# Toolkit on Eliminating Violence Against Women And Girls With Disabilities In Kiribati











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Pacific Disability Forum (PDF)

Head Office: Ground Floor, Kadavu House

Victoria Parade, Suva, FIJI GPO Box 18458 Suva, FIJI Tel: +679 331 2008/ 330 7530

Fax: +679 331 0469

Website: www.pacificdisability.org Facebook: Pacific Disability Forum

Illustrations with thanks to: Siân Rolls

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# **PREFACE**

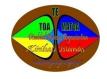
The toolkit is part of the project called the Pacific Rollout of the Toolkit on Eliminating Violence against Women and Girls with Disabilities, focusing on Samoa and Kiribati as case countries. The project is a joint partnership between the Pacific Disability Forum, Nuanua O Le Alofa in Samoa and Te Toa Matoa in Kiribati, supported by financial and technical assistance from UN Women, with primary funding from the Australian Department of Foreign Affairs and Trade (DFAT).

The Pacific Disability Forum (PDF) is a regional non-governmental organisation established in December 2002, formally inaugurated in July 2004 and registered in Fiji in 2007 following a growing momentum in the Pacific region led by leaders of organisations of persons with disabilities (DPOs) to recognise the potential of persons with disabilities and their organisations.

Our purpose is to promote and facilitate regional cooperation on disability-related concerns for the benefit of persons with disabilities, their families, and organisations in the Pacific.

Our principal stakeholders are national organisations of persons with disabilities and through them the people that they represent. Our status as the regional DPO and the independence of its Board from the government, as well as specific private or community sector alignments, is critical in underpinning our role in working across sectors and brokering partnerships.







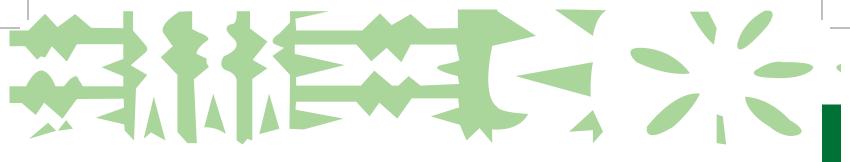


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# **ACRONYMS AND ABBREVIATIONS**

Acronyms	Definitions	
	Associate Investigators	
AI -	Taani Buoka te Kakaae Rongorongo.	
CAT	Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	
	Booraraoi n Totokoa te Bwainikiriinaki ao Karinan Nako ni Ioaawaa ke ni Katuuaa.	
CED	Convention for the Protection of All Persons from Enforced Disappearances	
	Booraraoi ibukin Kamanoakiia Aomata Nako mani Kamauna aika a Kairoroaki.	
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	
	Booraraoi ibukin Kamaunaan ni Kabane Katinanikuakiia Aine.	
CERD -	Convention on the Elimination of All Forms of Racial Discrimination	
CERD	Booraraoi i aon Kamaunaan Aroaro nako ni Katinanikuiia kaain Reeti Tabeua.	
CDANA	Convention on the Rights of All Migrant Workers and Members of Their Families	
CMW	Booraraoi ibukin Kamanoan Tauia taani Mmwakuri aika I-Anena ao Kaain aia Utuu.	
CRC -	Convention on the Rights of Children	
CRC	Booraraoi ibukin Tauia Ataei.	
CDDD	Convention on the Rights of People with Disabilities	
CRPD	Booraraoi ibukin Tauia Aomata aika iai Toaraan Rabwataia.	
DEVAM	Declaration for the Elimination of Violence Against Women	
DEVAW	Motinnano ibukin Kaakeaan te Ioaawaa Nakoia Aine.	
DFAT -	Department of Foreign Affairs and Trade	
DFAI	Bootaki ni Mmwakuri ibukin Aaba I-Anena ao te lookinibwai.	
DDQ	Disabled People's Organisation	
DPO	Aia Bootaki naake iai Toaraan Rabwataia.y	
E) (A)A(	Elimination of Violence Against Women	
EVAW	Katokan Ioaawaa nakoia Aine.	
CDDIDE	Global Burden of Diseases, Injuries, and Risk Factors	
GBDIRF	Uotan te Aonnaaba ibukin te Aoraki, Ikoaki ao Karuanikai	
CDV	Gender Based Violence	
GBV	Te Ioaawaa ae e Boboto i aon Arora ni Mmwaine	
ICCDD	International Covenant on Civil and Political Rights	
ICCPR -	Berita ae e Tieuataake ibukin Tauia Aomata ni Maiu ao n Tautaeka	
	International Covenant on Economic, Social and Cultural Rights	
	Berita ae e Tieuataake ibukin Tauia Aomata n te Iookinibwai, te Maiu/Reitaki ma Aomata ao Katei (ICESCR).	
VELLA	Kiribati Family Health Association	
KFHA	Bootakin Marurungiia Utuu i Kiribati.	
VELICO	Family Health & Support Study	
KFHSS	Kamatebwai ibukin Marurungiia ao Boutakaaia Utuu i Kiribati.	



мнмѕ	Ministry of Health and Medical Services
	Bootaki ni Mmwakuri ibukin te Kuakua ao Bwainnaoraki.
MWYSA	Ministry of Women, Youth and Social Affairs
	Bootaki ni Mmwakuri ibukiia Aine, Roronrikirake ao Aroia Aomata.
NCDs.	Non-communicable Diseases
	Aoraki aika a aki Eweewe.
PDF	Pacific Disability Forum
	Aia Bootaki Mwauku n te Betebeke.
TnK	Tautaeka ni Kiribati
TTM	Te Toa Matoa
UDHR	Universal Declaration of Human Rights
	Kaotan Tauia Aomata ae e Tieuataake
UN	United Nations
	Bootaki n Aaba n te Aonnaaba.
WWD	Women With Disabilities
	Aine ake iai Toaraan Rabwataia.

# MESSAGE FROM THE PACIFIC DISABILITY FORUM



#### PACIFIC DISABILITY FORUM

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

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

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

The Pacific Disability Forum (PDF) acknowledges the support from UN Women to develop this toolkit and the funding from the Australian Government through the UN Women managed Pacific Regional EVAW Facility Fund. We also acknowledge with deep appreciation the assistance rendered by our project partners to ensure the successful completion of this publication.

MR. SETAREKI S. MACANAWAI

**CEO, Pacific Disability Forum** 

TE TOA MATOA (TTM)

# **MESSAGE FROM THE TE TOA MATOA**

Kam na Mauri from TTM. We are proud to be a partner of the Pacific Disability Forum (PDF) in the development of the Toolkit on Eliminating Violence Against Women and Girls with Disabilities for Kiribati which has been funded by the Australian Department of Foreign Affairs and Trade (DFAT) through the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

Violence against women with disabilities in Kiribati is on an alarming increase and is happening everywhere in our societies and communities. We, as the recognised DPO in Kiribati, will work to make sure that measures are taken to eliminate such situations particularly for women and girls with disabilities.

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

TTM acknowledge the support of PDF and stakeholders in the development of this first-ever Toolkit on Eliminating Violence Against Women and Girls with Disabilities in Kiribati.,

Finally, may I bestow upon you blessings from Kiribati, Te Mauri, Te Raoi ao te Tabomo.

Teuai Tainimaki TIA BABAAIRE

Lorano

# **ACKNOWLEDGEMENTS**

The Pacific Disability Forum and Te Toa Matoa in developing this toolkit would like to express sincere gratitude and appreciation to the women and girls with disabilities who took part in the interview and the survivors' focus group discussion and shared their stories for this toolkit. Your willingness to share your stories as a woman or girl with a disability and to talk about your personal and painful experiences was courageous and extraordinarily generous. Your courage and generosity in providing us information assisted us in putting this critical document together as it will strengthen advocacy of representative organisations of persons with disabilities on the elimination of violence against women and girls with disabilities in Kiribati and the Pacific. Furthermore, it will contribute to the capacity building of duty bearers and service providers on how they can strengthen their actions to eliminate violence against women and girls with disabilities and guarantee a safe, equitable and inclusive society for all people in the Pacific.

The Pacific Disability Forum (PDF) and Te Toa Matoa (TTM) would like to extend its sincere thanks to the following organisations that made the development of this toolkit possible:

- UN Women Fiji Multi-Country Office (United Nations Entity for Gender Equality and the Empowerment of Women)
- Australian Department of Foreign Affairs and Trade, Australian Government.

We also acknowledge the following organisations and stakeholders that contributed to the development of this toolkit based on their feedback and comments during the various phases in its development:

- Ministry of Women, Youth and Social Affairs
- TTM CRPD Resource Team Members
- **TTM Staff Members**
- Participants and observers at the Dialogue on the Elimination of Violence Against Women and Girls with Disabilities in the Pacific

The Pacific Disability Forum (PDF) and Te Toa Matoa (TTM) in Kiribati acknowledge the support of Australia's Department of Foreign Affairs and Trade (DFAT), and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women Fiji), through the Pacific Elimination of Violence against Women Facility Fund, a UN Women program funded by Australia.

# **INTRODUCTION**



#### **OBJECTIVES OF THE TOOLKIT**

To enable trainers of the toolkit to explore their own perceptions of violence against women and girls with disabilities.

- To raise awareness with participants on Violence Against Women using the Human Rights approach building from Power and Privilege and Gender Relations
- Enable participants to acknowledge the barriers faced by women and girls with disabilities that experience violence
- Mobilise participants to see how they can assist in the elimination of Violence Against Women

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

Module 1: Human Rights Module 2: What is Disability?

Module 3: Gender

Module 4: Violence against women and girls with disabilities

Module 5: Referral

Module 6: Action planning for inclusion





#### ABOUT THE TOOLKIT

This toolkit provides background information on:

- gender
- human rights
- violence against women and girls
- violence against women and girls with disabilities
- difficulties faced by women and girls with disabilities in accessing services including but not limited to:
  - iustice
  - counselling
  - health
  - transport
  - education and awareness
  - **EVAW** specific services
  - participation in community-based EVAW activities
- how to include women and girls with disabilities in EVAW services
- strengthening EVAW advocacy strategies of DPOs when advocating for effective inclusion and participation of women and girls with disabilities through the identification of SafeNet and the role of the local DPO Te Toa Matoa in this network.

The toolkit addresses these issues, taking into account other key sources of information about violence against women and girls with disabilities in the Pacific. In developing this toolkit, information was gathered through a survey conducted on survivors of violence, abuse, and exploitation and by conducting focus group discussions. The survey conducted on the experiences of women and girls with disabilities who are survivors of violence, abuse and exploitation focused on:

- i. Identifying the barriers to accessing justice, health, and EVAW services.
- ii. Identifying reasons why women and girls with disabilities do not report their experiences of violence, abuse, and exploitation.
- iii. Identifying the types of violence, abuse and exploitation experienced.
- iv. Identifying the first point of contact women and girls with disabilities turn to when they experience violence, abuse and exploitation.

The toolkit also displays information gathered through focus group discussions conducted incountry and regionally with other service providers in the Pacific, on good practices available in eliminating violence against women and girls programs and how these good practices can strengthen the fight to eliminate violence against women and girls with disabilities.

The focus group discussions were conducted with:

- Women and girls with disabilities who are survivors of violence, abuse, and exploitation in Kiribati
- ii. EVAW stakeholders in Kiribati, namely Police, Ministry of Health and Medical Services (MHMS), Kiribati Crisis Centre, KFHA, TTM, MWYSA, and the two in-country Associate Investigators (Al's)
- iii. TTM CRPD Resource Team
- iv. Kiribati EVAW government stakeholders and service providers.

The tools have been developed by the Pacific Disability Forum (PDF) and TTM, with technical support from UN Women and funding from the Department of Foreign Affairs and Trade (DFAT). The toolkit has been reviewed by a number of stakeholders.





#### **USERS OF THE TOOLKIT**

This toolkit provides a set of tools that will strengthen the work of Disabled Persons' Organisations (DPOs) and organisations working in the area of ending violence against women and girls to ensure inclusive and accessible services for all women and girls with disabilities.

The toolkit will enhance TTM's CRPD resource team's knowledge and understanding on the intersectionality between violence against women and girls, disability and gender. This understanding will assist them in advocating for the elimination of violence against women and girls with disabilities. Furthermore, the toolkit lays a platform for EVAW service providers to identify the gaps in providing accessible and inclusive services for all women and girls with disabilities.

EVAW service providers are encouraged to work in partnership with Disabled People's Organisations (DPOs) in this case Te Toa Matoa (TTM) in using the toolkit when undertaking training activities on eliminating violence against women and girls with disabilities.



#### APPROACH AND GUIDING PRINCIPLES OF THE TOOLKIT

This toolkit approaches the issue of violence against women and girls with disabilities using the gender transformative and human rights-based approaches. The guiding principles of these approaches can be used to bring about changes necessary for a more survivor-centred approach in responding to violence against women and girls with disabilities. These terms will be defined and discussed further in the facilitator's guide.

In relation to violence against women and girls with disabilities, the gender transformative and human rights-based approaches require consideration of the rights of women and girls with disabilities to:

- Be secure
- · Be free from cruel, inhumane and degrading treatment
- Have their privacy respected and their right to life upheld.

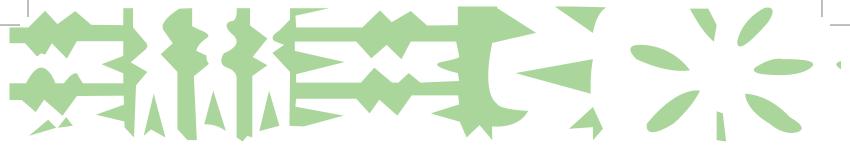
The gender transformative and human rights-based approaches aim to improve access to services for women and girls with disabilities and strengthen the quality of services provided to them. It will offer a useful framework for dealing with the complex and challenging issues that arise in the interplay between disability and experiences of violence, abuse, and exploitation, which have often conspired to render these women invisible, powerless and silent.

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

Principles used throughout the toolkit include:

- **1. Awareness** of disability and the negative social and personal impacts of violence on women and girls with disabilities.
- **2. Participation** of women with disabilities as essential for genuine empowerment and community change.
- **3. Comprehensive** accessibility to ensure that barriers to participation in community processes, and to justice, services and facilities are identified and addressed. These include physical barriers, communication barriers, attitudes and policy barriers.
- **4.** The twin-track approach which explicitly identifies specific actions for building the capacity of women and girls with disabilities at the individual level in conjunction with mainstream inclusion in policies and programs addressing violence against women and girls.
- **5. Respect for inherent dignity and non-discrimination**. The community needs to be educated to accept women with disabilities, without any form of discrimination whatsoever, as who they are and at the same time encourage them to make decisions and respect their choices.





# **HUMAN RIGHTS-BASED APPROACH**

International treaties and frameworks promote one message and that is "to leave no one behind" ensuring that approaches and processes of development are inclusive of everyone, do not discriminate, and respect and uphold all human rights of all people. To ensure that this is achieved it is necessary to use a Human Rights-Based Approach.

This toolkit on Eliminating Violence Against Women and Girls with Disabilities promotes the Human Rights-based Approach in advancing its work. This approach is about putting the person at the centre of every development, in this case, women and girls with disabilities. A human rights-based approach is a process that involves:

**Participation** – Ensuring that women and girls with disabilities are effectively included in all levels of decision-making, particularly decisions that impact their lives. This principle emphasises the inclusion of the voices of women and girls with disabilities. Participation must be objective and fair, presenting as many sides of a story as possible, especially women and girls with disabilities who have experienced gender-based violence. To ensure gender equality, the handling of gender-based violence cases should capture a balanced view and should not reinforce gender stereotypes.

Accountability – ensuring those decision makers are answerable for the decisions they make. It identifies the rights holders as well as 'duty bearers' (those responsible for protecting, respecting and fulfilling rights). This principle highlights the party that is responsible for ensuring rights holders' rights are realised. It is important to ask: In what ways are the rights being affected? What actions or strategies by different parties may address this? What information is needed to hold authorities accountable? The accountability principle focuses on increasing the capacity of duty bearers to meet their obligations. TTM recognised that governments should strengthen legislation that would better protect and empower women and girls with disabilities that experience gender-based violence, create an enabling environment that allows survivors to live independently and overcome barriers that prevent them from accessing justice and EVAW services.

**Non-Discrimination and Equality** — Women and girls with disabilities have the right not to be discriminated against, and the right to be treated with equality, dignity and respect. Accuracy and truth should underpin how cases of gender-based violence are handled. The processes followed to handle these cases should not contribute to stereotypes or generalisations attributed to women and girls with disabilities. The justice system must safeguard the rights of women and girls with disabilities and guard against power imbalances. When handling gender-based violence, the justice system and service providers must be sensitive to dealing with issues concerning the victims and survivors, and maintain the dignity and rights of women and girls with disabilities.

**Empowerment** – Ensuring that women and girls with disabilities are well informed so that they make informed choices. It affirms that when handling cases of gender-based violence and when creating awareness on the issue, it should empower survivors by providing information that encourages critical thinking, and contributes to enhancing the ability of women and girls with disabilities to claim and exercise their rights. Women and girls with disabilities must be placed at the centre of these processes.

Linkages – It is important that linkages are made to international treaties, for instance the Convention on the Rights of Persons with Disabilities (CRPD), Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC) and in this case, which is very important, the Declaration on Eliminating Violence Against Women adopted in 1993 by state parties of the United Nations (UN). This can be used to hold governments accountable to human rights standards. Linkages to human rights standards remind duty bearers that in situations of gender-based violence, they should link situations to associated human rights conventions that define relevant rights, and indicate whether a country is meeting these rights. The handling of gender-based violence cases reported should indicate the progress made in implementing relevant key human rights conventions.



#### **DEVELOPING THE CAPACITIES OF DUTY-BEARERS**

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

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

#### More information:

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

Website: http://www.un.org/disabilities/convention/conventionfull

Universal Declaration of Human Rights (UDHR):

Website: http://www.un.org/en/documents/udhr/

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

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

Constitution of Kiribati:

Website: https://www.constituteproject.org/constitution/Kiribati\_1995.pdf?lang=en

#### GENDER TRANSFORMATIVE APPROACH

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

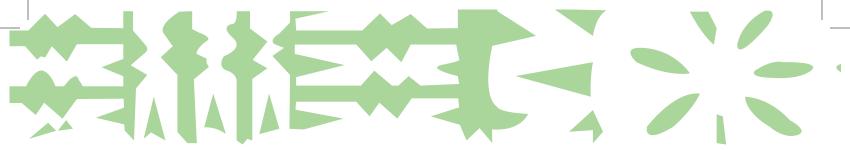
Gender programming works to promote the full humanity and rights of both women and men, while not losing sight of the fact that the system of sexist oppression works against females.

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

#### **More Information**

Gender Transformative Programming

Website: https://www.unfpa.org/sites/default/files/pub-pdf/tools.pdf



#### DISABILITY INCLUSIVE DEVELOPMENT APPROACH

The inclusion of women and girls with disabilities is inevitable if we are to ensure no one is left behind, since all people have equal and equitable opportunities in society and enjoy their rights and fundamental freedoms on an equal basis with others. As a States Party to the CRPD, the Government of Kiribati is obligated to make sure that laws, regulations, customs, and practices do not discriminate against persons with disabilities. This means that existing laws may need to be modified or new laws made that promote, protect and fulfil the rights of persons with disabilities in line with the CRPD.<sup>1</sup>

This step taken by the government is critical and therefore should be followed with necessary legislation, policies, and frameworks that would guide all stakeholders in all sectors to guarantee the inclusion of disability in their programs, actions and services.

In ensuring access for women and girls with disabilities it is important to note the following:

- 1. "Nothing About Us Without Us" In all issues regarding women and girls with disabilities, it is inevitable that they and their representative organisations are part of all processes to ensure their recognition, protection, promotion, and enjoyment of their rights and fundamental freedoms. In this toolkit, this means that when dealing with issues of discrimination against women and girls with disabilities it is important to involve them and create an environment that enables them to fully and effectively participate. It is also crucial that their individual autonomy, inherent dignity and freedom of choice and independence are respected and recognised.
- 2. "Access to" The term "access to" in all contexts does not simply mean that it is there, rather it means that the particular services provided are:
  - *i.* **Available** Means that the provision of services, information, communication and other facilities are provided in all communities including in both rural and urban areas
  - *ii.* Accessible This means that women and girls with disabilities on an equal basis with others have access to the physical environment, to transport, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.
  - iii. Affordable This means that the cost of goods and services provided are reasonable and that women and girls with disabilities have the ability to pay for them.
  - iv. Quality This means that women and girls with disabilities enjoy the goods and services provided on an equal basis with others.
- 3. "Respecting and recognising the diversity of women and girls with disabilities" Recognising and accommodating the different disability-specific needs of women and girls with disabilities is crucial when providing services to them. This will ensure their full access to services and guarantee their inclusion in the services provided. The provision of reasonable accommodation and accessibility features in services provided will eliminate the various barriers encountered by them when accessing services. The table below shows some basic features of how you can ensure that your services take into account the diversity of women and girls with disabilities:

<sup>1</sup> Government of Kiribati Ministry of Women, Youth, Sports and Social Affairs. (2015). The Kiribati Disability Policy 2016 – 2020



#### TABLE: BASIC WAYS TO MAKE TRAINING ACCESSIBLE

#### Women and girls who are blind or with low vision

- Information to be available in soft copies, braille, and large font not less than 18 font size for those with low vision. (Ask the person their preference)
- Introduce yourself by stating your name when serving those who are blind
- Be descriptive when explaining directions by stating left or right, up or down
- Ensure that you read everything in any forms, presentations, brochure, etc. If the document is big, please provide a soft copy or a copy in braille or large fonts not less than 18 font size for those with low vision
- Talk to the person instead of talking to the carer or personal assistant

#### Women and girls who are deaf and with speech impairments

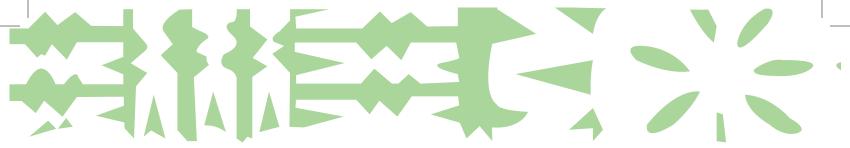
- Sign language interpreters are available
- Texting alternatives if services are provided on phone lines
- Talk to the persons who are deaf or with speech impairments, not the interpreter
- Easy read formats of information available (Understand that deaf persons do not all speak full complete sentences but instead focus on the verbs, pronoun, and nouns in the sentences)
- Videos are available with captions
- Allow interpreters to walk in with the persons who are deaf or with speech impairments when they are accessing services
- Ensure updated information is available on online platforms e.g. website and social media

#### Women and girls with psychosocial and intellectual disabilities

- Describe contents and concepts in pictures, graphs, and charts
- Information to be available in easy read formats
- Be descriptive when conversing and allow them time to receive and digest information you provided (Not too much information, however, do not withhold any information)
- Do not use technical terms but break them down into simple words
- Be patient

Women and girls with physical disabilities – This includes women and girls with disabilities who use wheelchairs for mobility, crutches, walking stick, etc. for mobility support, are amputated, stroke, with severe polio, etc.

- Ramps (not very steep) with railings
- Rubber carpet on ramps
- Lift for buildings that are two or more storeys high
- Low-level counters
- Accessible toilets and washrooms
- Enough space for wheelchair users to move around independently
- 4. "Involve Disabled People's Organisations" Involving the DPOs or representative organisations of women and girls with disabilities in all processes of service delivery is crucial, as it will guarantee that your service delivery is disability inclusive and ensures the inclusion of women and girls with disabilities and their representative organisations in all processes.
- 5. The CRPD emphasises the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by women and girls with disabilities.



#### **SURVIVOR CENTRED APPROACH**

#### **Guiding Principles for Service Providers**

The guiding principles are a set of ethical and best practice approaches for service providers to follow when providing care and response to survivors of GBV.

- Ensuring all actions prioritise a survivor's safety physical and emotional
- All actions in case response to not further increase harm to the survivor and her children
- Respect for the survivor's wishes. Survivors participate in all decisions pertaining to their life and wellbeing. Respect for survivors shall be ensured by:
  - Maintaining confidentiality
  - Ensuring independent decision making
  - Ensuring privacy
  - Obtaining informed consent from the survivor
  - Ensuring the best interests of the survivor take precedence over interest of the organisation or community
  - ZERO discrimination by the service provider for any reason (eg, based on the survivor's class, sex, age, disability, sexual orientation and gender identity, religion and/or profession)
  - In cases of conflict of interest and or/dual loyalty, priority shall be given to the protection and well-being of the survivor
  - Crisis cases shall be addressed without delay
  - Recognition that GBV is a violation of an individual's basic human rights
  - Cultural practices that are harmful to women and girls should be approached and challenged with respect, sensitivity, and care

#### **DISABILITY IN KIRIBATI**

The vision for the Kiribati Disability Policy is an inclusive and barrier-free society, where persons with disabilities are empowered and seen, where they have equal opportunities, meaningful participation and full enjoyment of their human rights. The definition of disability in Kiribati is in line with the CRPD Article 1, 'persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'. These include all girls, boys, women, and men with disabilities who live in rural, island and urban areas of Kiribati.

Disability is not a new issue for the Republic of Kiribati. Persons with disabilities have always existed, yet they have been and are frequently excluded from mainstream society. I-Kiribati with disabilities experience widespread misunderstanding and discrimination by the community and face many barriers to participating and accessing the same opportunities as others. They are less likely to go to school and receive adequate health care. They are also less likely to go to church or play sport and less likely to earn an income. The lack of opportunities makes it hard for them to provide for themselves and their families. The rights and specific needs of I-Kiribati with disabilities are largely absent from the laws, policies, budgets, and practices of the Government and non-government stakeholders at all levels. However, efforts are underway to improve the situation. The Kiribati National Disability Survey of 2017 identified 3,840 persons with disability (55% men and 45% women).

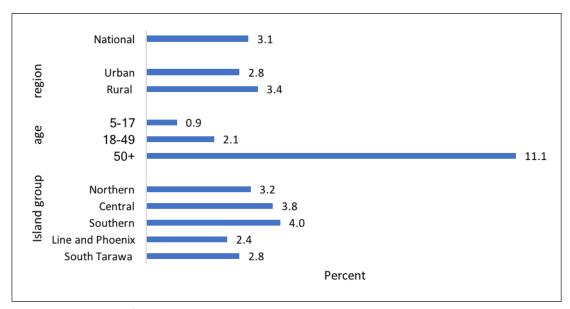


Figure 1: Prevalence of disability in Kiribati

Figure 1 presents prevalence of disability by region, age groups and island group. A higher proportion of persons with disabilities is found in rural areas with 3.4 percent compared to urban areas with 2.8 percent. The prevalence of disability is higher in older persons (50 years and over) with a rate of 11.1 percent compared to 2.1 percent among those aged 18-49 years; and 0.9 percent for those aged between 5 and 17. Likely factors that contribute to the high prevalence rate in persons 50 years and over include Non-Communicable Diseases (NCD). The Global Burden of Diseases, Injuries, and Risk Factors 2010 study cites diabetes mellitus as one of the five leading causes of years lived with disabilities in Kiribati<sup>2</sup>. The highest proportion of persons with disabilities was found in the Southern island group with a rate of 4 percent covering a total of 8 islands. The Central group had the second highest rate of 3.8 percent, with the most populated South Tarawa having a rate of 2.8 percent. The lowest rate of 2.4 percent was found in the Line and Phoenix Islands.<sup>3</sup>

World Health Organization. (2012). The 2010 Global Burden of Diseases, Injuries, and Risk Factors Study (GBD 2010).

Government of Kiribati Ministry of Finance, National Statistics Office, (2016, Sept.), Kiribati Disability Monograph in the 2015 Population and Housing Census. Retrieved from http://www.mfed.gov.ki/statistics/documents/2015 Population Census Report Volume 1final 211016.pdf



#### **GENDER AND DISABILITY**

The integration of women with disabilities in the 2015 development framework and beyond must be reinforced. While all human rights and development norms and standards apply to women and girls with disabilities, they have not enjoyed the full rights on an equal basis with others. For far too long, women and girls with disabilities have been invisible to the advocates of both women's rights and disability rights, and this has increased their vulnerability. Women and girls with disabilities are likely to experience "double discrimination," which includes gender based violence, abuse and marginalisation. As a result, women with disabilities often must confront additional disadvantages even in comparison to men with disabilities and women without disabilities.<sup>4</sup>

#### **VIOLENCE AGAINST WOMEN AND GIRLS IN KIRIBATI**

For many years, evidence of the extent of violence against women and children in Kiribati has been limited because of the absence of reliable data. The Kiribati Family Health & Support Study (KFHSS) of 2008 sought to quantify the prevalence of violence against women and children and identify the most common causes of violence and strategies to address these. The KFHSS has for the first time in the history of the country provided a picture of just how prevalent and serious this problem is. The study found that 68% of women (2 in 3) between the ages of 15 and 49 years who have ever entered into relationships reported experiencing physical or sexual violence, or both, by an intimate partner. This level of prevalence is among the highest in the world and is a very serious cause for concern. Generally, the levels of intimate partner violence were higher in South Tarawa than in the outer islands, which could relate to the greater availability of alcohol and the existence of more social problems such as unemployment, overcrowding and a high cost of living. These stresses may make women more vulnerable to abuse in South Tarawa. The prevalence of injury among abused women was 51% in South Tarawa and 55% in the outer islands. The majority, 78%, of abused women reported that they had never sought help from formal services (health services, legal advice, and shelter) or from people in positions of authority (police, NGOs, religious or local leaders). The outcomes of the Kiribati Family Health Support Study performed in 2008 guided Government to adopt robust measures to end violence against women and children including the drafting of the Family Peace Bill in 2012 (Te Rau nte Mwenga Biira).<sup>5</sup> This Act provides instruction on measures to prevent and respond to domestic violence, gives direction on how survivors can be supported, and includes measures to hold offenders accountable.

#### DIFFERENT FORMS OF VIOLENCE AGAINST WOMEN AND GIRLS

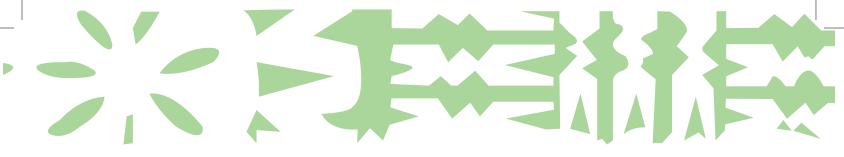
Women and girls are at risk of different forms of violence at all ages, from prenatal sex selection before they are born through abuse of widows and elderly women. While sexual violence affects women of all ages, the changing nature of women and girls' relationships (with family members, peers, authorities, etc.) and the different environments (at home, in school, at work, within the community, etc) in which they spend time exposes women and girls to specific forms of violence during each phase of their life.<sup>7</sup>

<sup>4</sup> Frohmader, C., Dowse, L., and Didi, A. (2015, Jan.). Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective. Women with Disabilities Australia. Retrieved from http://wwda.org.au/wp-content/uploads/2015/04/Think-Piece\_WWD.pdf

<sup>5</sup> Government of Australia Department of Foreign Affairs and Trade. (2014, March). Kiribati Program Poverty Assessment. Retrieved from http://kiribati.embassy.gov.au/files/twaa/140313%20Poverty%20Assessment%20.pdf

<sup>6</sup> Pacific Women Shaping Pacific Development. (2017). Kiribati. Retrieved from http://pacificwomen.org/our-work/locations/kiribati

<sup>7</sup> United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2013). Ending Violence against Women and Girls Programming Essentials. Retrieved from http://www.endvawnow.org/uploads/modules/pdf/1372349234.pdf





### **FACILITATOR'S GUIDE**

#### **Preparations before the Training**

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

Preparations for the workshops include:

#### Venue

Ensure that the venue of the activity is accessible by:

- i. providing ramps for physical access into the venue
- ii. Ensuring that:
  - a. the venue has enough space for women and girls with disabilities who use wheelchairs to move freely and independently.
  - b. all chairs, equipment, and other items are placed safely away from the spaces between each table, to ensure women and girls who are blind or with visual impairments can move safely and independently around the activity venue without tripping.
  - c. Information on the description of the venue set up is shared with all participants before the program starts. This includes how the room is set up, location of the washroom, etc.
  - d. A site map of the venue is explained verbally and hard copies available with clear labels, description, and arrows depicting directions and mobility routes within and around the venue to enable women and girls with psychosocial and intellectual disabilities to move around the venue independently.
  - In every entrance and exit put tactile flooring to indicate to women and girls who are blind and with low vision the entrance and exit.
  - Railings are available all around the venue.
- iii. Ensuring that all women and girls who are deaf are able to see the sign language interpreters and also able to effectively contribute to the discussion.

#### Mode of Delivery for the Education and Awareness Activity

In delivering the education and awareness session, it is crucial to recognise and respect the diversity of participants. In ensuring the inclusion of women and girls with disabilities in your activity, it is important to do the following:

- Ensure that at least two sign language interpreters are available at the event if required by any participants
- Ensure that everyone including the facilitators introduces themself by stating their name clearly as:
  - a. women and girls with disabilities who are blind and with visual impairment will register your name with your voice.
  - b. facilitators and participants need to address women and girls with disabilities by their names rather than their impairments. For example, instead of saying the lady in wheelchair, address her as Louise.
- iii. When doing presentations ensure that:
  - a. You speak slowly (not too slow), clearly, loudly and steadily to assist sign language interpreters to interpret your presentation and also enable women with psychosocial and intellectual disabilities to understand and follow it.
  - b. Words and sentences used need to be simple and easy to understand.
  - c. Use pictures, graphs, dramas and examples to support the explanation of the content of your presentation.
  - d. Presenters describe pictures, charts, and other pictorial presentation clearly and thoroughly.
  - e. If using videos ensure that the video contains captions/subtitles and the audio is clear with descriptive voiceover.
- iv. When facilitating discussions in your education and awareness activity, facilitators should:
  - a. Address each participant by their name
  - b. Create an environment for women and girls with disabilities to fully and effectively participate in the discussions on an equal basis with others
  - c. Allow women and girls with disabilities to speak, present and share ideas in the discussions
  - d. Speak to the woman or girl with disability rather than asking their personal assistant, interpreter or carer to respond on their behalf



- e. Respect and positively respond on an equal basis with others, to issues raised and shared by women and girls with disabilities during discussions
- f. Not propose assistance to women and girls with disabilities, rather, ask them the assistance they need during the sessions
- g. Provide clear and precise instructions when facilitating
- h. Share at the beginning of each session what is going to be covered, how it will be covered and who the presenters are at each session
- i Provide reasonable accommodation for disability-specific needs of women and girls with disabilities to enable them to fully and effectively participate in discussions
- j. Ensure that everyone speaking during the discussions speaks slowly (not too slow), clearly and steadily to enable interpreters to interpret the content clearly

#### Provision of Information at the Education and Awareness activity

When conducting education and awareness activities ensure that your information packages are accessible to all. This can be done by:

- i. Providing in advance soft copies of programmes, concept notes, presentations, speeches, etc. to women and girls who are blind and with low vision who use a laptop and screen reading software
- ii. Providing in advance hard copies of programs, concept notes, presentations, speeches, etc. to sign language interpreters to strengthen their understanding of the content of the education and awareness activity and most importantly better interpret to participating women and girls who are deaf.
- iii. Ensuring that information packages for the education and awareness activity are also available in Braille for those who are blind and in large fonts (not less than size 18) for those with low vision.
- iv. Ensuring that easy read versions of information packages are available for women and girls with intellectual and psychosocial disabilities.
- v. Ensure that videos used in training and workshops have captions or subtitles and with voiceover describing the scenes in the video to ensure that persons who are blind can hear the audio and have a holistic picture of the video.

#### **Know your Audience/Participants**

- Identify the knowledge base of your participants on ending violence against women and girls with disabilities
- ii. Ensure that participants who are survivors of violence and abuse are not targeted or put on the spot to talk about their experiences
- iii. Identify participants who have experienced violence and abuse and ensure that a safe space is created for these survivors to share their experiences freely without any threats or intimidation

#### Other Points to Consider

**Time:** Allocating enough time for each session and break, considering the learning pace of participants.

**Knowledge test:** Asking questions of the group before the session to gauge their knowledge of the topic will help you set the approach with which to conduct the training. This can be carried out as a survey a week or two before the training.

Pace: Consider sign language interpreters to determine the right pace to use in the sessions.

**Space to speak:** Women in particular often have difficulties in speaking in large groups, particularly if men are present, and in discussing themselves and their situations. There will be sessions where you will have to separate men and women. These are clearly indicated in this manual.

**Confidentiality** is also important. Stress the importance of keeping all stories survivors of violence share in the sessions in confidence.

**Sensitivity:** Sharing very sensitive stories and experiences will lead to emotional situations. The session must not be too rigid and if participants decide not to share any more or break down, then temporary special measures must be provided.

**Program:** Ensure participants receive a copy of the program before the workshops.

**Readings:** The back of the manual contains additional readings for the facilitator It is important for the facilitator to read the background reading on page 114 to understand the legal, policy and institutional context of violence against women in Kiribati.

#### SUGGESTED TRAINING AGENDA

Day	Morning	Afternoon
Day 1	Module 1	Module 2
Day 2	Module 3	Module 3
Day 3	Module 4	Module 4
Day 4	Module 4	Module 5
Day 5	Module 6	Module 6



#### LEARNING OBJECTIVES

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

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

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



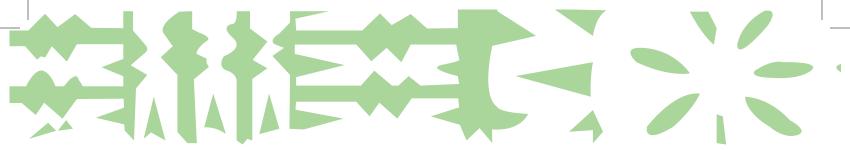
#### RESOURCES AND MATERIALS

#### **Facilitators**

- **Flipcharts**
- Clips to hold flipcharts
- Reusable adhesive such as Blu-tack
- Markers
- Posters
- Handouts
- Newspaper and magazine articles
- Video presentations (check equipment is in working order, DVDs, extension cords, etc.)

#### **Participants**

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



#### **FACILITATORS**

It is assumed that people using this manual will have some experience of facilitating groups and/or running training workshops and are familiar with the human rights-based approach.

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

Two or more facilitators are useful because:

- Facilitating gender and disability training can be challenging and tiring.
- Co-facilitators can give each other support, and also provide a useful check on the facilitator being drawn into colluding with prejudicial sentiments.
- Having one male and one female facilitator helps the group dynamics, particularly in the mixed groups, and stops gender being seen as only a women's issue.
- It is important for at least one facilitator to come from the same area and ethnic group as the majority of the participants. This will provide relevant local knowledge.
- Having at least one facilitator with knowledge of local languages enables small group discussions
  to be held in the people's first language. This may be particularly important to allow participants
  express themselves in their mother tongue and guarantee facilitators sharing information
  accurately.

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

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

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

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

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

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

After the workshop, it is important for facilitators to debrief daily and analyse the pros and cons of the day.



#### RUNNING THE TRAINING

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





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

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



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

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

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



#### INTRODUCTIONS AND EXPECTATIONS

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

### ICE BREAKER EXERCISE: ACQUAINTANCE

Estimated time: up to 30 minutes (depending on number of participants)

#### Purpose:

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

#### **Group Circle Activity**

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

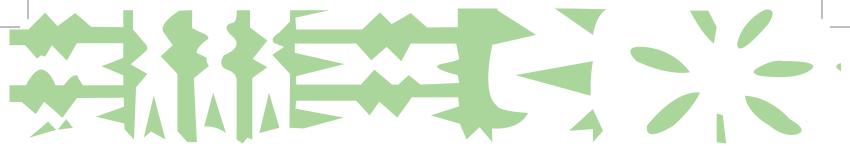
#### **Brief discussion:**

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

#### Variation:

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

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



#### Discuss in the group:

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

#### Facilitator's commentary:

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

#### **Exercise: our Expectations**

Estimated time: 15 minutes

#### Purpose:

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

#### **Group Circle Activity: Energisers**

Ask for a volunteer to lead the group in an energiser activity.

#### Task: Let's discuss the following question:

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

#### Variation:

The facilitator asks the participants to complete the following open-ended sentences:

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

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

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

#### Facilitator's commentary

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



#### **GENDER SCALE<sup>8</sup>**

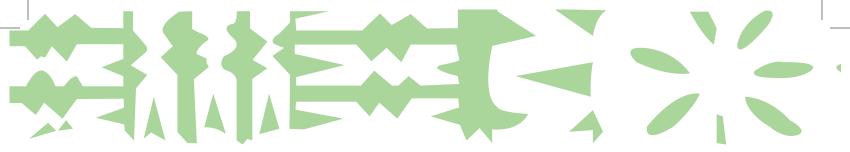
This is to be administered by the facilitator to the group before and after the administration of the training. Tracking changes in participants' responses allows us to measure the effectiveness of the training.

- 1. Distribute a copy of the Gender Scale to each participant.
- 2. Participants read the statements and give the answer that best describes their own opinion.

Stress to participants that the Gender Scale is to test the effectiveness of the training, not to test them as participants.

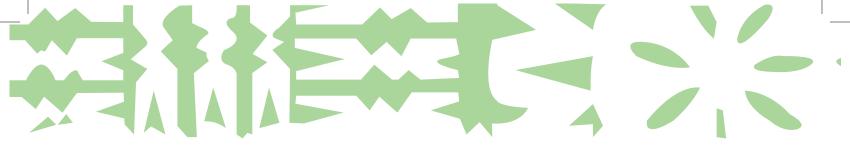
- If need be the facilitator can go through each of the statements, but should not coach the participants on what answers to give.
- If participants have issues with literacy or visual/other impairments, facilitators can administer the Gender Scale through individual interviews. Interviews ought to be conducted before Day 1 of the training due to time constraints.
- The participants should be given space to answer the questions individually.
- There should be no discussions of the questions.
- 3. Facilitators can score participants' answers using the procedures described in Appendix 4.

Secretariat of the Pacific Community and the Foundation of the Peoples of the South Pacific International. (2009). Stepping Stones: A Monitoring and Evaluation Toolkit for Community-Based Programs in the Pacific. Retrieved from https://www.pacificclimatechange.net/sites/default/files/documents/SS\_Pacific\_Monitoring\_Toolkit.pdf





MODULE 1: HUMAN RIGHTS





# **MODULE 1: HUMAN RIGHTS**

### **LEARNING OBJECTIVES**

Upon completing this module, participants will be able to:

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



#### **OVERVIEW**

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

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





#### NOTES FOR FACILITATOR

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

Violence against women is one of the most common forms of human rights abuse. Women with disabilities experience higher rates of abuse than women without disabilities.e Women with disabilities comprise 10% of women worldwide.

The KFHSS found that 68% of women (2 in 3) between the ages of 15 and 49 years who have ever entered into relationships reported experiencing physical or sexual violence, or both, by an intimate partner.9 This level of prevalence is among the highest in the world and is a very serious cause for concern. Unpublished figures obtained from MWYSA for 2015 showed that of all cases reported 80% were physical, 4% sexual and 16% psychological.

The human rights-based approach acknowledges that women and girls have human rights just like everyone else and that violence against women with disabilities is a violation of those human rights. The human rights of women with disabilities are outlined in the international treaties and conventions developed by the United Nations, including the

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

#### More information:

The Universal Declaration of Human Rights' http://www.ohchr.org/EN/UDHR/ Documents/UDHR\_Translations/eng.pdf

Secretariat of the Pacific Community. (2010). Kiribati Family Health and Support Study: A Study on Violence Against Women and Children. Retrieved from https://catalogue.nla.gov.au/Record/5055453



# **SESSION 1.1: WHAT ARE HUMAN RIGHTS**

#### **LEARNING OBJECTIVES**

Upon completing this session, participants will be able to

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



Time: 1 hour

Preparation: Study the Module 1 Readings

Materials: Flipchart, makers, blutac, handouts on CRPD, activities

**Method:** Interactive and group discussion

Source: Rethinking Domestic Violence: A Training Process for Community Activists,

Raising Voices<sup>10</sup>

#### **STEPS**



#### Part A: Brainstorming

- 1. Start by introducing the word 'rights'. We all use it in our everyday language. We say things like "she had a right to do that" or "we have a right to say what we think".
- 2. Ask the participants to suggest examples of the use of the word 'rights' from their own experiences. When was the first time they remember hearing it? What was the context in which it was heard? Encourage participants to contribute short experiences of the use of the word 'rights'.
- 3. When you feel that the group has a common understanding of what is meant by the word 'rights', open a discussion by asking the participants.
- 4. When you feel that participants understand the importance of the link between justice and rights, wrap up the discussion.

Discussion questions	Key Points
From where do we get our rights?	<ul> <li>Human rights are 'entitlements' that every human being has just because they are human. All human beings have rights, we are born with them and they cannot be taken away</li> <li>When people demand their rights they are fighting for justice and for what they deserve. They are not asking for welfare, kindness, or pity. Thus when you promote women's rights, you are fighting for justice, not appealing to the goodwill of people.</li> </ul>
Who gave them to us?	<ul> <li>If participants say "God gives us rights", you could ask "What about people who don't believe in God or believe in a different God?"</li> <li>If participants say, "The government gives us rights", ask "Can the government decide which rights we have and which we don't? Can people disagree with the government? If the government didn't exist, would we still have rights?</li> </ul>

#### Part B: What Does It Mean to Be Human?

<sup>10</sup> Naker, D. & Michau, L. (2004). Rethinking Domestic Violence: A Training Process for Community Activists. Raising Voices. Retrieved from https://prevention-collaborative.org/wp-content/uploads/2018/10/DV\_Introduction.pdf

- - 1. Write the words "HUMAN" and "RIGHTS" at the top of chart paper or a blackboard. Below the word "human" draw a circle or the outline of a human being. Ask participants to brainstorm what qualities define a human being and write the words or symbols inside the outline. For example, "intelligence," "sympathy."
  - 2. Next ask participants what they think is needed in order to protect, enhance, and fully develop these qualities of a human being. List their answers outside the circle, and ask participants to explain them. For example, "education," "friendship," "loving family."

#### Discuss:

- What does it mean to be fully human? How is that different from just "being alive" or "surviving"?
- Based on this list, what do people need to live in dignity? Can dignity be described in the Kiribati language?
- Are all human beings essentially equal? What is the value of human differences?
- Can any of our "essential" human qualities be taken from us? For example, only human beings can communicate with complex language; are you human if you lose the power of speech?
- What happens when a person or government attempts to deprive someone of something that is necessary to human dignity?
- What would happen if you had to give up one of these human necessities?
- 4. Explain that everything inside the circle relates to human dignity, the wholeness of being human. Everything written around the outline represents what is necessary to human dignity. Human rights are based on these necessities.

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

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

#### **Preamble**

#### **Universal Declaration of Human Rights**

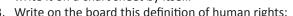
All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

#### Article 1

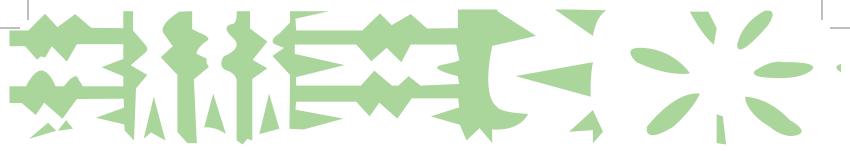
#### **Universal Declaration of Human Rights**

#### Part C: What Is a Right?

- 1. Brainstorm for the many meanings "right" can have (e.g., "correct," "opposite of left," "just.") Consider common expressions like "We're within our rights" or "You have no right to say that." Record these different meanings on the board. What is the meaning of "right" when we speak of a human right?
- 2. In small groups or all together, brainstorm a definition for human rights and write these possibilities on the board. Try to evolve a definition that everyone can agree upon and write it on a chart sheet by itself.
- 3. Write on the board this definition of human rights:







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

What is meant by universal? By inalienable? By indivisible? By interdependent? Ask participants to look up these terms in a dictionary or in A Human Rights Glossary, Part V, "Appendices," in Appendix 5 and explain their meaning to the group.

- 4. Look back at the list of qualities that define a human generated in Part B.
- 5. Write "SURVIVAL/SUBSISTENCE," "HUMAN DIGNITY," and "CONVENIENCES AND LUXURIES" on another chart or blackboard. Discuss the meaning of these terms. Consider the chart made in Part B. Place each item listed as necessary to fully develop human qualities under one of these headings. For example, is education necessary to survival? To human dignity? Is education a convenience or a luxury?

#### 6. Discuss:

- Should human rights address only what a human being needs to survive? Why or why not?
- Should human rights also protect those things you classified under "conveniences and luxuries"? Why or why not?
- Some people in the world have only what is necessary to survive while others have luxury and convenience. Is this situation just? Is it a human rights violation?
- Can something be done to equalise the enjoyment of human dignity? Should something be done? If so, how? And by whom?



<sup>11</sup> Shiman, D. A. (1999). A Human Rights Perspective. Minnesota University, Amnesty International USA, Stanley Foundation. Retrieved from http://hrlibrary.umn.edu/edumat/hreduseries/tb1b/Section3/hrglossary.html



# **SESSION 1.2: RIGHTS OF** PERSONS WITH DISABILITIES



#### **LEARNING OBJECTIVES**

Upon completing this session, participants will be able to:

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



Time: 1 hour

**Preparation:** Read articles on CRPD and other conventions in the Readings Section

Materials: Session 1.2 Handouts for each participant, Flipchart, markers, art materials

(coloured pencils, pens, paint) and blu-tack.

Method: Large group presentation, discussion, and small group activity

It's About Ability, Learning Guide on the Convention on the Rights of Persons Source:

with Disabilities" - UNICEF and A world Enabled12



#### **STEPS**

#### Brainstorm

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

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

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

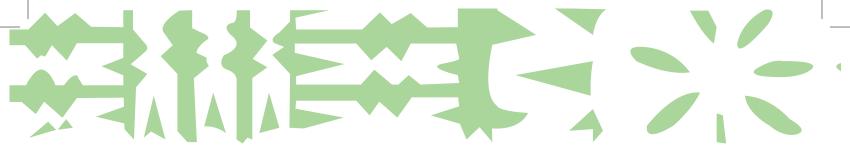
Examples: Changing negative attitudes, getting community or government support, using teamwork or educating others.



#### **Closing circle**

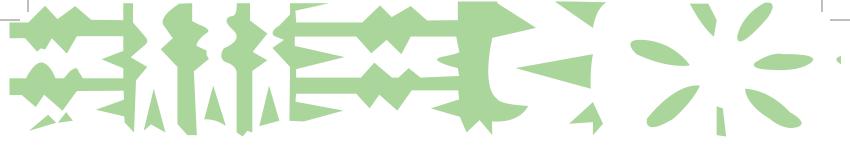
- Human rights is not a foreign concept
- People are born with their rights, they are not given to them by anyone, they are an entitlement
- Governments do not give us our rights, but they can make laws that can protect them
- People with disabilities have the same rights as everybody else

<sup>12</sup> The Victor Pineda Foundation & United Nations Children's Fund (UNICEF). (2009). It's About Ability: Learning Guide on the Convention on the Rights of Persons with Disabilities. Retrieved from https://www.unicef.org/publications/files/Its About Ability Learning Guide EN.pdf





MODULE 2: DISABILITY



# **MODULE 2: DISABILITY**



#### **LEARNING OBJECTIVES**

Upon completing this module, participants will be able to:

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

#### **OVERVIEW**

Session	Topics	Suggested Time
2.1	What is disability?	30 mins
2.2	Causes of disability; Myths and Facts about Disability	1 hour
Break		
2.3	Different types of impairment	1 hour



#### **NOTES FOR FACILITATOR**

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

#### **More Information:**

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

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



# **SESSION 2.1: INTRODUCTION -**WHAT IS DISABILITY?



#### **LEARNING OBJECTIVES**

Upon completing this session, participants should be able to:

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



Time: 30 minutes

**Preparation:** Familiarise yourself with the session materials

Materials: Definition of disability on flipchart; extra flipchart, markers, and blu-tack

Method: Brainstorming and discussion

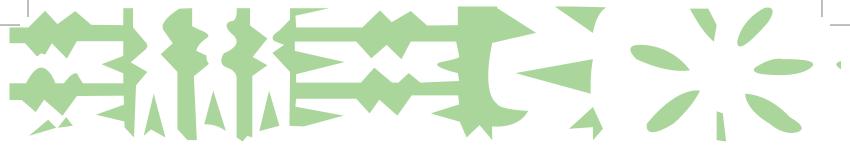


#### **STEPS**

- 1. Ask participants, who are persons with disabilities? Responses from the participant/group might be:
  - Someone who can't see
  - Someone who has had an amputation
  - Someone who is in a wheelchair
  - Someone who has a learning disability
  - Someone who is deaf
  - Someone who has a mental illness
- 2. Write the following definition from the UN Convention on the Rights of Persons with Disabilities on a flipchart and present to the group:

Definition: Persons with disabilities are: "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"

- 3. Ask the group, what kind of impairments do you see in the UNCRPD definition?
  - Physical, mental, intellectual and sensory
- 4. Using the examples given in Step 1, match the examples of disability to types of impairments (the following table is an example only - use the examples given by the group:



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

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

"Interaction with various barriers"

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

Physical or environmental barriers:

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

Legislation, Policies, and Legal Barriers: including -

• Laws or the absence of laws

Attitudes and Social Barriers: including –

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

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

Formula: IMPAIRMENT + BARRIER = DISABILITY

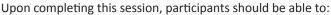




# **SESSION 2.2: UNDERSTANDING** WHAT CAUSES DISABILITY



#### LEARNING OBJECTIVES



1. Explain what causes disability



Time: 1 hour

Materials: Flipchart, markers, and blutac Method: Brainstorming, discussion,



#### **STEPS**

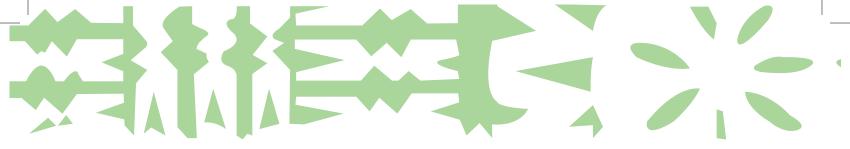
- 1. Ask participants what causes disability? Responses from the participant/ group might be:
  - Illness
  - Traffic accidents
  - Just being born that way
- 2. On 3 sheets of flipchart, put the headings:
  - Congenital
  - Injury and illness before/during birth
  - Injury and illness after birth
- 3. Explain the 3 concepts to the group and post the flipcharts around the training room.
- 4. Divide the participants into 3 groups and assign them to one of the sheets. Ask them to brainstorm examples of this kind of disability (5 minutes)
- 5. After 5 minutes, ask them to move to the next sheet and try to add more examples.
- 6. After 5 minutes, ask them to move to the final sheet and repeat the exercise.
- 7. Together, walk around the room and discuss the types of disability.

#### **Facilitator's Note**

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

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

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



# SESSION 2.3: MYTHS AND FACTS ABOUT DISABILITY



#### **LEARNING OBJECTIVES**

- 1. Distinguish between common myths and the facts about disability in Kiribati
- 2. Explain what causes disability

Time: 1 hour

Preparation: Prepare copies of the quiz

Method: Team Quiz

#### **STEPS**

1. Ask participants to form 2 groups.

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

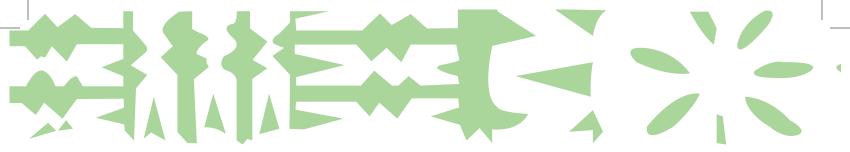
	QUIZ	TRUE	FALSE
1	Children with disabilities get their disability because their parents did something bad to another person		Х
2	You can get a disability from a road traffic accident	X	
3	If a parent is a person with a disability then the child will also have a disability		Х
4	Women with disabilities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



# **CLOSING CIRCLES**

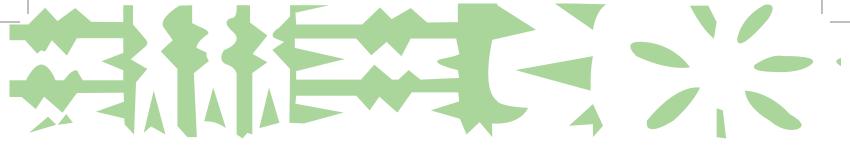
- Important to go over what disability is
  - You can also go through the different forms of impairment
  - What causes the different forms of impairment?
  - Ask the participants how they felt going through the session
  - Ask what they think they can do to assist people with disability and why it is that people have this negative bias against people with disability

Also, ask participants if men and women with disability go through the same issues.





MODULE 3: GENDER



## **MODULE 3: GENDER**



#### **LEARNING OBJECTIVES**

Upon completing this module, participants will be able to:

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



#### **OVERVIEW**

	Topics	Suggested Time
Session 3.1	Gender and Sex	1 hour
Session 3.2	Gender division of Labour Session	40 mins
Session 3.3	Privilege	40 mins
Session 3.4	Discrimination and Violence	1 hour
Session 3.5	Game of Life	1 hour
Session 3.6	Where Do You Stand?	40 mins
Session 3.7	What stops women with disabilities participating in the community?	1 hour



#### NOTES FOR FACILITATOR

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

There is no agreed word for gender in Ikiribati but facilitators can define the term to gain understanding from participants. There might be confusion when trying to explain "Gender and Sex" so we have to describe gender as the social roles and sex as the physical characteristics of individuals.

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



What if participants defend their culture and question why you are trying to change it?

There might be responses from participants that it's our culture that a man is chief or has higher social status in the family, are you trying to change our culture? Explain that even if cultures do place men on a higher social standing then women, our Pacific cultures do not encourage men to beat and abuse their wife, partner or daughter — in many cases it's the abuse of this power through time that has confused people into thinking that it's culture. Most cultures in the Pacific do not condone men beating their wives or daughters, but approve the opposite which is to love, protect and provide.

# **SESSION 3.1: WHAT IS THE DIFFERENCE BETWEEN GENDER AND SEX?**



#### LEARNING OBJECTIVES

Upon completing this session, participants will be able to:

Talk about the difference between the concepts of gender and sex.

Identify the different roles that community and culture put on female and male members of the community.



1 hour Time:

**Preparation and Materials:** Flipcharts, flipchart markers, blu-tack, clips to hold flipchart

Method: small group activity, large group activity

Sources: Fiji Women's Crisis Centre (FWCC) Gender Manual<sup>13</sup>; pages 63-64;

84-86; Restless Development, Gender-Based Violence Training

Manual.14



#### **STEPS**

#### Part A: Stick Figures (Time: 20 minutes)

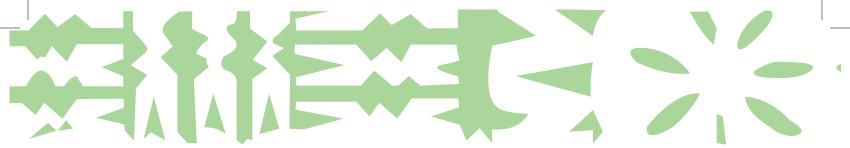
- 1. Tell participants that this exercise is undertaken in the full group and that the objective is to explore the difference between sex and gender. Stick two flip charts on the wall.
- 2. Draw a stick figure of man on one of the flip chart and ask participants to say the first words that come to mind when they think of the word 'man'. Tell them that there is no need to think too hard.
- 3. Facilitator writes these on the stick figure.
- 4. As participants call out their words, facilitator makes sure that similar and duplicated words are written close together.

For example, if powerful male roles are called out (such as leader, Chief, President, decisionmaker), try to cluster these together.

5. Usually, a few of the words in each list will describe biological differences between women and men, such as 'penis', 'breastfeeding', 'vagina" and so on. (If this has not happened, ask participants to call out some of the main biological attributes of women and men. You only need 1 or 2 biological words each for 'woman' and 'man'.)

<sup>13</sup> Fiji Women's Crisis Centre. (2006). Gender Relations, Women's Human Rights and Violence Against Women Trainer's Manual,

Restless Development Sierra Leone. (2013). Gender-Based Violence Training Manual. Retrieved from http://restlessdevelopment.org/file/ restless-sl-gbv-training-manual-2103-14-pdf



6. Now draw a stick figure of a woman on the second flip chart and ask participants to say the first words that come to mind when they think of the word 'woman', and write these next to the stick figure labelled 'woman'.

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

Questions	Possible answers and points to highlight
<ul> <li>What do you notice about the words associated with men? How are men portrayed?</li> <li>What do you notice about the words associated women? How are women portrayed?</li> </ul>	<ul> <li>Some of the words are linked to men's and women's different biological reproductive roles.</li> <li>Usually, there will be some gender stereotypes about male and female attributes, such as 'gentle' for woman, or 'strong' for man.</li> <li>There may also be some gender stereotyped roles, such as 'nurse' for woman, or 'politician' for man; or biblical references (Adam and Eve). Point out the stereotypes, and ask whether there are more words which describe powerful roles for men.  Use a coloured marker pen to identify words that indicate powerful roles for women and men.</li> <li>Note if there are more negative words for woman or man, and what they tell us about gender stereotypes, cultural myths or social beliefs about women and men. For example, there may be words like 'prostitute' or 'slut' for woman, as well as a cluster of words describing an ideal or 'good' woman.</li> <li>Words such as 'rape' may appear on either list and also indicate the power that men have over women.</li> <li>Note if there are more words for women linked to reproduction and their nurturing roles as carers, compared to men.</li> </ul>
Why do we have these different perceptions about the attributes and roles of women and men?	Some of these words describe our beliefs and stereotypes about what women and men are like.

- 7. Cover the stick figure label 'man' with a prepared piece of paper with the word 'woman', and cover the label 'woman' with the word 'man'. Go through each list word-by-word and ask:
  - "Do these words that you wrote for 'woman' also apply to 'man'?"
  - "Do these words that you wrote for 'man' also apply to 'woman'?"
  - For example: refer to the table below

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



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

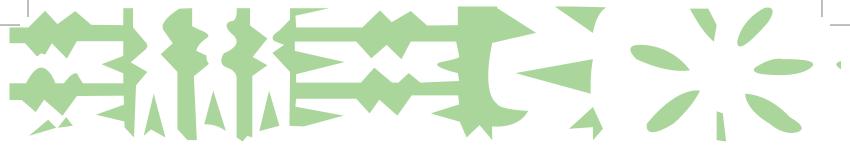
- 8. Ask participants: what are your conclusions from this exercise?
  - **Sex** describes **biological** differences, which cannot be changed.
  - Gender describes behaviours, roles and attributes which are learned (socially constructed, or learned through our families and society as we grow up - **socialisation**).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

#### Part B: The Process (Time: 15 minutes)

- 1. Divide participants into two groups.
- 2. Ask the two groups to discuss what it means to grow up as a boy and a girl in their community, starting from birth to 25 years old.
  - a) Ask them to think about the different ways that boys and girls are supposed to act, how they are treated, the differences in importance and value between the two as they grow up.
  - b) For example, during adolescence, a girl (aged 13-17) may be made to take care of her younger siblings, do household chores or be expected to be quieter than boys. On the other hand, boys will be expected to fish, cut copra or toddy.
  - c) Encourage the groups to talk about not just the differences in how girls and boys are treated and the things they are asked to do/their responsibilities but also about physical differences that appear between boys and girls during the different life stages from birth to 25 years of age.
  - d) Have them think about the changes as they grow up.

#### Part C: Discussion (Time: 25 minutes)

- 1. Bring the two groups back together and ask each group to present what they discussed to the main group. Please limit the presentations so you can focus on discussions.
- 2. Ask the participants how they know a baby is a boy or a girl. Repeat from earlier learning that this is sex, which is the biological difference between boys and girls. Ask participants to draw a timeline from birth, adolescence and adulthood and identify the biological changes that boys and girls go through as they grow up. Tip: ensure that the timeline is big enough to include point 2 and 3 activities.
- 3. After a few minutes of discussion on the above ask questions to stimulate discussion about gender - how we socialise girls and boys differently. Ask them to use examples from their timelines as to how we socialise differently. For example, when do girls and boys start learning different things?
- 4. Explain that gender is what we culture and community teach girls and boys about what they can and can't do; that gender is the social role that each of us is supposed to adhere to and can be changed but our sex cannot be changed.
- 5. To further the conversation you can ask questions like:
  - Can a man cook? (Not do men cook but can a man actually physically cook.)
  - Can a woman be a taxi driver?
  - Can a man take care of a baby?
  - Can a woman financially provide for her family?



- 6. As the discussion continues keep pointing out the ways that culture/society/community determine what boys and girls do as they grow up, not their actual sex. Reflect back on group discussions and ask participants if they can see how boys and girls are taught differently and how that affects the roles boys and girls might take on when they grow up. Explain that a part of what they are doing is to become aware of themselves (who they are, what they do, how to do things, how they are supposed to act) and how their socialisation (teaching) affects the way boys and girls interact with each other and within the community.
- 7. Distribute the handout on sex and gender. If you think that participants are not clear about the difference between sex and gender, go through the handout, or use a prepared flipchart or overhead to make the main points on the handout (handout at the end).

# SESSION 3.2: GENDER DIVISION OF LABOUR SESSION

#### **LEARNING OBJECTIVES**

Upon completing this session, participants will be able to:

- 1. Define the gender division of labour and how that contributes to gender power relations;
- 2. Appreciate and recognise women's contributions and labour.



Time: 40 minutes

Preparation and Materials: Flipcharts, markers and blu-tack, clips to hold flipchart

**Method:** small group activity, large group activity

**Sources:** Fiji Women's Crisis Centre (FWCC), Trainer's Manual. 15



#### **STEPS**

#### Part A: Who does what? (Time: 20 minutes)

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

#### Example:

Tasks	Time
Eg: wake up	5am

<sup>15</sup> Fiji Women's Crisis Centre. (2006). Gender Relations, Women's Human Rights and Violence Against Women Trainer's Manual, pgs. 84-86.



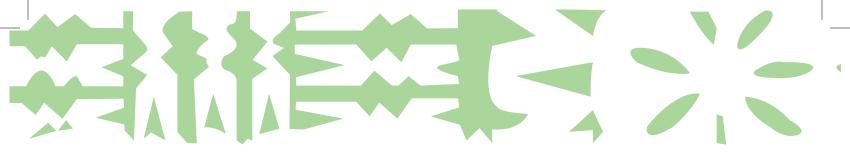


- 3. Adapt the exercise to suit your community. For example, 1 group may focus on their own lives and households, and another may focus on rural, or village households; or one group may focus on households where women have paid work and another where women do not have formal paid employment. It is important to have at least one group basing their chart on the lives of rural or village women and men.
- 4. Break participants up into groups of about 6 people each and distribute flipchart paper and marking pens. If you have male participants, you can put them in a separate group together. (Men who are thinking about gender issues for the very first time often seriously underestimate the amount of work done by women.)

#### Part B: Large Group Discussion (Time: 20 minutes)

Facilitate a full group discussion based on the following questions:

Questions	Possible answers and points to bring out
What kinds of tasks in our charts are "work", what tasks are not work?	<ul> <li>Distinguish between leisure, sleep, socialising, and between paid and unpaid work, by circling the hours that are leisure or sleep for men, compared with women; and by circling the paid versus unpaid work.</li> <li>Although housework, looking after children or the elderly or the sick is not paid work, it is still considered work. Growing food for the family and selling this at markets is also work. If you had to pay someone to do all the unpaid work done by women, it would be very costly.</li> <li>Women's work in the home and in producing food has been "invisible" and not recognised by development planners, or by men because it has been unpaid, and because it takes place in the "informal sector" (that is, not a formal, paid job).</li> <li>Development planners have assumed that men are the "heads of households" – so development workers have tended to talk only to men when they should be talking to both women and men.</li> <li>But there is another way of looking at women's work – women are household managers, performing essential household and community services.</li> </ul>
Is there any difference between the amount and type of work done by women, and that done by men? What happens if women are absent or sick?	<ul> <li>In all countries and cultures, most women generally work longer hours than most men.</li> <li>Note if some of the tasks on the charts are seasonal.</li> <li>Women's household work to care for the family is essential and must be done daily.</li> <li>Girls are often called upon to do women's work if women are absent, and boys may be called on to do men's work. Because women have a higher workload, girls are often the first to be withdrawn from school.</li> </ul>



What do you think we mean by the term "gender division of labour and responsibility?"  This simply means the different types of work done by males and females in any household, community, sector or country.
 For example, women are usually more responsible for household work, and men are often more likely to participate in community affairs.

The 1st sessions in this training workshop have shown that this "traditional" gender division of labour is based on stereotypes or myths about what men and women are capable of and good at. Development planners have often assumed that women are consumers and not producers – because women's unpaid work has been "invisible", and because men are generally not very well informed about the work that women do daily, or how much time it takes.

What does all this tell us about gender relations? Is the gender division of labour fair? Who benefits from it? What does it mean when we label something as "women's work"?

- Get participants views on this. Supplementary questions which may help participants to reflect on this are:
- Can the gender division of labour be harmful for whom? How does the gender division of labour affect women's and girls' opportunities and choices?
- Labelling something as "women's work" might imply that it is not important, low status and low value and that a man would humiliate himself by doing it/sharing it.
- What is considered 'women's work 'is judged as being of no real significance, importance or value. (But it had better be done!) Facilitator Tips: in Kiribati there are some tasks that are looked at as simply women's and men's work and it doesn't necessarily mean being of lower status, however being the breadwinner for the family is seen as a man's role and if this is reversed it can cause insecurity and lead to violence from the partner/husband. There is also the double burden of working women being the sole breadwinner and also having to complete tasks considered women's work when they return home daily from formal employment.
- Conversely, what is commonly called "men's work" is seen as skilled, tough, demanding and important. Facilitator Tip: do a comparison between rural and urban households

Is there also a gender division of labour regarding decision making, and what are the implications of this for gender relations? (optional)

- What types of things do women typically make decisions about? How does this compare with men? Who makes what type of decisions in the family, in the community, and at national level?
- Get participants' views on these questions, and encourage them to think about what this says about differences in power between women and men. Facilitator Tip: Ensure that you are familiar with the audience i.e. South, Central or North Divisions of Kiribati because social norms may differ.





## **SESSION 3.3 PRIVILEGES**

#### LEARNING OBJECTIVES



40 minutes Time:

**Preparation and Materials:** Flipcharts, markers and blu-tack, clips to hold flipchart

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

small group activity, large group activity Method:



#### **STEPS**

to power

#### Part A: Brainstorming Privilege (Time: 10 minutes)

- 1. Brainstorm "what is privilege" and write responses on flipchart
- 2. Possible answers may include:
  - a. Owning something valuable
  - b. Being wealthy
  - c. Being able to walk
  - d. Having balanced meals
- 3. Use this quote to explain:
  - "Privilege exists when one group has something of value that is denied to others simply because of the groups they belong to, rather than because of anything they've done or failed to do. Access to privilege doesn't determine one's outcomes, but it is definitely an asset that makes it more likely that whatever talent, ability, and aspirations a person with privilege has will result in something positive for them."16
- 4. Explain: Privilege, at its core, is the advantages that people benefit from based solely on their social status. It is a status that is conferred by society to certain groups, not seized by individuals, which is why it can be difficult sometimes to see one's own privilege. Brainstorm: "What does it mean to have a privilege"? Write responses on flipchart.
- 5. Possible responses:
  - a. Makes people feel good
  - b. Life becomes easier as there are fewer barriers
  - c. Things get done easily
- 6. Explain that having privilege means to have an "unearned access to resources (social power) only readily available to some people as a result of their advantaged social group membership".
  - Determining who has privilege or disadvantage is complex because cultural, social, and historical changes affect which groups are privileged and which groups are not.
  - Some may pass as members of an advantaged group.
  - Some may be given privilege because they are assumed to be members of an advantaged group.

#### For example:

- automatic place in parliament due to social status (Abemama)
- being men gives them the privilege to speak in certain social settings, age also plays a part (unimane) in gaining privilege
- men using their physical strength on women who are regarded as weak, to harass women in the workplace or nightclubs

<sup>16</sup> McIntosh, P. (1998). "White Privilege and Male Privilege: A Personal Account of Coming to See Correspondences through Work in Women's Studies." In M.L. Andersen & P.H. Collins (Eds.), Race, Class and Gender (pp. 94-105). Belmont, CA: Wadsworth Publishing Company.





#### Part B: Small Group – Listing Privileges (Time: 20 minutes)

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

#### 2. Example:

Privileges for men	Privileges for women
e.g.: eat first at meal times	e.g.:

#### 3. Ask the participants:

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

#### 4. Possible answers/points to bring out

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





#### **LEARNING OBJECTIVES**

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



1 hour Time:

Preparation and Materials: Flipcharts, markers and blu-tack, clips to hold flipchart

10 picture cards showing different kinds of violence (Module 3

Handout)

Method: small group activity, large group activity

Sources: Challenging Discrimination Against Women with Disabilities, A

Community Toolkit.17



#### **STEPS**

#### Part A: Small Group Discussion (Time: 15 minutes)

- 1. Divide people into groups of two or three; give one picture to each group and ask them to spend 15 minutes discussing what they see happening in the picture.
- 2. Guiding questions include:
  - Does this normally happen more to women or men?
  - Why does it happen more to women/men? Is this fair?
  - Should this situation change?
  - How can we make it change?

#### 3. Pictures:

- Boy going to school while girl stays home
- Man abusing a woman with disability
- Woman with disability shut in her house
- Man being manhandled by police officer
- Community council meeting with many men and only one woman
- Sexual abuse of girl
- Woman with disability being shouted at by her family
- Men drinking and playing cards while wife is cooking at home
- Woman being harassed at work
- Men brawling in a bar

#### Part B: Large Group Discussion (Time: 40 minutes)

- 1. Ask the groups to talk about their pictures, answering the questions asked above.
  - a. An example of what the group might discuss could be:
    - "This is a picture of the son going to school while the girl stays home to help her mother with household work. This situation still happens in Kiribati. If the family cannot afford to send all children to school, then the boys will go instead of the girls because many people think it is more valuable to invest in the boys' future. They may think that girls don't need to learn because their husbands will look after them. I don't think it's fair to women and it would be better if everyone could go to school."
  - b. Ask people: When we see violence in our communities, what can we do to make the situation better for women? How can we prevent violence? How can we respond to violence?

<sup>17</sup> Heng, C., Tep, D., Tith, H., Ton, D., Vallins, N., Walji F., Astbury, J. (2013). Challenging Discrimination Against Women with Disabilities: A Community Toolkit. Banteay Srei, Cambodian Disabled People's Organization, CBM Australia, International Women's Development Agency and Monash University. Retrieved from: http://banteaysrei.info/wp-content/uploads/2013/03/A-Community-Training-Toolkit-EN.pdf



2. Finish the discussion with a summary:

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

## **SESSION 3.5 GAME OF LIFE**



#### LEARNING OBJECTIVES

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



Time: 1 hour

**Preparation and Materials:** Flipcharts, markers, blu-tack, clips to hold flipchart

Refer to Reading for Module 3 in preparation for this session It is helpful if you prepare well by researching local attitudes, beliefs and challenges in relation to disability.

Make sure there is enough space for four people to stand side-byside in the middle of the roomand move forwards and backwards across the length of the room.

The "audience" can sit around the edges of this space.

small group activity, large group activity



#### **STEPS**

Method:

#### 1. Preparing Volunteers:

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

- Men without disabilities
- Men with disabilities
- Women without disabilities
- Women with disabilities
- Make sure that the volunteers understand that they are representing a group of people from within a village.
- 2. Explain how you'll be telling a life story, taking the characters on a journey from birth to old age. As you reach each significant life event, you'll ask them to respond as they think their character (or their family) would react. Ensure they understand that their responses should not be based on what they think is right, but based on what they think is likely to happen in that village.



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

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

#### Running the activity:

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

You can make it more specific if you like. There are 2 scenarios below that you coulchoose to use.

#### Scenario 1

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

#### Scenario 2

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

#### 4. Questions for the game of life

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

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

#### Tips:

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



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

- What types of things enable women and girls with disabilities to participate? (people could identify the factors that contribute to success)
- Is it likely that all women and girls with disabilities are able to get this type of support in all communities?
- What barriers might exist for some girls and women with disabilities that might stop them from participating?
- Do you think these things could happen in many communities in Kiribati?
- If these barriers exist what would the impact be on the girl or woman with disability?
- What is most likely to happen to most girls in your community?

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



#### 5. Concluding the activity:

- At the end of the game, participants will see there is a gap widening between persons with and without disabilities. Persons with disabilities are at the back of the group.
- There is also a gap between women with disabilities and men with disabilities, where participants will see that the person representing women with disabilities is right at the back of the group.
- It is important to point this out and remind people that even if you don't actively
  discriminate against persons with disabilities in your program or service, persons
  with disabilities are still likely to be excluded because of these negative attitudes and
  physical barriers.
- There need to be targeted strategies to change attitudes and beliefs about disability.
- There also need to be targeted actions to remove barriers to your programs and services.
- It can be good to conclude the game by getting the group to identify the changes that could take place to ensure that persons with disabilities are included in community life so that persons with disabilities are at the same place as persons without disabilities. This should be a summary of the examples raised by the participants.

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



# **SESSION 3.6: WHERE DO YOU** STAND?



#### LEARNING OBJECTIVES

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



Time: 40 minutes

Preparation and Materials: Flipcharts, markers and blu-tack, clips to hold flipchart

Method: small group activity, large group activity

Sources: Raising Voices, Rethinking Domestic Violence: A Training Process

for Community Activists.18



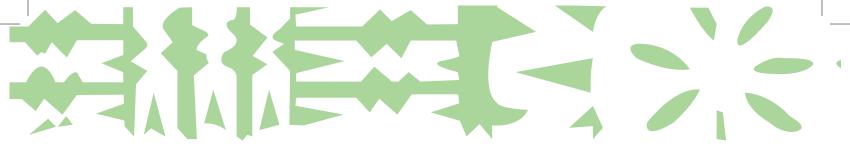
#### STEPS

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

#### Where Do You Stand? Possible Statements

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

<sup>18</sup> Naker, D. & Michau, L. (2004). Rethinking Domestic Violence: A Training Process for Community Activists. Raising Voices. Retrieved from https://prevention-collaborative.org/wp-content/uploads/2018/10/DV\_Introduction.pdf



# SESSION 3.7: WHAT STOPS WOMEN WITH DISABILITIES PARTICIPATING IN THE COMMUNITY?



#### **LEARNING OBJECTIVES**

Upon completing this session, participants will be able to:

- 1. Discuss what stops women with disabilities participating in the community
- 2. Explain that disability isn't just having problems seeing or being a person that uses a wheelchair for mobility



Time: 1 hour

Preparation and Materials: Flipchart, markers and blu-tack, clips to hold flipchart

Facilitator notes 1: Introduction to disability handouts on case

studies

**Method:** Participatory group discussion

Sources: Challenging Discrimination against Women with Disabilities, A

Community Toolkit.19



#### **STEPS**

#### Part A: Introduction (Time: 10 minutes)

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

#### Part B: Case Studies (Time: 20 minutes)

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

#### Case Study Group 1 - Scenario 1: Tabaou

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

#### Questions for group 1:

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

<sup>19</sup> Heng, C., Tep, D., Tith, H., Ton, D., Vallins, N., Walji F., Astbury, J. (2013). Challenging Discrimination Against Women with Disabilities: A Community Toolkit. Banteay Srei, Cambodian Disabled People's Organization, CBM Australia, International Women's Development Agency and Monash University. Retrieved from: http://banteaysrei.info/wp-content/uploads/2013/03/A-Community-Training-Toolkit-EN.pdf



#### Case Study Group 2 - Scenario 2: Tiina

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

#### Questions for group 2:

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

#### Case Study Group 3 - Scenario 3: Riikawa

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

#### Questions for group 3:

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

#### Part C: Large Group Discussion (Time: 20 minutes)

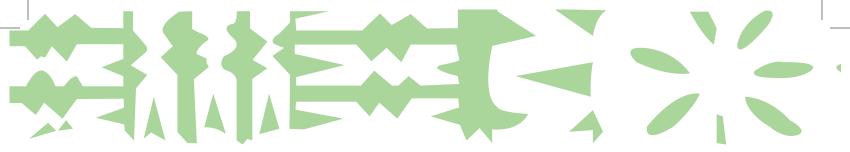
- 1. Discuss as a large group what things stop women with disabilities from participating or getting the service they need.
- 2. The purpose of this activity is to help the participants understand that a disability is the combination of an impairment and the discrimination they face. For example a girl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

#### Group 1: Scenario 1 - Tabaou

- Can you talk to us about the changes you made?
- Why did you think these changes would help Tabaou go to school?
- Should girls with disabilities be able to go to school?
- Can we do this in our communities?

#### Group 2: Scenario 2 - Tiina

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



#### Group 3: Scenario 3 - Riikawa

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

#### Part D: Concluding the Session (Time: 10 minutes)

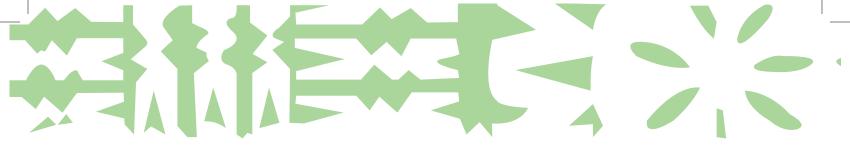
- Combine the group's answers and pick out the important points.
- Also, add if something was missing from the group's discussion from reading the facilitators notes
- End the activity by talking about how there are different things which stop women with disabilities from having the same opportunities as everyone else.
- Explain to the participants/groups:
  - Sometimes there is something physical which stops the woman from enjoying the same freedom as other people do a bad road makes it much harder for a woman in a wheelchair to move around than for someone who can use both legs.
  - Sometimes it's because other people can't communicate with them they don't know how to speak in sign language.
  - Sometimes it's people's attitudes that hurt women with disabilities a nurse who believes that a blind woman shouldn't have children and so won't help her to have a family; a parent who thinks it's a waste to send their deaf daughter to school; or a village leader who is scared of women with mental illness and so won't let one join the community meeting.
  - Just because someone has impairment, it doesn't mean that they cannot participate in society. It is everyone's responsibility to the community to ensure that people like Tabaou, Tiina and Riikawa are included.
  - The government laws protect persons with disabilities and say that they should be able to go to school, to have food, to see a doctor, to vote etc., the same as everyone else.

#### **CLOSING CIRCLE**

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



MODULE 4: VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES



# **MODULE 4: VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES**



#### **LEARNING OBJECTIVES**

Upon completing this module, participants will be able to:

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



#### **OVERVIEW**

#### Module 4, Day 1

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

#### Module 4, Day 2

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



#### NOTES FOR FACILITATOR

Violence against women and girls is one of the most systematic and widespread human rights violations. It is rooted in gendered social structures rather than individual and random acts; it cuts across age, socio-economic, educational and geographic boundaries; affects all societies, and is a major obstacle to ending gender inequality and discrimination globally (UN General Assembly, 2006).20

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (General Assembly Resolution 48/104 Declaration on the Elimination of Violence against Women, 1993).21



#### More information:

Annex 1 Articles of Human Rights Conventions related to Disability page Pacific Sisters with Disabilities: at the Intersection of Discrimination, Daniel Stubbs and Sainimili Tawake April 2009.

Website\_http://www.undppc.org

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

Website: http://pacific.unfpa.org

Fiji Women's Crisis Centre National Research: Somebody's Life, Everybody's Business.

Website: http://www.fijiwomen.com



# **SESSION 4.1: DEFINING VIOLENCE 1-TYPES OF POWER**

#### LEARNING OBJECTIVES

Upon completing this session, participants will be able to:

1. Identify sources and forms of power

2. Identify the relationship between power, privilege and access to rights



Time: 1 hour

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

Method: Large group discussion, pair work

Sources: Restless Development, Gender-Based Violence Training Manual.<sup>22</sup>



#### **STEPS**

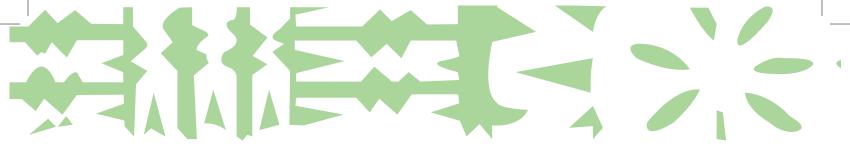
#### Part A: Their Thoughts (Time: 10 minutes)

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

<sup>20</sup> United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2010). Defining Violence against Women and Girls. Retrieved from: http://www.endvawnow.org/en/articles/295-defining-violence-against-women-and-girls.html

<sup>21</sup> United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2010). Defining Violence against Women and Girls. Retrieved from: http://www.endvawnow.org/en/articles/295-defining-violence-against-women-and-girls.html

<sup>22</sup> Restless Development Sierra Leone. (2013). Gender-Based Violence Training Manual. Retrieved from http://restlessdevelopment.org/file/ restless-sl-gbv-training-manual-2103-14-pdf



Part B: Discussion (Time: 20 minutes)

- 1. Ask participants to think about a situation where they felt powerful and a situation when they felt powerless. Give them a couple of minutes to think about the situation.
- 2. Ask for a couple of volunteers to explain when they have felt like they have had power and when they have not had power. Use this to begin the discussion and facilitate the group process. Questions that may help include:
  - What are the different types of power you have?
  - How does having or not having power make you feel?
  - How do gender roles and gender norms affect the power you have?
  - What aspects of being young/old affect the power you have?
  - How can power influence one's access to rights?
  - How can you use power to help you achieve positive change?

#### Part C: Master/Servant Game and Discussion (Time: 10 minutes)

- 1. Ask participants to choose a partner.
- 2. Explain that we are going to play the "Master and Servant Game." They have to decide who will be "1" and who will be "2." After they have their number, tell participants that "1" will be the master and "2" will be the servant. Master can use her "eyes", "voice" and sign language to give orders to her servant. The servant has to obey the master's commands and do what the master wants.
- 3. Ask participants to stop and switch roles after a few minutes, i.e., "2" will become "Master", and "1" will become "Servant."
- 4. Once they have finished, lead a discussion using these and/or other questions.
  - How did you feel in each role?
  - Were there any differences between master and servant?
  - Who had power? Who didn't have power? How do you know?
  - How did it feel to be with or without power?
  - How do you think this exercise relates to gender?
  - How do you think power is connected to violence?
- 5. Wrap up the discussion, making these points:
  - Power is connected to choice. The more power someone has, the more choices they
    have.
  - Violence involves abusing power. Not everyone who has power chooses to use violence.
  - We can use the kinds of power we have to make positive changes in our communities.



# **SESSION 4.2: DEFINING VIOLENCE 2-TYPES OF VIOLENCE, CONSEQUENCES OF VIOLENCE**



#### **LEARNING OBJECTIVES**

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



Time: 2 hours

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

Materials: Flipchart, Markers

Method: Group work; whole group discussion.

Training Manual Facilitator's Guide: Multisectoral and Interagency Prevention Sources:

and Response to Gender-based Violence in Populations Affected by Armed

Conflict.23



#### **STEPS**

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

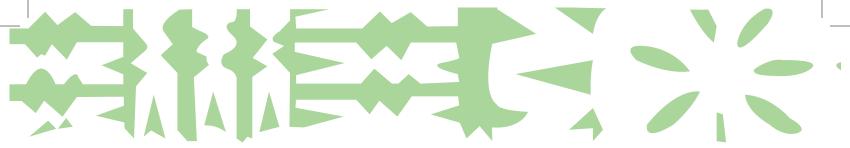
Responses from the group might include:

- Rape
- Domestic violence
- **Beating**
- Spitting at/on someone
- 2. Write the following types of violence at the top of four sheets of flipchart:
  - **Physical Violence**
  - Sexual Violence
  - Social-Economic Violence
  - **Emotional Violence**

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

- 3. Divide the participants into 4 groups and assign each one of the types of violence.
- 4. Explain that they will have 10 minutes to brainstorm more examples of 'their' type of violence. Facilitator should move around the room and help any groups that get stuck
- 5. When the time is up, the groups post the flipcharts around the room. One person from each group should stay with the flipchart to answer any questions that come up.
- 6. Participants do a "gallery walk", walking around the room to read the examples of violence given by the other groups and discussing any questions with the group representative.
- 7. After 5 -10 minutes, ask participants to return to their seats. Lead a discussion, using these questions and/or others:
  - · Were there any examples listed that you disagreed with?
  - Did you see anything that surprised you?
  - Are there examples of GBV that were repeated in different groups?

Vann, B. (2004). Training Manual Facilitator's Guide: Multisectoral and Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict. Global GBV Technical Support Project JSI Research & Training Institute RHRC Consortium. Retrieved  $from \ http://www.endvawnow.org/uploads/browser/files/Interagency\%20Multisector\%20Response\%20to\%20GBV.pdf$ 



- 8. Explain that all the types of violence have consequences, for the people experiencing it and for their families and the wider community. Place a new sheet of flipchart next to each type of violence, titled "Consequences".
- 9. Ask the participants to break back into small groups and list the consequences of 'their' type of violence.
- 10. Repeat the gallery walk.
- 11. Bring the participants together for a whole group discussion. Ask:
  - What do you notice about the consequences of violence?
  - Does anything surprise you?

#### **Emphasise:**

- The consequences of violence are long-lasting, reach into all aspects of women's lives, and can include permanent disability or death through homicide, suicide or through reduced life expectancy due to illness.
- There is a wide range of health consequences connected to sexual violence.
- While emotional violence is often considered 'not serious' or 'normal', the consequences are serious and long-lasting. (See the reading on Module 4 for a list of consequences).
- 12. Ask participants to look around the room at all the kinds of interpersonal violence and their consequences, and take a moment to reflect. What does this mean to them? How do they feel?
- 13. Wrap up the session, emphasising that violence against women and girls is a violation of human rights. It is both caused by power inequalities between men and women and reinforces existing power inequalities.



#### NOTES FOR FACILITATOR

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

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

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



# **SESSION 4.3: CONSENT**



#### LEARNING OBJECTIVES

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



Time: 1 hour Materials: Flipchart

Method: Brainstorm and discussion

Training Manual Facilitator's Guide: Multisectoral and Interagency Prevention and Sources:

Response to Gender-based Violence in Populations Affected by Armed Conflict.<sup>24</sup>



#### **STEPS**

- 1. Write the word 'consent' on flipchart. Brainstorm with participants: what does consent mean? What is needed for consent? Ensure that these points are covered:
  - Consent must be voluntary
  - There must be an equal power relationship between the people involved
  - According to international norms, the person consenting must be aged 18 or over
  - The person consenting must know what they are consenting to (be informed)
  - Provide the necessary assistance and reasonable accommodation to ensure persons with disabilities make informed decisions.
- 2. Read the following examples to the participants, and lead a discussion based on the questions that follow.

#### Scenario 1

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

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

#### Scenario 2

Mwatirita is a young mother trying to make ends meet at home. She and her husband Tooma are casual workers earning minimum wage, and it's not enough to pay the bills. Mwatirita asks for credit at her workplace to buy groceries for the family. Her manager refuses and tells her that he will give her cash for her groceries if she has sex with him. Mwatirita agrees.

- Do you think this kind of situation could happen?
- Did she give her consent for sex?
- Was there any force used in this incident?
- Who is more powerful in this example the manager or Mwatirita?
- What kind of power does the manager have?
- What kind of power does Mwatirita have?
- How does power relate to choice in this example?

<sup>24</sup> Vann, B. (2004). Training Manual Facilitator's Guide: Multisectoral and Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict. Global GBV Technical Support Project JSI Research & Training Institute RHRC Consortium. Retrieved from http://www.endvawnow.org/uploads/browser/files/Interagency%20Multisector%20Response%20to%20GBV.pdf



# **SESSION 4.4: CYCLE OF VIOLENCE**



#### **LEARNING OBJECTIVES**

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



Time: 1 hour

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

violence

Method: Whole group discussion

Sources: International Rescue Committee Thailand, Gender-Based Violence Core Concepts. 25



#### **STEPS**

- 1. Remind participants of the types of violence they identified in the previous session. Ask, which types of violence are present in a domestic violence situation.
  - Answer any and all types of violence (physical, sexual, emotional, social-economic)
    can be used. This means that there can be many negative outcomes from domestic
    violence.
- 2. Tell the participants that we are going to discuss the cycle of domestic violence.
- 3. Ask them about the weather. How is the weather today sunny, rainy, or cloudy? Is the weather always the same? The weather can change quickly from sunny to cloudy to rainy with very little warning.
- 4. Show the pictures of a sunny sky, a cloudy sky, and a rainy sky.
- 5. Ask in what ways are changing in the weather-related to a relationship between a husband and wife.
- 6. Explain the cycle of violence with the following points:
  - The pattern starts with a violent incident. After the violence, there is the calm stage during which one or both partners believe things are going to improve. This could be compared to sunny, clear weather.
  - During the calm stage, the abuser may apologise, buy gifts, or make special efforts to create an atmosphere of love and peace in the family.
  - Over a period of time, tension begins to build again, and the woman and her family
    members may feel anxious and fearful that violence will occur again. During this
    period, women usually try hard to pacify the abuser and maintain normalcy in the
    family. This could be compared to an overcast, cloudy day.
  - Eventually, the tension is broken by a violent incident. This pattern keeps repeating itself unless it is broken. The violent stage is like a storm.
  - In a long-term abusive relationship, the time frame for this cycle may become faster so that a couple may go through the entire cycle within a day.
- 7. Ask participants to share some ideas about why women might choose to stay in an abusive relationship. Try to elicit some of the following reasons:
  - Fear that the batterer will become even more violent if she leaves.
  - Fear for the safety of her children.
  - Fear of losing financial support or even becoming homeless.
  - Shame and humiliation of admitting abuse is occurring.
  - Lack of access to resources.
  - Lack of support from family and friends.

<sup>25</sup> IRC Thailand. (2014). GBV Core Concepts. Unpublished.

- - 8. Ask, how about if the woman has a disability? How might that affect her decision to stay or leave? Answers may include:
    - She may not physically be able to leave
    - She may not be able to communicate with family or friends about the abuse she is suffering
    - She may have additional difficulties making money
  - 9. Wrap up by explaining that domestic violence is a very complex problem that can occur over a long period of time, and women are faced with many difficult decisions when deciding to stay or leave. However, as we saw in previous sessions the consequences of living with violence are severe and when women choose to leave a violent situation, they should be supported.

# **SESSION 4.5: ROOT CAUSES OF VIOLENCE AGAINST WOMEN AND GIRLS**



#### LEARNING OBJECTIVES

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



1 hour 30 minutes Time: Materials: Flipchart, markers

Method: Group activity, role play, discussion

Sources: Mobilising Communities to Prevent Domestic Violence, Lori Michau and Dipak

Naker, Raising Voices, 2003



#### **STEPS**

#### Part A: Role-play Preparation (Time: 30 minutes)

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

- - 4. It is important to emphasise the difference in perspectives from which the two groups are approaching the role-plays. Ask each group to truly imagine the perspective they are trying to portray. For example, the group roleplaying the male perspective has to imagine what is going on inside the man they are portraying, but not what they think he should do.
  - 5. Encourage both groups to think of real people they know or have seen experiencing violence. However, remind them to respect the privacy of other people experiencing violence, and not to share any identifying details. Give the groups time to discuss, create and practice their role-play before coming back into the main group.

#### Part B: Performing the Role-plays (Time: 30 minutes)

- 1. Ask the first group, portraying the female perspective, to act out their role play.
- 2. Ask the audience to identify factors that made the woman vulnerable to violence from her partner. The participants may suggest the following:
  - The woman's community said nothing
  - Her parents told her it was to be expected
  - · She was dependent on her husband for money
- 3. Emphasise that, ultimately, the woman was vulnerable because the community assigned a low status to her and her worth as a human being. Emphasise also that the woman is not responsible for the violence committed against her.
- 4. Ask the second group, portraying the male perspective, to act out their role play.
- 5. Ask the audience to identify factors that contributed to the man being violent. The participants may suggest that:
  - He felt entitled to do whatever he wanted to her
  - He wanted to assert his authority where he could (i.e., over her)
  - He was angry and took it out on his wife
  - Nobody stopped him
  - He was drunk
- 6. Explain that all of these ideas stem from the fact that he wanted to feel powerful and was attempting to feel this at the expense of someone he saw as less powerful than him. Emphasise that despite other factors that may be contributing to the man's frustration, ultimately he is responsible for his behaviour. Emphasise that men, like women, choose how to respond in different situations and that no matter what, a violent response is never acceptable. No one can 'make' another person be violent.

#### Part C: Conclusion and Wrap-up (Time: 30 minutes)

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

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

# **SESSION 4.6: WOMEN AND GIRLS** WITH DISABILITIES - INCREASED **VULNERABILITY TO VIOLENCE**



### **LEARNING OBJECTIVES**

Upon completing this session, participants will be able to:

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



Time: 1 hour

Materials: Flipchart, markers

**Method:** Activity; Group discussion

Sources: Canadian Association of Independent Living Centres (CAILC) (1998) Violence

> Against Women with Disabilities: Guidelines for Service Providers. Produced by Kingston Independent Living Centre. CAILC, Ottawa 26



### **STEPS**

### Part A: Identifying Myths about Violence Against Women and Girls with **Disabilities (Time: 30 minutes)**

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

### Statements about violence against women and girls with disabilities:

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

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

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

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

<sup>26</sup> http://wwda.org.au/wp-content/uploads/2013/12/Forgotten\_Sisters\_large\_print.pdf

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

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

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

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

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

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

### **FACILITATOR ADDITIONAL NOTES**

Women and girls with disabilities:

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

### Part B: Vulnerabilities and Barriers (Time: 30 minutes)

- 1. Lead the group in a discussion. Ask, 'Are there any forms of violence that we have discussed in previous sessions that women and girls with disabilities do not face?
  - Women and girls with disabilities face all forms of violence
- 2. Ask, are there any additional forms of violence faced by women and girls with disabilities?



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

- Are more vulnerable to all forms of violence
- Face increased barriers to disclosing abuse
- They face some specific kinds of abuse e.g. abuse by carers, at home or in institutions
- 3. Break into 3 groups. Give each group a sheet of flipchart and assign them 1 question:
  - 1. Why are women and girls with disabilities more vulnerable to all forms of violence?
  - 2. What are the barriers that women and girls with disabilities face in reporting abuse and/or leaving abusive situations?
  - 3. What might carer abuse include? (Think about women and girls in institutions like hospitals or prisons as well as at home)
  - Explain that the root cause of violence is power and inequality carers and workers in institutions may have a lot of power over the women and girls in their care.
- 4. While the groups discuss, the facilitator should monitor and help if needed.
- 5. Ask the groups to report back to one another and discuss their answers.
- 6. Key points to include:
  - Being a woman and being a person with a disability are both positions in society with less power
  - Discrimination
    - Isolation
    - Exclusion
  - Women and girls with disabilities lack opportunities to access:
    - Education
    - Employment and
    - Financial support for economic livelihood
    - Each of these increase vulnerability
  - Attitudes of others, including:
    - · Attitudes of family members
    - · Attitudes of the community
    - Attitudes of service providers
    - They are more isolated and not given the opportunity to participate in the community
    - Their voice is not heard and they are excluded from participating in decision making
    - Their families make decisions for them
    - Their opinion is not recognised
    - The continuous threat that they will be sent to an institution and will continue to face violence, abuse and more isolation.
  - Because the perpetrator is someone they may know very well.
  - No one will believe in their story if they report the violence (e.g. if the victim has a visual or hearing impairment).
  - Fear
  - Trust
  - Confidentiality of information
  - Geographical location
  - Lack of access to public transport
  - Lack of financial support

### Forms of abuse perpetrated by caregivers in homes and institutions:

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





### **FACILITATOR'S NOTES - CONCLUDING THE SESSION**

explain to the participants/groups that -

- The issue of violence against women with disabilities deserves particular focus, as their voices may be lost not only by their marginalisation but also by the particular attributes of their disabilities and the isolation in which those disabilities often place them.
- There is much more work to be done toward the greater understanding of and protection for women and girls with disabilities from all forms of violence and abuse.
- Women and girls with disabilities deserve to live in safety in a community, with people who care about them and treat them well with respect and dignity.
- The Convention on the Rights of Persons with Disabilities (CRPD) requires state parties to ensure that persons with disabilities are protected in situations of risk or humanitarian crisis (Article 11) and that international cooperation is accessible to and inclusive of persons with disabilities (Article 32). It also recognises in the preamble that "women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse" and requires States to "ensure that protection services are age, gender- and disability-sensitive" (Article 16).



# **SESSION 4.7: PREVENTING VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES**



### **LEARNING OBJECTIVES**

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



Time: 1-hour Materials: Case Studies

Method: Small group work, whole group discussion

Sources: Pacific Disability Forum, Data Collection Survey, 2013.<sup>27</sup>



### **STEPS**

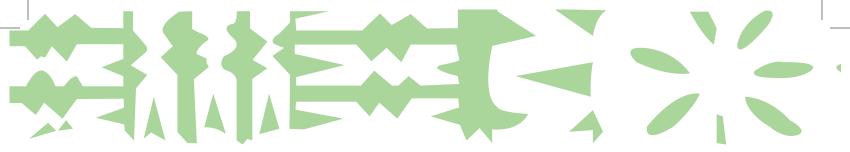
- 1. Ask participants to form groups of 4–6 people.
- 2. Distribute 1 case study to each group (if there are a large number of participants, more than one group can work on the same case study).
- 3. Ask the groups to read the case study, discuss and answer the questions. They should prepare to explain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



### Try to elicit the following key points in the discussion:

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

<sup>27</sup> http://www.pacificdisability.org/Resources/Research.aspx



### Case Study 1: Nei Aara

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

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

### Case Study 2: Tabiria

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

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

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

### Case Study 3: Taamoa

My name is Taamoa and I am deaf. I have been married for 6 years and live with my husband in his village. My husband is also deaf and works as a gardener and caretaker at the village school. We have 2 children – one son and one daughter both attending the village school. Both of my parents have passed away.

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

I felt regret and suffered badly. When my husband hit me or argued with me, I ran to my neighbour's house to ask for help, but they could not help me because my husband had threatened them that "if they help me, he will kill them". Therefore, no one dared to help me. I tried to complain to the police and the police cannot help me because they don't understand sign language and I don't know how to write.

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



### Possible Answers Case Study 1: Nei Aara

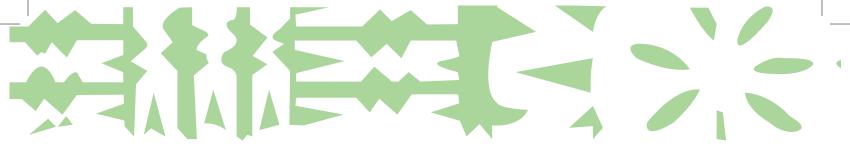
- 1. What were the challenges and barriers that Titeri faced? She had multiple disabilities
  - · Discriminated against by her family
  - Not important to the family
  - Her family were ashamed of her
  - · Abuse is occurring within her home, with few options to protect herself
  - Difficulty in communicating with her family.
- 2. What thing could change to prevent the continuation of abuse faced by Nei Aara?
  - Provide access to support services for Nei Aara, such as assistance to report abuse or violence to police.
  - · Talk to the parents to help them understand her disability and her right not to be subjected to violence
  - Awareness raising in the community to understand persons with intellectual disability
  - Persons with intellectual disability are entitled to their rights and to be included in the community

### Possible Answers Case Study 2: Tabiria

- 1. What are the barriers and challenges faced by Tabiria when she reported to the police?
  - Attitude of the police
  - Lack of support from others in making a complaint
  - Not being believed or seen as a reliable witness
- 2. What sort of things can we do to make it easier for Tabiria to access services in her community?
  - Awareness raising in the community so that Tabiria can access services in her community
  - Awareness raising that she has the right to report and be heard, and to have her evidence considered
  - Training for police on the rights of people with intellectual disabilities, and ways to support women such as Teera in the justice system

### Possible Answers Case Study 3: Taamoa

- 1. What are the barriers and challenges faced by Taamoa when trying to seek help from the neighbour and police?
  - Threatened by her husband
  - · Lack of education
  - Police didn't know sign language
  - She didn't know how to read and write to communicate
  - Discrimination
- 2. What sort of things can we do to ensure Taamoa can access justice services in her
  - Awareness raising in the community that she is entitled to access justice services
  - Awareness raising in the community through the educational program in communicating with the hearing impaired.
  - Direct support for Taamoa in accessing sign interpreters and assistance in making a complaint.



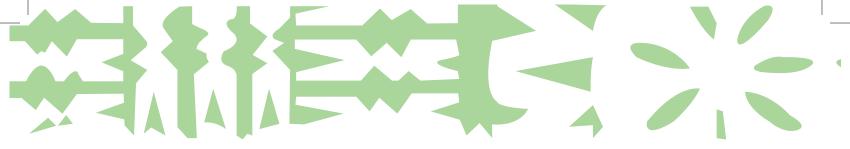


## **CLOSING CIRCLE**

- Violence is based on how people see the role of men and women and in the privileges
- Violence against women is not a private matter
- Women with disabilities are at higher risk of experiencing violence than women without disabilities.
- Women and girls with disabilities are also hindered in their access to services.



MODULE 5: REFERRALS



# **MODULE 5: REFERRALS**



### LEARNING OBJECTIVES

Upon completing this module, participants should be able to:

- 1. Define the term referral
- 2. Identify the different services that are available in Kiribati
- 3. Understand when to refer a case of violence, abuse or exploitation and who to refer to
- 4. Understand the SafeNet Referral Pathway
- 5. Explain what SafeNet does and the role of Te Toa Matoa in SafeNet

### **OVERVIEW**

Session	Topics	Suggested Time
Session 5.1	What is a Referral and Referral services available in Kiribati	1 hour
	BREAK	
Session 5.2	SafeNet Referral Pathway	2 hour

### NOTES FOR TRAINER/ FACILITATOR

This Module must be delivered together with a member of the SafeNet network. You may also invite a few of its members to present as guest speakers.

Please familiarise yourself with the Kiribati SafeNet Referral Pathway to explain it well to the participants.

Have the service providers information card, that has been developed by the Ministry of Women, Youth and Social Affairs, handy and provide the information to the participants in an accessible manner.

# SESSION 5.1: WHAT IS A REFERRAL?



### LEARNING OBJECTIVES

Upon completion of this session participants should be able to:

- 1. Define the term Referral
- 2. Identify the different services that are available in Kiribati



Time: 1 hour

Preparation & Materials: Flipchart, marker, blu-tack, sticky pads

Method: Brainstorming

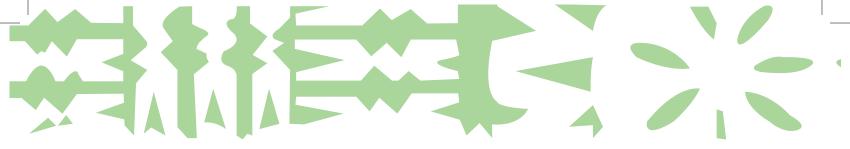


### **STEPS**

- 1. Highlight the word Referral. Do this in a way that is appropriate to the abilities of your participants, for example, on a flipchart write the word Referral and explain this verbally.
- 2. Ask the participants what they understand by the term "referral"

- - 3. Give 2 minutes for participants to think of the term and then ask them to tell you the first word that they think of when they hear of the word referral
  - 4. List the participants' feedback about what they think of the term referral. For example, this may be noted on the flipchart that you prepared in Step 1, and/or verbally explained.
  - 5. Identify and verbally explain keywords provided by participants that would define the word referral and put these words together.
  - 6. Eliminate anything that is not the meaning of referral. Continue to verbally explain as you do this.
  - 7. Facilitator to explain: Referral systems are in place to connect women, girls and other at-risk groups to appropriate Gender Based Violence response services in a timely and safe manner. There are many different kinds of services because women survivors have many needs such as medical, legal, housing, counselling, and these services need to be coordinated.
  - 8. Facilitator to explain the table below:

Coordination of GBV services and Referral of clients in Kiribati
MYWSSA is responsible for coordination of GBV services.
Services are coordinated through 7 mechanisms:  1. Guiding principles to standardise approach, 2. 8 Minimum standards, 3. SafeNet, 4. The referral pathway, 5. Quarterly SafeNet meetings, 6. Case Review Meetings and 7. The Victim Support Fund (VSF).
The SafeNet Referral Pathway is the map of GBV response procedures for all service providers. The referral pathway highlights that survivors can report to any agency.
The SafeNet Referral Pathway involves six (6) immediate actions that all GBV service providers integrate into their response:  1. find a private and safe environment, 2. provide emotional support and listen attentively, 3. address immediate medical needs (if any), 4. share information and obtain consent, 5. determine risk and follow procedures for high risk, 6. provide a service or refer.
Seven (7) key services are available to meet the multiple needs of survivors and to avoid re-victimizing her/him.  The available services include  1. Medical (Healthy Family Centre / Hospital / Clinic),  2. Shelter (Our Lady of the Sacred Heart Crisis Centre),  3. GBV Counselling (Kiribati Women and Children's Support Centre),  4. Child Protection (Social Welfare Office),  5. Legal / para-legal (Office of the People's Lawyer),  6. Security and protection (Police),  7. Court and Judicial Services (Office of Attorney General)



# **SESSION 5.2: SAFENET REFERRAL PATHWAY**

### **LEARNING OBJECTIVES**



Upon completion of this session participants should be able to:

- 1. Identify when, and to whom, to refer a case of violence, abuse or exploitation.
- 2. Understand the SafeNet Referral Pathway.
- 3. Explain what SafeNet does and the role of Te Toa Matoa in SafeNet.



Time: 2 hours

Preparation & Materials: Invite a speaker from SafeNet to present this session

Flipchart, marker, blu-tack, sticky pads

Method: Guest Speaker - SafeNet



### **STEPS**

- 1. The SafeNet Referral Pathway poster on the next page must be provided to participants in an accessible way, i.e. read or explain it to the participants who have visual impairments and/or are not literate, and a second poster can be developed with visuals rather than words.
- The SafeNet representative will explain the roles and functions of SafeNet
   Description of the Kiribati SafeNet Referral Pathway: The SafeNet Referral Pathway is the
   map of GBV response procedures for all service providers. The referral pathway highlights
   that survivors can report to any agency.

Please explain that all services are working to become physically accessible.

- 3. The facilitator will allow for any clarifications from participants
- 4. The SafeNet Referral Pathway will then be explained in detail, allowing time for clarifications.
- a. The SafeNet member must allow time for discussion on the role of Te Toa Matoa in this referral pathway



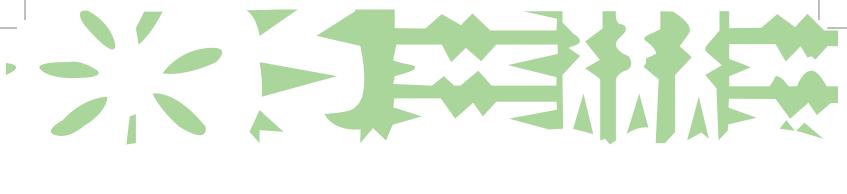
### Summarize key points:

SafeNet members should strive to collect the following information on intake forms on all survivors being referred, to enable MWYSSA WDD to collect data on 6 priority areas:

- 1. age (adult (over 18), adolescent (13-18), children (under 13))
- 2 relationship to perpetrator
- 3. sex of perpetrator and survivor
- 4. location violence took place (home, work, school, public places, other)
- 5. history of violence
- 6. type of violence (the four categories of violence in the TRNTM physical, psychological, sexual and economic) and DV, IPV, rape/sexual assault, sexual harassment, child abuse, child sexual abuse)
- 5. Explain the four steps in making a referral:

Ask the group in a brainstorming session:

- What are the steps in making a referral?
- Explain, summarise and generate discussion about the four steps on referral (below)
- Explain the referral pathway in detail (refer to diagram on next page)



# KAWAI NI KAMANOMANO

 Kiribati Women's and Children's Support Centre (KWCSC) Ministry of Health & Medical Services (MHMS)

Social Welfare Office (SWO)

ntline Service Providers:

 Crisis Centre Women's Develop Kiribati Police

Survivor Seeks Help from one of the SafeNet Providers:

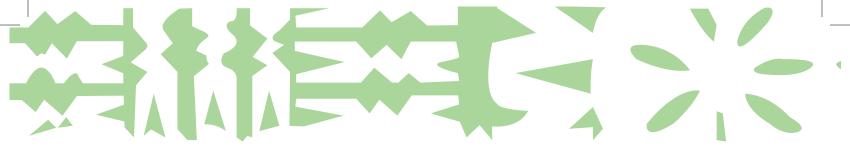
# SafeNet Referral Pathway

			6 Immediate Response Actions by all SafeNet Service Providers	by all SafeNet Service Providers		
L	Welcome			3	Ask 5 Risk Assessment	Service Options:
	Private Room to talk	Emotional Support & Listen Attentively	Address immediate medical needs	Share information and get consent	Questions	1. Provide a Service
	Safe/Caring environment	1	1		Identify High Risk Case	2. Referral to SafeNet service providers
	200					** Fill out SafeNet Referral Form
•						
	Emergency Ca	Emergency Case Review Process	Basic Safety Planning		High Risk Cases	
	Contact SafeNet coordinator to	Contact SafeNet coordinator to call emergency Case Review Meeting	<ul> <li>Identify danger</li> </ul>	Refer to case revi	Refer to case review committee & advise survivor of	
	<ul> <li>Forward documentation to SafeNet coordinator</li> </ul>	feNet coordinator	<ul> <li>Identify Safe Place to go</li> </ul>	protection options	S	
	Action plan created & implem	Action plan created & implemented by considering key risks (in consulation	<ul> <li>Plan for children</li> </ul>	Proceed with add	Proceed with addressing survivor needs	
	& upon consent with survivor)		Plan transport	Do basic safety planning	anning	
	Police report as needed & agreed with survivor	eed with survivor	<ul> <li>Items to take with you</li> </ul>	L		
	boombox deirno boods litter each an antimological model	Local or rick reduced	<ul> <li>Identify someone close by for support</li> </ul>			
	- INEGUIAI IOIIOW-UP OII CASE UILLE	II closed of risk reduced				

Regular follow-up on case until closed or risk reduced

		Safe	SafeNet Services (Direct or Referral)	eferral)		
Healthy Family Centre/ Hospital / Clinic	Crisis Centre	Kiribati Women & Children's Support Centre	Social Welfare Office	Office of People's Lawyer	Police	Office of the Attorney General
Medical Services	Shelter	Counseling/ Victim Support Fund	Welfare/Child Protection	Legal & Para-Legal Information	Security & Protection	Court & Judicial Services
If the survivor  • Has physical injuries or • Has been sexually assaulted or raped Rape is a medical emergency. It is best to get all medicines within 3 days of the rape.	If the survivor is too afraid to return to their home     If the perpetrator is waiting for the survivor and she is afraid to leave     If the survivor reports that the perpetrator is continuing to threaten to harm her or others     If a child is suffering or at risk of abuse, neglect or exploitation     Short stay: 1-3 day(s)     Long Stay: 1-2 week(s)	If the survivor requests courseling or emotional support     If the survivor continues to be overwhelmed after receiving basic first-line support     If the survivor is not functioning in their daily tasks or routine     If survivor is at risk of self harm	If child is suffering or at risk of abuse, neglect or exploitation     If it is unclear if the caregiver can keep the child safe     If the survivor is a child or disabled person and the guardian/parient does not appear supportive.     Child Abuse Reporting     Child Protection Services	If the survivor needs options options  legal assistance with: Police Safety Order Production Order maintenance divorce custody	If the survivor needs  • immediate protection • help to return home to collect personal items • 24 hour emergency shelter in Betio • Police Safety Order • Protection Order • Accompaniment Support	Prosecution of domestic and gender based violence cases in Magastrate and High Court     Court Protection Orders     Criminal appeals in domestic and gender based violence cases
194 Family Health Clinic     195 Emergency	1. 73055682	1. 191 Emergency Helpline	1. 75022120	1. 75126312 2. 75125303	. 192 General     . 188 Domestic Violence	1. 75021242

All SafeNet service providers MUST do basic safety planning in all <mark>high risk cases</mark> and for survivors returning home



### Four (4) Steps for Referral

Step 1: Obtain Informed Consent for Referral & Prepare the Survivor

Step 2: Make accompaniment plans for referral based on survivor wishes

Step 3: Document the referral choice on the internal intake/ assesment Form

Step 4: Do Follow-Up as needed/required

### Notes for consideration in discussion

### 1. Informed Consent for Referral and Preparing Survivors

Before referring survivors to other services, informed consent is needed. To obtain informed consent appropriately:

- Provide her with full and complete information about the options available to her so that she can make choices.
- Decide what information will be shared and explain how his/her information will be shared and stored
- Ask the survivor if she would like to be referred

### 2. Make accompaniment plans for the referrals.

- Survivors may want to have someone accompany them to the other agencies as part of the referral process.
- Ttalk this through carefully with the survivor.
- Always use strategies that safeguard survivors' confidentiality throughout the referral process
- Identifying the appropriate person to accompany the survivor is an important consideration.

### 3. Document the referral choice on the internal intake/Assessment for referral.

- Once the service provider at the entry point and the survivor have gone through the 6 immediate response actions in the referral pathway, the intake officer should document everything on the internal/assessment form if survivor has chosen to be referred
- Ensure the relevant consent forms are signed for the referral

### 4. Schedule a follow-up meeting.

• Schedule a follow-up meeting with the survivor to ensure she has received needed services. If scheduling a follow-up visit is possible, the caseworker should discuss with the survivor how best to make arrangements.



### **CLOSING CIRCLE:**

Conclude the session with a group discussion on the following:

 Using the information learnt in this session, how would you support service providers to improve the quality and coordination of response and referral services for people with disabilities?





# MODULE 6: ACTION PLANNING FOR INCLUSION



# MODULE 6: ACTION PLANNING FOR INCLUSION



### **LEARNING OBJECTIVES**

Upon completing this module, participants will be able to:

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



### **OVERVIEW**

Session	Topics	Suggested Time
Session 6.1	Barriers and inclusive practices	1 hour 30 mins
	Break	
Session 6.2	Action planning for inclusion	1 hour
	Break	
Session 6.3	Mapping local and regionally available resources	1 hour



### NOTES FOR FACILITATOR

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

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

Comprehensive Accessibility ensures that barriers to participation in community processes, and to justice, services and facilities, are identified and addressed. These could include physical barriers, communication barriers, attitudes and policy barriers.

# **SESSION 6.1: BARRIERS AND INCLUSIVE PRACTICES**



### LEARNING OBJECTIVES

Upon completing this session, participants will be able to:

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



1 hour

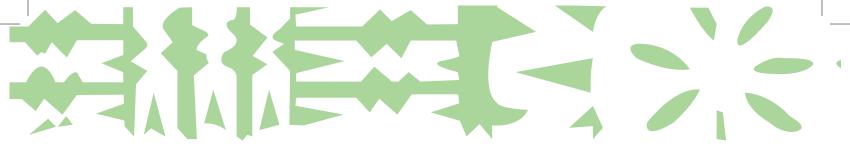
Preparation & Materials: Handouts, flipchart, marker, blu-tack, inclusive checklist

Method: Brainstorming



### **STEPS**

- 1. Ask participants to think about their community and discuss how they can deliver disability awareness activities to services such as health, counselling and decision-making.
- 2. Divide the participants into small groups, and provide each group with a Worksheet to
- 3. Copies of the disability inclusive practice checklists should be made available for participants to use if they require some ideas (Appendix 1).
- 4. Choose at least 1 area that you plan to advocate for and list possible barriers. The following list may assist you. You could also choose to focus on an area not listed here.
  - · Knowing what rights women with disabilities have
  - Knowing what services are available
  - Getting to/from the services
  - Research
  - Advocacy
- 5. After they have completed the activity, ask participants to share with the large group the barriers they have identified and actions/strategies they think could eliminate these barriers.
- 6. Ask Participants to discuss:
  - · Common types of actions that all groups identified, "what types of strategies did you all identify? Is there a way to group these actions?"
  - Different types of strategies the groups identified that could:
  - Eliminate barriers and enable participation.
  - How aware we think the community is of disability
  - How aware we think the community is of the rights of women and girls with disability
  - The barriers women and girls with disabilities face in society
  - The impact of violence against women and girls with disabilities
  - Participation of women with disabilities in all processes including planning, implementation, monitoring and evaluation.
  - Specific actions that build the capacity of women and girls with disabilities and actions on how policies and programs addressing violence against women and girls can better include women and girls with disabilities
  - Discuss the different types of strategies the groups identified that could eliminate barriers and enable participation.



- Awareness of disability and the impact of violence against women and girls with disabilities.
- Awareness of rights of women and girls with disabilities, awareness of barriers that women with disabilities face.
- Participation of women with disabilities in all processes including planning, implementation, monitoring and evaluation.
- Comprehensive Accessibility ensures that barriers to participation in community processes, and to justice, services and facilities are identified and addressed. These could include physical barriers, communication barriers, attitudes and policy barriers.
- Specific actions that build the capacity of women and girls with disabilities.
- Mainstreaming actions for inclusion in policies and programs addressing violence against women and girls.

# SESSION 6.2: ACTION PLANNING FOR INCLUSION



### LEARNING OBJECTIVES

Upon completing this session, participants will be able to:

- 1. Explain the importance of action planning for inclusion
- 2. Describe the importance of including disability in all parts of society like education, healthcare and employment to ensure all people with disabilities can access them easily just like anyone else in Kiribati (mainstreaming)
- 3. Develop an action plan related to working with the community on Eliminating Violence Against Women And Girls With Disabilities In Kiribati



Time: 1 hour

Preparation & Materials: Handout, flipchart, blu-tack, marker, worksheet

**Method:** group activity and participatory



### **STEPS**

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

Goal	Action/Strategies

- 2. Ask the participants to think of some of the goals that they would like to achieve for their community.
  - Include women and girls with disabilities in your community awareness programs.
  - Improve access to your service for women and girls with disabilities.

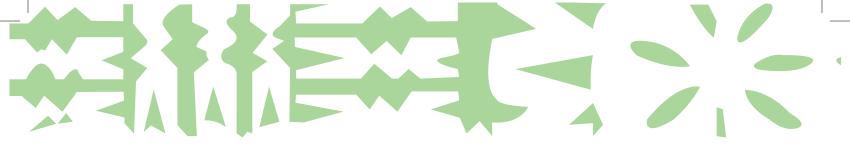


3. Divide participants into small groups and ask them to discuss these goals and note down how they can achieve these goals. For each goal, work out the steps or actions needed to be taken to implement it. These will be your strategies.

Once you have listed the goal and actions in the table above, you will now fill out the table below to identify who will complete it and when will it be completed.

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

- 4. Ask the participants to also talk about:
  - i. What problems or barriers do you think you will face when you try to carry out your strategies?
  - ii. What type of support will you need to overcome these problems and barriers, and who will you ask to help and support you?



# SESSION 6.3: MAPPING LOCAL AND REGIONALLY AVAILABLE RESOURCES



### **LEARNING OBJECTIVES**

Upon completing this session, participants will be able to:

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



Time: 1 hour

**Preparation & Materials:** Flipchart, blu-tack, marker **Method:** Group discussion, presentation



### **STEPS**

- 1. Explain to the participants:
  - Mapping resources that are available locally can help you see what is available to help you include women with disabilities in your community
  - Doing this as a group can help you learn about what resources people already use that you did not know about

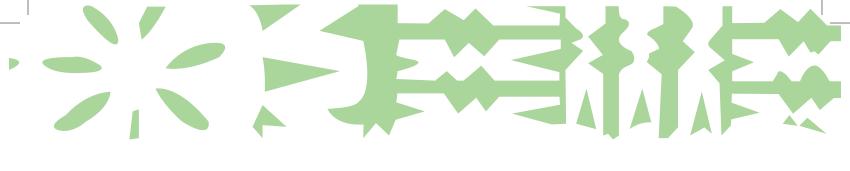
### Resources could include:

- Organisations e.g. KIFA, Crisis Centre, Faith-Based, KIT, TTM
- Networks e.g. Aia Mwaea Ainen Kiribati (AMAK), SafeNet
- Guidelines, toolkits, checklists, training packages
- 2. Divide participants into groups and ask them to discuss and note down these questions (can be done in one big group depending on number of participants)

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

Organisations	What could they help you with?	Contact details

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



Network	How could the network help?	Contact details

What resources (guidelines, toolkits, checklists and training packages) could assist you?

Resources	What could they help you with?	Contact details

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

# **SESSION 6.4: ADVOCACY TECHNIQUES**



### **LEARNING OBJECTIVES**

- 1. Use information gathered from modules 1-4 in advocacy techniques
- 2. Relay important points in drama or song
- 3. Ensure that key points and messages are relayed to stakeholders through drama or song

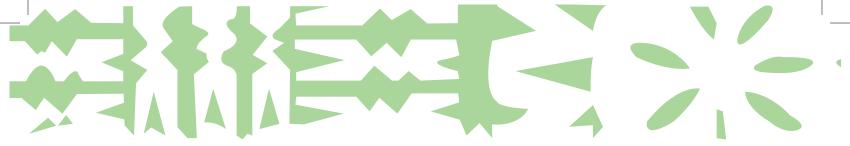


Time: 2 hours

### **STEPS**



- 1. Divide participants into small groups
- 2. Each group must come up with a name for their group
- 3. Each group must choose which technique they will use, either drama or song or a combination (give time for discussion and confirmation)
- 4. Give out the scenario question
- 5. Ask groups to read carefully and present their drama or song to the rest of the group
- 6. Each group will have a presentation on their topic and style and what they wanted to deliver in their performance



- 7. Have a big group discussion and talk about content and method for every performance Possible Discussion Points for group presentation
  - Choose your audience
  - What is your key message?
  - · Why did you choose that message?



### **NOTES FOR FACILITATOR**

Groups can be formed on day one of the workshop- to allow groups to meet and rehearse throughout the week.

Each performance should be 5 minutes or less.

Content refers to what they performed and method refers to whether the delivery was clear Be sure you understand the term key messages means and can explain what this term means to participants.

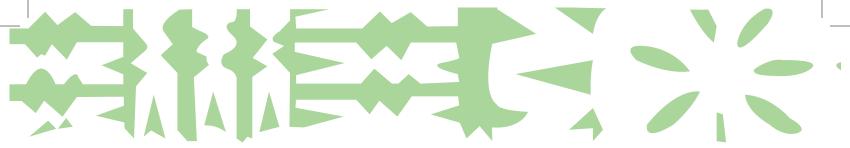
### **SCENARIO**

Your group has been asked to perform a 5-minute drama or song on ending violence against women and girls with disabilities in your village. In your group come up with a drama or song focusing on ONE or TWO key messages you wish to deliver. Note you must do a short presentation and discussion after your performance on the steps you took in choosing your key message.





**HANDOUTS** 



# **HANDOUTS**

### **MODULE 1: HUMAN RIGHTS**

### **UNCRPD HANDOUTS**

### **General articles:**

Article 1: Purpose
Article 2: Definitions
Article 3: General

Article 4: General obligations

### **Broad articles:**

Article 5: Equality and non-discrimination

Article 6: Women with disabilities
Article 7: Children with disabilities
Article 8: Awareness Raising

Article 9: Accessibility

### **Specific articles:**

Article 10: Right to life

Article 11: Risks and emergencies

Article 12: Equal recognition before the law

Articles 13 &14: Access to justice

Article 14: Liberty and security of the person

Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

Article 16: Freedom from violence and abuse

Article 17: Protecting the person

Article 18: Liberty of movement and nationality

Article 19: Independent living Article 20: Personal mobility

Article 21: Access to information and expression

Article 22: Respect for privacy

Article 23: Respect for home and family

Article 24: Education

Article 25 & 26: Health and rehabilitation

Article 27: Work

Article 28: Social protection

Article 29: Participation in political and public life

Article 30: Participation in cultural life, recreation, leisure and sport



### **MODULE 2: DISABILITY**

### **IMPAIRMENTS**

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

Some people have multiple impairments, some of the main impairments are:

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

### **CAUSES OF IMPAIRMENTS**

- Congenital due to genetic factors (for example, absence of eyelids)
- Injury or illness before birth
- Injury or illness after birth

### **BARRIERS**

Physical or environmental barriers:

- i. Inaccessible buildings
- ii. Inaccessible schools
- iii. Inaccessible clinics/hospitals
- iv. High concrete platforms
- v. steps
- vi. Narrow entrances
- vii. Slippery floors, etc.
- viii. Inaccessible water pumps
- ix. Inaccessible transport
- x. Inaccessible roads, paths and infrastructure

Communication Barriers (written and spoken information), including:

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

### Legislation, Policies and Legal Barriers, including:

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

### Attitudes and Social Barriers, including

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

### **MODULE 3: GENDER SESSION 3.4 GENDR DISCRIMINATION AND VIOLENCE**



Boy going to school while girl stays home



Woman with disability shut in her house



Man abusing a woman with disabilty



Women been harrassed at work



Sexual abuse of girl



Woman with disabilty being shouted by her family



Man being manhanlded by police officer



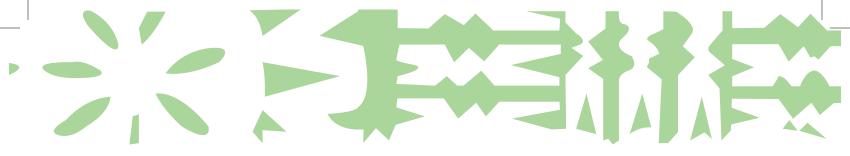
Boy going to school while girl stays home



Man drinking and playing cards while wife is cooking at home



Men brawling in a abar



### **NOTES**

### Sex and Gender.28

Sex describes the biological differences between men and women.

Females and males are born with different reproductive organs. Only women have the capacity to give birth and breastfeed.

Only men have the capacity to impregnate women (make women pregnant).

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

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

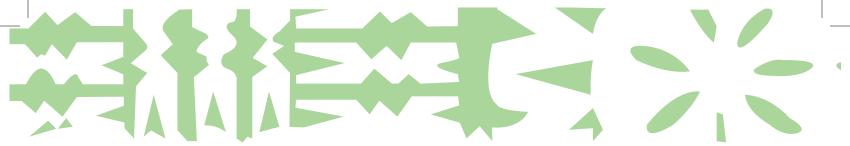
- Gender is socially constructed. This is just another way of saying that gender is learned behaviour.
- Most of the accepted differences in roles, responsibilities, and status between men and women are not "natural", biological, or "God-given". Ideas that women are inferior to men are certainly not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

### **EFFECTS OF VIOLENCE ON WOMEN**

Behaviour – Common actions after experiencing violence are:

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

<sup>28</sup> Fiji Women's Crisis Centre. (2006). Gender Relations, Women's Human Rights and Violence Against Women Trainer's Manual, pg. 67.



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

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

Economic – Common financial struggles due to violence are:

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

### Additional Notes for Facilitator: Gender<sup>29</sup>

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

However, there is a difference between what is meant by the terms 'Sex' and 'Gender'. Sex describes the biological differences between men and women.

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

Explain to the groups/participants that gender:

Describes the different roles and responsibilities of women and men

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

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

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

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

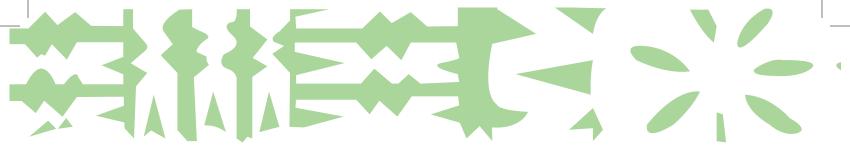
- Biological, psychological, economic, social, political and cultural attributes associated with being female and male.
- Patterns of disadvantage are often associated with the differences in the social position of women and men.

<sup>29</sup> Fiji Women's Crisis Centre. (2006). Gender Relations, Women's Human Rights and Violence Against Women Trainer's Manual, pg. 67.

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

### Some examples of these include:

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



# **MODULE 4: VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES**

### **SESSION 4.2: Types of violence - examples**

### **Sexual Violence**

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

### **Emotional and Psychological Violence**

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

### **Physical Violence**

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



### Social-economic Violence

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

### **SESSION 4.3 POTENTIAL CONSEQUENCES OF VIOLENCE**

Adapted from: http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html

### Long-term consequences of sexual violence include:

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

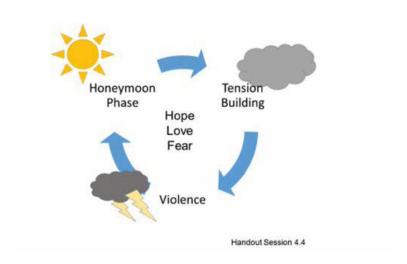
### All forms of violence can have lasting emotional and social consequences for survivors, including:

- Shock
- Fear
- Confusion
- Flashbacks
- Anxiety
- · Mental replay of assault
- Withdrawal
- Depression
- Shame or guilt
- · Generalised anxiety
- Nervousness
- Attempted or completed suicide
- Distrust of others
- Post-traumatic stress disorder
- Symptoms of post-traumatic
- Diminished interest/avoidance of sex
- stress disorder
- Low self-esteem/self-blame
- · Emotional detachment



- Strained relationships with family, friends, and intimate partners
- Less emotional support from friends and family
- Less frequent contact with friends and relatives
- Lower likelihood of marriage
- Isolation or ostracism from family or community
- Engaging in riskier behaviours
- Denial
- Sleep disturbances

### **SESSION 4.4 CYCLE OF VIOLENCE**



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

### **POWER**

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

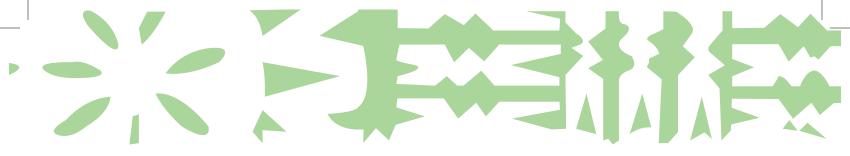
To have "power over" is to have control over recourses, decision-making and to be able to impose these on somebody or a situation. Often power over is used in a negative way and associated with corruption, discrimination and abuse. When used negatively it means taking power from someone else to dominate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

### Power to

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

### Power with

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



### **MODULE 5: REFERRAL**

### 1. ROLES AND MEMBERS OF SAFENET KIRIBATI

- **1.1 Ministry of Health and Medical Services**: two sections from the Ministry are involved in this memorandum of understanding and their specific responsibilities are outlined below:
- 1.1.1 National Referral Hospital at Nawerewere, with outer island hospitals and clinics:
  - a. Immediate treatment of injuries or possible consequences of the abuse experienced (such as sexually transmitted diseases and pregnancy) by providing information and immediate access to rape kits and emergency contraceptives
  - b. Collection of evidence for documentation in medical reports acceptable in court
  - c. Medical reports for all gender-based violence cases as standard practice

### 1.1.2 Mental Health Service:

- a. Provision of assistance through the Mental Health Team (or counsellor if the Mental Health Team is not available) if needed
- b. Medical reports for all gender-based violence cases as standard practice Both sectors of MHMS are responsible for:
- c. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- d. Referring survivors to appropriate services within SafeNet, according to their needs
- c. Ensuring that survivors are escorted by the police to appropriate services within SafeNet, according to their needs
- e. Advocating prevention of gender-based violence and support the development and implementation of prevention strategies
- f. Maintaining an up-to-date register of all cases seen and reporting monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form.

### 1.2 Ministry of Internal and Social Affairs

Within the Ministry of Internal and Social Affairs the Women's Development Division and the Social Welfare Division are responsible for:

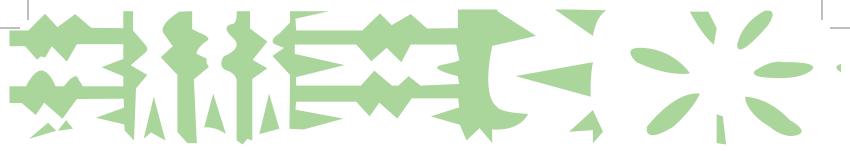
- a. Immediately addressing any child protection need if a girl or a boy is victim of gender-based violence, with the assistance of the Child Protection Officer
- b. Referring survivors to legal advice services
- c. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- d. Referring survivors to appropriate service within SafeNet, according to their needs
- e. Escorting survivors where possible to appropriate services within SafeNet, according to their needs
- f. Advocating prevention of gender-based violence and supporting the development and implementation of prevention strategies
- g. Maintaining an up-to-date register of all cases seen and reporting monthly to the SafeNet on their number and nature

The women's Development Division is also responsible for serving as central agency for all SafeNet reported cases.

### 1.3 Kiribati Police Service

The police, pursuant to the Kiribati Police Service Domestic Violence Operating Procedure, is responsible for the provision of services to victims of violent incidents as follows:

- a. Provide security for victims from immediate harm
- b. Investigate reports of violence and collect evidence
- c. Arrest of perpetrators
- d. Prosecute complaints according to Kiribati Law



- e. Enforce protection orders
- f. Follow SafeNet procedures as per agreed emergency guide-card (see Annexes)
- g. Refer survivors to appropriate services within SafeNet, according to their needs
- h. Escort survivors where possible to appropriate service within SafeNet, according to their needs
- i. Advocate prevention of gender-based violence and support the development and implementation of prevention strategies
- j. Maintain an up-to-date register of all cases seen and report monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form.

### 1.4 Crisis Centre

The Crisis Centre is responsible for:

- a. Providing temporary shelter to clients and their children for as long as possible, as needed
- b. Providing basic counselling to clients as needed
- c. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- d. Referring survivors to appropriate services within SafeNet, according to their needs
- e. Advocating prevention of gender-based violence and supporting the development and implementation of prevention strategies
- f. Informing the police that the crisis centre may need to be patrolled when victims are sheltering there
- g. Arranging with the police transport and escort of victims to hospital for urgent medical assistance if needed
- h. Arranging with the police transport and escort of victims who wish to shelter elsewhere
- i. Maintaining an up-to-date register of all cases seen and reporting monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form

### 1.5 Kiribati Counselling Association

The Counselling Association is responsible for:

- a. Providing counselling to survivors as needed
- b. Providing counselling to perpetrators as needed
- c. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- d. Referring survivors to appropriate services within SafeNet, according to their need
- e. Ensuring that victims are escorted by the police to appropriate services within SafeNet, according to their need
- f. Advocating prevention of gender-based violence and supporting the development and implementation of prevention strategies
- g. Maintaining an up-to-date register of all cases seen and reporting monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form.

### 1.6 Churches

The Churches signatories of this Memorandum of Understanding are responsible for:

- a. Sensitising executives and all other staff on the issue of gender-based violence and its consequences
- b. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- c. Referring survivors to appropriate services within SafeNet, according to their needs
- d. Ensuring that victims are escorted by the police to appropriate services within SafeNet, according to their needs (not necessarily waiting for police but someone from church will escort victim)
- e. Advocating prevention of gender-based violence and supporting the development and implementation of prevention strategies
- f. Maintaining an up-to-date register of all cases seen and reporting monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form.



### 1.7 K-WAN

K-WAN is responsible for:

- a. Providing pre-legal counselling and advice to victims and perpetrators
- b. Following up on cases filed in the court system on behalf of survivors
- c. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- d. Referring survivors to appropriate services within SafeNet, according to their needs
- e. Ensuring that victims are escorted by the police to appropriate services within SafeNet according to their needs
- f. Advocating prevention of gender-based violence and supporting the development and implementation of prevention strategies
- g. Maintaining an up-to-date register of all cases seen and report monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form provided by SafeNet Coordinator.

### 1.8 Alcoholic Awareness and Family Recovery

AAFR is responsible for:

- a. Counselling families who suffer violence due to substance abuse
- b. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- c. Referring survivors to appropriate services within SafeNet, according to their needs
- d. Escorting survivors where possible to appropriate services within SafeNet according to their needs
- e. Advocating prevention of gender-based violence and supporting the development and implementation of prevention strategies
- f. Maintaining an up-to-date register of all cases seen and reporting monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form as provided.

### 1.9 Kiribati Red Cross Society

Kiribati Red Cross Society is responsible for:

- a. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- b. Referring survivors to appropriate services within SafeNet, according to their need
- c. Escorting survivors where possible to appropriate services within SafeNet according to their needs
- d. Advocating prevention of gender-based violence and supporting the development and implementation of prevention strategies
- e. Maintaining an up-to-date register of all cases seen and reporting monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form.

### 1.10 AMAK

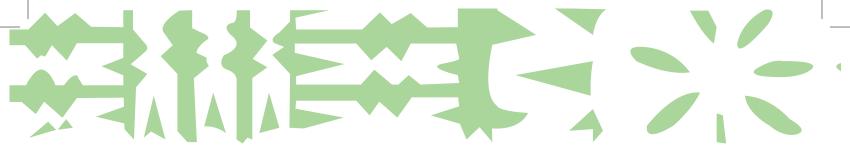
AMAK is responsible for:

- a. Counselling victims and perpetrators of gender-based violence if they present to AMAK's office looking for help
- b. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- c. Referring survivors to appropriate services within SafeNet, according to their needs
- d. Escorting survivors where possible to appropriate services within SafeNet according to their needs
- e. Advocating prevention of gender-based violence and supporting the development and implementation of prevention strategies
- f. Maintaining an up-to-date register of all cases seen and reporting monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form.

### 1.11 Te Toa Matoa

Te Toa Matoa is responsible for:

- a. Following SafeNet procedures as per agreed emergency guide-card (see Annexes)
- b. Referring survivors to appropriate services within SafeNet, according to their needs
- c. Escorting survivors where possible to appropriate services within SafeNet according to their needs
- d. Advocating prevention of gender-based violence and supporting the development and implementation of prevention strategies
- e. Maintaining an up-to-date register of all cases seen and reporting monthly to the SafeNet Secretary on their number and nature using the SafeNet Data Intake Form.



### **MODULE 6: ACTION PLANNING FOR INCLUSION**

### **SESSION 6.2**

### **Developing advocacy strategies**

For Te Toa Matoa, it is important to utilise its current advocacy strengths in furthering the rights of women and girls with disabilities. This includes the TTM strengths in composing of songs and developing dramas. Before rushing to develop advocacy strategies it is crucial that TTM develop an advocacy implementation plan keeping in mind these key elements:

### 1. Identify your key audiences

It is important to think carefully about who you most want to target for advocacy and why.

### 2. Know how your audience communicates

It is important to understand how the key audience communicates. It is through email, text messages, social or mainstream media? Understanding this will assist in developing the delivery of the advocacy strategies.

### 3. Figure out your messaging strategy

A good advocacy campaign has a core message and how you present that message determines how far it spreads. The core message should include the 3 ways to make it appealing: to be inspirational and educate the audience. People share things that make them happy or make them want to learn more. You can strengthen the advocacy message by:

- identification of specific CRPD articles that will be the basis of the messaging
- Providing supporting evidence such as personal stories or data from surveys of women and girls who
  have experienced violence.

### 4. Spur your audience to act

It is important to know what it is you want your audience to do and make sure the audience knows it too. This is important as you would like to measure behavioural change as a result of the advocacy so some ways to motivate the audience is getting them to attend your meetings, or support your messages by verbally endorsing them.

### 5. Move people toward engagement<sup>30</sup>

Convincing people is difficult however that is the intention of advocacy for eliminating of violence against women and girls with disabilities in Kiribati. A possible way to assist is identifying prominent citizens to be the champions for this cause.

A basic campaign implementation plan will include the following:

Who you are targeting?	Where will we be doing this activity?	When we will be doing this activity?	How are we doing this activity?	Any comments

<sup>30</sup> United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2012). Key Elements of an Effective Campaign Strategy in Virtual Knowledge Centre to End Violence Against Women and Girls. Retrieved from

The "how to" deliver these advocacy strategies will differ from the identified cases for this toolkit. This is will be decided by TTM when designing the advocacy implementation plan by considering the mode of delivery that would suit the target audience. Various modes of delivery include:

- Face to face (lobbying) visitation appointments with the key audience either at their office or elsewhere. This can include meeting one to one or meeting of with a smaller group within the organisation. You can be creative when conducting these staged meetings which can be seen as tedious so creativity may generate interest.
- Drama and songs: This is a creative method utilising culture and music and blending it to target audience interests so it may have an impact. This is particularly good to raise broad community awareness.
- Radio Programs: This involves registering a slot with a National Radio Station to promote the rights of women and girls with disabilities in EVAW through talk shows, current affairs stories etc.
- Developing media stories and articles that can be circulated by mainstream and social media.

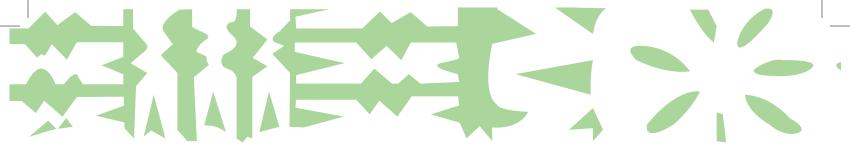
Supporting tools to assist with advocacy include:

- Utilising of Information, Communication and Education (IEC) materials that will support the various advocacy strategies.
- Utilising of human stories is a powerful tool that can bring messages across to its target audience and that can be incorporated in different advocacy methodologies such as in media stories, used during speeches or talks while on visitation, on fact sheets etc.
- Working in partnership with key stakeholders will expand the coverage across the Kiribati islands as the stakeholder to fund TTM in implementing their advocacy strategies.





### **READINGS**



### **READINGS**

#### **BACKGROUND**

#### **Country context**

The Republic of Kiribati is considered to be one of the most demographically challenged Pacific Island nations due to its increasing population, low topography, rising sea levels, need to adapt to climate change and issues with sufficient supplies of fresh water. Kiribati covers a land area of 811 square kilometres and for administrative purposes is divided into three major island groups: the Gilbert Islands (Kiribati), the Line Islands and the Phoenix Islands. The people of Kiribati, known as I-Kiribati, are of Micronesian descent and have a strong traditional and conservative culture. Over 90% of the population live in the Gilbert group of islands, which includes the country's capital, Tarawa.

The most populous areas in Kiribati are confined to the coast as arable land is limited and there are limitations to the availability of land for settlement. The marine environment in Kiribati is vulnerable to pollution and the options for waste management are limited. Many migrants from the outer islands to South Tarawa are living in squatter settlements. Betio, which has one of the highest population densities in the world, also has a large population of squatters who live in poor housing, cramped conditions and have poor access to clean water and proper sanitation.

The Government of Kiribati is committed to preserving the human rights of all I-Kiribati including females, children and young people, who are considered to be among the most vulnerable groups. Kiribati's commitment is evidenced by the signing of a range of international conventions and treaties, including the Convention on the Elimination of All Forms of Discrimination Against Women (1995), the Convention on the Rights of the Child (1993) and the Convention on the Rights of Persons with Disabilities (2013). Commitments have also been made to uphold the SRHR of I-Kiribati's, specifically through the promotion of gender equity and equality, evidenced by a commitment to the International Conference on Population and Development (ICPD) Plan.<sup>31</sup>

#### Structure of I-Kiribati Society

The main decision-making levels in Kiribati are the villages, the islands and the national government. Traditional authority lies with the unimane (senior men) and the maneaba, while national authority rests with the Government and its agencies. At the island level, decisions are made by the Island Council, the collective unimane, church groups, or other associations such as women's or youth groups. On many islands, the community and the councils see themselves as quite separate. The unimane constitute an island-wide 'council' which often operates independently of the government-sponsored Island Council in activities such as in organising projects or fund-raising.

Women and youth groups are active on most islands but their interests get little attention from these main power brokers. Therefore, while the community supports the various activities of the councils, as they must, they do not necessarily consider them to be their own or expect to see any direct returns from them. At the village level, decisions about community activities (mainly hosting visitors or events) are generally made by the unimane.

Decisions about creating new facilities (eg a village well) may be suggested by the unimane but are more decided and acted upon by the bouanikaua or rorobuaka (mature men) or ientaboniba (youth). Several years back, the Government instituted Village Welfare Groups to provide a functional decision-making body at the village level, focussed on health issues, but these committees are rarely strong. Makoro groups, usually church based, are another community institution. Generally, villages serve as a loose collective of individual households and there is a strong sense of independence between them.<sup>32</sup>

<sup>31</sup> Pacific Regional Sexual Reproductive Health Programme, United Nations Population Fund (UNFPA), and the Government of New Zealand Ministry of Foreign Affairs and Trade. (2015, April). Kiribati: Sexual and Reproductive Health Needs Assessment. Retrieved from https://pacific.unfpa.org/sites/default/files/pub-pdf/5.KiribatiSexualandReproductiveHealthRightsNeedsAssessmentReportLRv1.pdf

<sup>32</sup> Government of Kiribati with the assistance of UNICEF. (2005). Kiribati: A Situation Analysis of Children, Women & Youth. https://www.unicef.org/pacificislands/Kiribati\_Sitan.pdf



### Defending the Inviolable Dignity and Rights of Women and Girls with disabilities in Kiribati

Human rights are the basic freedoms and protections that we are all entitled to, regardless of our ethnicity, sex, age, disability, religious beliefs, sexuality, marital status or other status. Violence against women is one of the most common forms of human rights abuse. Women with disabilities experience higher rates of abuse than women without disabilities. Women with disabilities comprise 15% of women worldwide. The human rights-based approach acknowledges that women and girls have human rights just like everyone else and that violence against women with disabilities is a violation of those human rights.

The human rights of women with disabilities are outlined in the international treaties and conventions developed by the United Nations, including the:

- Universal Declaration of Human Rights (UDHR) Articles 5, 12
- Convention on the Elimination of All Forms of Racial Discrimination (CERD)
- International Covenant on Civil and Political Rights (ICCPR) Articles 2, 7, 20, 24, 26
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- Convention on Elimination and Discrimination against Women (CEDAW) General Recommendation 18 (WWD), General Recommendation 19 (EVAW)
- · Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)
- Convention on the Rights of the Child (CRC) Articles 19, 23 Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW)
- Convention for the Protection of All Persons from Enforced Disappearances (CED)
- Convention on the Rights of Persons with Disabilities (CRPD) Articles: 2, 4, 5, 6,9, 12, 13, 15, 16, 21<sup>33</sup>

### EVAW POLICIES AND ALIGNMENT NATIONALLY, REGIONALLY AND INTERNATIONALLY

#### **Policy and Legislation**

As a States Party to the CRPD, the Government of Kiribati is obligated to make sure that laws, regulations, customs and practices do not discriminate against persons with disabilities. This means that existing laws may need to be modified or new laws made that promote, protect and fulfil the rights of persons with disabilities in line with the CRPD. MWYSA and Te Toa Matoa, under the guidance of the KNCPWD, will work with the Legislative Council to undertake a review of legislation to determine its compliance with the CRPD and provide recommendations for relevant amendments or any new laws required. The government will act on these recommendations as agreed by Parliament.<sup>34</sup>

The Government of Kiribati is a signatory to a range of international conventions and has endorsed national policies and legislation. These instruments recognise the importance of gender parity and support strong measures to eliminate violence and support victims.

#### Conventions include:

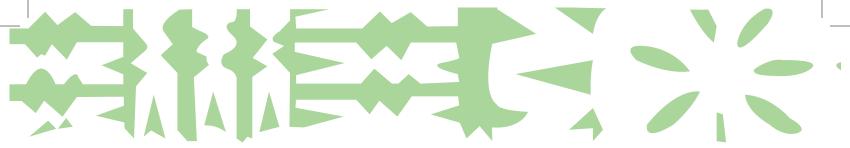
- Convention on the Rights of the Child
- Convention on the Elimination of All Forms of Discrimination Against Women and Girls
- Convention on the Rights of Persons with Disabilities

#### National policies include:

- National Policy and Action Plan to Eliminate Sexual and Gender-Based Violence, 2011–2021
- The Employment and Industrial Relations Code 2015 (MLHRD)
- The Mental Health Policy (Te Meeria Ward, MHMS)
- Standard Operating Procedures on Child Protection and handling young people (KPS)
- The Inclusive Education Policy 2014 (MoE)

<sup>33</sup> Government of Australia Department of Foreign Affairs and Trade. (2014, March). Kiribati Program Poverty Assessment. Retrieved from http://kiribati.embassy.gov.au/files/twaa/140313%20Poverty%20Assessment%20.pdf

<sup>34</sup> Government of Kiribati Ministry of Women, Youth, Sports and Social Affairs. (2015). The Kiribati Disability Policy 2016 – 2020.



- Government's Policy Statement for 2012–2015
- The Children, Young People and Family Welfare Policy
- Gender Access and Equality Policy and Implementation Plan 2013–2016, produced by the Ministry of Labour and Human Resource Development (exists in draft)
- · A Whole-of-Government Gender Equality and Women's Development Policy (exists in draft)
- Kiribati Women and Children Support Centre Child Protection Policy November 2016

#### **Legislation includes:**

- Penal Code [Cap 67] 196516
- The National Building Code 2015 (MISE)
- The Employment Industrial Relations Code 2015 (MLHRD)
- Children, Young People and Family Welfare Act 201317
- Te Rau N Te Mwenga (Family Peace) Act 2014 18
- Juvenile Justice Act

UN Women have been supporting the Government and civil society organisations to implement the National Action Plan on Ending Sexual and Gender-Based Violence. This National Action Plan, combined with national prevalence research on EVAW, has provided an excellent platform for UN Women's support to Kiribati. UN Women has joined together with five other UN agencies - ILO, UNDP, UNFPA, UNICEF, and WHO - to form a joint programme with the Government to implement the National Action Plan, in collaboration with civil society groups, in a coordinated and coherent fashion. This will build on existing and future UN investments to end sexual and gender-based violence in Kiribati. Through this joint work, UN Women has supported the Government to develop a detailed implementation plan for the National Action Plan. Progress in one year has been substantial.

At the international level, Kiribati is party to the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC). These two instruments provide international points of reference that countries like Kiribati will benefit from by putting in place in-country mechanisms to help address the challenges posed by gender-based violence.

# OVERVIEW OF VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES IN KIRIBATI

For many years, evidence of the extent of violence against women and children in Kiribati was limited because of the absence of reliable data. This compelled the Government of Kiribati through the Ministry of Internal and Social Affairs (MISA) in conjunction with the National Statistics Office (NSO) to undertake and complete a half year nationwide survey on the state of women and children in Kiribati called the Kiribati Family Health & Support Study (KFHSS) in 2008. The KFHSS sought to quantify the prevalence of violence against women and children and identify the most common causes of violence and strategies to address these. The KFHSS has for the first time in the history of the country provided a picture of just how prevalent and serious this problem is. The study found that 68% of women (2 in 3) between the ages of 15 and 49 years who have ever entered into relationships, reported experiencing physical or sexual violence, or both, by an intimate partner. This level of prevalence is among the highest in the world and is a very serious cause for concern. Generally, the levels of intimate partner violence were higher in South Tarawa than in the outer islands, which could relate to the greater availability of alcohol and the existence of more social problems such as unemployment, overcrowding and a high cost of living. These stresses may make women more vulnerable to abuse in South

<sup>35</sup> The law provides limited protection to women and girls experiencing sexual assault. Sexual assault is narrowly defined and does not reflect the scope of sexual assault violations perpetrated against women and girls, nor does it provide adequate or consistent protection for women and girls experiencing it. Despite the passing of the TRNTM, family violence may be heard as common assault or assault causing bodily harm. These provisions do not reflect the complexity of domestic violence or provide effective protection or accountability.

<sup>36</sup> Enacted in April 2013 with the intention to provide full protection to children and young people experiencing sexual and gender-based violence.

<sup>37</sup> Assented on 10 Dec 2014, a bill for an act or the protection of victims of domestic violence the prevention and elimination of the crime of violence within domestic relationship and related purposes. As found in Frohmader, C., Dowse, L., Didi, A. (2015, Jan.). Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective. Women with Disabilities Australia. Retrieved from http://wwda.org.au/wp-content/uploads/2015/04/Think-Piece\_WWD.pdf and Kiribati Government Ministry of Women, Youth, Sports and Social Affairs. (2015). The Kiribati Disability Policy 2016 – 2020.



Tarawa. The prevalence of injury among abused women was 51% in South Tarawa and 55% in the outer islands. The majority, 78%, of abused women reported that they had never sought help from formal services (health services, legal advice, and shelter) or from people in positions of authority (police, NGOs, religious or local leaders).

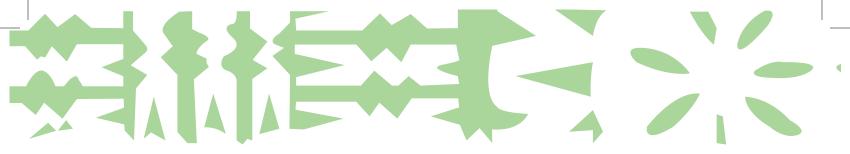
#### **Different Forms of Violence Against Women**

Women and girls are at risk of different forms of violence at all ages, from prenatal sex selection before they are born through abuse of widows and elderly women. While sexual violence affects women of all ages, the changing nature of women's and girls' relationships (with family members, peers, authorities, etc.) and the different environments (at home, in school, at work, within the community, etc) in which they spend time expose women and girls to specific forms of violence during each phase of their life.<sup>38</sup>

Table 1: Different forms of violence against women and children

Physical	Physical abuse may	include
violence	<ul> <li>Spitting</li> <li>Scratching</li> <li>Biting</li> <li>Grabbing</li> <li>Shaking</li> <li>Shoving</li> <li>Pushing</li> <li>Restraining</li> </ul> The physical assault	<ul> <li>Throwing</li> <li>Twisting</li> <li>Slapping (with open or closed hand)</li> <li>Punching</li> <li>Choking</li> <li>Burning</li> <li>and/or use of weapons (e.g., household objects, knives, guns) against the survivor</li> </ul>

<sup>38</sup> United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2013). Ending Violence against Women and Girls Programming Essentials. Retrieved from http://www.endvawnow.org/uploads/modules/pdf/1372349234.pdf



### Sexual violence

- Sexual violence can take many forms and take place under very different circumstances.
- A person can be sexually violated by one individual or several people (e.g. gang-rapes); the incident may be planned or a surprise attack.
- Although sexual violence occurs most commonly in the survivor's home (or in the perpetrator's home), it also takes place in many other settings, such as the workplace, at school, in prisons, cars, the streets or open spaces (e.g. parks, farmland).
- The perpetrator of a sexual assault may be a date, an acquaintance, a friend, a family member, an intimate partner or former intimate partner, or a complete stranger, but more often than not, is someone known to the survivor.
- There is no stereotypical perpetrator: sexually violent men come from all backgrounds, rich and poor, academic and uneducated, religious and non-religious.
- Perpetrators may be persons in positions of authority who are respected and trusted (e.g. a doctor, teacher, tourist guide, priest, police officer) and thus less likely to be suspected of sexual violence.
- Sexual violence is common in situations of war and armed conflict.
- Specifically, rape and sexual torture are frequently used as weapons to demoralize the enemy; women are sometimes forced into "temporary marriages" with enemy soldiers.
- Women who are incarcerated may be subjected to sexual violence by prison guards and police officers.
- Other forms of sexual violence include, but are not limited to:
  - sexual slavery
  - sexual harassment (including demands for sex in exchange for job promotion or advancement or higher school marks or grades)
  - trafficking for the purpose of sexual exploitation
  - forced exposure to pornography
  - forced pregnancy
  - forced sterilisation
  - forced abortion
  - forced marriage
  - female genital mutilation
  - virginity tests
  - incest

Source: WHO Guidelines for Medico-legal Care of Victims of Sexual Violence.<sup>39</sup>

<sup>39</sup> World Health Organization. (2003). WHO Guidelines for Medico-legal Care of Victims of Sexual Violence. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/42788/924154628X.pdf?sequence=1



Psychological/ Emotional violence Threats of violence and harm

The perpetrator's threats of violence or harm may be directed against the survivor or others important to the survivor or they may be suicide threats.

#### Sometimes the threat includes:

• killing the victim and others and then committing suicide.

• The threats may be made directly with words (e.g., "I'm going to kill you," "No one is going to have you," "Your mother is going to pay," "I cannot live without you") or with actions (e.g., stalking, displaying weapons, hostage taking, suicide attempts).

#### **Emotional Violence**

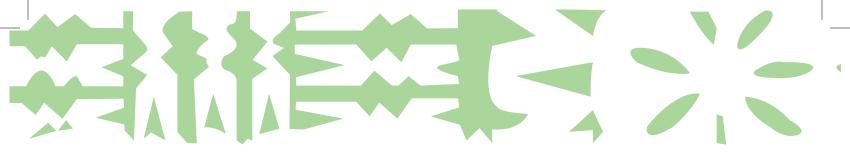
- Emotional abuse is a tactic of control that consists of a wide variety of verbal attacks and humiliations, including repeated verbal attacks against the survivor's worth as an individual or role as a parent, family member, friend, co-worker, or community member.
- In domestic violence, verbal attacks and other tactics of control are intertwined with the threat of harm in order to maintain the perpetrator's dominance through fear. While repeated verbal abuse is damaging to partners and relationships over time, it alone does not establish the same climate of fear as verbal abuse combined with the use or threat of physical harm. The presence of emotionally abusive acts may indicate the undisclosed use of physical force or it may indicate possible future domestic violence.
- Emotional abuse may also include humiliating the victim in front of family, friends or strangers. Perpetrators may repeatedly claim that survivors are crazy, incompetent, and unable "to do anything right." Not all verbal insults between partners are acts of violence. In order for verbal abuse to be considered domestic violence, it must be part of a pattern of coercive behaviours in which the perpetrator uses or threatens to use physical force.

#### Isolation

- Perpetrators often try to control survivors' time, activities and contact with others.
- They gain control over them through a combination of isolating and disinformation tactics. Isolating tactics may become more overtly abusive over time.
- Through incremental isolation, some perpetrators increase their psychological control
  to the point where they determine reality for the survivors.
- Perpetrators' use of disinformation tactics such as distorting what is real through lying, providing contradictory information, or withholding information is compounded by the forced isolation of the survivors. For example, perpetrators may lie to survivors about their legal rights or the outcomes of medical interventions.
- While many survivors are able to maintain their independent thoughts and actions, others believe what the perpetrators say because the survivors are isolated from contrary information.
- Through his survivor's isolation, the perpetrator prevents discovery of the abuse and avoids being held responsible for it.

#### Use of children

- Some abusive acts are directed against or involve children in order to control or punish
  the adult victim (e.g., physical attacks against a child, sexual use of children, forcing
  children to watch the abuse of the survivor, engaging children in the abuse of the
  survivor).
- A perpetrator may use children to maintain control over his partner by not paying child support, requiring the children to spy, requiring that at least one child always be in the company of the survivor, threatening to take children away from her, involving her in long legal fights over custody, or kidnapping or taking the children hostage as a way to force the survivor's compliance.
- Children are also drawn into the assaults and are sometimes injured simply because
  they are present (e.g., the victim is holding an infant when pushed against the wall) or
  because the child attempts to intervene in the fight.



### Economic violence

#### **Economic Violence**

- Perpetrators control survivors by controlling their access to all of the family resources: time, transportation, food, clothing, shelter, insurance, and money.
- It does not matter who the primary provider is or if both partners contribute. He may
  actively resist the survivor becoming financially self-sufficient as a way to maintain
  power and control.
- Conversely, he may refuse to work and insist that she support the family. He may expect her to be the family "bookkeeper," requiring that she keep all records and write all checks, or he may keep financial information away from her.
- In all instances, he alone makes the decisions. Survivors are put in the position of having to get "permission" to spend money on basic family needs.
- When the survivor leaves the battering relationship, the perpetrator may use
  economics as a way to maintain control or force her to return: refusing to pay bills,
  instituting legal procedures costly to the survivor, destroying assets in which she has
  a share, or refusing to work "on the books" where there would be legal access to his
  income.
- All of these tactics may be used regardless of the economic class of the family.

Violence and abuse have long-lasting impacts on a person's life. The impacts are so great that it can dampen a person's self-esteem, instil fear in a person's mind, deprive a person of the ability to discover their capabilities, push a person to a dark lonely corner and in some cases, they are driven to commit suicide to end their life as the physical and psychological pain becomes unbearable. While both women and men experience violence and abuse, women are more vulnerable to gender-based violence and the impact of violence on women is more severe than that of men.

#### MYTH BUSTING: REJECTING MYTHS AND SHARING REAL FACTS

Most sexual offenders develop myths about their victims that they use to justify their own inappropriate and illegal behaviour.

#### The "Dehumanisation" Myth

People with disabilities are still portrayed and seen as less than full members of our society. Such images allow offenders to justify their offences because they believe the victim is not really a fellow human being. Since the offender sees himself as more human and therefore more valuable, he sees nothing wrong with exploiting the individual he perceives as less valuable to meet his own needs.

#### The "Damaged Merchandise" Myth

The damaged merchandise myth asserts that, because the life of the person with disabilities is worthless, they have nothing to lose in death. If the sexual abuser employs similar reasoning, it allows him to regard his victim's life as worthless. This provides an offender with a rationalisation for the choice of victim, as well as erasing any guilt or inhibition about exploiting a person with a disability.

#### The "Feeling No Pain" Myth

People with disabilities are often described as immune to pain and suffering. This myth allows offenders to rationalise their crime by saying that the victim really wasn't hurt by it. Research shows that people with all kinds of disabilities suffer just as much emotional trauma, physical injury, and social consequences of abuse as any other victim (Stuart & Stuart, 1981; Sullivan, Vernon & Scanlon, 1987).

#### The "Helplessness" Myth

The portrayal of people with disabilities as vulnerable or helpless may contribute to their abuse. The perception of vulnerability is known to affect the selection of victims by sex offenders. One way to fight the myth of helplessness is through empowering education about people with disabilities. We need to develop positive, more realistic images of people with disabilities. A long-term goal for the empowerment of people with disabilities is promoting positive societal attitudes towards disability. By helping our society to see those with disabilities as real people with feelings, needs, thoughts, and talents, we can help dispel some of these myths.



#### **CULTURAL NORMS**

Family life in Kiribati is based on a strongly patriarchal ideology, which makes women vulnerable to abuse. Social norms dictate that women must be obedient to their husbands at all times and male dominance, including men's right to beat their wives, has been traditionally accepted. Physical violence against children is accepted and seen as necessary to instil discipline and obedience.

Physical punishment is often used to discipline women who are seen as stepping outside of their prescribed gender roles e.g. failing to prepare food on time or complete housework or speaking to other men. The main reasons men gave for the existence of intimate partner violence were: jealousy, drinking, acceptability as a form of discipline and gender inequality. When asked what their wives should do to improve the situation, the overwhelming response was that she should learn to obey him.

There is a high tolerance of excessive alcohol abuse in Kiribati, as well as cultural norms around drinking and violence as routes to self-expression. Male alcohol use has been found to be positively associated with intimate partner violence. Many women in Kiribati view violence as normal and acceptable. The most common reason why women do not seek medical care for abuse-related injuries is that the violence "was normal or not serious."

It is difficult for women to leave violent relationships: 45% of women who have experienced intimate partner violence have never left home because of it, even temporarily. Women have few options if a marriage breaks down. Divorce is relatively rare in Kiribati and there is a social stigma attached to it. A woman has no entitlement to her husband's family land or home if the marriage ends and children almost always stay with their father.

Girls are expected to be virgins before marriage, which means that young girls who are raped are unlikely to report it to police. Even a very young child who loses her virginity through rape can be labelled as "permanently spoiled" and face enduring stigma. Most schools will not allow girls to attend once they are engaged, married or pregnant which adds to the guilt and shame experienced by girls who are raped or have an unintended pregnancy.<sup>40</sup>

The stigma surrounding disability is a considerable issue in Kiribati. 41, 42 Some parents won't let their children be involved in community activities, or disabled people's organisation activities, as they fear their children will be stared at or laughed at. For other families, people with disability are seen as a source of shame. Older men in the focus groups in North Tarawa preferred that household members with disabilities stay at home because of the difficulties involved with transport and supervision. However, they also associated disability with laziness in some cases, and believed that people with disabilities had been so lazy that their "legs had stopped working". A UNFPA study found community attitudes to marriage included the view that people with disability should marry other people with disability and the view that they should not get married at all – although this had not prevented a majority of the women interviewed getting married.

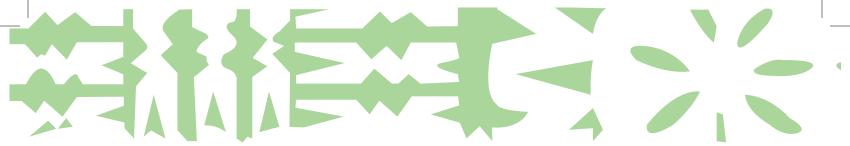
Immediate family plays a critical role in caring for people with disability but this also means that people with disability are vulnerable to abuse. For instance, women with disability are particularly vulnerable to violence within the home. There is also evidence that men may target particular women for sexual violence because of their disability. Social norms put pressure on women experiencing violence, regardless of disability, to remain with their husbands. Care from other relatives is limited once parents have passed away.<sup>43</sup>

<sup>40</sup> United Nations Development Fund for Women (UNIFEM) part of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2010, Aug.). Ending Violence Against Women & Girls. Retrieved from https://www.unicef.org/pacificislands/evaw.pdf

<sup>41</sup> United Nations Development Fund for Women (UNIFEM) part of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2010, Aug.). Ending Violence Against Women & Girls. Retrieved from https://www.unicef.org/pacificislands/evaw.pdf

<sup>42</sup> Frohmader, C., Dowse, L., and Didi, A. (2015, Jan.). Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective. Women with Disabilities Australia. Retrieved from http://wwda.org.au/wp-content/uploads/2015/04/Think-Piece\_WWD.pdf

<sup>43</sup> Government of Australia Department of Foreign Affairs and Trade. (2014, March). Kiribati Program Poverty Assessment. Retrieved from http://kiribati.embassy.gov.au/files/twaa/140313%20Poverty%20Assessment%20.pdf



"The National Disability Policy and Action Plan 2014–2018 provides Kiribati society with a guiding framework for implementing the CRPD. It looks long term towards an inclusive and barrier-free society, where persons with disabilities are empowered and seen, where they have equal opportunities, meaningful participation and full enjoyment of their human rights."44

The Government of Kiribati made a very important commitment to its citizens with disabilities by acceding to the Convention on the Rights of Persons with Disabilities on 27 September 2013. In so doing, the Government committed to shifting actions towards persons with disabilities by seeing them as stakeholders with rights like everyone else rather than objects of charity. The National Disability Policy and Action Plan 2014–2018 provides the framework and strategies to help all stakeholders implement the CRPD and to promote, protect and fulfil the rights of persons with disabilities.

In ensuring access for women and girls with disabilities to EVAW programs it is important to note the following: "Nothing About Us Without Us" - In all issues regarding women and girls with disabilities, it is essential that they and their representative organisations are part of the whole process to ensure their recognition, protection, promotion and enjoyment of their rights and fundamental freedoms. In this toolkit, this means that when dealing with issues of discrimination against women and girls with disabilities it is important to involve women and girls with disabilities and create an environment that will enable them to fully and effectively participate. It is also crucial that their individual autonomy, inherent dignity and freedom of choice and independence are respected and recognised.

"Access to" – The term "access to" in all contexts does not simply mean that it is there, rather it means that the particular services provided are:\*

Available - Means that services, information, communication and other facilities are provided in all communities including rural and urban areas

Accessible - This means that women and girls with disabilities on an equal basis with others have access to the physical environment, to transport, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.

Affordable - This means that the costs of goods and services provided are reasonable and that women and girls with disabilities have the ability to pay for them.

Quality - This means that women and girls with disabilities enjoy the goods and services provided on an equal basis with others.

"Respecting and recognising the diversity of women and girls with disabilities" - Recognising and accommodating the different disability-specific needs of women and girls with disabilities is crucial when providing services to them. This will ensure their full access to services and, guarantee their inclusion in the services provided. The provision of reasonable accommodation and accessibility features in services provided will eliminate the various barriers encountered by women and girls with disabilities when accessing services.

#### EDUCATION AND AWARENESS

Education and awareness is the gateway to full participation in society. It opens doors to social and economic life for persons with disabilities and their families. The Government recognises that education and training is a lifelong process (Kiribati Disability Policy). For Te Toa Matoa, education and awareness is deemed as a core part of ending violence against women and girls with disabilities in Kiribati.

In promoting education and awareness on the rights of women and girls with disabilities who are survivors of violence it is important that the following principles are realised and practiced by all.

#### • Interdependence

The realisation of one right often depends, wholly or in part, on the realisation of others. The right to live free from violence is therefore dependent on the realisation of other human rights.

#### • Equality and non-discrimination

All women and girls with disabilities are equal as human beings, and by virtue of the inherent dignity of

<sup>44</sup> Government of Kiribati Ministry of Women, Youth, Sports and Social Affairs. (2015). The Kiribati Disability Policy 2016 – 2020.



each woman, are entitled to their rights without discrimination of any kind. Governments must take specific, deliberate and targeted measures (including gendered measures) to ensure rights are enjoyed equally, in practice and in law.

#### • Participation and inclusion

All women and girls with disabilities have the right to participate in and access information relating to the decision-making processes that affect their lives and wellbeing. This includes the establishment of specific mechanisms and institutional arrangements, at various levels of decision-making, to overcome the obstacles that some women face to effective participation.

#### Accountability

Governments assume obligations and duties under international law to respect, promote and protect full human rights. The obligation to respect means that Governments must refrain from interfering with or curtailing the enjoyment of human rights. The obligation to protect requires Governments to protect individuals and groups against human rights abuses. The obligation to promote means that Governments must take positive action to facilitate the enjoyment of basic human rights. Governments also have negative obligations to abstain from rights violations.

#### Transparency

Transparency means that Governments must be open about all information and decision-making processes related to rights. Women must be able to know and understand how major decisions affecting rights are made and how public institutions which are needed to protect rights are managed and run.

#### • Enforceability and Remedies

All women and girls with disabilities should be able to enforce their rights at the national and international levels and should be provided with adequate redress for violations of their human rights. <sup>45</sup> These above principles should be highlighted in all advocacy strategies in the various partnerships with Te Toa Matoa. It is important to establish a general rights based approach while covering the above principles. Each of these principles needs to be emphasised and shared with the general public in urban and rural communities and key EVAW stakeholders in Kiribati.

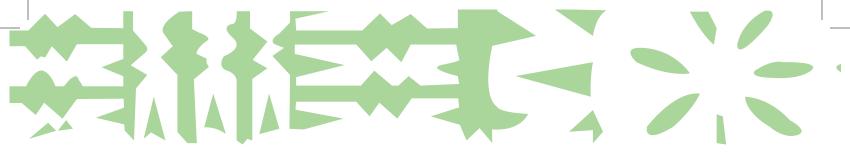
#### ADDRESSING ACCESS TO JUSTICE

The key target audiences are Magistrates, Police/Prosecutor, Ministry of Justice & Prison Services

#### **Key Message**

"Are Women and Girls with disabilities accessing the justice systems in Kiribati?"

<sup>45</sup> Frohmader, C., Dowse, L., Didi, A. (2015, Jan.). Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective. Women with Disabilities Australia. Retrieved from http://wwda.org.au/wp-content/uploads/2015/04/Think-Piece\_WWD.pdf



Target Audience	Barriers	Key messages aligned with CRPD	Mode of delivery
Police Ministry of Justice	Attitudinal challenges  Discriminatory attitude of magistrates, police, staff of ministry and prison services  Environmental challenges  Accessibility to current information shared from key audience  Unavailability of sign language interpretation in courts, in prisons and ministry  Physical accessibility — external and interior of courts and offices, Ramp/rail and pathway at Police stations or DVSO  Policies and Legislation challenges  Some policies and legislation are too general so possibility of mistranslation and exclusion	Ensure effective access to justice for women and girls with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.  Ensure that women and girls with disabilities, on an equal basis with others:  • Enjoy the right to liberty and security of person;  • 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.  States Parties shall ensure that if women and girls with disabilities are deprived of their liberty through any process, they are, on an equal basis with others, entitled to guarantees in accordance with international human rights law and shall be treated in compliance with the objectives and principles of the CRPD, including by provision of reasonable accommodation.	visitation (face to face lobbying)

### PARTNERING WITH EVAW STAKEHOLDERS

- Ministry of Women, Youth and Social Affairs (MWYSA)
  Ministry of Health and Medical Services (MHMS)
  Kiribati Family Health Association (KFHA)

- Crisis Centre
- Ministry of Internal Affairs



"Are your services inclusive of women and girls with disability?"  $\,$ 

Target Audience	Barriers	Key Message aligned with CRPD	Mode of Delivery
Ministry of Women, Youth and Social Affairs	<ul> <li>Limited understanding of CRPD</li> <li>Discriminatory attitude of ministry staff</li> <li>Environmental accessibility – external and interior of office</li> <li>Unavailability services of sign language interpretation</li> <li>Communication within the office is not accessible</li> </ul>	<ul> <li>Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;</li> <li>Non-discrimination;</li> <li>Full and effective participation and inclusion in society;</li> <li>Respect for difference and acceptance of women and girls with disabilities as part of human diversity and humanity;</li> <li>Equality of opportunity;</li> <li>Accessibility;</li> <li>Equality between men and women;</li> <li>Review all legislation and remove laws that promote discrimination against women and girls with disabilities.</li> <li>Review all legislation and develop new legislation that will implement the CRPD and promote the enjoyment of all human rights</li> </ul>	visitation (face to face lobbying)
Ministry of Health and Medical Service (MHMS	<ul> <li>Limited understanding of CRPD</li> <li>Discriminatory attitude of ministry staff</li> <li>Unavailability services of sign language interpretation</li> <li>Communication within the health services is not accessible</li> <li>Confidentiality is a challenge</li> </ul>	promote the enjoyment of all human rights and fundamental freedoms for all women and girls with disabilities  • Ensure and promote the full realisation of all human rights and fundamental freedoms for all women and girls with disabilities without discrimination of any kind on the basis of disability.  • States Parties recognise that women and girls with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.  • States Parties shall take effective and appropriate measures, including through peer support, to enable women and girls with	visitation (face to face lobbying) visitation (face
Kiribati Health and Family Planning (KFHA)	<ul> <li>Communication</li> <li>Raise awareness</li> <li>Health</li> <li>Protecting the integrity of the person</li> <li>Respect for privacy</li> </ul>	disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.  • States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.  • States Parties shall promote the availability,	to face lobbying)
Crisis Centre  Communication Accessibility Rehabilitation Respect for privacy -		knowledge and use of assistive devices and technologies, designed for women and girls with disabilities, as they relate to habilitation and rehabilitation.	visitation (face to face lobbying)
Ministry of Internal Affairs (MIA)	<ul> <li>Communication</li> <li>Accessibility</li> <li>Lack of understanding on CRPD</li> <li>Participation in cultural life</li> </ul>		visitation (face to face lobbying)

#### **Partnering with Faith Based Organisations**

Target Audience	Barriers	Key messages aligned with CRPD	Mode of Delivery
Church leaders	Access to church services due to:  Devaluing and discriminatory attitudes  Inaccessible environment and surrounding  Inaccessible communication - need for sign language  Confidentiality of information of survivors of violence	<ul> <li>Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;</li> <li>Non-discrimination;</li> <li>Full and effective participation and inclusion in society;</li> <li>Respect for difference an acceptance of women and girls with disabilities</li> </ul>	visitation (face to face lobbying)
Women- Church groups	Access to women groups due to:  • Devaluing and discriminatory attitudes Inaccessible environment and surroundings  • Inaccessible communication - need for sign language  • Confidentiality of information of survivors of violence	as part of human diversity and humanity; • Equality of opportunity; • Accessibility; • Equality between men and women.	visitation (face to face lobbying) Drama & songs
Church Youth Groups	<ul> <li>Protecting the integrity of the person</li> <li>Discriminatory/ devaluing attitude by women's church group members</li> <li>Confidentiality of information</li> </ul>		visitation (face to face lobbying) Drama & songs

- - Church youth groups



### PARTNERING WITH THE MEDIA

The key target audiences are:

- Newspaper Uekera newsletter, New Star, Kiribati Voice, Kiribati Independence
- Radio BPA, FM, Santo Paulo (Catholic studio)

#### Principles for effective media campaign

What needs to change? To answer that question, it takes:

- a purpose that drives the campaign strategy
- an *analysis of the situation* and the specific *problem* the campaign will address (identified in the campaign planning stage)
- a *vision* for the future the campaign is intended to contribute to

How will the campaign contribute to change? The strategy needs:

- a **theory of change** that explains how the campaign will contribute to the desired change. (See Theories of Change in Campaigning)
- the solutions or pathways of change promoted by the campaign, i.e. the changes in policy, institutional practice or people's behaviour that the campaign will aim to achieve (*goals, specific outcomes*)
- the *approach* or *types of actions* to be carried out, by whom, how and when

Who are the stakeholders? The strategy must define:

- The *target audiences*, i.e. the persons or institutions the campaign needs to influence to attain its goal, and how these audiences will be reached. (See also Stakeholder Analysis)
- Prospective *allies* and participating groups likely to join the campaign, and their potential roles in it

What strategic elements of the campaign are needed to reach its goal? An effective campaign strategy requires sub-strategies for specific aspects of campaign implementation:

- The *communications* strategy, which outlines key messages, and the channels and tools by which the campaign will communicate with the target audiences
- The *resource mobilisation* strategy, which maps available and required resources (financial, institutional, networks, etc), and outlines the campaign fundraising plan. (See Resource Mapping and Financing and Fundraising Strategies)
- A scaling-up strategy, if it is intended to bring the campaign to a larger scale
- An exit strategy, which determines when and how the campaign will be ended
- In longer-term campaigns, it may be useful to include different scenarios for the future 46

#### **Key Message**

"Are Women and Girls with disabilities included in the mainstream media?"

<sup>46</sup> United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2012). Key Elements of an Effective Campaign Strategy in Virtual Knowledge Centre to End Violence Against Women and Girls. Retrieved from http://www.endvawnow.org/en/articles/1197-key-elements-of-an-effective-campaign-strategy.html

	7 4	
	,	

Target Audience	Barriers	CRPD article for advocacy	Method of advocacy
All Media organisations	Discriminatory and devaluing attitude of journalist	<ul> <li>Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;</li> <li>Non-discrimination;</li> <li>Full and effective participation and inclusion in society;</li> <li>Respect for difference and acceptance of women and girls with disabilities as part of human diversity and humanity;</li> <li>Equality of opportunity;</li> <li>Accessibility;</li> <li>Equality between men and women.</li> </ul>	visitation (face to face lobbying)

### **PARTNERING WITH COMMUNITIES**

The key target audiences are:

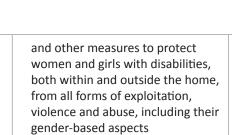
- Youth groups
- Unimane/Unaine
- Councillors/Mayors
- Members of Parliament
- Parents/Guardians
- Women's groups in communities
- Ministry of Education



### Key message

"Are women and girls with disabilities included in our homes, community activities and services?"

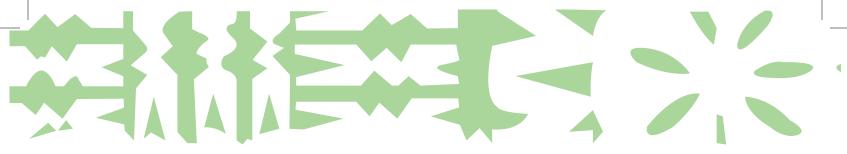
"Are women a	nd girls with disabilities included	in our homes, community activities	and services?"
Target Audience	Barriers	Key messages aligned with CRPD	Mode of delivery
Youth groups	Attitudinal challenges     Discriminatory attitude of community members including youth, children, women, men, counsellors/ mayors, SafeNet group, public servant based in the communities	<ul> <li>Empower women and girls with disabilities on:         <ul> <li>their rights and responsibilities protected by the Kiribati national laws and legislation</li> <li>their rights and fundamental freedoms protected under the</li> </ul> </li> </ul>	• visitation (face to face lobbying) Drama & songs
SafeNet, Government Offices (Health, Police, Schools etc)	Accessibility challenges  Physical accessibility – external and interior of community courts and offices, ramp/rail and pathway at Police offices, external and interior of health clinics  Accessibility to current information shared from	CRPD, CEDAW, CRC and other human rights treaties - opportunities that will enable them to improve their economic status and livelihood which would enable them to live independently - processes and procedures that will enable them to report their cases of violence, abuse and	• visitation (face to face lobbying) Drama & songs
Unimane/ unaine	<ul> <li>audience in the community</li> <li>Unavailability of sign language interpretation in community courts, in prisons and community services such as SafeNet</li> <li>Signs are printed too small for</li> </ul>	exploitation  - Create an environment that allows women and girls with disabilities to fully and effectively participate in villages, churches, etc.  - Ensure that schools and education facilities are available,	<ul><li>visitation (face to face lobbying)</li><li>Drama &amp; songs</li></ul>
Counsellors/ mayors	persons with low vision.  Lack of mobility devices for women and girls with disabilities  Policies and Legislation challenges  Policies and villages bylaws are	accessible and affordable to women and girls with disabilities. To ensure that they enjoy these facilities and learning on an equal basis with others it is essential to ensure that the support and resources needed to enable women and	<ul> <li>visitation (face to face lobbying)</li> <li>Drama &amp; songs</li> </ul>
Members of parliament	not inclusive of persons with disabilities  • Some policies and legislation are too general so possibility of mistranslation and exclusion by police, counsellors/major, SafeNet Groups, health representatives in	girls with disabilities to receive the same quality of education on an equal basis with others are available.  • Do not pity us but respect us and treat us as any other human being • Every person with disabilities has a right to respect for his or her	<ul><li>visitation (face to face lobbying)</li><li>Drama &amp; songs</li></ul>
Women groups in communities	the community, various government representative • Programming barriers by various groups in the community such as the women's and youth group, SafeNet, Government and NGO initiatives in the community	<ul> <li>a right to respect for his or her physical and mental integrity on an equal basis with others</li> <li>States Parties should recognize the equal right of all women and girls with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to</li> </ul>	<ul><li>visitation (face to face lobbying)</li><li>Drama &amp; songs</li></ul>
Parents/ guardians		facilitate full enjoyment by women and girls with disabilities of this right and their full inclusion and participation in the community  Take all appropriate legislative, administrative, social, educational	<ul><li>visitation (face to face lobbying)</li><li>Drama &amp; songs</li></ul>



- Take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for women and girls with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse
- In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve women and girls with disabilities are effectively monitored by independent authorities
- No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his or her free consent to medical or scientific experimentation



**APPENDICES** 



### **APPENDIX**

#### **APPENDIX 1: DISABILITY INCLUSIVE PRACTICE CHECKLIST**

#### How to use these checklists:

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

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

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

#### KNOWING ABOUT THE SERVICES AVAILABLE IN THE LOCAL AREA:

Women and girls with disabilities don't always have access to information about the services they are entitled to in their local area. Women with disabilities may require differing methods of receiving information about services. For example, a person with vision impairment may need to hear the information; a person with hearing or intellectual impairment, or low literacy, may need picture information.

Women and girls with disabilities faces multiple layers of discrimination. In many circumstances they do not report these cases due to fear and the inaccessibility of the environment, which limits their access to services. While these are two main reasons above are the primary reasons, women and girls with disabilities do not access services, their lack of knowledge on available services and the lack of reasonable accommodation on their disability needs contributes a lot to them not accessing these services when they need it. Therefore, it is crucial that information on available services are available in different formats that recognises the diverse needs of women and girls with disabilities and environments to access these information and services are accessible for all women and girls with disabilities. Using disability inclusive communication and service delivery practices can ensure that women with disabilities know what services are available to all women in the local area.

#### **Inclusive Practice**

Ensure that you have a communication policy and guidelines that outline how the organisation will make it possible for all service users to be aware of services that exist. This should be developed in partnership with gender organisations and DPOs.

Ensure that promotion material for the service depicts persons with disabilities as part of the general population that uses the service.

Include in in the organisation's promotional materials information that persons with disabilities are welcome to access services provided by the organisation for the community.

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

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

#### Where to find more help

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



#### **GETTING TO AND FROM SERVICES**

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

#### **Inclusive Practice**

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

Provide options for women to use alternative models of service delivery. Identify people from the community who can accompany the women with disability to the service.

#### FINANCIAL ACCESSIBILITY TO SERVICES

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

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

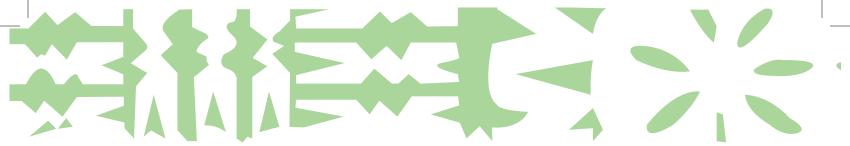
#### **Inclusive Practice**

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

#### PHYSICAL ACCESSIBILITY OF SERVICE FACILITIES

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

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



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

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

#### **Inclusive Practice**

Review physical access to your service:

- Ask a person from a DPO to do an audit on the accessibility of the building
- Ensure service facilities have accessible features including ramps, widened doorways, acces sible toilets, appropriate signage
- · When making changes to buildings, consult targeted user groups who have a variety of disabilities and local disability organisations
- When choosing a place for community education or service provision Identify a location central for community members with a disability. Identify a venue that may already be used by persons with a disability. Ensure venue has ramp access, accessible toilets, hand rails, etc.

#### COMMUNICATING WITH WOMEN WITH DISABILITIES

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

It is crucial that when communicating with women and girls with disabilities, service providers must speak to the person with disability rather communicating to their carers, interpreters or personal assistant. Furthermore, it is important to allow time and space for women and girls with disabilities to communicate with the services providers. Using inclusive communication practices enables persons with disabilities are able to access services and information on an equal basis.

#### **Inclusive Practice**

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



# SHARING AND PROVIDING INFORMATION TO WOMEN WITH DISABILITIES

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

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

#### **Inclusive Practice**

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

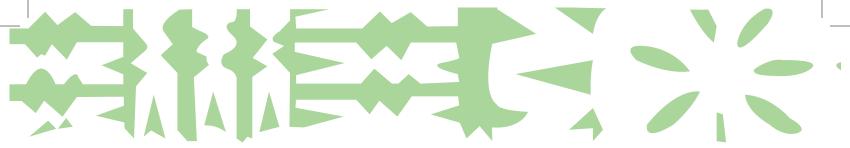
#### WHERE TO FIND MORE HELP

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

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

#### **Inclusive Practice**

- Build relationships with DPOs to gain active participation in program planning, implementation, monitoring and evaluation
- Ensure women with disabilities are involved in program planning, implementation, monitoring and evaluation
- Establish an on-going advisory team that includes women with disabilities representatives.
- Develop strong linkages between your service and disability stakeholders within the community to facilitate the referral network
- · Facilitate access to disability and specialist medical services including assistive devices
- Know where to refer persons with disabilities for disability specific needs such as assistive devices, and have this information available in varied format
- Have information about the accessibility of services and shelters; ensure you know the location of accessible services
- Work with your partners to ensure shelters are accessible



#### **POLICIES AND PLANNING**

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

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

#### **Inclusive Practice**

#### **Policies:**

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

#### Planning:

- Build relationships with DPOs to gain active participation in program planning, implementation, monitoring and evaluation
- Ensure women with disabilities are involved in program planning, implementation, monitoring and evaluation
- Ensure that persons with disabilities are involved in consultation about barriers to services.
- Develop strong linkages between your service and disability stakeholders within the community to facilitate the referral network
- Engage women with disabilities as staff, team members, consultants and evaluators within programs.
- Make sure community education targets women with disabilities

#### STAFF ATTITUDES AND COMPETENCY IN DISABILITY

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

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

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



#### **Inclusive Practice**

- Address attitudes of staff to improve participation of women with disabilities
- Use women with disabilities and engage DPOs for capacity development activities around attitudes, access and rights
- Recruit and train women with disabilities as staff
- Ensure women with disabilities have access to leadership opportunities
- Build in 'disability competency' as a core requirement included within job descriptions and work performance appraisals
- Build disability education into your staff training curriculum
- Build the capacity of staff in communicating with persons with disabilities.
- Engage women with disabilities in delivering training activities for your staff
- Ensure opportunities are provided for staff to participate in exposure visits and exchanges with DPOs, gender institutions and organisations that are successfully addressing disability and gender inclusion
- Build capacity of staff to provide referral to appropriate services where indicated (other EVAW services, disability specific services)
- Invest in disability resources for your staff to use and refer to.

#### INFORMATION AND KNOWLEDGE MANAGEMENT

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

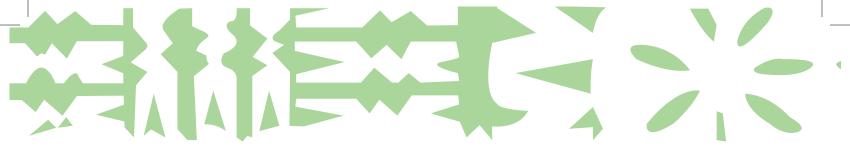
Keeping track of how many women with disabilities access your service can help you identify whether or not your services are reaching women with disabilities, and can help you identify what else your service may need to do to ensure everyone can use your service.

#### Inclusive practice

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

#### Where to find more help

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



### **APPENDIX 2: SAFETY PLANNING**

Nam	ıe: .	nary concern when working with a family affected by domestic violence is safety planning D.O.B: Age:
1.		creasing Safety in the Relationship  If I need to leave my home, I can go to (list 3 places)
		Three to leave my nome, realings to (not 5 places)
	b)	I can tell (list 2 people) about the violence
	,	and ask them to call the police if they hear loud noises coming from my home.
	c)	I can leave extra money, clothing, car keys and copies of documents with(list one person).
	d)	If I have to leave I will take with me.
		To ensure safety and independence, I can keep change for telephone calls with me at all times, open my own bank account, rehearse an escape route from my home and review this safety plan.
2.	Fo	r increased safety when the relationship is over:
		I can change the locks, put better locks outside my home, and install a better door
	b)	I can inform (list at least 2 people) that my partner no longer lives
		with me and ask them to contact (me, the police, others) if he is seen near my
		home.
	c)	I will tell the people who take care of my children the names of people who have permission to pick
		them up. Those who have permission are(list all this
	٩/	applies to)  (list people) at work about my situation and
	u)	I can tell (list people) at work about my situation and ask them to screen my calls.
	۵۱	I can get a protective order from and keep it with me at all times.
	۷,	I can also leave a copy of it with (if applicable list 1 person).
	f)	If I feel down and ready to return to a potentially abusive situation I can call
	,	(list at least one person) for support or attend groups to get
		support and strengthen my relationships with other people.
3.	Im	portant Telephone Numbers
1	I+c	ms to Be Sure to Take with Me (Make a list here)
4.	ne	ins to be sure to take with the (Make a list here)
		<del></del>

# **APPENDIX 3: SAMPLE EVALUATION FORM**

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

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

No.		Very Poor	Poor	Average	Good	Excellent	Comments
		1	2	3	4	5	
1.	Length of training session						
2.	Use of time during the training session						
3.	Pace of the training session						
4.	Appropriate training style						
5.	Quality of training manual and training aids						
6.	Balance of theory and practice						
7.	Opportunities to practice application of the activity/ subject						
8.	Value of self-reflection and personal feedback						

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

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

	1	2	3	4	5
Not relevant at all					
Little relevance					
Undecided					
Somewhat/To a certain extent					
Extremely relevant					



11.	What were the three (3) most useful topics you learned during the training which will help you in your organisation/community?
12.	What would you have liked more information on?
13.	How could the training session be improved? For example, what should be added or deleted?

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

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

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

1	2	3	4	5
No Value	Very little value	Some value	Great value	Very great value

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

1	2	3	4
Very dissatisfied	Neutral	Satisfied	Very satisfied

17. Are there any other comments you would like to make about this training session?			
18. Please indicate your Sex:	Male	Female	



### **APPENDIX 4: THE GENDER SCALE**

#### **HOW TO SCORE G SCALE ASSESSMENT**

**Scoring Individual Questionnaires** 

#### **Individual Final Score Formula:**

- Step 1: Count the number of ticks under the Agree Column. Multiply total by 1
- Step 2: Count the number of ticks under the Partly Agree Column. Multiply total by 2.
- Step 3: Count the number of ticks under the Disagree Column. Multiply total by 3.
- Step 4: Add together the answers to Steps 1, 2 and 3. The sum of these three numbers will be the person's Final Score. Maximum score is 57 (scores cannot be more than 57!).

#### **Calculating Average of each Gender's Score**

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

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

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

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

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

Average Community Score

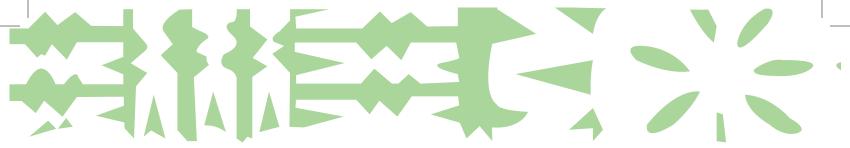
Agree 1 point Partly Agree 2 points Disagree 3 points 11 Formula: [Sum of all of the Individual Final Scores of the men and women] ÷ Total number of men and women who completed the G Scale = Average G Scale Score Community

- Step 1: Add all of the Individual Final Scores of all of the men and women.
- Step 2: Count the total number of men and women who completed the GEM Scale.

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

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

- Step 1: Count the total number of females who completed the G Scale.
- Step 2: For the sheets completed by the women or men only, count the total number of ticks for Statement
- 1 for each response: Agree, Partly Agree and Disagree. You will come up with 3 different totals for each statement. Follow the following set of calculations:
  - a. Statement 1 (Agree): Divide the total number of ticks for Agree by the total number of females/males who completed the G Scale. Multiply this number by 100.
  - b. Statement 1 (Partly Agree): Divide the total number of ticks for Partly Agree by the total number of females/males who completed the G Scale. Multiply this number by 100.
  - c. Statement 1 (Disagree): Divide the total number of ticks for Disagree by the total number of females/males who completed the G Scale. Multiply this number by 100.



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

Step 3: Repeat Steps 1 to 2a-c for each of the statements for the female/male respondents only.

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

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

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

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

Note: To double check your work, add all of the percentages together for Statement 1 and it should equal 100%. If not, you need to re-check your work in Steps 1 and 2a-c. 12 Step 4: Repeat Steps 1 and 2a-c for each of the statements.

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

Village: \_\_\_\_\_Country: \_

### THE GENDER SCALE (G-SCALE)

Date:

together

with him

16. I would never have a gay friend

(Please tick one)			
Male: Female:			
Respondents are to read each statement and tick only one answer for e Do Not Agree.	ach stateme	ent: Agree,	Partly Agree o
MALES	Agree	Partly Agree	Do not Agree
1. It is the man who decides what type of sex to have			
2. A woman's most important role is to take care of her home and cook for her family			
3. Men need sex more than women do			
4. You don't talk about sex, you just do it			
5. Women who carry condoms on them are seen as 'easy'			
6. Changing nappies, giving the kids a bath, and feeding the kids are the mothers' responsibility			
7. It is a woman's responsibility to avoid getting pregnant			
8. A man should have the final word about decisions in his home			
9. Men are always ready to have sex			
10. There are times when a woman deserves to be beaten			
11. A man needs other women, even if things with his wife/girlfriend are fine			
12. If someone insults me, I will defend my reputation with force if I have to			

13. A woman should tolerate violence in order to keep her family

14. I would be outraged if my wife/girlfriend asked me to use a

17. It disgusts me when I see a man behaving like a woman

19. Women who go to bars by themselves are 'not good women'

18. A woman who wears revealing clothes is 'easy'

15. It is okay for a man to hit his wife/girlfriend if she won't have sex

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

FEMALES	Agree	Partly Agree	Do not Agree
1. It is the man who decides what type of sex to have			
2. A woman's most important role is to take care of her home and cook for her family			
3. Women need sex more than men do			
4. You don't talk about sex, you just do it			
5. Women who carry condoms on them are seen as 'easy'			
6. Changing nappies, giving the kids a bath, and feeding the kids are the mothers' responsibility			
7. It is a woman's responsibility to avoid getting pregnant			
8. A man should have the final word about decisions in his home			
9. Men are always ready to have sex			
10. There are times when a woman deserves to be beaten			
11. A man needs other women, even if things with his wife/girlfriend are fine			
12. If someone insults a man it is ok for him to defend his reputation with force if he has to			
13. A woman should tolerate violence in order to keep her family together			
14. It is not right for a woman to ask her husband or boyfriend to use a condom			
15. It is okay for a man to hit his wife/girlfriend if she won't have sex with him			
16. I would never have a gay or lesbian friend			
17. It disgusts me when I see a man behaving like a woman or 'men should behave like men, not like women'			
18. A woman who wears revealing clothes is 'easy'			
19. Women who go to bars by themselves are 'not good women'			

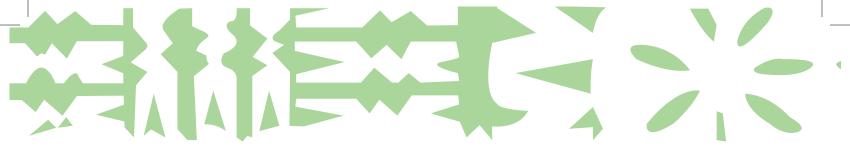


### **REPRESENTATIVE ORGANISATIONS**

No.	Organisation	Contact person	Contact details
	Te Toa Matoa	Office Manager Tekamangu Bwauira	TTM Office Nanikai Phone: 75022679

#### ORGANISATION PROVIDING SERVICE IN KIRIBATI

No.	Organisation	Services Offered	Contact details
1	Kiribati Women and Children Support Centre	Gender based violence counseling or emotional support Practical support service for women and children	Emergency helpline—191 Phone: 75021000
2	Social Welfare Division (MWYSSA)	Safety of women and children Report on child abuse and neglect Repatriation	Phone: 75022120/75021017 Address: MWYSSA Office Bairiki
3	Domestic Violence and Sexual Offence (KPS)	Safety of women and children Immediate protection Collect personal items from home	General—192 Emergency helpline—188 Address: Kiribati Police Service, Betio and your nearest Police Station
4	Office of the People's Lawyer	Legal Assistance on Police Safety Oder, protection order	Phone: 75126312/75125303
5	Office of the Attorney General	Prosecution of DV cases in Magistrate and High Court Criminal appeal in DV cases	Phon: 75021242 Address: AG's Office, Bairiki
6	Healthy Family Clinic (MHMS)	Medical care for physical injuries or sexual assault or rape cases *Rape is a medical emergency: It is best to get all medicines within 3 days of the rape.	Healthy Family Clinic—194 Emergency Line—195 Enquiries— 75028100 Address: Tungaru Hospital and your nearest Health Clinic



### **APPENDIX 6: HUMAN RIGHTS GLOSSARY**

Affirmative Action: Action taken by a government or private institution to make up for past discrimination in education, work, or promotion on the basis of gender, race, ethnic origin, religion, or disability.

Civil and Political Rights: The rights of citizens to liberty and equality; sometimes referred to as first generation rights. Civil rights include freedom to worship, to think and express oneself, to vote, to take part in political life, and to have access to information.

Codification, Codify: The process of bringing customary international law to written form.

**Collective Rights:** The rights of groups to protect their interests and identities.

Commission on Human Rights: Body formed by the Economic and Social Council (ECOSOC) of the UN to deal with human rights; one of the first and most important international human rights bodies.

Convention: Binding agreement between states; used synonymously with Treaty and Covenant. Conventions are stronger than Declarations because they are legally binding for governments that have signed them. When the UN General Assembly adopts a convention, it creates international norms and standards. Once a convention is adopted by the UN General Assembly, Member States can then ratify the convention, promising to uphold it. Governments that violate the standards set forth in a convention can then be censured by the UN.

Convention on the Elimination of all Forms of Discrimination Against Women (Women's Convention) (adopted 1979; entered into force 1981): The first legally binding international document prohibiting discrimination against women and obligating governments to take affirmative steps to advance the equality of women.

Convention on the Rights of the Child (Children's Convention) (adopted 1989; entered into force 1990): Convention setting forth a full spectrum of civil, cultural, economic, social, and political rights for children.

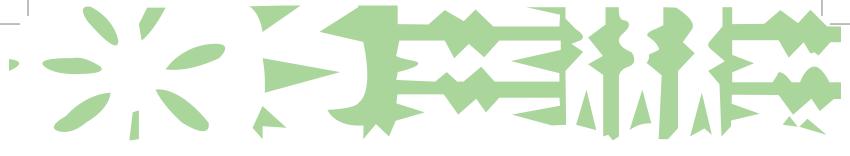
Covenant: Binding agreement between states; used synonymously with Convention and Treaty. The major international human rights covenants, both passed in 1966, are the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).

Customary International Law: Law that becomes binding on states although it is not written, but rather adhered to out of custom; when enough states have begun to behave as though something is law, it becomes law "by use"; this is one of the main sources of international law.

Declaration: Document stating agreed upon standards but which is not legally binding. UN conferences, like the 1993 UN Conference on Human Rights in Vienna and the 1995 World Conference for Women in Beijing, usually produce two sets of declarations: one written by government representatives and one by Nongovernmental Organisations (NGOs). The UN General Assembly often issues influential but legally Nonbinding declarations.

Economic and Social Council (ECOSOC): A UN council of 54 members primarily concerned with population, economic development, human rights, and criminal justice. This high-ranking body receives and issues human rights reports in a variety of circumstances.

Economic, Social, Cultural Rights: Rights that concern the production, development, and management of material for the necessities of life. The right to preserve and develop one's cultural identity. Rights that give people social and economic security, sometimes referred to as security-oriented or second generation rights. Examples are the right to food, shelter, and health care.



**Environmental, Cultural, and Developmental Rights:** Sometimes referred to as third generation rights, these rights recognise that people have the right to live in a safe and healthy environment and that groups of people have the right to cultural, political, and economic development.

Genocide: The systematic killing of people because of their race or ethnicity.

**Human Rights:** The rights people are entitled to simply because they are human beings, irrespective of their citizenship, nationality, race, ethnicity, language, gender, sexuality, or abilities; human rights become enforceable when they are Codified as Conventions, Covenants, or Treaties, or as they become recognised as Customary International Law.

**Human Rights Community:** A community based on human rights, where respect for the fundamental dignity of each individual is recognised as essential to the functioning and advancement of society. A community that works to uphold each article of the UDHR.

**Inalienable:** Refers to rights that belong to every person and cannot be taken from a person under any circumstances.

**Indigenous Peoples:** People who are original or natural inhabitants of a country. Native Americans, for example, are the indigenous peoples of the United States.

**Indivisible:** Refers to the equal importance of each human rights law. A person cannot be denied a right because someone decides it is "less important" or "nonessential."

**Interdependent:** Refers to the complementary framework of human rights law. For example, your ability to participate in your government is directly affected by your right to express yourself, to get an education, and even to obtain the necessities of life.

Intergovernmental Organisations (IGOs): Organisations sponsored by several governments that seek to coordinate their efforts; some are regional (e.g., the Council of Europe, the Organisation of African Unity), some are alliances (e.g., the North Atlantic Treaty Organisation, NATO); and some are dedicated to a specific purpose (e.g., the UN Centre for Human Rights, and The United Nations Education, Scientific and Cultural Organisation, UNESCO).

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

**International Covenant on Civil and Political Rights (ICCPR):** Adopted in 1966, and entered into force in 1976. The ICCPR declares that all people have a broad range of civil and political rights. One of the components of the International Bill of Human Rights.

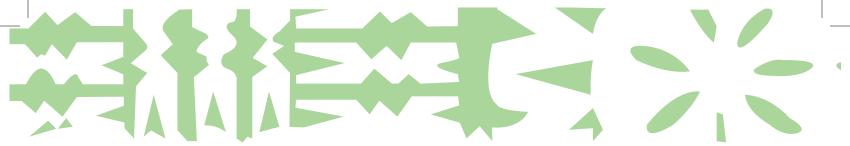
**International Covenant on Economic, Social, and Cultural Rights (ICESCR):** Adopted 1966, and entered into force 1976. The ICESCR declares that all people have a broad range of economic, social, and cultural rights. One of the components of the International Bill of Human Rights.

**International Labor Organisation (ILO):** Established in 1919 as part of the Versailles Peace Treaty to improve working conditions and promote social justice; the ILO became a Specialised Agency of the UN in 1946.

Legal Rights: Rights that are laid down in law and can be defended and brought before courts of law.

**Member States:** Countries that are members of the United Nations.

**Moral Rights:** Rights that are based on general principles of fairness and justice; they are often but not always based on religious beliefs. People sometimes feel they have a moral right even when they do not have a legal right. For example, during the civil rights movement in the USA, protesters demonstrated against laws forbidding Blacks and Whites to attend the same schools on grounds that these laws violated their moral rights.



Natural Rights: Rights that belong to people simply because they are human beings.

Nonbinding: A document, like a Declaration, that carries no formal legal obligations. It may, however, carry moral obligations or attain the force of law as Customary International Law.

Nongovernmental Organisations (NGOs): Organisations formed by people outside of government. NGOs monitor the proceedings of human rights bodies such as the Commission on Human Rights and are the "watchdogs" of the human rights that fall within their mandate. Some are large and international (e.g., the Red Cross, Amnesty International, the Girl Scouts); others may be small and local (e.g., an organisation to advocate for people with disabilities in a particular city; a coalition to promote women's rights in one refugee camp). NGOs play a major role in influencing UN policy, and many of them have official consultative status at the UN.

Political Rights: The right of people to participate in the political life of their communities and society. For example, the right to vote for their government or run for office. See Civil and Political Rights.

**Protocol:** A treaty which modifies another treaty (e.g., adding additional procedures or substantive provisions).

Ratification, Ratify: Process by which the legislative body of a state confirms a government's action in signing a treaty; formal procedure by which a state becomes bound to a treaty after acceptance.

Reservation: The exceptions that States Parties make to a treaty (e.g., provisions that they do not agree to follow). Reservations, however, may not undermine the fundamental meaning of the treaty.

Self-Determination: Determination by the people of a territorial unit of their own political future without coercion from powers outside that region.

Signing, Sign: In human rights the first step in ratification of a treaty; to sign a Declaration, Convention, or one of the Covenants constitutes a promise to adhere to the principles in the document and to honor its spirit.

State: Often synonymous with "country"; a group of people permanently occupying a fixed territory having common laws and government and capable of conducting international affairs.

States Party(ies): Those countries that have Ratified a Covenant or a Convention and are thereby bound to conform to its provisions.

Treaty: Formal agreement between states that defines and modifies their mutual duties and obligations; used synonymously with Convention and Covenant. When conventions are adopted by the UN General Assembly, they create legally binding international obligations for the Member States who have signed the treaty. When a national government ratifies a treaty, the articles of that treaty become part of its domestic legal obligations.

United Nations Charter: Initial document of the UN setting forth its goals, functions, and responsibilities; adopted in San Francisco in 1945.

United Nations General Assembly: One of the principal organs of the UN, consisting representatives of all member states. The General Assembly issues Declarations and adopts Conventions on human rights issues, debates relevant issues, and censures states that violate human rights. The actions of the General Assembly are governed by the United Nations Charter.

Universal Declaration of Human Rights (UDHR): Adopted by the general assembly on December 10, 1948. Primary UN document establishing human rights standards and norms. All member states have agreed to uphold the UDHR. Although the declaration was intended to be nonbinding, through time its various provisions have become so respected by States that it can now be said to be Customary International Law.



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