- Which topic/aspect of the online module was most interesting/relevant for you?
- What other questions or insights do you have from this online module?

Worksheet 6.2. Game: Tree of Prevention and guided discussion

Objective: Establish the key connections between structural, organisational and professional levels of prevention and what roles within the method of prevention each can contribute to.

Duration: 60 minutes

Implementation:

1. A copy of Article 12 of the Istanbul Convention will be distributed to the participants and some time (around 5 minutes) will be given for reflection.

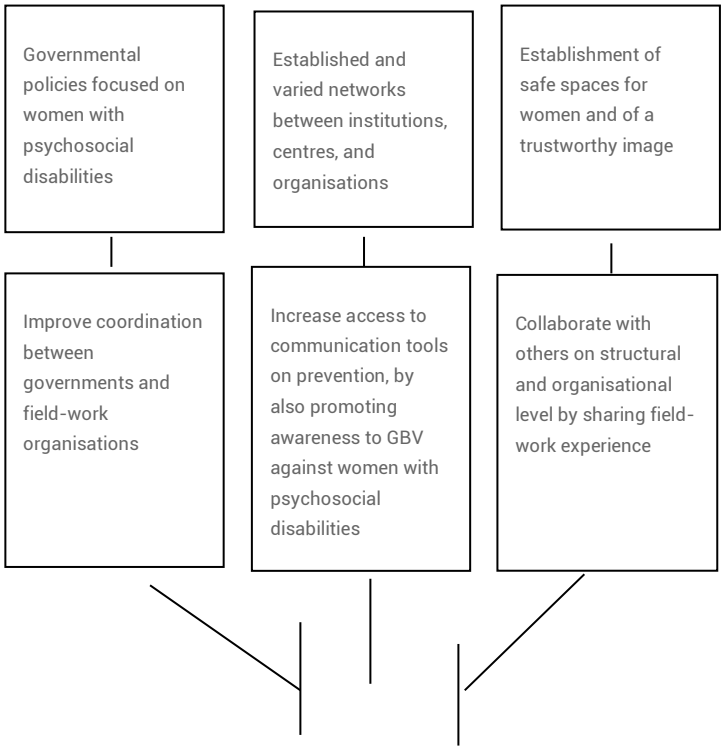
2. After the reflection, a tree with branches will be drawn on either a cardboard or big whiteboard. Each participant of the session will write in post-it notes what they think are the key

aspects of each prevention level (structural, organisational, professional). They should stick and group them on the drawn tree branches where one branch would represent one prevention level.

3. At the bottom of the tree (the main branch) the participants will place a post-it that establishes which is the most important factor for prevention for them, making it the base for all other pathways to prevention.

4. The facilitator will have a standardized sheet with an established tree of his/her own that will serve as valid reference and base for the discussion (see below). This discussion around the game will allow sharing of experiences and thoughts on how to achieve the best prevention methods in a participative way which has the objective of inciting critical thinking from the participants about prevention of GBV against women with psychosocial disabilities and make the participants work together to achieve the best methods. The facilitator should encourage participants to reflect on their thoughts while thinking about key aspects of each prevention level; see if they agree with suggestions of others; would they change anything; and if anything is missing from the tree below.

Suggestion for Facilitator's Tree of Prevention:



Worksheet 6.3. Conclusion, Reflection and Last Thoughts

Objective: Final discussion and reflection on the contents of the online module and last thoughts and suggestions from the participants.

Duration: 20 minutes

Implementation: The facilitator will ask the participants to reflect on the online module and its content and will guide a discussion between the participants, either by turns of speaking or by establishing a constant dialogue. The facilitator will also ask some reflection questions to the participants on the content of the online module and on what each participant has learned from the training. The participants will be invited at the end to contribute with any last remarks or thoughts before wrapping up the session.

Reflection Questions:

- What is the main information that you took from this training module?
- What is the most important new idea or implementation measure that you took from this training module?
- Do you feel this training module was useful for you to better respond and establish prevention measures in your everyday life at work?
- What do you believe is the single most important thing to initiate a discussion or prevention work?

Handout: Copy of article 12 of the Istanbul Convention

Chapter III - Prevention Article 12 - General obligations

1 The Parties shall take the necessary measures to promote changes in the socio-cultural behavior patterns of women and men, with a view to eradicating prejudices, customs, traditions and any other practice based on the idea inferiority of women or in the stereotyped roles of women and men.

2 The Parties shall take the necessary legislative and other measures to prevent all forms of violence covered by the scope of this Convention by any natural or legal person.

3 All measures taken under this chapter take into account and address the specific needs of people made vulnerable by particular circumstances and place the human rights of all victims at their center.

4 The Parties shall take all necessary measures to encourage all members of society, in particular men and boys, to actively contribute to the prevention of all forms of violence within the scope of this Convention.

5 The Parties shall ensure that culture, customs, religion, tradition, or so-called "honor" are not considered a justification for acts of violence falling within the scope of this Convention.

6 The Parties will take the necessary measures to promote programs and activities aimed at empowering women.

MODULE 7 - How professionals could deal with the cases of violence against women and girls with psycho-social disabilities: professional, organizational and structural level

Theme	**HOW PROFESSIONALS COULD DEAL WITH THE CASES OF VIOLENCE AGAINST WOMEN AND GIRLS WITH PSYCHO-SOCIAL DISABILITIES: PROFESSIONAL, ORGANIZATIONAL AND STRUCTURAL LEVEL**
Goal(s) and objectives	This chapter covers possible ways of tackling violence by discussing and analysing different levels: professional, organizational and structural. This will provide a broad spectrum of actions for individual professionals, local workplaces, national institutions, institutional support mechanisms, etc. that would help professionals in dealing with violence among women and girls with disabilities within various levels, including supporting the reporting of cases.
Learning outcomes	At the end of this module the learner will: • Know the principles to be applied when abuse is discovered • Know the principles of psychological first aid • Be able to apply communication techniques to support the victim • Know the principles to be applied to implement a safety plan • Know his/her duties as a professional
Methods	• E-learning presentation • Case study • Self-assessment • Guided discussion • Role-playing
Duration:	2 hours online – 1,5 hours face to face

Resources needed:	• Flipchart and markers • Post-it, papers, pens • Copies of the case study (Worksheet 7.2) / one for each participant • Copies of the scenarios for the role playing (Worksheet 7.3) / 2 copies
Order of activities:	E-learning module (2H) Face to face: • Welcome and introduction (5 min.) • Q&A session (15 minutes) • Guided discussion on the contents of the module (20 min.) – Worksheet 1 • Case studies on duty of reporting (30 min.) – Worksheet 2 • Role playing on PFA (30 min.) – Worksheet 3 • Wrap up and conclusions (5 min.)
Evaluation	Self-assessment
References	Bein K., Davis V., Strengthening Our Practice: The Ten Essential Strengths of Sexual Violence Victim Advocates in Dual/Multi-Service Advocacy Agencies – Available from: https://www.acesdv.org/wp-content/uploads/2014/09/Strengthening-Our-Practice.pdf IFRC Disaster Response and Preparedness, Epidemic control for volunteers – Available from: https://ifrcgo.org/ecv-toolkit/action/psychosocial-support-psychological-first-aid-pfa/ Local Government Association, Adult safeguarding and domestic abuse A guide to support practitioners and managers – Available from: https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf

Theoretical contents available through the e-learning course

Discovering the abuse

The discovery of an abuse can emerge from several sources:

- By direct observation of the professional
- From the woman herself
- From a family member or friend
- From another professional / a colleague

The issue can be expressed as a report, a complaint, a concern, or it can arise during a social or health assessment.

If you suspect or directly assist to an abuse

- Safety first: assess if there is an immediate risk for the victim and take the steps to ensure her safety. If you think that the victim is exposed to a current danger of serious harm, call the police forces.
- Do not discuss the matter with the alleged abuser. Don't face him/her.
- Follow the protocol: learn if your organization has a standardized protocol or a procedure to follow in case of abuse of clients – if yes: follow it
- Don't face the problem alone: at the earliest opportunity, discuss the issue with your line manager – if he/she is not available or if you suspect that he/she can be the perpetrator, turn to the person who is hierarchically above him/her
- Consult the victim but…: you should speak with the victim to understand what she wants to do (but don't forget to inform her that, according to your role, you might have a duty to report.)

If someone else (a colleague, a carer…) reports the abuse to you

The person making the report must be reassured that:

- The matter will be taken seriously: do not minimize the issue and ensure the person making the report that he/she will be informed about the outcome of this report
- The matter will be treated confidentially: ensure confidentiality but don't forget to mention that you might be obliged to report to your supervisors or to the police, according to the actual risk and according to your role. As far as possible, try to ensure that the person who reports will be given protection against the risk of intimidation or retaliation

If the woman reports the abuse to you

In general

- It is good to consider that certain information may be disclosed unconsciously by the victim (she might not be aware that what she is telling you can actually be considered an abuse and she might not know what this implies to you in terms of duty to report)
- If the person has the capacity to provide it, it is therefore important that the conversation continues with the person's conscious consent and awareness
- Always speak to the woman in a safe and, if possible, private place
- Listen actively and attentively: show to the person that you are actually listening to her and try to pay attention to the non-verbal communication too
- Don't be judgmental
- Before starting / continuing the conversation, ask yourself how confident you feel to discuss the topic and how trained are you to manage the situation

What to do

- Take it seriously - even if it doesn't seem to make much sense at first
- Try not to look shocked
- Clarify whether and to what extent the conversation can remain confidential
- Get the victim's version to be substantiated by asking questions

- Make it clear that you listen to the victim in your professional capacity without stopping to use your humanity to understand them better
- Ask the person what she wants to do
- Reassure her that she did the right thing by telling you about it
- Find out about the appropriate steps to take to ensure woman's safety
- At the earliest opportunity, report to your superior
- Remember that you have no obligation to manage the situation alone.
- If the event has happened recently and you realise the victim is showing distress, apply the principles of psychological first aid

What not to do

- Take it lightly or joke about what it has been told
- Minimize or ignore what you have been told or question it
- Change the subject because it makes you uncomfortable
- Say things like: "that's not true" or "I don't believe you"
- Make assumptions
- Interrupt
- Show that you are distracted, bored or in a hurry
- Discuss the issue or address the alleged abuser

Supporting self-determination and empowerment of the victim

Sexual violence is—whatever the specific acts of violence— about silence and powerlessness. One of the most important things to help survivors is restoring their voice, choice, and power. "*Professionals should think about themselves as a roadmap for survivors, rather than a GPS system. Each survivor knows what healing or justice means to them. We can't tell them how to get there, because it's not our journey. We can help survivors navigate the aftermath of sexual violence by bringing our expertise about systems, options, reactions, and choices. And we help by listening to the survivors' expertise on their lives, their desires, their fears, and their hopes (Bein & Devis).*"

Women who are psycho-socially disabled and victim of abuse may lack, partially or totally, the capacity to take certain decisions for themselves and will need additional help to support to choose what to do in case of abuse. However, professionals should always try to make every effort to encourage and support the person to take her own decisions, thus strengthening their self-determination and empowerment.

Principles of empowerment-based approach

A victim empowerment-based approach should follow the following principles

- Victim's safety: ensuring the safety of the victim should be the priority. Support her in developing a safety plan to make sure she is protected from further harm and risks of retaliation.
- The right to self-determination: Self-determination can be considered as the propensity of an individual to act in a "self-directed, self-regulated, autonomous" way (Field et al 1998). Generally speaking, having a mental-illness doesn't mean that the person can't self-determine herself, in fact there is now consensus that mental health care should maximise opportunities self-determination. A way to do so can be to ask specific questions to explore victim's perspective and goals. On the other hand, some victims may lack capacity to take certain decisions for themselves: in this case an advocate should be appointed following the local legal procedures applicable in such cases.
- Focus on victims: victims should be recognized as the primary beneficiaries of any intervention. Safety, rights, and interests of women should be our paramount consideration when deciding how to intervene in case of abuse.
- Respect for confidentiality: ensuring confidentiality is essential to create a trust-based relationship with the victim, allowing to implement all other support actions. Therefore, confidentiality should always be respected as long as it doesn't conflict with your duty of reporting. So, when you start a conversation with the victim, don't forget to mention that you might be obliged to report to your supervisors or to the police, according to the actual risk and according to your role.

Questions to support self-determination

Some questions that you can ask to explore the victim's perspective on how to deal with the situation are the following:

- What is most important to you?
- What kind of goals do you have?
- What would you like to know about?
- Who in your family or friends would help you?
- What do you hope it will happen?
- What are your concerns?
- What do you need/expect from me/from the team of professionals?

Psychological first aid (PFA)

PFA is a humane, supportive & practical assistance to fellow human beings who recently suffered a serious stressor or a trauma, like a sexual abuse or assault. It's not something only professionals do and it has not to do with counselling or therapy. Goals of PFA are:

- Comforting someone who in distress and helping them feel safe and calm. Conveying sincere compassion.
- Providing immediate physical care and safety
- Show understanding for shock reactions which may cause e.g. shame, quilt; provide basic information common distress reactions
- Assessing needs and concerns.
- Protecting people from further harm.
- Providing emotional support.
- Helping to provide immediate basic needs, such as food and water, a blanket or a temporary place to stay.
- Listening to people but not pressuring them to talk.
- Helping people obtain information, services and social support.

Avoid:

- Asking someone to analyse what has happened to them
- Encouraging a detailed discussion of the event that has caused the distress.
- Pressing someone for details on what happened
- Pressuring people to share their feelings and reactions to an event.

Safety plan

An effective safety plan empowers the victim to reclaim a sense of safety and security by addressing immediate safety needs and outlining strategies to help reduce future incidents of harm. Unfortunately, constructing and implementing a safety plan cannot ensure that an individual will not face violence again; its goal is to help survivors be as safe as possible given their current life circumstances.

A good safety plan should be victim-drawn and victim-centred, it means that as much as possible it should be based on the woman's goals, and not the professional's opinions. Therefore, supporting a woman to make a safety plan should be based on what she fears, what she wants to do and why and brainstorming options and ideas together.

Clearly, a safety plan will be different if the woman lives in the community or in an institution.

In the first case (community) areas that should be explored to make a safety plan are:

- Physical safety
- Digital safety
- Housing
- Workplace (if the person works)
- Transport
- If the person lives in an institution, the safety plan might imply organizational changes which might have to be discussed with the management, such as:
- Re-organization of work shifts
- Change of accommodation arrangements within the institution
- Additional safety-checks at entrance to the facility
- Some practical aspects to take into account are for example:
- Be prepared to reach out. Instruct the woman to keep your cell phone charged and have emergency contact numbers programmed ahead of time. Suggest her to memorize a few numbers in case she doesn't have cell phone access in the future.
- Help the woman in identifying a support network of people she can trust and call in case of need.
- Make sure she knows how to contact the police: it would be useful to memorize the number and make simulation of a phone call with a trusted partner.

- Ensure she can locate a few places where she knows she will be safe. Practice how to get out of a place if she thinks things are getting dangerous. Plan how she may reach the safe place, whether she can drive, take a bus, or call a taxi.

To learn more

How to ask questions

- You must ask open-ended questions - avoid close questions (i.e. those to be answered only with yes or no)
- Ask questions that allow the interlocutor to talk to you about the abuse in their own way, in their own language, with little or no intervention on your part on how to respond.
- Ask questions to deepen or clarify. It can be helpful to give the person an impulse but without orienting him. Repeat what she told you or paraphrase it, use non-verbal signs such as encouraging with a look or nodding.
- It is important, however, not to cross the line between encouraging a person to respond and influencing their response or feeding them or putting words in their mouth

Examples of active listening

Encouraging	“ah-hah”, “right”, “tell me more”

Summarizing	“So, what you are saying is…"
Clarifying	“And then you went first to the bus stop and then back home?"
Mirroring	“It must have been scaring"
Appreciating	“Thank you for sharing this with me"
Linking	“And then?" (small questions to encourage continuation)
Silence	Silence can also encourage the person to continue when it's a “positive silence", accompanied by unfolded and relaxed arms, turning toward the person and leaning.

Non-judgmental listening

Be genuine and respectful	Be in the present – do not compare your experiences with those of the person you are talking to
Be aware that the feeling the person is expressing are real	Be warm
Be aware of your body-language	Be positive with your feedback
Express support, without telling the other person how she should feel	If you need to say something, use “I" (versus “you") statements

Remember that we can only say what we heard and not what the other person meant to say, like: “What I hear you saying is…"	If you need to ask questions, avoid those starting with “why?", “why you did this or that?" as they can put the other person on a defensive position.

Case study

Anna is a 30-year-old woman with a psycho-social disability who lives in a sheltered house with two other adults in the same condition. They go to work and receive 15 hours per week drop-in support to help them with meal preparation, shopping, medication, and finances.

While you're helping Anna with preparing a shopping list, she tells you that the day before, while she was alone at home, she was visited by a volunteer to the sheltered house named Paul. Anna says that Paul has told her that he likes women who wear red underwear, and that he asked her to show him what colour she was wearing.

Anna tells you that she was distressed by this request and that she didn't really know what to do. Luckily, another in-mate entered the house at that time and Paul quickly left.

What should you do first?

- Ask open questions to get more info about what happened
- Apply PFA techniques
- Record the details of what Anna has told you, using her exact words if possible. Stick to the facts – do not include your opinions.
- Record what you did.
- Report the matter to management.
- Explore whether you have a duty to report to the police as well

What else could you do in this matter?

- Develop a safety plan together with Anna, applying principles of self-determination and empowerment
- Support Anna to understand appropriate/ inappropriate relationships.

What if Anna has a history of making up stories about her contact with male staff members and volunteers – what should you do in this instance?

All allegations must be taken seriously. It is not your job to prove whether it is true or not – you must report the allegations to the management, irrespective of what may have occurred in the past.

Self-assessment test

A. How could you discover an abuse?

1. By direct observation
2. From the woman herself
3. From a family member or friend
4. From another professional / a colleague
5. All of the above

B. Psychological first aid can be applied only by certified counsellors

1. true
2. false

C. What kind of questions should you ask when speaking with a victim?

1. open questions
2. closed questions
3. both
4. none of the above

D. What is the purpose of a safety plan?

1. preventing any other abuse from occurring
2. reducing the harm caused by the abuse
3. helping survivors be as safe as possible given their current life circumstances.

Worksheets for the face to face session

Worksheet 7.1 – Guided discussion on the contents of the module

Objective: elicit discussion on the contents of the online module

Duration: 20 minutes

Implementation: the facilitator asks each participant to write on a *green* post it the topic of the online module which he/she considers the most interesting / relevant for his/her work and on a *yellow* post it the topic which was harder to implement in practice.

The facilitator will then pick up the topics which are mentioned as most relevant and harder to implement by the majority of participants and ask the following questions:

- Why do you consider this issue to be the most relevant? How does it link with your practice?
- Can you mention any situation in which you have faced this issue / situation?
- What kind of challenges do you see in implementing this issue in practice?
- What would you need to overcome these challenges?

Worksheet 7.2 – Case study on the duty of reporting

Objective: make sure that the duty of reporting is understood correctly by participants

Duration: 30 minutes

Implementation:

According to the national legislation on the duty of reporting, allocate your participants to groups with the same responsibilities (for example, all those who do not have a duty of reporting will be part of the same group). If all your participants belong to the same group, you can make smaller groups fictionally representing different kind of professionals.

Distribute the case study (below) and ask each group to respond to the suggested questions in small groups

Discuss the replies in plenary – correcting any possible wrong interpretation of the duty or reporting

Case study to be discussed: [In your professional role] you visit a lady with psycho-social disabilities who is living alone. When you ring the door bell, the door is opened by a man that you have never met before. When you enter, he goes out. You can smell alcohol when the man enters the elevator. You find the lady a bit distressed but she pulls her together quickly. She explains that she has met this man is her boyfriend. You gently try to ask more about the visits and their relationship but the she doesn't reply. She keeps telling that everything is fine however you find all the house messed up, several bottles of alcohol and the lady seems very nervous. Eventually she admits that she has met that man the day before in a bar. He wanted to go home with her, she refused at the beginning but eventually he followed her, she let him in and they spent the night together having sex. She says she doesn't remember very well what happened but that she thinks it was consensual and that she doesn't want you to do anything about this. You note that there are bruises on her wrists.

Discuss in the group according the list below:

- What is the context?
- What key facts should be considered?
- What alternatives are available in the case?
- What would you recommend to do and why?
- What would your professional duties be in this case?

Worksheet 7.3 – Role playing on PFA

Objective: exercises the psychological first aid techniques

Duration: 30 minutes

Implementation: Choose among participants two volunteers who will interpret the woman and the nurse

Provide to the two volunteers the role cards and allow them few minutes to read them [**Note:** online you can send them in chat as private messages]

Ask the volunteers to perform the play, encouraging the one playing the nurse to apply the principles of PFA. [**Note:** online gestures (such as touching) are limited – if useful, suggest to characters that they can instead verbalize what they would do if they were in the same room]

Ask the rest of the group to observe and write down what they notice or what they would have done differently

Encourage group discussion, starting from asking to the volunteers: how was it like to perform this role? How did you feel? What was easier and what was more difficult? What the others noticed? Is there anything you would have done differently?

Scenario (for facilitator): A woman arrives alone at the reception of an emergency room

She has a bleeding cut in the corner of her eye. When asked what happened, she says her employer at work harassed her, trying to touch her breast. While trying to wiggle out of him, she felt and hurt the corner of a table with her eye.

A nurse interviews the woman prior to the consultation of a doctor. The woman tells that she just wants her eye to be medicated as she needs to be quickly back to work, otherwise she will be fired. The nurse looks at the woman and notice she seems very frightened and overwhelmed. The nurse checks the medical records and find out that the woman has a diagnosis of bipolar disorder.

Role cards (for volunteers):

Woman: A woman arrives to the emergency room, she has a bleeding cut in the corner of her eye, she seems frightened and overwhelmed and uses only few words to describe what happened; she wants to leave soon to go back to work. She encounters a nurse and sits down.

Nurse:A nurse records the woman's personal details and assesses through discussion her situation and needs for care before the patient sees the doctor. The nurse understands the patient has experienced something frightening, she wants to use main points of PFA: safety, dignity and rights.

MODULE 8 - Best practices and tools for preventing and dealing with such issues

Theme	**BEST PRACTICES AND TOOLS FOR PREVENTING AND DEALING WITH SUCH ISSUES**
Goal(s) and objectives	This chapter covers good practices and presents tools and concrete examples of successful actions in preventing or dealing with violence among women and girls with psycho-social disabilities.
Learning outcomes	At the end of this module the learner will: • Recognize, react and report sexual harassment episodes • Recognize the role of professionals in preventing sexual violence, in enhancing victims' self-steam and confidence to report these events. • Be aware of tools and concrete examples of successful actions, programs, campaigns, etc. in preventing or dealing with violence among women and girls with psycho-social disabilities.
Methods	• E-learning presentation • Case study • Self-assessment
Duration:	2 hours online + 30 minutes FTF
Resources needed:	• Post-it green and yellow • Pens • Copies of the Worksheet 3: one per participant

Order of activities:	• E-LEARNING MODULE (120 minutes) • FACE TO FACE ACTIVITY (30 minutes) • Q&A session on the online training (10 minutes) • Activity (15min) • Wrap up and conclusions (5 minutes)
Evaluation	Self-assessment
References	Consejería Para la Igualdad y Bienestar Social, Mujeres con discapacidad y violencia sexual: guía para profesionales, https://www.saludcastillayleon.es/profesionales/es/violencia-genero/documentos-m-s-organismos/protocolos-guias.ficheros/257259-Guia.Violencia%20sexual%20y%20DISCAPACIDAD.CCAA.%20Andalucia.pdf FEDEAFES, Guía. Investigación sobre la violencia contra las mujeres con enfermedad mental, 2017 https://consaludmental.org/publicaciones/Investigacion-violencia-genero-salud-mental-2017.pdf Región de Murcia, Guía de actuación en el ámbito de salud mental y drogodependencia en Violencia de Genero, 2019 https://www.consaludmental.org/publicaciones/Guia-salud-mental-drogodependencia-violencia-genero.pdf SaludMadrid, Guía de atención a mujeres maltratadas con trastorno mental grave, 2010 http://www.madrid.org/bvirtual/BVCM017351.pdf UN Women, Sexual harassment against women with disabilities in the world of work and on campus, 2020 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/discussion-paper-sexual-harassment-against-women-with-disabilities-en.pdf?la=en&vs=1256

Theoretical contents available through the e-learning course

Introduction

When we talk about something as sensitive and painful as sexual abuse, some women with and without disabilities, may struggle to explain what happened to them, social barriers, perceptions, preconceptions, etc. can difficult the process of recognition. In this context it is even more important to work and support women with psychosocial disabilities who have (perhaps previously) experienced sexual harassment or those whose perpetrator is one of the people who support them (partner, relative, friend, etc.).

How to interview a woman with psychosocial disabilities to identify previous/current sexual abuse events?

Some simple rules if a woman who is not your current patient comes to you and report sexual abuse:

Be sensitive to her situation/current crisis and in this regard, provide her a welcome in accordance with her needs.

Introduce you with your name and profession, try to create an atmosphere of confidence.

Interview her alone. Ask several questions from the most general to the most concrete. You can start with these:

- I see you are worried…
- How are things at home?
- How is the relationship with your partner?
- How is the relationship with the people you live with?
- Do you feel that you are not treated well at home?
- How are arguments solved at home?
- Have you felt fear?
- Have you been physically or sexually assaulted?

- Does your partner control your money?
- Has he ever threatened you?
- Does he have weapons at home?
- Have you told about this to a family member or friend?

Make her comfortable and create a safe environment. Observe attitudes and emotional state, facilitate the expression of feelings. Show an empathic attitude and apply active listening skills.

Inform her of the legal mechanisms available. Use an accessible language, avoiding legal terms or complex concepts which may hinder her understanding.

Suggest her specialized assistance and support services if needed.

Offer her a telephone number where she can contact you, as well as other professionals, where she can receive help, protection and support.

Some rules if you suspect that a woman who is one of your current clients/patients is being a victim of gender-based violence:

- Ask regularly how she feels, if she is afraid of anything, how are things at home, etc.
- Systematically include in the initial assessment a first general exploration of possible situations of abuse.
- Be alert for possible signs and symptoms and report them in your records.
- Try to understand her discomfort and health problems as a consequence of violence and fear. Show an empathetic attitude and practice active listening.
- Inform and refer clients/patients to community resources available.
- Maintain the privacy and confidentiality of the information recorded.
- Encourage and support her throughout the process; respect her own process.
- Avoid prosecuting as it may reinforce isolation, undermine self-

confidence and reduce the probability of seeking help.

- Establish a collaboration with other professionals and institutions as well as with informal caregivers.

General attitude:

Listen to her needs: Keep in mind that listening and accompanying already have a positive effect. Sometimes, there is nothing more you can do, as she does not want to take other further steps. If abusive experiences occurred during childhood or several years before, they may cause feelings of guilt, stress and ambivalence. To therapeutically rebuild those experiences may help the victim to better understand her biographical narrative, if she seeks to talk about them. Do not force the situation: It is possible that the woman experience trouble remembering the traumatic event and she may need to understand the situation better before talking about it.

Support and accompany her: Keep in mind that the main objective is to help her. Do not devalue opinions, feelings or facts related to the abuse. Observe attitudes and emotional state and facilitate the expression of feelings.

Avoid the immediacy: Spectacular interventions to solve the situation immediately do not exist, although the professional should tackle violence directly and make clear that it is never justified.

How to react if a woman with psychosocial disabilities does not recognize suffering of abuse?

If there are suspicions of abusive behaviors but the woman denies it:

- It is possible that she has not identified the abuse as such.
- Do not insist because she may feel worse and that may cause her not to ask for help.
- Give periodic appointments to tackle the issue little by little and try to create a climate of trust where she can come clean with you.

- Ask about the situation at home, especially about daughters and sons, as it may be easier for her to realize what is happening from other people's story:
- Do you think that your children are living a difficult situation?
- Do you think that they may be having problems at home?
- Record the indicators supporting that suspicion.
- Eventually inform her about the suspicions you have.
- Offer participation in group therapy.
- Provide assistance to alleviate the consequences of violence.
- The objective is to reduce risk situations from reducing the time with the aggressor to strengthen her informal network so she can leave or ask for help.

To sum up:

1. Empathy: provide support, space and respect her time.

2. Establish a strong link: Make her feel respected, heard and understood.

3. Do not prosecute: Encourage her to express her thoughts and emotions without the feeling of being evaluated; to understand the situation, identify risks and to plan new strategies with individual goals.

How to react if a woman with psychosocial disabilities does recognize suffering of abuse?

It depends on the risks. Consider:

- Medical history information.
- History of violence against her: years, progression of abuse.
- Type of violence (physical, psychological, sexual)
- Degree of social isolation and autonomy, especially support network, economic resources.
- Stability of the disorder.
- Adaptation of the woman, stage of process in which she finds herself.

- Risk assessment of children, if any.
- Current relationship with the aggressor (live with him, risk greater in a process of separation or abandonment of the home).

Serious risk alarm signals:

- Woman says she fears for her life.
- Episodes of violence also occur outside home.
- The aggressor is violent with others.
- Engaged in violence during pregnancy.
- Threats to kill or be killed.
- The frequency and severity of violence intensifies over time.
- Abuse of drugs, especially those that worsen aggression.
- Woman plans to leave or divorce him in the near future.
- The partner knows that the woman has asked for help.
- There are already reports of serious injuries.
- There are weapons or guns at home.

Performance will be different if the woman is at risk of life. If she is not at life risk:

- Confirmation of suspected abuse will be recorded, with indicators of abuse.
- Comprehensive assessment of the situation of abuse (topography and functionality).
- Informing her about the situation in which she finds herself. To convey to her that abuse is a frequent problem, that she is not responsible.
- Explain the importance of not commenting on the content of the interview with her partner, as this may increase the risk of abuse.
- Accompaniment to a medical service if there are injuries.
- Information of existing resources networks to care for women who experience violence. If necessary, coordination and accompaniment to seek advice on these resources.
- Jointly develop, if necessary, a security plan for a high-risk situation.

- Establish frequent appointments to work together coping with this situation, as a major source of stress that puts you at risk of relapse.
- Accompaniment and confidentiality of all equipment throughout the process.
- Prevent new situations of violence.

If the woman is at life risk:

- Inform her about the dangerous situation in which she finds herself, making her aware of the danger and proposing possible strategies to follow.
- Support her in decision-making, convey to her that she is not alone.
- Accompaniment to a medical service if there are injuries.
- Inform her about the legal measures that exist.
- If she decides to **RETURN HOME**: understand the family situation and resources, implement the security plan and inform her of the care resources available. Make an appointment with here as soon as possible.
- If she decides to **LEAVE HER HOME**: understand the family situation and resources she has, accessible support, what documentation and money she has, go to the emergency services or other social services or resources available. Make an appointment or telephone contact as soon as possible.
- Record the actions carried out.

In the case the woman does not want to report the abuse and that there is a risk to her physical integrity:

- Work together with equality services or relevant social services.
- Keep in mind that there are psychological services specialized in violence from a gender perspective.
- Incorporate the data on violence into the clinical record of the woman with psychosocial disorders, specifying whether it is violence from the partner or from another person.

- Create spaces where women with psychosocial disorders can work together on issues related to empowerment, the model of romantic love in our society and violence against women.

When working with women with psychosocial disorders it may be useful to:

- Explain the written information and provide support at the time to fill in paper work if needed (to apply for lawyer, financial aids and other benefits).
- Ask if there are professionals she want to be with during the interview, but a general rule: see the woman alone and ensure confidentiality.
- Take frequent breaks and use adequate time for the interview. Repeat questions as many times as necessary with different words.
- Speak clearly, separate complex information into smaller pieces, use examples and pay attention to their reactions to be sure that everything is understood well. Do not overload her with too much information.
- Avoid asking closed-ended questions, instead facilitate the expression of feelings, ask broad questions that allow her to express the information, such as «could you tell me what happened? Observe attitudes and emotional state while maintaining an empathetic attitude and very important, make her feel that she is not guilty of the violence suffered: Express clearly that violence in relationships is never justified.
- Support her to organize ideas and feelings, make her think and help her to make her own decisions.
- Believe the woman, take her seriously, without questioning her interpretation of the facts, without making judgments, trying to remove fear of disclosure of abuse.
- Always respect her and accept her rhythm and her choices.

To sum up

1. Include in the initial assessment direct questions on gender-based violence. If there is no current risk, write it down in the medical record and invite her to comment if she has any problems. Resume periodically or when there is a suspicion of abuse.
2. Work from a gender perspective.
3. If violence against women is found, follow the action plan. Always inform her so that she can understand all the interventions that are carried out (except when there is a real risk and suspicion that she can transmit it to the aggressor).
4. Develop a safety plan for her, when necessary.
5. Ensure coordination with the area's specific women's services.

Case-studies

Consider the following situations and questions.

1st case: Mary is one of your patients with psychosocial disabilities. She is living at home with her husband and they do not have children. Today, she comes to you really upset and, after asking her a few questions about her mood, she starts to tell you that her husband could not sleep that night, and as always he is tired and nervous, he shouts and threats her. She is not working and with her husband's salary and her allowance, things are getting more difficult.

Questions:

Is Mary suffering gender-based violence? Yes, she feels responsible and even, in part, worthy of what happens to her, but she is suffering gender based violence, and her husband projects guilt onto her. You, as professional, will probably have to deal with Mary's low self-steam.

Do you think that Mary is afraid of anything? Probably yes, she could be afraid of losing her husband and living by her own. She could feel ashamed of not being able to work, etc.

Is Mary conscious of being a victim of GBV? We know that she is upset with the situation, but as it is a case of emotional violence, it is possible that Mary does not recognize the violence, she

said that it was because her husband has a bad night, and somehow blame herself for not being able to work. These two are important barriers.

As a professional, what could you do to support Mary? There are important steps to support Mary, who believes that it is no important or that it is something habitual, but as a professional you both should reflect upon it and recognize it as what it is: an aggression. Support her to tell someone she trusts and do not feel ashamed. You as professional are able to help her and support her in any decision she may take. As a professional, work to avoid that Mary gets confused by the strategies of the aggressor, as he will always try to blame the victim for the situation: the aggressor is the only one to blame for his behaviour.Support Mary until she feels capable of "reporting" the situation or work with specialized resources.

2nd case: while you are working, a new patient comes to you. She is called Sylvia and she's been dating a new boyfriend for six months. She is really upset and afraid, and she seems to run away from someone. After talking a little with her and trying to calm her down, you realize that she might have a psychosocial disorder. You also note that she is hiding some part of her body, but you could see a bruise in her wrist. When you ask why she is so upset, she changes the subject.

Questions:

Is Sylvia suffering gender-based violence? Probably yes. Start the interview as always from the most general questions, be sensitive to the situation she is experiencing and understand the complexity of violence. Try not to pressure to tell anything and just support her answers with empathy.

Do you think it is normal that Sylvia does not mention her boyfriend but her children, and avoid some questions? One of the most difficult things to understand is the amount of opportunities that the victim gives his partner before leaving the relationship; There could be thousands of reasons why Sylvia is not talking about her boyfriend: she may be subjected to great pressure at this moment and find herself in a vulnerable situation with no confidence to take the necessary steps, there may be dependence to his partner (emotional, social, economic…), etc.

What are your alternatives in this situation? As always the first thing is to listen actively, with respect, support and reassurance, and letting her tell it at “his own pace”. Here, the professional sees that Sylvia has some bruises in her arms. That could make us think about life risk and as a professional you should inform her about it directly; incorporate the data into the clinical record and support her in the decision-making process. Try to collect information about the event and it is advisable to go to a health center so that they can make the medical report. Explain that there is a way out of the situation, and as getting into a violence relationship, getting out is also a process which takes time. Explore the barriers that may prevent Sylvia to take the necessary steps (fear, guilt, low self-steam, lack of confidence on the social services or police, isolation, etc. and when she is ready start thinking about a safety plan.

Self-assessment test

A. How to interview a woman with psychosocial disabilities about abuse?

1. Asking her directly if she is facing violence and abuse at home.
2. Interview the woman with someone she trusts to help her speak in a more comfortable and confident atmosphere.
3. Regularly ask all women about the existence of gender-based violence. Systematically include in the initial assessment a first general exploration of possible situations of abuse.
4. Always try to solve the situation immediately: women must denounce and separate as quickly as possible.

B. How to recognize a woman with psychosocial disabilities who is suffering or has suffered abuse?

1. No contact with her family
2. Failure to make appointments without clear explanations.
3. The fact that she always come accompanied to the consultation.
4. All answers are correct.
5.

C. How to react if a woman with psychosocial disabilities does not recognize suffering of abuse?

1. Insist on the subject to help her get it out more easily.
2. Inform her of the suspicions you have.
3. Support her to make decisions because she might be in danger.
4. Listen to her but keep in mind that she might lie in every moment.

D. How to react if a woman with psychosocial disabilities does recognize suffering of abuse?

1. If she is at life risk, do not inform the woman of the situation in which she finds herself, because she might react badly.
2. If she is not at life risk, do not tell her anything so you keep her from telling everything to her partner.
3. In the case she does not want to report the abuse, try to convince her to do it.
4. Consider the degree of social isolation and autonomy: her network and economic resources.
5.

E. What are the specificities of speaking with women with psychosocial disabilities?

1. Do not take breaks more frequently than with other women.
2. You must speak to them as you do with other women: they are adults, no girls.
3. Pay special attention to her reactions to be sure that everything is understood well.
4. Wait no more than 30 seconds between each question.

External resources and good practices

Italy

1. “Disabled Girls and Women - Victims of Violence" funded by the Daphne Program whose Italian partner was DPI Italia (Radtke, D. et. Al., 2001).

2. "Aurora", created by the Frida Association with funding from Philip Morris Italy (Fioravanti, G., et al. 2014)

3. “Voices of women", created by AIAS Bologna with the funding of the Del Monte Foundation (Pesci, C. et.al., 2017).

The recommendations that can be drawn from these experiences concern first of all some prevention principles that should be applied in working with disabled women. The key messages should be:

- "Your body belongs to you"
- "Have a positive perception of your body: worship it - protect it"
- "You can say no" - promote the culture of "you can say no" in all circumstances
- "Trust your instincts" - promote a culture of self-determination and freedom of choice
- "You can freely talk about your sexuality"

Other issues that should be addressed preventively are: the discussion about the difference between pleasant and unpleasant physical contact and between good and bad secrets (through the message that it is possible to keep pleasant secrets for oneself, but should be shared with someone who trusts those who make you feel bad). The promotion of groups is also recommended to share paths of personal growth and self-reflection about one's own body, stereotypes about women with disabilities, relationships with their families and access to sex education opportunities.

As regards **preventive actions at policy / community level,** the recommendations concern:

- Ensure access to training courses and violence prevention interventions for disabled women and information on support services explained in a simple and understandable way
- Ensure the accessibility of services to women with disabilities, both in terms of architectural barriers (for anti-violence centers) and in relation to the technical tools used
- Provide all professionals working in the field of gender-based violence with training opportunities on disability and related obstacles and training on how to communicate effectively with women with sensory, cognitive or psychiatric disabilities
- Adopt professional practices within the services that facilitate disclosure: remove the taboos relating to the sexuality of disabled women; take a non-judgmental approach, believe in what women are saying, offer opportunities to speak privately.
- Ensure independent controls on care services (including residential and semi-residential facilities)

Lithuania

Initiatives to **prevent and reduce domestic violence:**

1. Educational initiative of the Ministry of the Interior of the Republic of Lithuania "BE STRONG". The aim of the initiative is to inform the public about violence, its forms, other initiatives and to direct them where help and support could be provided in case of violence. Website of the initiative: http://www.bukstipri.lt/. During the project, the first Lithuanian violence prevention comic book "Birutė Fearless" was created in 2017, available at: http://bukstipri.lt/saa-kas-tai/prevenciniai-projektai/43.

2. In 2017-2019, the project "Stop Violence Against Women - From Awareness Raising to Zero Prosecution of Victims" was implemented, the aim of which is to increase public awareness and knowledge about violence against women and forms of violence, promote zero tolerance for violence and prosecution of victims of violence. The website set up during the project provides detailed information on the provision of assistance to victims of violence, recommendations for professionals and others, positive examples of women who have experienced violence and

more. The project also carried out campaigns "It is also violence", "Support", which aimed to disseminate visual and informational material on violence against women (in the form of videos, posters, etc.). During the „Women for Women“ campaign, the first virtual forum of mutual assistance in Lithuania for women who have experienced or are experiencing violence has been established. More information about the project and campaigns: https://www.visureikalas.lt/lt.

3. The project “BRIDGE: Connecting local community members for effective gender based violence solutions" in the period 2019-2021. The aim of the project is to strengthen the response to gender-based violence in the local environment in local communities and to ensure effective prevention of violence. More information: https://www.lygybe.lt/lt/bridge.

4. Every year, an international campaign “16 Days Against gender-based violence" is organized in Lithuania, during which non-governmental organizations throughout Lithuania implement initiatives aimed at combating violence against women.

Good practices and resources:

5. Free online course "Systemic domestic violence against women - what is it?". More information: https://www.visureikalas.lt/naujienos/specialistams/2019/06/kursai.

6. During the project “Domestic Violence: prevention, protection, assistance, cooperation", trainings were organized for employees of Lithuanian municipalities, state institutions and non-governmental organizations working in the field of domestic violence.

7. In 2018-2019, the Lithuanian Center for Human Rights together with the Center for the Development of Equal Opportunities implemented the project “Her Voice: Empowering Victims of Sexual Harassment and Violence", during which trainings were organized for employees, legal institutions, information was disseminated to the public in order to provide knowledge on how to recognize sexual violence, harassment, how to provide assistance to the victims of this violence and ensure its prevention. More information: https://manoteises.lt/lztc/projektas-jos-balsas-igalinant-seksualinio-priekabavimo-ir-smurto-aukas/.

Unfortunately, there are no good practices for women with psychosocial disabilities, but there are several approved professional development programs for social workers in relation to sexual violence:

8. Care Home “Užuovėja” - “Sexual Violence Against Children: Recognition and Response”, 8 hours duration training (Valid 2018-2023);

9. Care home “Užuovėja” - “Sexual abuse against adults with intellectual and / or mental disabilities: prevention and assistance”, 8 hours duration training (Valid 2019-2022);

10. Public Institution "Human Resources Monitoring and Development Bureau" - "Sexual Violence against Women: Recognition and Assistance in Social Work", 10 hours duration training (Valid 2019-2022);

There is so far very little specialized training for working with people with disabilities or sexual violence. The Erasmus+ project “TRASE” was also implemented in Lithuania - sex education training for people with disabilities. The training has contributed to raising awareness about sexuality. The training is aimed not only at people with disabilities, but also at their parents, social workers and other staff working with people with disabilities. The curriculum is available free of charge on the Internet, and the project website also provides additional tools and resources for the education and improvement of sex education for people with disabilities. More information: https://www.traseproject.com/.

Spain

There are not many resources in Spanish aimed at professionals for the identification of GBV and support for women with disabilities who are victims of such violence. Even less when we talk about women with psychosocial disabilities. However, there are some guides that offer guidelines to professionals and studies that report on the nature of violence against women with psychosocial disabilities and that may be useful to professionals in this sector.

1. ‘Guide to action in cases of GBV in the field of mental health and additions’. https://www.consaludmental.org/publicaciones/Guia-salud-mental-drogodependencia-violencia-genero.pdf

The main objective of this book is to guide professionals from different resources to detect possible cases of GBV. It offers a summary of the most common diagnoses aimed at those professionals who are not so familiar with working with people with psychosocial disabilities and an action plan for specific situations that includes recommendations and good practices.

2. "Manual of training resources: Mental health, additions and GBV". https://www.consaludmental.org/publicaciones/Manual-recurses-formatives-salud-mental-drogodependencia-violencia-genero.pdf

This manual offers a guide to services and resources to improve care for women victims of GBV, includes practical cases and disseminates good intervention and coordination practices.

3. 'Guide to care for battered women with severe mental disorder'. http://www.madrid.org/bvirtual/BVCM017351.pdf

The objective of this guide is to offer guidance to health system professionals to improve the care received by women with psychosocial disabilities who are victims of GBV. It is not only aimed at sensitizing these professionals, but also at increasing the detection of cases by both the professional and the victim himself. It also offers good practices when it comes to intervening.

4. Video

https://consaludmental.org/sala-prensa/el-80-de-las-mujeres-con-problemas-de-salud-mental-que-vive-en-pareja-ha-sufrido-violencia/

In this video, three women with psychosocial disabilities talk about their experience and the consequences of having suffered sexist violence.

5. 'Guide: Research on violence against women with psychosocial disabilities'

http://www.fedeafes.org/wp-content/uploads/2017/06/GUIA_Fedeafes_estudio-violencia-genero-mujeres-con-enfermedad-mental_guia_web.pdf

This guide summarizes in 16 sheets all the points to be taken into account by professionals for the care of women with mental health problems. It offers an introduction to the type of violence and point by point it outlines the barriers, the effects, the actions and the available resources.

6. 'Women with disabilities and sexual violence: a guide for professionals'

https://www.saludcastillayleon.es/profesionales/es/violencia-genero/documentos-m-s-organismos/protocolos-guias.ficheros/257259-Guia.Violencia%20sexual%20y%20DISCAPACIDAD.CCAA.%20Andalucia.pdf

Worksheets for the face-to-face session

Worksheet 1 – Presentation and welcoming – ice break activity

Objective: to present themselves in a funny way and create a confident space.

Duration: 10 minutes

Implementation: each participant in the group writes a very interesting or unusual fact about themselves on a piece of paper. The group facilitator then reads out the responses and the group guess which person wrote the interesting fact.

Worksheet 2 –Guided discussion on the contents of the module

Objective: elicit discussion on the contents of the online module

Duration: 20 minutes

Implementation: the facilitator asks each participant to write on a green post it the topic of the online module which he/she considers the most interesting / relevant for his/her work and on a yellow post it the topic which was harder to implement in practice.

The facilitator will then pick up the topics which are mentioned as most relevant and harder to implement by the majority of participants and ask the following questions:

- Why do you consider this issue to be the most relevant? How does it link with your practice?
- Can you mention any situation in which you have faced this issue / situation?

- What kind of challenges do you see in implementing this issue in practice?
- What would you need to overcome these challenges?

Worksheet 3 – Conclusion and questions/comments/remarks (5 minutes)

Objective: elicit discussion on the contents of the online module

Duration: 5 minutes

Implementation: The facilitator should conclude the topics and insights from the training and ask if anyone has any remarks or wants to share their reflection on the session.

MODULE 9 - Creating networks for preventing and tackling sexual violence / harassment against disabled women

Theme	**CREATING NETWORKS FOR PREVENTING AND TACKLING SEXUAL VIOLENCE / HARASSMENT AGAINST DISABLED WOMEN.**
Goal(s) and objectives	To raise awareness amongst mental health professionals about the importance of networks aimed at preventing and dealing with gender-based violence against women with psychosocial disabilities. Professionals are instructed on most convenient ways in networks creation.
Learning outcomes	At the end of this module the learner will: • Realize the importance of working together and creating networks for preventing and dealing with gender-based violence • Understand most convenient ways on how to create networks
Methods	• E-Learning • Self-assessment • Face to face activities
Duration:	2,5 hours face to face + 1 hour online
Resources needed:	Paper sheets; pens.
Order of activities	E-learning module (1 hour) Face to face: • Guided discussion on the e-learning module (15 minutes) – Worksheet 1.1

	• Identifying potential professional network (1 hour) - Worksheet 1.2 • Break (10-15 minutes) • Creating a professional network (1 hour) - Worksheet 1.3
Evaluation	Self-assessment
References	Professional Networking: What It Is and How to Master It. Available from: https://www.indeed.com/career-advice/career-development/professional-networking Professional Networking Tips for MBA Students. Available from: https://www.onlinemba.com/resources/professional-networking/ 6 Tips for Building (And Maintaining) Your Professional Network. Available from: https://www.northeastern.edu/bachelors-completion/news/networking-tips/ “Erasmus+” “INDIVERSO Project - Education, counselling and support structures in the field of vocational education and training of young people with psychological impairments". Available from: https://www.indiverso-erasmus.eu/

Theoretical contents available from the e-learning course

What is a professional network?

Professional networking is when you build relationships with other professionals both in your career field and in other related fields. Networking allows you to foster relationships with others that are mutually beneficial to the careers of you and those in your network. The goal of professional networking is typically to be able to exchange information or to ask favors of people in your network and to help them in return. In the field of mental health this can be illustrated as asking help or advise on some issues you are facing at your work and getting the help from other relevant professionals or providing it yourself.

You can build a professional network in various places both online and in person. Common places where people network with others include:

- Networking events
- College alumni clubs
- Sports groups or teams composed of professionals
- Conferences and expos
- A current job
- Social events
- Online social media sites that are geared towards professionals

See examples of professional network:

https://www.facebook.com/MHPNOnline/

https://www.nhsconfed.org/networks/mental-health-network/membership

Different types of professional networks

According to the Harvard Business Review, three kinds of networking exist: operational, personal, and strategic:

Operational networks are mostly internal or not far removed from your social circle. These contacts help you achieve short-term goals by completing work efficiently on a task-by-task basis. With operational networks, you should develop healthy working relationships. Often built around tasks and short-term demands, operational networks are limited and offer little to raise the bar on a grand scale.

Personal networks enhance your personal and professional development. These groups and individuals offer outside referrals and help you move closer to current and future interests. Personal networking can help you seek opportunities outside of your organization, but alone it is not enough to propel you to the next level.

Strategic networking is about determining future priorities, gaining leverage, and getting both internal and external contacts to support your efforts. On the downside, this can be time consuming and often takes you away from critical daily operations.

These three networking strategies are not mutually exclusive. Professionals should practice all three networking types to maximize and diversify their contacts.

Why professional networks are important for gender-based violence?

The sharing of information within the professional network may refer to specific cases, activities to do and their results, new legislative norms, application of laws or lack of them, forms of support, etc.

The exchange of ideas and activities, studies and cases in relation to gender-based violence against disabled women can help all professionals working in this field to tackle violence problems more effectively, gain support, tackle the stigma and possibly prevent violence by getting all the information from other professionals' experiences. Working together and fostering networking is a tool to help women and girls experiencing violence in a sustained and miscellaneous way.

Understanding the need to work in networking for a common good, dedicating part of the time to build and contribute to these networks, is very important. As the reports of our project revealed,

some professionals tend to disclose the lack of support and intercommunication between mental health professionals, associations or other, in regards to gender-based violence against disabled women, so a professional network is presented as a suggestion to combat this reality.

Methods of networking (these are just some examples):

- Network meetings for sharing expertise and experience
- Joint expert conferences on specific mental impairments
- Joint seminars / trainings offered
- Small groups working on special topics
- Bilateral discussions
- Collegial case counselling e. g. among school social workers, trainers, teachers, guidance counsellors in sheltered workshops ...
- Peer support
- Workshops, lectures or project presentations at meetings of the network partners

Make networking a habit

Networking is a crucial skill for most professionals, but it does not always come quickly. You can only learn useful networking skills through experience and repeated exposure.

One of the important aspects of successful professional networking is to make it a part of your daily regimen. Networks are built over time, so make it a habit to stay connected with a diverse set of people who might help with their experience or ask you for help.

If you're looking to broaden your network, here are networking tips to help you get started:

Attend events related to your working field. Whether it's a networking-specific meetup or an expert speaking on a hot topic, make an effort to attend relevant industry events. You'll be in a room of like-minded individuals with whom you can discuss topics relevant to your discipline.

Establish a strong online presence. In today's world, it's likely fellow industry connections will look you up online to discover more about your professional background and interests. When networking via social media, stick to professional sites, such as LinkedIn, and keep your profiles accurate, up-to-date, and complete. Include a professional photo, personal summary, and an overview of your skills to give potential connections a better sense of your personality, abilities, goals, and how you might add value to their network.

Engage with content. Keep in touch with your connections by sharing relevant content you think they'll find useful, such as an informative blog post, inspiring TED talk, provocative industry whitepaper, or a local networking event. In your note, tell them why it made you think of them and how it might provide value.

Reconnect with old contacts. Although you'd like to keep in constant contact with your entire network, in reality, it's easy to fall out of touch. Don't feel shy about reconnecting with old contacts, even if it's been a while since you last spoke. When reaching out, let them know why you'd like to reconnect, acknowledging the lapse in communication. You can engage them in a number of ways, by sharing relevant content, offering a congratulatory message on a recent achievement, or simply by asking for their feedback or professional advice.

Communicate regularly. As you continue to build your network, it's important to maintain it by communicating with your connections regularly. Don't feel like you need to connect on a schedule, but make sure you touch base at least a couple of times a year. It can be as simple as a LinkedIn note or cordial email, thanking them for an introduction they made or for advice they offered that led to a positive outcome. It is also a good idea to create a mailing list with relevant contacts to always have them on hand in case you need to share some information or ask for help.

How can I make my professional network powerful?

Make professional networking part of your daily regimen.

Practice visibility (Responding to people on LinkedIn and commenting on others' blogs or tweets will give you more visibility and help build your professional circle).

Make a personal commitment (While there are several platforms that you can use for your professional network, nothing beats a human touch. Pick the right platforms and stay consistent, but it is more important to stay personally connected and committed to building your network).

Target specific communities (It is a good idea to target communities specific to your line of work.

Use events and conferences (Events and conferences are very good for building strong professional networks. You should use every professional and social opportunity to meet and connect with new people. Do make it a point to write back to people you have met and exchanged cards with, and be diligent about returning emails and phone calls).

Self-assessment test

A. Why is important to have a network concerning gender-based violence?

1. To face the stigma
2. To share case studies
3. To share information and professional attitudes
4. All of the above

B. What should you do to stay connected with any kind of network?

1. Create a mailing list
2. Use social media professional groups
3. Do not allow any additional members/organizations to join the network
4. All of the above

C. What kind of contents should be shared in a professional network?

1. Information about case studies that may help peers (correct)
2. Names of disabled women experiencing gender-based violence
3. Sharing information about helpful activities
4. All of the above

Worksheets for the face to face session

Worksheet 1.1 – Guided discussion on the e-learning module

Objective: Elicit discussion on the contents of the online module

Duration: 15 minutes

Implementation: The facilitator will ask the participants to reflect on the online module about professional networking. The facilitator might ask these questions and foster a discussion:

- What is a professional network in general?
- Why is it important in regards to gender-based violence against women and girls with disabilities?
- Which topic/aspect of the online module was most interesting/relevant for you?
- What other questions or insights do you have from this online module?

Worksheet 1.2 – Identifying potential professional network

Objective: To identify potential organizations, associations, stakeholders for a professional network of mental health professionals.

Duration: 1 hour

Implementation: The facilitator might say and explain to the participants:

Networking can take place with various stakeholders and on a variety of levels. The work and objectives of individual partners should be harmonised in terms of topic and content. All participants should benefit from the exchange and collaboration.

The facilitator divides participants into small groups of 3-5 poeple and explains that each group will have to think of or find on the internet potential organizations, associations, stakeholders for a professional network of mental health professionals (it is recommended to think about a

network that would focus on gender-based violence against women with mental disabilities). This can include organizations of mental health services, carers/parents of people with disabilities, representative organizations, specific persons and other. Ask the participants to be concrete and look for existing organizations, people, etc. in the national country.

The facilitator should hand each group paper and pens. A table presented below is optional as an example of stakeholders from different sectors for the network. This overview of potential network partners is not exhaustive.

Education/school sector	Medical/psychological/therapeutic sector	People affected by disabilities and their representatives	Other social services, institutions and stakeholders
Representatives of school authorities and boards School social workers School psychological service …	Medical doctors and professionals from psychiatric institutions including day clinics Practicing psychiatrists; psychologists; psychotherapists Other advisory services …	Persons with mental impairments and their relatives Representatives of people with disabilities …	Representatives of integration offices Representatives for equal opportunities Psychosocial work communities …

Print and hand out the following questions for each group to help them analyze each possible partnership in more detail:

- Who are the potential stakeholders?
- What are the objectives of these stakeholders?
- Are there predominantly common objectives?
- What different objectives/interests exist?
- What advantages can the network offer for its' members?

- What fears might individual stakeholders have and how can these be eased?
- Who is the main initiator?
- Who is the coordinator?
- What obstacles are there?
- What can we contribute to the network?

Ask each group to briefly present their findings to the rest and conclude the exercise by asking for feedback, insights, etc.

Source: "Erasmus+" "INDIVERSO Project - Education, counselling and support structures in the field of vocational education and training of young people with psychological impairments". Available from: https://www.indiverso-erasmus.eu/

Worksheet 1.3 – Creating a professional network

Objective: To practice how to create and maintain a professional network.

Duration: 1 hour

Implementation: The facilitator divides participants into small groups of 3-5 people and explains that now they will practice some steps of creating and maintaining professional network.

Each group is asked to imagine creating a professional network (using organizations, persons, etc. identified in the previous exercise) for tackling and preventing gender-based violence against women with mental disabilities. The facilitator can print out the following bullet points for the exercise and hand out to each group. The task is to:

- Set objectives of the professional network.
- Set main areas of activity/interests of the network.
- Practice visibility – create a plan, how will you spread information about your network (what websites, communities, people, social media will you involve).
- Plan events and conferences – crate a plan for network meetings, themes of them, events of the network, etc.

Provide paper sheets and pens for each group and ask participants to be specific while implementing the exercise.

When each group is done with the exercise, ask to present the ideas and have a discussion on the outcomes of the exercise. Ask participants if there are still any issues they would like to discuss on the topic of professional network, did they learn anything new, what are their insights or concerns, etc.