Toolkit on Eliminating Violence against Women and Girls with Disabilities in Samoa













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PREFACE

The toolkit is part of the Pacific Rollout of the Toolkit on Eliminating Violence against Women and Girls with Disabilities project, focussing on Samoa and Kiribati as case countries. The project is a joint partnership between the Pacific Disability Forum and Nuanua O Le Alofa (NOLA) in Samoa and Te Toa Matoa (TTM) in Kiribati, supported by financial and technical assistance from UN Women Fiji, 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 our 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.

NOLA is Samoa's only national, cross-disability disabled persons' organisation (DPO). We are a non-profit, non-government organisation established in 2001 by persons with disabilities. NOLA envisions an inclusive Samoa that is responsive and ensures the promotion and protection of the rights of all persons with disabilities. Our mission is to create opportunities for persons with disabilities to engage fully in all aspects of society using the Convention on the Rights of Persons with Disabilities (CRPD) as a guide. NOLA's approach in our work recognises that attitudes, practices and structures are disabling and can prevent persons with disabilities from working, from being included in communities and being treated as equal citizens. This is not the inevitable result of the person's disability. We have our roots in the community with 600+ members, and our leadership is drawn from persons with disabilities. We hire people with disabilities. We are the voice of people with disabilities. We connect policymakers with people with disabilities.









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ACRONYMS AND ABBREVIATIONS

Acronyms and Abbreviations	Definitions
Als	Associate Investigators
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CED	Convention for the Protection of All Persons from Enforced Disappearances
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CERD	Convention on the Elimination of all forms of Racial Discrimination
CMW	Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
CRC	Convention on the Rights of the Child
CRPD	Conventions on the Rights of Persons with Disabilities
DEVAW	Declaration on the Elimination of Violence Against Women
DFAT	Department of Foreign Affairs and Trade
DPO	Disabled Persons Organisations
EVAWG	Ending Violence Against Women and Girls
EVAWGwD	Ending Violence Against Women and Girls with Disabilities
GBV	Gender-Based Violence
GoS	Government of Samoa
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
MOWA	Ministry of Women's Affairs (name changed to MWCSD)
MWCSD	Ministry of Women, Children and Social Development
NOLA	Nuanua O Le Alofa (the DPO in Samoa)
PDF	Pacific Disability Forum
SLRC	Samoa Law Reform Commission
SVSG	Samoa Victims Support Group
UDHR	Universal Declaration of Human Rights
UN	United Nations
UN Women	UN Women Pacific Office
UN Women in country Office	UN Women Samoa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund

REPRESENTATIVE ORGANISATIONS

No.	Organization	Contact person	Contact details
1	Nuanua O Le Alofa	Office Manager	NOLA Office
		Afioga Mataafa Faatino Utumapu	Nia Mall, Apia
			tino.mutumapu@gmail.com
			Phone: 7679944

LIST OF DISABLED PEOPLE'S ORGANISATIONS IN SAMOA

No	ORGANISATION	SERVICES PROVIDED	CONTACT DETAILS
No 1	Nuanua O Le Alofa	NOLA works with marginalised sectors of the disability community. Youth with disabilities. Children with disabilities People with intellectual disabilities People with intellectual disabilities Physical disabilities NOLA provides: Systemic and individual advocacy Disability focal point representation to government, civil society and the private sector Disability rights research Education and training for people with disabilities, government, civil society, the private sector and the community on CRPD and other capacity development areas NOLA has contributed to changing the narrative on how disability is addressed at the legislative and policy levels. We are instrumental in moving Samoa towards a human rights approach. NOLA is a key implementing partner of the Samoa Disability Program. This is an Australian Government program which assists the Government of Samoa to achieve greater compliance with the Convention on the Rights of Persons with Disabilities. The specific objectives of SDP Phase 1 are: That Government of Samoa policies and programs are increasingly compliant with the CRPD Deeper community awareness of, and support for, the rights of women, men, boys and girls with disability and their increased social inclusion Increased access to services and infrastructure for people with disabilities Increased participation by women and men with disabilities in livelihoods and employment The SDP is a four-year program as part of an eight-year partnership between Samoa and Australia. Phase 1 of the program is for \$5.5 AUD and runs from 2012-2018. The SDP is aligned with the Pacific Regional Strategy on Disability (PRSD), the Incheon Strategy and the Sustainable Development Goals.	Office Manager Afioga Mataafa Faatino Utumapu NOLA Office Nia Mall, Apia tino.mutumapu@gmail.com Phone: 7679944



SENESE Inclusive Education Established in 1992, SENESE is an inclusive education and atheridides into manistration that focuses on the inclusive education of children (to -18 years) with disabilities and their families, that facilitates cooperation between education of barriers and the achievement of a high-quality learning environment for all students. Education Education Education Education Education of bairiers And health organisation, as well as the public. The result will be the eradication of barriers and their families, that facilitates cooperation between education and equality dearning environment for all students. Education Education Education Education Education Education Education Education Education (for bidiren (to -18 year) and their families, that facilitates and provide aducation and equality services that maximise opportunities for people with disabilities and provides support and education and equality services that maximise opportunities for people with disabilities or reach their full potential in Samoa. Education Educati	2.	Samoa Blind Persons Association	Advocate for the rights of persons who are blind and with visual impairment in Samoa.	President Afioga Mataafa Faatino Utumapu NOLA Office tino.mutumapu@gmail.com Phone: 7679944 Program Coordinator Susuga Sa Siilata Amau Apartment - Apia
organisation committed to providing education for people with Disabilities organisation committed to providing education for people with disabilities and/or special needs. Loto Taumafai runs an Early Intervention Program. It is a Community - Based Rehabilitation Program which focuses on young children with disabilities and provides support to them and their families on: Therapy (physical and occupational therapy) Language and communication support (specialising in Samoan sign language) Family support and education Advocacy Loto Taumafai aims to provide education and quality services that maximise opportunities for people with disabilities to reach their full potential in Samoa. The Loto Taumafai centre considers all opportunities as they arise, and undertakes appropriate activities to achieve its goals such as: Education Afioga Letaa Dan Devoe Vaitele letaa.tanielu@gmail.com PO BOX 1631 Ph: (685) School Principal Susuga Lagi Natanielu Vaitele lagi4lototaumafai@gmail.com PO BOX 1631 Ph: (685) 24288 Mob: 723 0919	3.	Inclusive	education organisation that focuses on the inclusion of children with disabilities into mainstream schools. • Its aim is to establish and strengthen a national model of inclusive education for children (0- 18 years) with disabilities and their families, that facilitates cooperation between educational and health organisations, as well as the public. The result will be the eradication of barriers and the achievement of a high-quality learning	Susuga Marie Toalepaialii Bentin Vaitele Fou mbentintoalepaialii@yahoo.
	4.	Society for People with	organisation committed to providing education for people with disabilities and/or special needs. • Loto Taumafai runs an Early Intervention Program. It is a Community - Based Rehabilitation Program which focuses on young children with disabilities and provides support to them and their families on: - Therapy (physical and occupational therapy) - Language and communication support (specialising in Samoan sign language) - Family support and education - Advocacy • Loto Taumafai aims to provide education and quality services that maximise opportunities for people with disabilities to reach their full potential in Samoa. • The Loto Taumafai centre considers all opportunities as they arise, and undertakes appropriate activities to achieve its goals such as:	Afioga Letaa Dan Devoe Vaitele letaa.tanielu@gmail.com PO BOX 1631 Ph: (685) 24288 Mob: 723 0919 School Principal Susuga Lagi Natanielu Vaitele lagi4lototaumafai@gmail. com PO BOX 1631 Ph: (685)



5.	Special Olympics Samoa	 The Special Olympics Samoa envisions to enrich the lives of more Samoans living with an intellectual disability by providing: Quality sporting opportunities and engaging the broader community in its goals and objectives. Year-round sports training and athletic competition in a variety of Olympictype sports for children and adults with intellectual disabilities. Transforms the lives of children and adults with an intellectual disability through regular sports participation, training and competition. Special Olympic Samoa programs operate all year round and they welcome beginners right up to elite athletes. Special Olympic Samoa's goals are to: Promote Equal Opportunities Equal Respect Better Future for our ATHLETES Together we CAN make a difference Unify our national organisations. 	Director Susuga Tusitina Nuuvali West-Side Gate Loto Taumafai Complex; VAITELE PO Box 6267 Digifix: +685 8405020 Tel: +685 29892 Mobile +685 7231716 Email: specialolympicsamoa. sos@gmail.com Skype: tusitinanuuvali Facebook: Special Olympics Samoa, SOS Website: www. SpecialOlympicsSamoa.ws
6.	Deaf Association of Samoa	Advocates for the rights of deaf persons in Samoa	Contact Person Susuga Faaolo Utumapu - Utailesolo NOLA office Phone: 25243 Digicel: 7764466 talofastar1@gmail.com
7.	Aoga Fiamalamalama	 Aoga Fiamalamalama is a non-governmental school that was established in 1979 to meet the needs of Samoa's children with intellectual disability. Aoga Fiamalamalama's mission is: To promote the physical, educational, economic and social welfare of the intellectually disabled. To support the development of the total person in a caring environment rooted in Christian values and free from discrimination based on age, gender, race, religion or disability. To cooperate and work with parents in promoting the welfare of their children, informing parents of the help and support that is available, as well as increasing the awareness and the inclusion of the intellectually disabled in the family and the wider community. Aoga Fiamalamalama stresses the importance of the role of parents/family participation in the education of persons with disability and in all other aspects of their life, thereby empowering persons with disability to realise their potential and make decisions for themselves. 	School Principal Susuga Sharon Shuren Alafua, Apia, Samoa aogafiamalamalama@ samoaonline.ws Phone: 23818



8.	Ministry of Police	 Receive reports and investigate cases of Domestic Violence. Provide specialised services for women and girls who experience violence, abuse and exploitation Provide referrals for women and girls who experience violence, abuse, and exploitation. 	Police Commissioner Afioga Fuiavailiili Egon Keil Matafele commissioner.sec@police. gov.ws Domestic Violence Superintendent Sina Tafua Matafele sina.tafua@police.gov.ws
9.	Ministry of Women, Community and Social Development	 Conduct training and workshops to raise the awareness of the public about policies and legislation relating to domestic violence. Develop and implement empowerment programs for women, girls and children, like the Mothers and Daughters programs, Fathers and Sons programs, Young Couples Programs, Teen Mums programs, and Social Protection Awareness Programs which benefit the participants in relationship-building through effective communication to resolve family conflicts in a non-violent manner, positive parenting skills for parents and caregivers, and sexual violence prevention for children and others. Advocate for a violence and discrimination-free Samoa. Work with Village Women Representatives, Village Representatives and District Planning Committees of different villages/districts in mobilising district and village communities not to tolerate violence of any form and identifying and reporting service gaps in relation to violence. The Division for Social Development facilitates capacity building and awareness raising opportunities for women and girls on ending violence. The MWCSD provides policy advice to Cabinet through Hon. Minister on issues (such as violence) impacting on the advancement of women and girls, including those with disabilities, in Samoa and conducts assessments in relation to social development issues (violence) and makes referrals to appropriate service providers. 	Chief Executive Officer Afioga Fuimapoao Naea Beth Onesemo – Tuilaepa Tooa Salamasina Sogi, Apia, Samoa ceo@mwcsd.gov.ws / tmauga@mwcsd.gov.ws Phone: 27753 / 27757 Susuga Alana Seugamatupu Tooa Salamasina Sogi, Apia, Samoa aseugamatupu@mwcsd. gov.ws
10.	National Health Services	 Provide health service Provide medical reports for investigations, referrals, counselling Admit victims of serious cases of violence Report cases of violence to police 	Manager of Other Allied Health and Support Services Afioga Asomua Epenesa Pouesi Young National Health Hospital, Motootua Phone: 685 66504 Mobile: 685 (7774041) Email: epenesay@nhs.gov. ws b: www.nhs.gov.ws



			Principal Mobility Devices Services/ SIMDES Project Susuga Poutasi Seuseu National Health Hospital, Motootua Phone: 685 66702 Mobile: 685 7676121 Email: PoutasiMS@nhs.gov. ws p: www.nhs.gov.ws
11.	Samoa Victims Support	 Look after women and girls who have been abused Provide shelter to survivors of gender-based violence Provide protection programs for girls who are victims of abuse Represent survivors in accessing legal services. This includes liaising with police and other departments on behalf of the survivors. Assist young girls who are survivors to go to school Create and conduct awareness programmes in Savaii and utilise their village representatives to monitor gender-based violence in villages Conduct counselling for women and girls who are survivors of gender-based violence Do referrals of cases, report them to other service providers Act as mediators between the victims and the perpetrators before and after they are in shelter protection programme Provide services to cases referred to them 	Chief Executive Officer / President Afioga Siliniu Lina Chang Tuanaimato, Faleata, Samoa linalotam@gmail. com / Siripa Uelese jijochabros4eva@gmail.com
12.	Faataua Le Ola (FLO)	 Provide face-to-face and on-phone counselling for women and girls who experience violence, abuse and exploitation Provide counselling support to women and girls who are considering committing suicide due to violence, abuse and exploitation Administer and operate a hotline for survivors of violence, abuse and exploitation Home visits Provide awareness to women and girls on the services they provide 24 Hour lifeline (800-LIFE) Provide referrals to their clients 	Chair Afioga Papalii Carol Ah Chong Location: Wesley Arcade, Matafele Office Phone Number:30609, Lifeline Phone Number: 8005433 PO Box 3489 Email: FLO@samoaonline.ws Website: www.samoalife.org
13.	Samoa National Council of Churches	 Established in 1961 Have 12 organisational members including 11 churches and the National Christian Women Council 	General Secretary Susuga Rev. Maauga Motu
14	GOSHEN Trust	 Uses referral system to refer cases to the appropriate services and provide counsellors Provide rehabilitation services to people with mental health disabilities, psychosocial and intellectual disabilities 	Chief Executive Officer Afioga Savea Tutogi Moamoa Phone: 27487 Email: goshentrust@ samoaonline.ws

MESSAGES FROM THE IMPLEMENTING ORGANISATIONS



FOREWORD - 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. SETAREKIS. MACANAWAI CEO, Pacific Disability Forum





FOREWORD - NUANUA O LE ALOFA (NOLA)

The continued prevalence of gender-based violence damages the lives of women across the globe every day. Taking many forms, from sexual to economic and psychological, it cuts across all geographical, cultural and class boundaries. It is a violation of human rights which threatens the security and safety of countless women. But its effects do not stop with the victim. They have lasting impacts on the people around her, on her community and on the wider society in which she lives. As a threat to the security of individuals and societies, violence against women and girls with disabilities (VAW) is a priority area for Nuanua O Le Alofa, National Advocacy Organisation of Persons with Disabilities.

NOLA, therefore, works closely with all NATIONAL EVAW stakeholders, persons with disabilities and other regional/ international organisations, such as the Pacific Disability Forum and its partners to develop a toolkit to end violence against women and girls with disabilities and bring security home.

It is only through close co-operation at both national and international level that we will be able to tackle the causes of VAW and ultimately win the fight to end all forms of gender-based violence. NOLA acknowledges the support of the following government ministries, UN agencies, NGOs, individuals in making this process a reality:

- 1. The financial and technical support of the Pacific Disability Forum and its partners.
- Respective EVAW service providers, MWCSD, UNDP, UNESCO, UN Women, UNFPA, Samoa Victim Support, Disability Service Providers for their active participation in the process. Their experiences and information shared which contributed significantly to the formulation of the toolkit.
- 3. To women and girls with disabilities who offered to enrich our toolkit with their challenging but inspiring stories.
- 4. NOLA CRPD resource team for their efforts to ensure the human rights approach is reflected in the contextualisation of the toolkit.

I hope this publication will serve as a useful platform to all partners and interested actors at all levels to continue to prioritise activities that combat and prevent gender-based violence in Samoa and the region.

Mataafa Faatino Utumapu

Office Manager Nuanua o le alofa

ACKNOWLEDGEMENTS

The Pacific Disability Forum and Nuanua O Le Alofa would like to express sincere gratitude and appreciation to the women and girls with disabilities who took part in interviews and the survivors' focus group discussion and shared their stories for this toolkit. Your willingness to share your story 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 with this information assisted us in putting this critical document together, which will strengthen the advocacy of representative organisations of persons with disabilities on the elimination of violence against women and girls with disabilities in Samoa and the Pacific. Furthermore, it will contribute to the capacity building of duty bearers and service providers to 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.

Pacific Disability Forum (PDF) and Nuanua O Le Alofa (NOLA) would like to extend their sincere thanks to the following organisations that made the development of this toolkit possible:

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

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, Community, and Social Development
- UN Women Country Office, Samoa
- United Nations Population Fund Country Office, Samoa
- · United Nations Education, Scientific and Cultural Organisation Office for the Pacific States
- Samoa Victims Support Group (SVSG)
- NOLA CRPD Resource Team Members
- NOLA 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 Nuanua O Le Alofa (NOLA) in Samoa acknowledge the support of the Australian Department of Foreign Affairs and Trade (DFAT) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), through the Pacific Elimination of Violence against Women Facility Fund, a UN Women 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 and women and girls in general.
- To enable trainers to provide EVAW/Disability training with a Human Rights-Based Approach and to identify VAW as a violation of human rights and link VAWGwD to this as well
- To raise awareness with participants on Violence against Women and Girls with Disabilities using the Human Rights approach and build their knowledge on the relationship between Privilege and Power, and Gender and Disability.
- Enable participants to acknowledge the barriers faced by women and girls with disabilities in accessing EVAW services and identify inclusive ways they can assist them to access these services.
- Mobilise participants to see how they can assist in the elimination of Violence Against Women and Girls with Disabilities.

This toolkit contains 6 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:
 - Justice
 - Counselling
 - Health
 - Transportation
 - Education and awareness
 - EVAW specific services
- Participation in community-based EVAW activities
- How to include women and girls with disabilities in EVAW services
- Strengthening NOLA's EVAW advocacy strategies when advocating for effective inclusion and participation of women and girls with disabilities

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 and by conducting focus group discussions. The survey of the experiences of women and girls with disabilities who are survivors of violence, abuse, and exploitation, focussed 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.
- iii. Identifying the types of violence experienced.
- iv. Identifying the first point of contacts women and girls with disabilities turn to when they experience violence.

The toolkit also displays information gathered through focused group discussions conducted in-country and regionally with other service providers in the Pacific on best practices available in eliminating violence against women and girls in general, and how these best practices can strengthen the fight to eliminate violence against women and girls with disabilities. The focus group discussions were conducted with the:

- · Survivors of violence in Samoa
- EVAW Reference Group in Samoa which consists of NOLA, UN Women in-country office in Samoa, UNESCO, UNESCAP, Ministry of Women Community and Social Development, Samoa Victims Support Group and the two in-country Associate Investigators (Als)
- NOLA CRPD Resource Team
- EVAW government stakeholders, EVAW service providers, and DPOs from 10 Pacific Island Countries through the Regional Dialogue on Eliminating Violence Against Women and Girls with Disabilities

The tools have been developed by the Pacific Disability Forum (PDF) and Nuanua O Le Alofa (NOLA), 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 NOLA, its affiliates and EVAWG organisations to ensure inclusive and accessible services for all women and girls with disabilities.

The toolkit will strengthen NOLA'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 in Samoa are encouraged to work in partnership with NOLA in using the toolkit when undertaking training activities on EVAWGwD.



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 harm and cruel, inhumane and degrading treatment
- · Have their privacy respected and their right to life upheld
- Avoid victim blaming

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 exploitations, 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 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, attitudinal barriers and policy barriers.
- 4. **The twin-track approach,** which 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

The Convention on the Rights of Persons with Disabilities (CRPD) promotes 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 Ending Violence against Women and Girls with Disabilities (EVAWGwD) promotes the Human Rights-Based Approach in advancing the work on Ending Violence against Women (EVAW). 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 on decisions that impact their lives. This principle emphasises the inclusion of the voices of women and girls with disabilities, including those 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 that 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. NOLA recognised that governments should strengthen laws and 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. The processes followed to handle cases of gender-based violence 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 can make informed choices. It affirms that when handling cases of gender-based violence and when creating awareness on the issue this process should empower survivors by providing information that encourages critical thinking, and enhances 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 the Declaration on Ending Violence Against Women, adopted in 1993 by state parties of the United Nations (UN). These can be used to hold governments accountable to human rights standards. 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) 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 related to reporting abuse or taking legal or any other action.
- Ensuring that police understand that it is their duty (at the request of the woman with a 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 that the safety, confidentiality, and anonymity of women and girls with disabilities are upheld at all times.



More information:

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

Website: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-

with-disabilities.html

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.un.org/womenwatch/daw/cedaw/text/econvention.htm

Constitution of Samoa:

Website: http://www.wipo.int/edocs/lexdocs/laws/en/ws/ws005en.pdf

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 necessary if we are to ensure that no one is left behind in development approaches and that all people have equal and equitable opportunities in society and enjoy their rights and fundamental freedoms on an equal basis with others. The Samoan government, in recognising the need for inclusion, has mainstreamed gender, human rights and disability across sectors to promote gender equality and equal opportunities for women and for young people including persons with disabilities.¹

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 necessary 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 the context of 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 enabling environment that allows 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.

¹ Government of Samoa, (2017). Statement to the 61st Commission on Status of Women, Page 2 Para 1, Retrieved from http://papersmart.unmeetings.org/media2/14683062/samoa.pdf



- 2. "Access to" The term "access to" does not simply mean that a service is there, rather it means that the particular services provided are:
 - i. **Available** Services, information, communication and other facilities are provided in all communities in both rural and urban areas.
 - ii. Accessible Women and girls with disabilities have access on an equal basis with others to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, in both urban and rural areas.
 - iii. **Affordable** The cost of goods and services provided is reasonable and that women and girls with disabilities have the ability to pay for them.
 - iv. **Quality** 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 will eliminate the various barriers encountered by women and girls with disabilities when accessing services.
- 4. The table below shows some basic features of how you can ensure that your services take into account the needs of women and girls with a variety of impairments:

Basic ways to make training accessible

Women and girls who are blind or have low vision

- Information to be available in soft copies, Braille and large fonts not less than 18 font size for those with low vision. (Ask the person their preference)
- Introduce yourself by stating your name when interacting with 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, provide a soft copy or a copy in an accessible format
- Talk to the person instead of talking to the carer or personal assistant

Women and girls who are deaf and/or have speech impairments

- Ensure sign language interpreters are available
- Provide texting alternatives if services are provided on phone lines
- Talk directly to the person with disability, not the interpreter
- Ensure easy-read formats of information available (Understand that deaf persons do not all speak complete sentences but may instead focus on the verbs, pronouns, and nouns in the sentences)
- Ensure videos are available with captions
- Allow interpreters to accompany the person with disability when accessing services
- Ensure updated information is available on online platforms e.g. website and social media

Women and girls with psychosocial disabilities

- Describe contents and concepts in pictures, graphs, and charts
- Ensure information is available in easy read formats
- Be descriptive when conversing and allow them time to receive and digest information you provide (Focus on the most important points, however, do not withhold any information)
- Be patient

Women and girls with physical disabilities -

- Ensure that physical spaces are accessible, including the provision of:
- Ramps of appropriate gradient with railings
- Rubber carpet on ramps
- Lift for buildings that are two or more stories high
- Low-level counters
- Accessible toilets and washrooms
- Enough space for wheelchair users to move around independently

Women and girls with intellectual disabilities

- Describe contents and concepts in pictures, graphs, and charts
- Ensure information is available in easy-read formats
- Be patient

- Be descriptive when conversing and allow them time to receive and digest information you provided (Focus on the most important points, however, do not withhold any information)
- Do not use technical terms but break them down into simple words



- 5. "Involve Disabled People's Organisation" Involving NOLA and representatives of women and girls with disabilities in all processes of service delivery is crucial, as it will help to ensure that your service delivery is disability inclusive and ensures the inclusion of women and girls with disabilities and their representative organisations in all processes.
- 6. 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 practices 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.
- Any actions in response to a case must not cause further harm to the survivor or 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 survivors
 - 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 (e.g. 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 wellbeing 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.

VIOLENCE AGAINST WOMEN AND GIRLS IN SAMOA

Domestic violence in Samoa is a multi-faceted problem with increasing social development issues affecting the most vulnerable in our communities such as women, children, persons with disabilities (PWDs) and elderly people. The findings of the Samoa Family Safety Survey 2017 show that gender-based violence against women and children continues to increase and abuse affecting the elderly and persons with disabilities is an emerging issue of critical concern. The survey highlighted that 60% of women aged from 20 to 49 years old who were ever in a relationship, had experienced some form of spousal abuse, with 46% having experienced abuse in the last 12 months. High rates of violence were experienced by both boys and girls. Lifetime rate experience of violence was 89% for girls and 90% for boys. The prevalence rate for the last 12 months was 69% for girls and 63% for boys.

Emotional abuse is the most common type of abuse among women, children and elderly people with 78% of women, 43.5% for children, and 93% of elderly women and men having experienced being emotionally abused. A combination of physical assault and emotional abuse is the second highest and physical abuse is the least common type experienced by all three groups.

Furthermore, for abused women, 22% experienced both physical and emotional abuse, and 5% experienced sexual abuse. Women in violent relationships are predominantly those who are married, have completed secondary school, and lived in households of between 6 and 10 people, with an average household income of \$100 to \$500 per week.



Violence also affects women in other types of relationships (separated, defacto etc) who are in households with weekly earnings of between \$100 and \$500. Physical violence affects more married women aged 20-34 years old. The majority of female victims (aged 35-49 years) suffer from a combination of both emotional and physical abuse. Four factors ranked highest as contributors to violence are: disagreement over treatment of children (26%), husband not happy with wife's behaviour towards his family (18%), respondent disobeying her partner (14%), and partner not satisfied with the wife's performance in the family (12%).

Regarding the extent of violence these women experience, only 11% of respondents reported abuse they had experienced to someone else, compared to 89% who did not. This is a worrying situation as it indicates that many more violent incidents remain hidden and unreported. Reasons for these women not reporting abuse seem to relate to their interpretation of violence. Most stated that the abuse was not serious (66%) hence not necessary to report. For this group, an assault like a slap in the face, punching, shaming, getting sworn at and being told off by the perpetrator are considered not serious. Serious cases to them are more extreme involving the use of weapons such as guns, knives, rocks etc and are life-threatening.

Most of these women reported violence to their parents and family members (76%), friends (27%) and police (18%). However, most of the female respondents (67%) indicated that ideally, the most appropriate thing to do when experiencing abuse was to report it to the police. Children talked to family members and friends about violence, and reporting to police was not a popular option. More than half the children interviewed stated that they told someone else about the violence. Children tend to tell their friends and other family members (60% each) more than neighbours and others. Reporting to the police was the least common option among children. Fathers are the most common inflictors of violence on children (48%), mothers are next at 31%, other persons including older siblings and other children at 19% and male relatives including uncles and cousins at 2%. These results reiterate the MWCSD's Child Protection Baseline Study 2013, which identified fathers and mothers as the main perpetrators of violence against children.

In terms of who should be leading the advocacy on violence against women, 76% of respondents believed that village councils should be leading this work, 63% indicated it should be relevant government ministries, and 57% said it should be the churches.

In terms of being aware of service providers available, the female and male respondents are most familiar with Samoa Victims Support Group (95%), Ministry of Police (56%), MWCSD (21.7%) and Faataua le Ola (16%). The data on the low rate of reporting of domestic abuse in Samoa discussed above shows that domestic violence is complex and is deeply rooted in our people's attitudes and the alarming rates point to the need for more social policy to address this issue.

Hence, the Samoa National Policy for Women 2010-2015 and the recently - launched Samoa National Policy for Gender Equality 2016-2020 has as one of its thematic outcomes 'Safe Families and Communities' which aims to reduce the incidence of violence against women and girls by working in collaboration with its partners, both government and non-government, including churches and traditional governing structures in communities.



DISABILITY IN SAMOA

According to the Samoan National Survey in 2011, there are 4061 persons with disabilities in Samoa.

VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES IN SAMOA

Women and girls with disabilities face multiple layers of discrimination. They are vulnerable to violence, abuse, and exploitation because they are women, they are persons with disabilities, and in most cases they are the poorest in society.

A survey conducted through the project on the Rollout of Ending Violence against Women and Girls with Disabilities in the Pacific indicated that in Samoa, 100% of the women and girls with disabilities surveyed experienced some forms of violence and abuse. The survey showed that 27% experienced domestic violence, 13% experienced physical violence, 13% experienced sexual abuse, 13% were emotionally and mentally violated because they were teased by people, 7% experienced rape, 7% experienced sexual assault, 7% experienced sexual harassment and 7% experienced child abuse.

Of the women and girls with disabilities surveyed, 60% said they did not report the violence and abuse they had experienced. For those women and girls who do not report their cases, 71.4% said that this was because of fear, 14.3% because of shame and the other 14.3% because of the attitude of service providers. For those who did report, 67% reported their cases to individuals they trust, either a family member or a workmate, while the other 33% reported their cases to the Samoa Victims Support Group. In terms of accessing health services and obtaining medical reports when experiencing violence and abuse, 80% of the women surveyed did not carry out a medical examination because of fear and due to the communications barrier between them and medical personnel.

Focus group discussions with these survivors of violence and abuse highlighted that women and girls with disabilities also do not report their experiences of violence and abuse due to their lack of knowledge of who they would report these cases to, and where to find service providers that can assist them. There were also many barriers preventing them from reporting, including lack of accessibility in communications, transportation and the physical environment of service providers. Most significant were the attitudes of people towards them, which instilled fear and shame in women and girls with disabilities and discouraged them from coming out to report their experiences of violence and abuse.







FACILITATOR'S GUIDE

PREPARATIONS FOR 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:

CLARIFYING THE NEED FOR TRAINING: The success of gender and human rights training in practice depends to a large extent on external factors – including attitudes and priorities of those in power within organisations and pre-existing power struggles. Training should be part of an overall strategy, leading to change. Training should be undertaken for the sake of enabling change within institutions and communities by using the knowledge and skills gained from it. Hence the environment in which the skills and knowledge are envisioned to be used should be supportive. Trainers should ensure that there is an explicit mandate from the top of the organisation or from the leaders of a community for training in gender and human rights perspectives in addressing violence against women and girls with disabilities.

PARTICIPANTS: Ensure that organisations and communities will send individuals who plan to stay with the organisation or community in the long term. Find out how many people will be attending and how many will be persons with disabilities and will need learning aids and other forms of support, such as a sign language interpreter. Existing skills, interests and capabilities such as language and literacy levels of both women and men need to be assessed.

Other factors you should consider are experience in development, and in disability work, levels of experience in the organisation, job role, responsibility and status. It is also important to find out people's previous levels of knowledge on gender and human rights issues and any previous relevant training or experience.

At a personal level, it is important for you as a facilitator to:

- i. Identify the knowledge base of your participants on ending violence against women and girls with disabilities
- ii. 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
- iii. Ensure that participants who are survivors of violence and abuse are not targeted or put on the spot to talk about their experiences

VENUE: Ensure that the venue of the activity is accessible by: -

- i. providing a ramp with railings for physical access to the venue
- ii. Ensuring that:
- a. the venue has enough space for women and girls with disabilities who use wheelchairs to mobilise 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 over them.
- 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, the 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.
- e. In every entrance and exit put tactile flooring to indicate the entrance and exit to women and girls who are blind and with low vision.
- f. 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 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 the activity. In ensuring the inclusion of women and girls with disabilities in your activity, it is essential to:

- i. Ensure that at least two sign language interpreters are available at the event
- ii. Ensure that everyone, including the facilitators, introduce themselves 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. Instead of saying the lady in the 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 to women and girls who are deaf and enable women with psychosocial and intellectual disabilities to understand and follow your presentation
- 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 as women and girls with psychosocial and intellectual disabilities understand better by seeing and hearing than just hearing.
- d. You describe pictures, charts and other pictorial presentations 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 facilitators should:
- a. Address each participant by name
- b. Encourage and support all the participants to contribute (Active Participation)
- c. Create an enabling environment for women and girls with disabilities to fully and effectively participate in the discussions on an equal basis with others
- d. Allow women and girls with disabilities to speak, present and share ideas in the discussions
- e. Speak to the woman or girl with disability rather than asking their personal assistant, interpreter or carer to respond on their behalf
- f. Respect and positively respond on an equal basis with others, to issues raised and shared by women and girls with disabilities during discussions

- g. Not propose assistance to women and girls with disabilities, rather, ask them about the assistance they need during the sessions
- h. Provide clear and precise instructions when facilitating
- i. 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
- j. Provide reasonable accommodation for disabilityspecific needs of women and girls with disabilities to enable them to fully and effectively participate in discussions
- k. 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 IN EDUCATION AND AWARENESS ACTIVITIES

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

- Providing in advance soft copies of programs, 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. Ensuring that videos used in training and workshops have captions/subtitles and with voice-over 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

OTHER POINTS TO CONSIDER

Recap: Recap after every session and stress the vital information before concluding a session and module. Through recap, you will be able to gauge the level of knowledge of participants and the effectiveness of facilitation techniques. This will be a useful time to do follow up discussions on the whole module. In recapping it is important to link or introduce the next session or module.

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

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

Pace: When delivering your presentations or speaking during the sessions ensure that your pace is steady and not too fast to ensure sign language interpreters can follow 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 Samoa.

Participants' Questions: allow for questions and time for discussions. Provide a confidential and safe avenue for participants who may want to ask questions privately. This can be done by pasting a flip chart in the room which participants can use as a 'parking lot' for their questions.



Temporary Special Measures: In case of a participant who will self-identify themselves as a survivor during the sessions and break down crying/emotional distress:

DO's	DONT's
Let the participant release all emotion of tears	Not making a scene of the emotional participant
 After the session during break, approach the participant survivor and acknowledge their individual strength and ask if the survivor participant would like to share how they felt during the session 	Never physically console the survivor participant while the individual is in the emotional state

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 a trainer will aim to enable participants to achieve at least one outcome each from the cognitive, behavioural and affective domains.

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

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



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

Two or more facilitators are useful because:

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

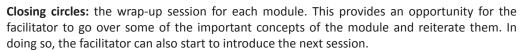


Flipcharts: should be used to note down participants' responses and key points of discussions. They can be put up on walls for participants to see.

Participants' Questions: allow for questions and time for discussions. Provide a confidential and safe avenue for participants who may want to ask questions privately. Put up a flip chart on the wall to be used as a "Parking Lot" for participants' questions. Ensure that you collect and deal with these questions on the next day.



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





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. This helps to create an enabling environment for sharing stories and experiences.

TOOLKITS MODULES AND SESSIONS

INTRODUCTIONS AND EXPECTATIONS

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

ICEBREAKER 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

Task: Let's introduce us. 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:

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

Discuss in the group:

What did you feel when your counterpart introduced you?
What is easier: to talk about yourself or to hear it from others?
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 initial communication in the group. This activity is called an "ice-breaker" because it figuratively breaks the ice or releases the initial tension which is often present in situations when people first meet one another. It will help to set a tone for the time we will spend working as a team that has come together to tackle some complex issues.

EXERCISE: OUR EXPECTATIONS

Estimated time: 15 minutes

Purpose:

- To assist participants in identifying and articulating their expectations on 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 questions:

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:

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

The facilitator can write the sentences down on a flip chart before the exercise and post the flip chart 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 flip chart (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 a success. 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 SCALE²

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

- 1. Distribute a copy of the Gender Scale in Appendix 4 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 trainer 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 discussion of the questions.
- 3. Facilitators can score participants' answers using the procedures described in Appendix 4.

² 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



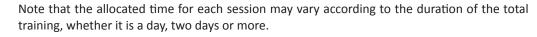
MODULE 1: HUMAN RIGHTS

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





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 all human beings are entitled to, regardless of your ethnicity, sex, age, disability, religious beliefs, sexuality, marital status or other status.

There are various international human rights treaties and frameworks available that provide the foundation of these human rights. These recognise and protect all human rights for all people and promote the respect for inherent dignity, individual autonomy, independence and fundamental freedoms of each individual. Despite this, violence against women and girls is one of the most common forms of human rights abuse. Women with disabilities experience higher rates of abuse than women without disabilities. In Samoa, the National Family Safety Study 2017 indicated that 60% of women, 90% of children and 100% of persons with disabilities surveyed experienced some form of violence.

In combating these abuses of human rights on women and girls with disabilities, the human rights approach is significant as it acknowledges a woman/girl with a disability as a rights holder with powers to exercise them on an equal basis with others. The human rights of women and girls 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

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, Print copies of Appendix 5 of this toolkit

Materials: Flipchart, markers, blu-tack, handouts on CRPD, activities

Method: Interactive and group discussion

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

Voices³



FACILITATOR'S NOTES

Human rights are the rights a person has simply because he or she is a human being. Human rights are held by all persons equally, universally, and forever. Human rights are:

Inalienable: you cannot lose these rights any more than you can cease being a human being. Indivisible: you cannot be denied a right because it is "less important" or "non-essential." Interdependent: all human rights are part of a complementary framework. For example, your ability to participate in your government is directly affected by your right to express yourself, to get an education, and even to obtain the necessities of life.

Another definition for human rights is those basic standards without which people cannot live in dignity. To violate someone's human rights is to treat that person as though she or he were not a human being. To advocate human rights is to demand that the human dignity of all people be respected. In claiming these human rights, everyone also accepts the responsibility not to infringe on the rights of others and to support those whose rights are abused or denied.



STEPS

Part A: Talanoa

Start by introducing the word 'rights'. We all use it in our everyday language.
 We say things like "every child has the right to education" or "every woman has the right to proper health care during pregnancy".

³ 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



- 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 elaborate on their first experience in using the word 'rights'.
- 3. When you feel that the group has a common understanding of what is meant by the word 'rights', open a discussion by asking the participants:

Discussion questions	Key Points
From where do we get our rights?	All human beings are born with human rights no matter what their cultural, social, economic and political status in society When people claim their human rights, they are seeking justice for what you are born with. They are not asking for welfare, kindness, or pity. Thus, when you promote women's rights, you are fighting for justice, not appealing to the goodwill of people.
Who gave them to us?	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?" Human rights of a person are not given to us. They are inherited by a person from birth. All human beings are born with their rights.

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



Part B: What Does It Mean to Be Human?

- Write the words "HUMAN" and "RIGHTS" at the top of chart paper or a blackboard. Below the word "human" draw a circle and the outline of a human being.
 Ask participants to brainstorm what qualities define a human being and write the words or symbols inside the outline. For example: "intelligence," "sympathy."
- 2. Next ask participants what they think is needed in order to protect, enhance, and fully develop these qualities of a human being. List their answers outside the circle, and ask participants to explain them. For example, "education," "friendship," "loving family."
- 3. Discuss:
 - What does it mean to be fully human? How is that different from just "being alive" or "surviving"?
 - Based on this list, what do people need to live in dignity?
 - Are all human beings essentially equal? What is the value of human differences?
 - Can any of our "essential" human qualities be taken from us? For example, only human beings can communicate with complex language; are you human if you lose the power of speech?
 - What happens when a person or government attempts to deprive someone of something that is necessary to human dignity?
 - What would happen if you had to give up one of these human necessities?
- 4. Explain that everything inside the circle relates to human dignity, the wholeness of being human. Everything written around the outline represents what is necessary to human dignity. Human rights are based on these necessities.
- 5. 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.

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 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. Distribute copies of the human rights glossary in Appendix 5
- 4. 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, disability, 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.

- 5. Look back at the list of qualities that define a human generated in Part B.
- 6. Discuss the meaning of these terms. "SURVIVAL/SUBSISTENCE," "HUMAN DIGNITY," and "CONVENIENCES AND LUXURIES" and on a flip chart draw the table below

es And Luxuries

- 7. Consider the chart made in Part B. Place each item listed as necessary to fully develop human qualities under one of the headings in the table in step 6 above. For example, is education necessary to survival? To human dignity? Is education a convenience or a luxury?
- 8. 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?

⁴ Shiman, D. A. (1999). A Human Rights Perspective. Minnesota University, Amnesty International USA, Stanley Foundation.





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

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

Disabilities" – UNICEF and A World Enabled



FACILITATOR NOTES:

Recognition of persons with disabilities as rights holders requires that:

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

STEPS



Brainstorm:

- 1. What rights do you think people with disabilities have?
- 2. Explain to the participants that there is a special convention specifically about the rights of people with disabilities.
- 3. Distribute handouts on the CRPD. 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.

⁵ 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/lts_About_Ability_Learning_Guide_EN.pdf



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 do to overcome the barriers and 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 must make laws that protect them.
- People with disabilities have the same rights as everybody else.





MODULE 2: DISABILITY



MODULE 2: DISABILITY

NOTE: Ending Violence against Women (EVAW) organisations may choose to use this session when training other EVAW organisations when doing awareness in their target communities. EVAW organisations are encouraged to work with NOLA in running this session.

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	Define disability	30 mins
2.2	Causes of disability; myths and facts about disability	45 mins
Break		
2.3	Different types of impairment	30 mins

NOTES FOR TRAINER/ FACILITATOR



The CRPD recognises that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.

Article one of the CRPD defines **persons with disabilities** as 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.

Disability: a situation where a person's impairment in interaction with various barriers hinders their full and effective participation in society on an equal basis with others.

Discrimination on the basis of disability: any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.

Reasonable accommodation: necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

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:

- 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:
 - To ensure that everyone in the group understands that there are different kinds of impairments
 - Some impairments are obvious, for example being in a wheelchair
 - 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

Physical	Mental	Intellectual	Sensory

4. On a flip chart draw a 4 column table and label each column with one type of impairment

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



- 5. Using the examples given in Step 1, fill in the table in step 4 to match the examples of disability to types of impairments. Use the flip chart in step 4 (the following table is an example only use the examples given by the group):
- 6. 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"

7. 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
- Inaccessible roads, paths and infrastructure

Legislation, Policies and Legal Barriers including:

· Laws, strategies and practices that discriminate against persons with disabilities

and/or

• The absence of laws, strategies and practices that might otherwise enable persons with disabilities to access services and participate on an equal basis

Attitudes and Social Barriers including:

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

Emphasise that disability is not only the presence of impairment:

Formula: IMPAIRMENT + BARRIER = DISABILITY

SESSION 2.2: UNDERSTANDING WHAT CAUSES DISABILITY



LEARNING OBJECTIVES

Upon completing this session, participants should be able to:

· Explain what causes disability



Time: 30 minutes

Materials: Flipchart, markers and blu-tack Method: Brainstorming, discussion

STEPS

- 1. Ask participants what causes disability. Responses from the participant/ group might be:
 - Illness
 - Traffic accidents



- · Being born that way
- Violence
- 2. On 3 sheets of flipchart, put the headings:
 - Congenital
 - Injury and illness before/during birth
 - Injury and illness after birth
- 3. Explain the 3 concepts to the group and post the flipcharts around the training room.
- 4. Divide the participants into 3 groups and assign them to one of the sheets.

Ask them to brainstorm examples of this kind of disability (5 minutes),

- 5. After 5 minutes, ask them to move to the next sheet and try to add more examples.
- 6. After 5 minutes, ask them to move to the final sheet and repeat the exercise.
- 7. Together, walk around the room and discuss the types of disability.



FACILITATOR'S NOTE

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

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

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

- Parents, grandparents of people and/or person(s) with a disability have committed sins
- A curse on the person's (living with a disability) forefathers
- Strong blood tie in the family between parents of a child with disability
- A punishment from God

The causes of impairments:

- Road accidents
- Congenital that means you were born with it
- Infectious diseases, for example measles and polio
- Non-infectious diseases like cancer, stroke, and cataracts
- · Injuries and accidents from sports, diving, violence
- Ageing
- Poor nutrition
- Non-Communicable Diseases (NCD), for example diabetes
- During the process of giving birth
- Any form of violence, for example, domestic violence, brawls



SESSION 2.3 MYTHS AND FACTS ABOUT DISABILITY

LEARNING OBJECTIVES

- Distinguish between common myths and the facts about disability in Samoa
- Explain what causes disability





Time: 20 minutes

Preparation: Prepare copies of the quiz

Method: Team Quiz



STEPS

- 1. Ask participants to form 2 groups.
- 2. Explain that they are going to work together to identify truths and myths about people with disabilities.
- 3. Ask each team to come up with a name and write the team names on a flipchart.
- 4. Refer to quiz on next page. Read the first sentence to team A. Give them a moment to discuss 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 got their disability because of their parent's bad deeds to others		X
2	You can get a disability from a road traffic accident	Χ	
3	If a parent is a person with a disability, then the child will also have a disability		X
4	Women with disabilities can fall in love, get married and have children	Χ	
5	Girls with disabilities have the right to go to school	Χ	
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 are uneducated	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 prejudice against people with disability
- Also, start asking the participants whether men and women with disability encounter 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 recognise women's contributions and labour.
- 4. Describe privilege and how it is linked to power.
- 5. Describe that women experience certain kinds of violence and discrimination because they are women.
- 6. Explain the impact of exclusion on persons with disabilities.
- 7. Continue the dialogue about the participant's beliefs about women's status within the community.
- 8. Discuss barriers to participation of women and girls with disabilities.

OVERVIEW

	Topics	Suggested Time
Session 3.1	Gender and Sex	1 hour
Session 3.2	Gender division of labour	40 mins
Session 3.3	Privilege	40 mins
Session 3.4	Discrimination and violence	1 hour
Session 3.5	Game of life	1 hour
Session 3.6	Where do you stand?	40 mins
Session 3.6	What stops women with disabilities participating in the community?	1 hour



NOTES FOR TRAINER/ FACILITATOR

Purpose: To help people understand that the concept of 'gender' is a set of ideas which do not stay the same over time. We can change what we think women and men should or shouldn't do. In many societies, ideas about what is normal for men and women to do are used to justify inequality between men and women. In Samoa, women should stay close to home, wear decent clothes, be obedient to their fathers and husbands, and keep quiet if they have problems. Women who don't do this are seen as not good women. But if men don't do the same e.g. obey their parents, dress appropriately, etc., they are not looked down upon in the same way women are. If we can see how ideas about men's and women's roles are created by society, we can change them and make the world fairer for everyone.



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



LEARNING OBJECTIVES

Upon completing this session, participants will be able to:

- 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.



Time: 1 hour

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

Small group activity, large group activity

Method: Sources:

Fiji Women's Crisis Centre (FWCC) Gender Manual⁶; pages 63- 64; 84-86; Restless Development, Gender-Based Violence Training

Manual.7



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

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



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

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, boys from a very young age are encouraged to go outside and play, to be rough and work on farms. Girls are often not allowed to be outside when it gets dark, and encouraged to learn how to cook, serve, and help mothers in kitchen and household chores.
- 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

Notes to Facilitator: Participants may point out socialisation processes such as dressing boys in blue vs girls in pink to differentiate babies' sex. Explain how it initiates the socialisation process.

- 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. Reiterate from earlier learning that this is sex, which is the biological differences between boys and girls. Ask them to identify in their timeline the biological differences between boys and girls.
- 3. After a few minutes of discussion on the above ask questions to stimulate discussion about gender how we socialise girls and boys differently. Ask them to use examples from their timelines 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 conversation you can ask questions like:
 - Can a man cook?
 - Can a woman be a taxi driver?
 - Can a man take care of a baby?
 - · Can a woman financially provide for her family?
- 6. As the discussion continues keep pointing out the ways that culture/society/community determine what boys and girls do as they grow up, not their actual sex. Reflecting back on their group discussions asks participants if they can see how boys and girls are taught differently and how that affects the roles boys and girls can assume when they grow up. Explain that a part of what they are doing is to become aware of themselves and how their socialisation affects the way they interact with each other and within the community.
- 7. Distribute the handout on sex and gender. If you think that participants are not clear about the difference between sex and gender, go through the handout, or use a prepared flipchart or overhead to make the main points on the handout (handout at the end).

SESSION 3:2 GENDER DIVISION OF LABOUR SESSION



LEARNING OBJECTIVES

Upon completing this session, participants will be able to:

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





Time: 40 minutes

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

Method: small group activity, large group activity

Sources: Fiji Women's Crisis Centre (FWCC), Trainer's Manual.8

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 women and one for men. Ask participants to list the tasks performed by women and men over 24 hours.

Example:

Men

Time	Tasks
5.00am	Wakes up and freshens up for the day
5.15am	Devotion
5.30am	Prepares himself to go to the plantation
6.00am – 10am	Works in the plantation
10.15am	Continue filling in with other tasks

Women

Time	Tasks
5.00am	Wakes up and freshens up for the day
5.15am	Devotion
5.30am – 7.00am	Prepares breakfast for the family and lunch for schoolchildren and working members of the family
7.15am	Continue filling in with other tasks

- 3. Adapt the exercise to suit your community.
 - For example, one group may focus on their own lives and households, another may focus on rural or village households, one group may focus on households where women have paid work and another where women do not. 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.)

⁸ Fiji Women's Crisis Centre. (2006). Gender Relations, Women's Human Rights and Violence Against Women Trainer's Manual, pgs. 84-86.



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?	 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. Although housework, looking after children or the elderly or the sick is not paid work, it nevertheless is work. Growing food for the family and selling this at markets is also work. If you had to pay someone to do all the unpaid work done by women, it would be very costly. Women's work in the home and in producing food has been "invisible" and not recognised by development planners or by men, because it has been unpaid, and because it takes place in the "informal sector" (that is, not a formal, paid job). Development planners have assumed that men are the "heads of households" – so development workers have tended to talk only to men when they should be talking to both women and men. But there is another way of looking at women's work – women are household managers, performing essential household and community services.
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?	 In all countries and cultures, most women generally work longer hours than most men. Note if some of the tasks on the charts are seasonal. Women's household work to care for the family is essential and must be done daily. Girls are often called upon to do women's work if women are absent, and boys may be called on to do men's work. Because women have a higher workload, girls are often the first to be withdrawn from school.

Questions	Possible answers and points to bring out
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" usually implies that it is menial, low status and low value and that a man would humiliate himself by doing it/sharing it. What is considered 'women's work 'is judged as being of no real significance, importance or value. (But it had better be done!) Conversely, what is commonly called "men's work" is seen as skilled, tough, demanding and important.
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 the 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.



SESSION 3.3 PRIVILEGES

LEARNING OBJECTIVES



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

Time: 40 minutes

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

Method: small group activity, large group activity

STEPS:



Part A: Brainstorming Privilege. Time: 10 minutes

- 1. Brainstorm "what is privilege" and write responses on flip chart
- 2. Possible answers may include:
 - a. Owning something valuable
 - b. Being wealthy
 - c. Being able to walk
 - d. Having balanced meals
- 3. Use this quote to explain:

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

- 4. Explain: Privilege, at its core, is the advantages that people benefit from based solely on their social status. It is a status that is conferred by society to certain groups, not seized by individuals, which is why it can be difficult sometimes to see one's own privilege.
- 5. Brainstorm: "What does it mean to have a privilege"? Write responses on flip chart.
- 6. Possible responses may include:
 - a. Makes people feel good
 - b. Life becomes easier as there are fewer barriers
 - c. Things get done easily
- 7. Explain that having privilege means to have an "unearned access to resources (social power) only readily available to some people as a result of their advantaged social group membership".
 - Determining who has privilege or disadvantage is complex because cultural, social, and historical changes affect which groups are privileged and which groups are not.
 - Some may pass as members of an advantaged group.
 - Some may be given privilege because they are assumed to be members of an advantaged group.

For example:

• being a man you have the privilege to speak in certain social settings.

⁹ 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

Note: In guiding the discussion ensure that participants are clear on the difference between a person's human right and a person's privilege

- 1. Ask participants to get into four groups. Assign each of the groups to discuss the following:
 - Group 1: Privileges for Men
 - Group 2: Privileges for Boys
 - Group 3: Privileges for Women
 - Group 4: Privileges for Girls
- 2. On one side of the room paste all the flip charts from each of the groups according to this order:
 - i. Men
 - ii. Boys
 - iii. Women
 - iv. Girls

Compare the privilege list of men against that of women and then compare the privilege list of boys to that of girls

- 3. Ask the participants:
 - a. What do you notice when comparing 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 and boys, but they might find it difficult to list any privileges for women and girls.
 - 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.

Part C: Discussions and Comparison

- 1. In their same groups from Part B above and using the same list of privileges that they have developed, ask participants in each of the groups to discuss which of the privileges they identified in Part B are also enjoyed by:
 - i. Men with disabilities looking at the list of privileges for men (Group 1)
 - ii. Women with disabilities looking at the list of privileges for women (Group 2)
 - iii. Boys with disabilities looking at the list of privileges for boys (Group 3)
 - iv. Girls with disabilities looking at the list of privileges for girls (Group 4)
- 2. On one side of the room paste all the flip charts from each of the groups according to this order:
 - i. Men with disabilities
 - ii. Boys with disabilities
 - iii. Women with disabilities
 - iv. Girls with disabilities



Compare the privilege list of men and boys with disabilities to that of women and girls with disabilities.

- 3. Ask the participants:
 - i. What do you notice when comparing the two lists of privileges?
 - ii. Why is it different?
 - iii. Who is most likely to be discriminated in society out of the different groups? Why?
- 4. Possible answers to bring out in the discussion:
 - a. Persons with disabilities have fewer or no privileges in society compared to others.
 - b. Women and girls with disabilities are most likely to face discrimination in society because of their gender and disability.
 - c. The more privilege you have the less vulnerable you are to discrimination and the less privilege you have the more vulnerable you are to discrimination.
 - d. Privileges come with power and those with fewer privileges have less power in terms of their voice and influence to effectively participate in society.

SESSION 3:4 GENDER DISCRIMINATION AND VIOLENCE

LEARNING OBJECTIVES

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

o • Time: 1 hour

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.10

STEPS:

Demana Demana Demana Demana

Part A: Small Group discussion. Time: 15 minutes

- 1. Go over the description or caption of each of the pictures and then divide people into groups of two or three; give one picture to each group (refer to the handouts for session 3.4) and ask them to spend 15 minutes to discuss the pictures using the description on each of the pictures and the following questions to guide them in their discussion.
- 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?

Part B: Large Group Discussion. Time: 40 minutes

1. Ask the groups to look at the description on each of the pictures handed out in the handouts, then answer the questions above in PART A (2).

¹⁰ 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. Ask each group to present feedback from their discussion groups.
- 3. Discuss as a whole group the following:
 - a. When we see violence in our communities, what can we do to make the situation better for women?
 - b. How can we prevent violence?
 - c. How can we respond to violence?

Write feedback of the whole group discussions on a flipchart.

4. Finish the discussion by summarising the discussions in the groups and in the whole group discussions as in step 3 above.

Summaries of the discussion would be on the comparison between society's perspective on men and women: (Use the following statements to guide your summary)

- a. How are they treated and valued differently in societies and communities?
- b. Are they given the same opportunities in society?
- c. Are they capable of doing the same things if given the same opportunity?
- d. Who is more vulnerable to violence and discrimination and why?
- e. What do we do when we see violence in society and how can we prevent violence against women and girls from happening?

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 and blu-tack, clips to hold flipcharts

Refer to Reading for Module 3 and Module 1 in preparation for this session. Make sure there is enough space for four people to stand side-by-side in the middle of the room, with enough space so that they can move forwards and backwards across the length of the room. The "audience" can sit around the edges of this

space.

Method: small group activity, large group activity



STEPS:

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.
- 1. 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.
- 2. Advise the volunteers that they will need to take:
 - Two steps forward for a very positive or very successful experience
 - One step forward for a positive or successful experience
 - One step back for a not-so-positive or not-so-successful experience
 - Two steps back for a negative or unsuccessful experience.

Running the activity:

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

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



Scenario 1:

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



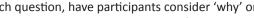
Scenario 2:

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

Questions about the game of life

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

- Today you are born, is your family happy?
- It is time to go to primary school. Will you go to primary school? Will you go to high school?







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

TIPS:

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

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

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





- 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 their beliefs around women's status within the community.

Time: 40 minutes

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

Method: small group activity, large group activity

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

for Community Activists.11

STEPS:



- 1. Post three flipcharts on different sides of the room with these word on each:
 - 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 an 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!

¹¹ 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



- · Girls and boys have the same right to play.
- Women have a right to contribute their views in all matters that affect them.
- Women are responsible for raising children.
- Bride price makes women seem like men's property.
- Girls can be just as clever as boys.
- Shouting is not violence.
- It is natural for a man to lose his temper if his wife disagrees with him

SESSION 3:7: WHAT STOPS WOMEN WITH DISABILITIES PARTICIPATING IN THE COMMUNITY?



LEARNING OBJECTIVES

Upon completing this session, participants will be able to:

- 1. Discuss the barriers that stop or limits women and girls with disabilities from participating in the community.
- 2. Identify how they can contribute to the removal of these barriers.

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.12



Part A: 10 minutes

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

Part B: Case Studies: 20 minutes

Please refer to the handouts for Session 3.7 in the handouts section for the case studies

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

Questions for group 1:

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

Questions for group 2:

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

¹² 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



Questions for group 3:

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



Part C: Large Group discussion: 20 minutes

Facilitator's Note: Ensure that all types of disabilities are discussed especially those that are invisible, like psychosocial disabilities, deafness etc.

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

Group 1: Scenario 1 - Mele

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

Group 2: Scenario 2 - Sina

- Can you talk to us about the changes you made?
- · Why did you think these changes would help Sina 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 – Mara

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



Part D: Concluding the session: 10 minutes

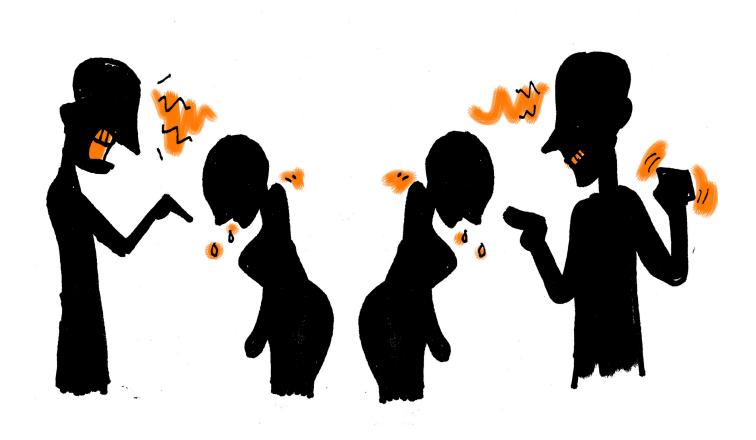
- Consolidate the group's answers and summarise.
- End the activity by talking about how there are different things which stop women with disabilities from having the same opportunities as everyone else.
- Explain to the participants/groups:
 - Sometimes there is something physical which stops the woman 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 an impairment, it doesn't mean that they cannot participate in society. It is everyone's responsibility to the community to ensure that people like Mele, Sina and Mara are included.
 - The government laws protect persons with disabilities and say that they should be able to go to school, have food, see a doctor, vote etc., the same as everyone else.



CLOSING CIRCLES

- 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 that all of it can be learned.
- At the end of this module, participants should have a clear definition on the difference between Sex and Gender.





MODULE 4: VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES



MODULE 4: VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

LEARNING OBJECTIVES

Upon completing this module, participants will be able to:

- 1. identify sources and forms of power
- 2. identify the relationship between power, privilege and access to rights
- 3. understand and 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 TRAINER/ 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).¹³

¹³ 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



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). 14



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 Samoa Family Safety Study 2017

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: Derived from Restless Development, Gender-Based Violence Training Manual. 15

STEPS:

Part A: Their Thoughts (10 minutes)

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

¹⁴ 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

¹⁵ 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 (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 (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 master and "2" will be a 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.

Sources: Derived from Training Manual Facilitator's Guide: Multisectoral and Interagency

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

Armed Conflict.16

¹⁶ 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



STEPS:

Part A: 10 minutes

1. Ask participants to give some examples of violence 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:
 - a. Physical Violence
 - b. Sexual Violence
 - c. Social- Economic Violence
 - d. Emotional Violence

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

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

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

- 5. When the time is up, the groups post the flipchart around the room. One person from each group should stay with 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?
 - Were there examples which were not listed on the list?
 - Did you see anything that surprised you?
 - Are there examples of GBV that were repeated in different groups?
- 8. Explain that all the types of violence have consequences, for the people experiencing it and for their families and the wider community. Place a new sheet of flipchart next to each type of violence, titled "Consequences".
- 9. Ask the participants to break back 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.





FACILITATOR'S NOTES ON SESSION 4.2

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

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

Often, the truth about the extent of violence faced by individuals, in particular women and girls, is 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

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

Response to Gender-based Violence in Populations Affected by Armed Conflict. 17

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?

¹⁷ 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



- Who is more powerful in the story, the father or the daughter?
- What kind of power does the father have?
- What kind of power does the daughter have?
- How does power relate to choice in this example?
- How could the father approach the situation to ensure that the daughter genuinely consents?

Scenario 2



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

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

SESSION 4.4 CYCLE OF VIOLENCE



LEARNING OBJECTIVES

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



Time: 1 hou

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.18

STEPS:

- 1. Remind participants of the types of violence they identified in the previous session. Ask which types of violence are present in a domestic violence situation.
 - Answer any and all types of violence (physical, sexual, emotional, social- economic)
 can be used. Explain this means that the consequences of domestic violence are also
 far-reaching.
- 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 changes in the weather are related to a relationship between a husband and wife.
- 6. Explain the cycle of violence with the following points:

¹⁸ IRC Thailand. (2014). GBV Core Concepts. Unpublished.





- The pattern starts with a violent incident. After the violence, there is a 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 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.
- 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 VAWG

LEARNING OBJECTIVES



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

Time: 1 hour 30 minutes

Materials: Flipchart, markers

Method: Group activity, role play, discussion

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

Activists.19



STEPS:

Part A: Role-play Preparation

1. Divide the participants into two groups. Ask each group to create a role-play that shows a situation where a woman is experiencing domestic violence from her partner.

¹⁹ Naker, D. & Michau, L. (2004). Rethinking Domestic Violence: A Training Process for Community Activists. Raising Voices. Retrieved from https://prevention-collaborative.org/wpcontent/uploads/2018/10/DV_introduction.pdf



Group 1

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?

Group 2

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?
- 2. 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.
- 3. Encourage both groups to think of real people they know or have seen experiencing violence. However, remind them to respect the privacy of other people experiencing violence, and not to share any identifying details. Give the groups time to discuss, create and practice their role-play before coming back into the main group.

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

- 1. Ask the first group, portraying the female perspective, to act out their role play.
- 2. Ask the audience to identify factors that made the woman vulnerable to violence from her partner. The participants may suggest the following:
 - The woman's community said nothing
 - Her parents told her it was to be expected
 - She was dependent on her husband for money
- 3. Emphasise that, ultimately, the woman was vulnerable because the community assigned a low status to her and her worth as a human being. Emphasis 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

- 1. Summarise 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.

Note to Facilitator: You should consider that some of the participants might have already experienced violence and should continue to emphasise that this activity was only a drama. Continue to emphasise the importance of maintaining confidentiality.

Recommendation: Have counsellors to be on standby if the need arises as some of the activity can cause a flashback to the survivors/perpetrators of violence.

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

LEARNING OBJECTIVES

• Upon completing this session, participants will be able to:

- Recognise the vulnerabilities of women and girls with disabilities to different 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.²⁰

Note to Facilitator: Note that some of the participants might have already experienced violence, hence it is important to continuously emphasise that the last activity was only a drama. Keep emphasising the importance of maintaining confidentiality.

STEPS:

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

1. Explain to the participants that people have many beliefs about women and girls with disabilities. Some of these may be true, but others are not.

²⁰ http://wwda.org.au/wp-content/uploads/2013/12/Forgotten_Sisters_large_print.pdf



- 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 among them as they decide which paper to move to.
- 4. Ask volunteers to explain the answer they chose, and elicit a discussion. (Each of the statements is a myth false). Ensure that the facts are read after each myth.

Statements about violence against women and girls with disabilities:

- 1. Women with disabilities are not sexually attractive to most men and therefore, they are very rarely victims of sexual assault.
- **Fact:** Women with disabilities may be raped, assaulted or abused at some time in their lives. Sexual violence, like other types of violence and abuse, is about control and fear and has nothing to do with traditional definitions of sexual attractiveness.
 - 2. Women with disabilities often lie about being sexually assaulted because they are lonely and seek attention.
- **Fact:** Women and girls have to overcome their own shame and fear of stigma to tell others about the abuse they face. Women and girls with disabilities have to overcome additional barriers to tell their stories. All women and girls who disclose abuse should be believed.
 - 3. Girls and women with disabilities are most often abused by strangers. No one who commits their life to caring for someone with a disability would turn around and abuse them.
- **Fact:** Women with disabilities are most often abused by someone they know; often someone in a position of authority and trust, such as a 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 status 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 a disability who live in institutions are often victims of violence and sexual abuse.
- Women with visual and hearing impairments, psycho-social disability or mental illness are
 twice as likely as women and girls without disabilities to experience violence and abuse
 throughout their lives.
- Women and girls with disabilities are targeted for rape because they cannot escape.
- Older women with disabilities are at particularly high risk of violence and abuse.
- Women and girls with disabilities experience violence and abuse due to both sexual minority status and disability.

Part B: Vulnerabilities and Barriers

- 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 or face increased barriers to disclosing abuse
 - 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:
 - a. Why are women and girls with disabilities more vulnerable to all forms of violence?
 - b. What are the barriers that women and girls with disabilities face in reporting abuse and/or leaving abusive situations?
 - c. What might carer abuse include? (Think about women and girls in institutions as well as at home)
 - d. 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 two 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 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
- Confidentially 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 towards a 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 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

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



Time: 1-hour Materials: Case Studies

Method: Small group work, whole group discussion

Sources: Pacific Disability Forum, Data Collection Survey, 2013.²¹

²¹ http://www.pacificdisability.org/Resources/Research.aspx



FACILITATOR'S NOTES

Barriers Faced By Women and Girls with Disabilities

Women and girls with disabilities often do not report cases of violence due to barriers they face as a woman and as a person with a disability.

In order for women and girls with disabilities to have full access to EVAW services, services need to be available, affordable, accessible and provided with quality, hence ensuring that they enjoy the services on an equal basis with other women and girls. Therefore, for women and girls with disabilities in Samoa, while there are services that ensure they are empowered and rehabilitated, there are barriers that limit their access to EVAW services. These barriers are specific to women and girls with disabilities when accessing EVAW services and include:

i. Lack Of Access To Information

Women and girls with disabilities do not utilise services provided on EVAW because they have limited or no information at all about the services that they can use when they experience violence, abuse and exploitation. They do not have the necessary information that would enable them to make informed decisions. This information ranges from existing service providers and their services, how they provide the services, where they provide the services and identifying who to talk to when trying to access services. This lack of awareness arises from:

- a. The lack of accessible formats available when service providers provide information packages on their services. For example, while print information packages would guarantee access to information for some, women and girls with disabilities who are blind would not be able to read this very critical information. Information packages available sometimes are too complicated and complex for a woman or girl with an intellectual and psychosocial disabilities can find it hard to understand information that is provided in high-level technical terms.
- b. The lack of accessible venues when service providers conduct community and public awareness activities on their services and issues. Given that most activities are done in buildings with high floor levels, the absence of a ramp from these buildings means women and girls with physical impairments are not be able to access the information shared in these community awareness activities because they are not able to enter the venue
- c. Inaccessible mode of delivery of awareness activities. For example, women and girls who are deaf need a sign language interpreter to ensure they receive the information delivered at the awareness activity on an equal basis with others. In most activities, sign language interpretation is not available in these awareness activities.

ii. Communication

Women and girls with disabilities encounter communication issues when reporting cases of violence, abuse and exploitation, accessing or using the services of EVAW service providers. Most women and girls with disabilities do not access services because they cannot communicate their issues of violence, abuse and exploitation with the service provider.

iii. Poor Attitudes

People's attitudes toward women and girls with disabilities are one of the major reasons women and girls with disabilities do not report violence, abuse and exploitation. Women and girls with disabilities when in public are always at the centre of critical observations from some members of the public. If the woman or girl with a disability is a survivor of violence, abuse



and exploitation, they are more vulnerable to public criticisms and abuse. Furthermore, when accessing services women and girls with disabilities are given the run around by some service providers, as they are reluctant to serve the woman or girl with a disability or do not know how to provide the service. This plus the negative attitudes of some contact providers discourage women and girls with disabilities from reporting. This is also experienced when using public transport: public service vehicle drivers are often reluctant to pick up someone with a disability and in some cases overcharge or demand more money.

iv. Lack Of Accessible Public Transport

The non-availability of accessible public transport creates a barrier for women and girls with disabilities in accessing necessary VAW services. Most service providers in Samoa are based in both Upolu and Savaii and some are only based in the urban areas of Apia. In order for women and girls with disabilities in remote areas of Samoa to access EVAW services, they are to travel from their homes to the offices of these service providers. This means that they are to travel either by car, bus or taxi if the services are available on their island. Those travelling across from other islands trying to access services in urban Apia have to travel by ferry, then by car, taxi or bus. Given that public transport in Samoa is not accessible, women and girls with disabilities have to hire expensive forms of transport if they are to reach the location of EVAW services providers. However, many women and girls with disabilities that are able to physically access public and private transport don't access EVAW services because they cannot pay their fare.

v. Poor Economic Status Of Women And Girls With Disabilities

Most women and girls with disabilities are unemployed and among the poorest in society. They depend on their families for basic needs. When these women and girls with disabilities experience violence and abuse they have no choice but to endure, as they do not have the economic status to access EVAW services.

vi. Lack Of Disability Technical Expertise

While services provided are being utilised by women and girls in general in Samoa, there is a need for more disability technical expertise. Most service providers do not have the right disability experts in their organisations to ensure the full and effective participation and the inclusion of women and girls with disabilities in their services. This is critical to guarantee full access to services for women and girls with disabilities and ensure access to services on an equal basis with others.

vii. Accessibility

Accessibility plays a very crucial role in ensuring women and girls with disabilities enjoy and have access to services on an equal basis with others. Accessibility is not limited to the physical environment, however, it also includes ensuring programs, information, and the actual services provided are inclusive and recognises the diversity of women and girls with disabilities and their disability-specific needs when accessing services.

viii. Lack Of Confidentiality

Information shared by women and girls with disabilities when accessing EVAW services is very sensitive. Therefore, it is important that this information is kept confidential and protected to ensure that it does not reach the wrong people. At times, women and girls with disabilities find out from others about their information, which was shared, to a service provider. Women and girls with disabilities are reluctant to report their experiences because of the fear that their sensitive information will be shared without their consent in various formal and informal platforms.



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 could change to prevent the continuation of violence and abuse faced by women and girls with disabilities?
 - What sort of things could be done to help women and girls with disabilities access services in their community?

Try to elicit the following key points in the discussion:

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

Case Study 1

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

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

Case Study 2

My name is Lana 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 Lana faced?
- 2. What thing could change to prevent the continuation of abuse faced by Lana?





Case Study 3

My name is Lina 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 Lina when she reported to the Police?
- 2. What sort of things can we do to make it easier for Lina to access services in her community?

Case Study 4

My name is Loreta 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 Loreta when trying to seek help from the neighbour and police?
- 2. What sorts of things can we do to ensure Loreta can access justice services in her community?

Possible Answers – Sara

- 1. What were the challenges and barriers that Sara faced?
 - No family support
 - She was isolated and didn't know who to talk to
 - Not knowing her right to report the abuse.
- 2. What thing could change to prevent the continuation of abuse faced by Sara?
 - Awareness raising in the community to help support her family
 - Encourage regular visits so that she is not isolated
 - Educate the community and family members so they understand that she is entitled to her rights to report the abuse.



Possible Answers - Lana

- 1. What were the challenges and barriers that Lana faced?
 - She had multiple disabilities
 - Discriminated against by her family
 - · Not important to the family
 - Her family were ashamed of her
- 2. What thing could change to prevent the continuation of abuse faced by Lana?
 - Talk to the parents to understand her disability
 - Awareness raising in the community to understand persons with intellectual disability
 - Persons with intellectual disability are entitled to their rights and to be included in the community

Possible Answers - Lina

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



- Attitude of the police
- Not enough evidence
- No reliable witness
- 2. What sort of things can we do to make it easier for Lina to access services in her community?
 - Awareness raising in the community so that Lina can access services in her community
 - Awareness raising that she is entitled to her right to report and be heard

Possible Answers - Loreta

- 1. What are the barriers and challenges faced by Loreta 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 Loreta can access justice services in her community?
 - 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



CLOSING CIRCLE:

- Most violence happens due to how people see the role of men and women and abusing their privileges to demonstrate their 'power' towards survivors of violence.
- Violence against women is not a private matter
- Women with disabilities are at higher risk of experiencing violence than able-bodied women
- Women and girls with disabilities, lack of knowledge of available services hinders 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 and understand how it relates to a quality survivor-centred approach
- 2. Understand the different services that are available in Samoa
- 3. Know how to refer different types of cases of gender-based violence (including age and abuse specific referrals)
- 4. Understand how to make referrals using a survivor-centred approach

OVERVIEW

Session	Topics	Suggested Time
Session 5.1	What is Referral and Referral services available in Samoa	1 hour
	BREAK	
Session 5.2	Basic guidelines for making referrals	1 hour
Session 5.3	Defining survivor-centred approach	1 hour

NOTES FOR TRAINER/ FACILITATOR

This Module should be delivered together with representatives from Nuanua O Le Alofa (NOLA) and the Ministry of Women, Community, and Social Development. Representatives from both organisations to be invited to present as guest speakers.

Please note that the Government of Samoa is currently developing the Interagency Essential Services Guidelines and Referral Pathways for Samoa. They are expected to be completed by 2020. NOLA, which represents people with disabilities, is part of the consultations and involved in this process.

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. the different services that are available in Samoa



Time: 1 Hour

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

Method: Brainstorming



STEPS:

- 1. On a flipchart write the word Referral on top in bold
- 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. Write the participants' feedback on the flipchart that you prepared in Step 1



- 5. Identify keywords provided by participants that would define the word referral and put these words together to define referral
- 6. Facilitator to explain:

Referral systems are in place to connect women, girls and other at-risk groups to appropriate response services in a timely and safe manner. Referrals generally take place after a disclosure of violence.

7. Facilitator to explain:

Coordination of GBV services and Referral of clients in Samoa

This is currently being developed by the Government of Samoa. It is expected to be developed by 2020. NOLA, which represents people with disabilities, is part of the consultations and involved in the process of developing the Interagency Essential Services Guidelines (IESG) and Referral Pathways for Samoa.

- 8. Facilitator to brainstorm with participants: What services are available in Samoa?
- 9. Write the participants' feedback on the flipchart
- 10. Facilitator to explain the following after the brainstorming:

Organisations	Types of services provided and locations
Hospital (medical)	Medical care can be accessed at the main hospital, the Tupua Tamasese Meaole Hospital, which is located at Motootua, or at the Malietoa Tanumafili II Hospital which is located at Tuasivi. There are district hospitals in Sataua, Safotu, Foailalo, Leulumoega, Lalomanu and Poutasi.
Samoa Police Service	Samoa Police Service ²² delivers its services at various locations throughout Samoa. These locations enable members of the public to have easy access to policing services when needed and increase police visibility at the community level. The various locations are as follows: • Samoa Police Headquarters • Lotofaga Police Outpost • Faleata Police Outpost • Afega Police Outpost • Lalomanu Police Outpost • Faleolo Police Outpost • Police Maritime Wing • Tuasivi Police Outpost • Asau Police Outpost • Fagamalo Police Outpost • Fagamalo Police Outpost • Vaitoomuli Police Outpost

²² Ministry of Police, (2018). Annual Report Financial Year 2016/2017. Retrieved from http://www.palemene.ws/new/wp-content/uploads/Police-Annual-Report-16-17.pdf



Samoa Victim Support Group ²³	SVSG supports a diverse range of programmes to provide support to people. Services include: Case work Counselling Advocacy and Campaigns Programme Shelters – operates 4 shelter and 2 schooling facilities at the Campus of Hope, for children survivors of gender-based violence and neglect, and children with disabilities. Welfare Work Helping file for Family Protection Orders with the court.
Ministry of Justice and Courts Administration	The function of the courts in Samoa is to make judgements on cases brought before the Courts and promote the development and rule of Law. It houses the Family Violence Court and can assist in filing Family Protection Orders.
Nuanua O Le Alofa (NOLA)	Nuanua O Le Alofa is an organisation set up by people with disabilities to advocate for their rights and equal opportunities, and to work together to improve the situation of all people with disabilities in Samoa. Whilst they do not provide direct referral services, women with disabilities can reach out to NOLA for support and assistance when needed.
Vaai Law Firm / Leavai Law Firm / AG lawyers	Some of the private law firms in Samoa that work in the area of Family Law.

11. Facilitator to close the session by thanking everyone for their participation.

SESSION 5.2: BASIC GUIDELINES TO FOLLOW

LEARNING OBJECTIVES

Upon completion of this session, participants should be able to:

- 1. Identify when to refer a case of violence, abuse or exploitation and who to refer to
- 2. Be familiar with the basic standard guidelines that need to be followed when making a referral

Time: 1hour

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

Method: Brainstorming and discussions

STEPS:

- 1. Ask the group in a brainstorming session:
 - When do you refer a case of gender-based violence, abuse or exploitation?
 - Whom do you refer them to?
- 2. Note the responses on a flipchart

²³ Programs (2015). Samoa Victim Support Group. Retrieved from http://www.samoavictimsupport.org/programs.html



3. Explain the following:

How and when survivors seek help (i.e. in what circumstances do they seek help)?

- Always depends on the person, how injurious the violence she has experienced is, whether she perceives it as wrong, and how the community will treat her once she discloses.
- E.g. Different forms of GBV may have different consequences for example, some forms may be more likely to cause serious physical injury, such as rape or physical violence, and will likely prompt the need for medical attention. Some may cause more psychological or emotional distress, which a survivor may not present at all or may present after a long time.
- E.g. If a woman does not think what she experienced is wrong, she may not seek help-- for example, if women believe it's their obligation to submit to physical or sexual violence at the hands of husbands or boyfriends.
- E.g. Some people need help to cope and recover but don't tell anyone because of the shame, reactions and treatment by others blame, rejection, re-victimization, and fear of further abuse from the perpetrator.
- A survivor may come on her own or someone else may bring her for help.
- There is no right way for someone to seek help; it depends on the person, her needs and the context.
- 4. Explain the following:

4 MAIN NEEDS OF SURVIVORS

HEALTH needs can include: treatment for injuries, emergency contraception, medication to prevent future infection(s), e.g., STIs, Tetanus, HIV and Hepatitis B, and collection of forensic evidence. **SAFETY/SECURITY** needs can include: addressing immediate safety needs such as locating a safe space – both physically and emotionally, safety planning and coordinating with security as needed. **LEGAL/JUSTICE** needs can include: education on legal rights and justice process—and assistance accessing justice system.

PSYCHOSOCIAL needs can include: case management, counselling and emotional support for healing process, advocacy, and practical support.

- 5. Ask the group in a brainstorming session:
 - What are the steps in making a referral?
- 6. Summarize steps on referral (below)

4 Steps for Referral





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.
- Talk this through carefully with the survivor.
- Always use strategies that safeguard survivors' confidentiality throughout the referral process. For example, do not use written referral forms that identify the survivor.
- Identifying the appropriate person to accompany the survivor is an important consideration, this may be yourself, another helper. This should be identified by the survivor herself.

3. Document the referral choice on the internal Assessment for referral.

- Once the service provider at the entry point and the survivor have gone through immediate response actions, the intake officer should document everything on their internal form if survivor has chosen to be referred
- This should not be shared publicly, but should be kept in a locked cabinet and not identify the survivor
- 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 and what the outcome of the service was – this should always be done with the survivors informed consent. She may or may not agree to a follow-up meeting. If scheduling a follow-up visit is possible, the caseworker should discuss with the survivor how best to make arrangements.

SESSION 5.3: DEFINING SURVIVOR-CENTRED APPROACH

Time: 30 minutes

LEARNING OBJECTIVES

Upon completion of this session participants should be able to:

describe and understand the meaning of a survivor-centred approach to respond to GBV cases.

Time: 1 hour

Preparation & Materials: Flipchart, marker, index cards or circles cut out of paper

Method: Brainstorming and discussions

Source: Kiribati Multi-Sector Standard Operating Procedures for Gender Based

Violence Response²⁴

²⁴ Cusack K, (2018). Kiribati Multi-Sector Standard Operating Procedures for Gender Based Violence Response. UN Women, Fiji.



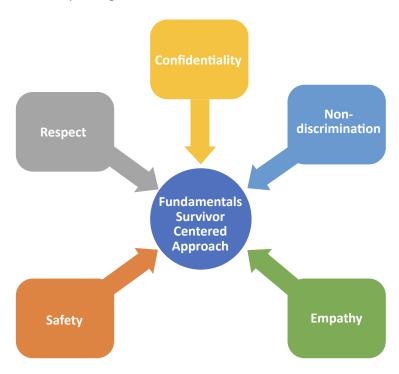
STEPS:

Part 1

- 1. Tell the group we are going to look at the survivor-centred approach
- 2. Write the whole phrase on a flipchart, explain to participants who are visually impaired what you are writing.
 - Survivor
 - Centred
 - Approach
- 3. Ask the group to think individually or in pairs about the meaning of each word separately
- 4. Brainstorm from the group the meaning of each word:
 - Survivor the person who has survived a violent incident or is surviving in a violent relationship
 - Centred in the middle of what you are doing
 - Approach A way of doing something

Part 2

- 1. Explain that a survivor-centred approach to responding to GBV puts the survivor at the centre of the helping process. This means that our actions revolve around her needs, her rights, and her decisions.
- 2. Put a map on the floor replicating the visual below



- 3. Ask all the participants to locate themselves inside one of each of the 5 boxes around the survivor $\frac{1}{2}$
- 4. Give those in the boxes time to read (provide reading assistance to those who require it) and think of an example of the survivor-centred principle in their box
- 5. Go around the circle and have participants located in each of the 5 boxes give the example of their survivor-centred principle
- 6. Discuss with the larger group
- 7. Emphasise
 - We trust that she is the expert of her life (not us) and that we take our direction from her in terms of how ready she is to access help and what decisions she wants to make. And we support her no matter what. This, however, is dependent upon her age, mental capacity and other limitations.



8. Explain the following:

Survivor-Centred Approach:

- Promotes the safety and empowerment and of each survivor. Recognises that each survivor:
 - o Has equal rights to care, support, and protection
 - o Is different and unique
 - o Has different strengths, capacities, resources, and needs
 - o Has the right to decide who should know about what has happened to her and what should happen next
 - o Should be believed and be treated with respect, kindness, and empathy
- A survivor-centred approach helps to promote the recovery of the survivor and reinforce that she has the capacity to make decisions about what to do in her life.
- Treat her with dignity and respect o Ask only relevant questions. For example, the status of the virginity of the survivor/victim is not relevant and should not be discussed
- o Avoid requiring the survivor to repeat the story in multiple interviews.
- A calm, affirming and supportive reaction can foster a survivor's/victim's trust and disclosure.

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
Session 6.4	Advocacy	2 hours



FACILITATOR'S NOTES

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

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



SESSION 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



Time: 1 hour

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

Method: Brainstorming

STEPS



- 1. Ask participants to think about an organisation or community and discuss how they can deliver awareness activities and provide services such as health or counselling.
- 2. Divide the participants into their work groups, and provide each group with a worksheet.
- 3. Copies of the disability-inclusive practice checklists should be made available for participants if they require some ideas (Appendix 1).
- 4. Choose at least 3 areas that your organisation/community works on or areas you would like to address in your organisation/community. The following list may assist you. You could also choose to focus on an area not listed here.
 - · Knowing what rights women with disabilities have
 - Knowing what services are available
 - Getting to/from the services
 - Research
 - Advocacy
- 5. After they have completed the activity, ask participants to share with the large group the barriers they have identified and strategies they think could eliminate these barriers.
- 6. ASK PARTICIPANTS to:
 - Identify any common types of actions that all groups identified: "what types of strategies did you all identify? Is there a way to group these actions?"
 - 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 mainstreaming disability
- 3. Develop an action plan related to working with the community on Eliminating Violence Against Women And Girls With Disabilities In Samoa



Time: 1 hour

Preparation & Materials: Handout, Flipchart, blu-tack, marker, Worksheet

Method: group activity and participatory

STEPS:



- 1. Introduce the session
- 2. Introduce the activity
- 3. Ask the participants to think about some of the actions they can take when they return to their workplaces/community. It will also help them think about some of the challenges they may face and problem-solve how they can overcome these challenges using existing resources.
- 4. Ask the participants to think of some of the goals that they would like to achieve for their workplaces.
 - Include women and girls with disabilities in your community awareness programs.
 - Improve access to your service for women and girls with disabilities.
- 5. Divide them into 4 groups and ask them to discuss these goals and note down how they can achieve these goals. For each goal, work out the steps or actions needed to be taken to implement it. These will be your strategies.

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

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



SESSION 6.3: MAPPING LOCAL AND REGIONALLY AVAILABLE RESOURCES



LEARNING OBJECTIVES

Upon completing this session, participants will be able to:

 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



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

Resources could include:

- Organisations
- Networks
- 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



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

Resources	How could they help you?	Further details

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

SESSION 6.4: ADVOCACY



LEARNING OBJECTIVES

Upon completing this session, participants will be able to:

- 1. Define the term advocacy
- 2. Identify how to advocate, to different stakeholders in society
- 3. Develop key messages for different stakeholders



Time: 2 hours

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



FACILITATOR'S NOTES

Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to:

- Have their voice heard on issues that are important to them
- Defend and safeguard their rights
- Have their views and wishes genuinely considered when decisions are being made about their lives

Advocacy is a process of supporting and enabling people to:26

- Express their views and concerns
- Access information and services
- Defend and promote their rights and responsibilities
- Explore choices and options



STEPS

Part 1: What is Advocacy?

1. Explain the term advocacy to the groups

"Advocacy is an activity by an individual or group which aims to influence decisions within political, economic, and social systems and institutions."

- 2. Stress the phrases 'an activity' and 'aims to influence decisions'
- 3. Explain to the participants that 'advocacy is an activity that you do to influence the decisions of someone to include your issues or change their perspective on your issues.'

²⁵ Advocacy, Wikipedia The Free Encyclopedia. Retrieved from https://en.wikipedia.org/wiki/Advocacy

²⁶ Ibid



- 4. On a flipchart write the phrase 'what does advocacy mean for persons with disabilities?'
- 5. Ask participants to provide answers according to the earlier definitions
- 6. Write feedback of participants on the flipchart
- 7 From the feedback of participants provide the definition of advocacy in terms of disability-inclusive development

'Advocacy – an activity by an individual, group or organisation which aims to influence decisions, practices, attitudes and the physical environment within society's political, economic and social systems and institutions to be equitable for and inclusive of persons with disabilities'

Part 2: Process of Advocacy - Breaking it down

- 1. From the definition of advocacy in terms of disability-inclusive development break down to participants the definition into how we will answer the following when advocating:
 - a. What to do
 - b. Why we advocate
 - c. Who we advocate to
 - d. How to do it
- 2. Divide participants into 4 groups to discuss the following scenarios using the following guiding questions:
 - a. Identify the target audiences
 - b. Develop the key messages for each target audience
 - c. Identify the actions you will take to share your message
- Group 1: Discuss scenario 1 as the DPO targeting the Government
- Group 2: Discuss scenario 1 as Tasi targeting the government employee that gave her the form
- Group 3: Discuss scenario 2 as the DPO targeting the Police
- Group 4: Discuss scenario 2 as the DPO targeting the Hospital



Scenario 1: Access to Information

Tasi, a survivor of domestic violence who is blind, heard about the new economic empowerment program provided by the Samoan Government for all women to help them raise their standard of living and economic status. In inquiring about how she can be part of the program, she was provided with a brochure about it and a form which she was advised to read and complete. While the information provided to Tasi was complete, she wasn't able to read it as it was not accessible to her, so Tasi requested if there are alternate ways she could access this information. She was informed that there is no other way but the brochures and the forms she was given. Since Tasi cannot read the information on the forms and brochure she was not able to complete the forms and missed out on the opportunity.

Scenario 2 – Access to Justice/Communication/Access to Health

Ola a deaf woman in urban Apia was physically assaulted by her partner at one of the supermarkets and was badly hurt with bruises on her body and cuts on her face. Her vision was blurry due to the amount of blood on her face. Her partner left her at the supermarket and she ended up finding her own way to the hospital. Reaching the hospital and after assessing her injuries her case was reported to the police. When the police arrived to take her statement, they could not communicate with her because she needs a sign language interpreter in order for her to share her experiences. It took the police two and a half hours to bring in a sign language interpreter. During this time Ola was in a lot of pain. It took another hour for the police to take Ola's statement. She endured more than 3 hours of waiting in pain and agony for her reports to be taken and filed by the police. While waiting people were looking at her as her clothes were covered in blood with the police standing around her waiting for the interpreter. She felt scared that her partner could turn up at the hospital and beat her up again and at the same time ashamed because people were looking at her.



CLOSING CIRCLE

What to do – organise activities that would enable us to influence decisions, practices attitudes and the physical environment. This can be done through:

- i. Research Know what you are talking about. Research your issues, including the challenges, proposed solutions from duty bearers and the gaps in these proposed solutions and how we can close these gaps.
- ii. Mobilisation Create awareness among communities, villages, schools, stakeholders, donors and decision makers.
- iii. Networking and Coalition Work with other individuals, groups and organisations with similar interest to your issues to promote your issues together in solidarity for inclusion.
- iv. Lobbying Understand the institutional structure and processes of government ministries, donors and other organisations to ensure better and timely promotion of your issues.
- v. Media Utilise and work in partnership with the media to disseminate your messages to a wide range of stakeholders.
- vi. Capacity Building Build the capacity of all stakeholders at all levels of society on how they can better promote, protect, and include your issues and interests.
- vii. Protests, Litigation and Mediation Using all legal mechanisms to highlight and fight for your issues within the national and international laws adopted by the country.

Why do we advocate – We advocate to influence decisions, practices, attitudes and the physical environment to be equitable for and inclusive of persons with disabilities through the:

- Promotion of the recognition and enjoyment of persons with disabilities' rights and interests
- ii. Raising and making heard the voices of persons with disabilities
- iii. Representation of persons with disabilities on various platforms
- iv. Ensuring that the voices of persons with disabilities are heard

So to whom do we advocate – We advocate to society's political, economic and social systems and institutions including duty bearers and decision makers in communities, village councils, government, CSO, NGO, the private sector, partners and donors.

Where we advocate – We advocate in schools, churches, communities, government, NGO, CSO, private sector and other spaces

How we advocate – We advocate by:

- i. Identifying your target audience Who will you target to influence their decisions
- ii. Develop your key messages The key message should be to the point and clearly convey what you need to say to the targeted audience
- iii. Identify actions Organise activities that will effectively allow you to convey your messages to the targeted audience
- iv. Implement Ensure that your activity or actions are carried out in a timely manner
- v. Follow up Follow up on commitments made by the target audience





HANDOUTS



HANDOUTS MODULE 1: HUMAN RIGHTS

UNCRPD Handouts:

General articles:

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

Broad articles:

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

Specific articles:

Article 10: Right to life

Article 11: Risks and emergencies

Article 12: Equal recognition before the law

Articles 13 &14: Access to justice

Article 14: Liberty and security of the person

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

punishment

Article 16: Freedom from violence and abuse

Article 17: Protecting the person

Article 18: Liberty of movement and nationality

Article 19: Independent living Article 20: Personal mobility

Article 21: Access to information and expression

Article 22: Respect for privacy

Article 23: Respect for home and family

Article 24: Education

Article 25 & 26: Health and rehabilitation

Article 27: Work

Article 28: Social protection

Article 29: Participation in political and public life

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



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

Information and Communication Barriers:

- 1. Written and spoken information including:
 - Media
 - Flyers
 - Internet
 - Community meetings etc.

Legislation, Policies and Legal Barriers, including -

- i. Laws, strategies and practices that discriminate against persons with disabilities and/or
 - ii. The absence of laws, 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
- vi. Overprotection towards the person with a disability, as well as towards family members



MODULE 3: GENDER

Sex and Gender 27

Sex describes the biological differences between men and women.

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

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

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

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

- 1. Gender is socially constructed. This is just another way of saying that gender is learned behaviour.
- 2. Most of the accepted differences in roles, responsibilities, and status between men and women are not "natural", biological, or "God-given". Ideas that women are inferior to men are certainly not "natural" they are the result of cultural and religious stereotypes and prejudices. Such ideas are often harmful to women, and usually, disadvantage women in some way.
- 3. Our ideas about what females and males should be like, and how they should behave (femininity and masculinity) are not static or fixed. They change over time, and they vary both within cultures and between cultures.

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.

²⁷ Fiji Women's Crisis Centre. (2006). Gender Relations, Women's Human Rights and Violence Against Women Trainer's Manual, pg. 67.

SESSION 3.4: GENDER DISCRIMINATION AND VIOLENCE



Picture 1: A mother saying goodbye to her children as they leave for school. She woke up early in the morning and prepared her children for the school



Picture 2: A person with disability who uses crutches for mobility support is locked in a house. He cannot open the door as it is locked from inside.



Picture 3: A man is touching a blind woman on her shoulder and chest. While the woman is feeling uncomfortable with what's going on, the man continues as the woman cannot see his face.



Picture 4: An old man is leading a young blind girl towards a bed. The girl looks scared and distressed. The man hasv a strong grip on her arm while leading her towards the bed.





Picture 5: A woman being verbally abused by her boss at her workplace. The man is standing beside the woman and pointing a finger at her and shouting at her in front of other workers. She looks scared and humiliated.



Picture 7: A family sitting around the dinner table and one of the family member scolding a family member with intellectual disability. She is sitting at the bottom end of the table. They are all looking at her angrily.



Picture 9: Men having a meeting while a mother sits on the side looking after the children. While the mother is also part of the meeting she is also trying to look after the children.



Picture 6: A man is being manhandled by a Police Officer on the street. The man looks confused while the policeman is pointing at him and speaking in an angry tone.



Picture 8: A girl with physical disability is being teased by a boy who is imitating the way she walks



Picture 10: Men fighting in a night-club, while other people stand and look at them.

SESSION 3.7: WHAT STOPS WOMEN WITH DISABILITIES PARTICIPATING IN COMMUNITIES

Case Study Group 1 - Scenario 1: Mele

Mele is a young girl who was born with a disability and uses a wheelchair for mobility. Mele wants to go to school with her siblings and friends. Mele's dad thinks she should not go to school because she is a person with a disability. He refuses to help her get there. Because the path to school is in bad condition, Mele 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 Mele there and doesn't talk to her.

Case Study Group 2 - Scenario 2: Sina

Sina 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 Sina to go to a community meeting with her. Sina 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. Sina 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.

Case Study Group 3 - Scenario 3: Mara

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



MODULE 4: VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

SESSION 4.3: CONSENT

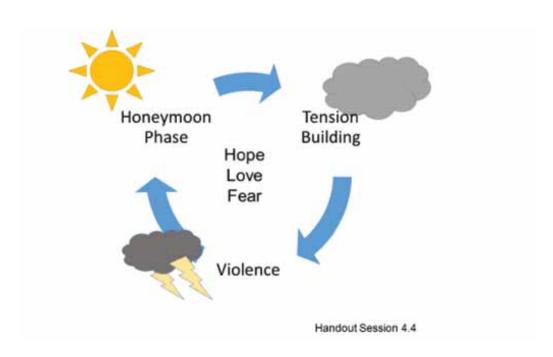
Scenario 1

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.

Scenario 2

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

SESSION 4.4 CYCLE OF VIOLENCE





MODULE 5: REFERRALS

EVAW SERVICES IN SAMOA

Name of Service	Types of services they provide
Providers	Types of services they provide
Samoa Victims Support Group	 Look after women and girls who have been abused. Provide shelter to survivors of gender-based violence. Provide protection programs for girls who are victims of abuse. Represent survivors in accessing legal services, including liaising with police and other departments on behalf of the survivors. Assist young girls who are survivors to go to school. Create and conduct awareness programs in Savaii and utilise their village representatives to monitor gender-based violence in villages. Conduct counselling (both women and girls) of survivors of gender-based violence. Do referrals of cases reported to them to other service providers. Act as mediators between the victims and the perpetrators before and after they are in a shelter protection program. Provide services to women and girls referred to them.
Ministry of Women, Community and Social Development	 Conduct training and workshops to raise the awareness of the public about policies and legislation relating to domestic violence. Develop and implement empowerment programs for women, girls and children, like the mothers and daughters programs, fathers and sons programs, Young Couples Programs, Teen Mums programs, Social Protection Awareness Programs which benefit the participants of the programs when it comes to relationship building amongst the participants through effective communication to resolve family conflicts in a non-violent manner, positive parenting skills for parents and caregivers, sexual violence prevention for children and others. Advocate for a violence and discrimination-free Samoa. Work with Village Women Representatives, Village Representatives and District Planning Committees of different villages/districts in mobilising district and village communities not to tolerate violence of any form and identifying and reporting services gaps in relation to violence. The Division for Social Development facilitates capacity building and awareness raising opportunities for women and girls on ending violence. The MWCSD provides policy advice to Cabinet through Hon. Minister on issues (such as violence) impacting on the advancement of women and girls including those with disabilities in Samoa. Conducts assessments in relation to social development issues (violence) of people and make referrals to appropriate service providers.
FLO (Faataua Le Ola) aka Samoan Life Line	 Provide face to face and on-phone counselling for women and girls who experience violence, abuse and exploitation. Provide counselling support to women and girls who are considering committing suicide due to violence, abuse and exploitation. Administer and operate a hotline for survivors of violence, abuse and exploitation. Home visits. Provide awareness to women and girls on the services they provide. 24 Hour lifeline (800-LIFE) Provide referrals to their clients.



Domestic Violence Unit, Ministry of Police	 Receive reports and investigate cases of domestic violence. Provide specialised services for women and girls who experience violence, abuse and exploitation. Provide referrals for women and girls who experience violence, abuse, and exploitation.
National Health Services (NHS)	 Provide health service. Provide medical reports for investigations, referrals, counselling. Admit victims of serious cases of violence. Report cases of violence to police.
Ombudsman	Hear human rights complaints.Conduct national enquiry into domestic violence in Samoa.
Court	Make rulings or judgements.
Goshen Trust	 Uses referral system to refer cases to the appropriate services and provide counsellors. Provides rehabilitation services to people with mental health, psychosocial and intellectual disabilities.

READINGS



READINGS



READINGS

BACKGROUND INFORMATION

Women and girls are at risk of different forms of violence at all ages, from prenatal sex selection through to 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.²⁸

Violence and abuse have long-lasting impacts on a person's life. 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 compared to that on men.

The United Nations Declaration on Ending Violence against Women and Girls (DEVAW) defines gender-based violence 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 deprivations of liberty, whether occurring in public or in private life."29

Gender-based violence is a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men.³⁰ Article 2 of the UN DEVAW highlighted this violence would encompass but not be limited to:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.³¹

DEVAW affirms that violence against women constitutes a violation of their rights and fundamental freedoms, and impairs or nullifies their enjoyment of those rights and freedoms.³²

These rights include the right to life, the right to equality, the right to liberty and security of person, the right to equal protection under the law, the right to be free from all forms of discrimination, the right to the highest standard attainable of physical and mental health, the right to just and favourable conditions of work, the right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.33

The Declaration recognises that violence against women is a manifestation of historically unequal power relations between men and women and the prevention of the full advancement of women and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.34

Furthermore, it accentuates the concern that some groups of women, which includes women belonging to minority groups, indigenous women, refugee women, migrant women, women living in rural or remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly women and women in situations of armed conflict are especially vulnerable to violence. 35

While all persons with disabilities (including men and women) face some forms of discrimination, those against women and girls with disabilities would double because of their gender and disability. Compared to

²⁸ Ending Violence Against Women and Girls: Programming Essentials, (June 2013) UN Women. Retrieved from http://www.endvawnow.org/uploads/modules/pdf/1372349234.pdf

²⁹ The United Nations General Assembly, (1993). Declaration on the Elimination of Violence against Women. $Retrieved\ from \ https://www.un.org/en/genocide prevention/documents/atrocity-crimes/Doc. 21_declaration \% 20 elimination \% 20 vaw.pdf$

³⁰ Ibid

³² Ibid 33 Ibid

³⁴ Ibid

³⁵ Ibid



non-disabled women and girls, women and girls with disabilities are at greater risk of all forms of violence at home, in their community and in institutions. Women with intellectual disabilities and women with mental illness are particularly vulnerable to physical and sexual violence. They are also less likely to access support, refuge or legal redress.³⁶ Women and girls with disabilities are subject to multiple forms of discrimination and especially violence and abuse. The CRPD recognises that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation.³⁷

MODULE 1: HUMAN RIGHTS

HUMAN RIGHTS AS INSPIRATION AND EMPOWERMENT

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

We experience our human rights every day in Samoa when we go to school to pursue our education dreams, when we are provided with the necessary medication and medical treatment at various hospitals around the country, when we are sick and when we vote during elections to elect a member of parliament. Although we usually take these actions for granted, some other people in Samoa do not enjoy all these liberties equally. Human rights violations occur in Samoa when a woman is punched or kicked by her husband, when a child is not allowed to be in a school, when a woman with a disability is raped, when a school provides inadequate education, when women are paid less than men, or when one person steals from another.

THE UNIVERSAL DECLARATION OF HUMAN RIGHTS

Rights for all members of the human family were first articulated in 1948 in the United Nations' Universal Declaration of Human Rights (UDHR). Following the horrific experiences of the Holocaust and World War II, and amid the grinding poverty of much of the world's population, many people sought to create a document that would capture the hopes, aspirations, and protections to which every person in the world was entitled and ensure that the future of humankind would be different.

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

THE BIRTH OF THE UNITED NATIONS

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

Governments then committed themselves to establishing the United Nations, with the primary goal of bolstering international peace and preventing conflict. People wanted to ensure that never again would anyone be unjustly denied life, freedom, food, shelter and nationality. The essence of these emerging human rights principles was captured in President Franklin Delano Roosevelt's 1941 State of the Union Address when he spoke of a world founded on four essential freedoms: freedom of speech and religion and freedom from

³⁶ Stubbs D and Tawake S (2009). Pacific Sisters with Disabilities: at the Intersection of Discrimination. UNDP Pacific Centre.

³⁷ United Nations, Convention on the Rights of Persons with Disabilities and Optional Protocol. Retrieved from https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf



want and fear. The calls came from across the globe for human rights standards to protect citizens from abuses by their governments, standards against which nations could be held accountable for the treatment of those living within their borders. These voices played a critical role in the San Francisco meeting that drafted the United Nations Charter in 1945.

THE UNIVERSAL DECLARATION OF HUMAN RIGHTS

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

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

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

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

THE HUMAN RIGHTS COVENANTS

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

From Concept to Convention: How Human Rights Laws Evolve

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

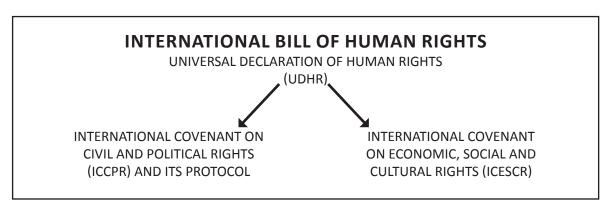
The goals of Article 1 of the Charter are of a general nature. For those goals to be achieved, specific "human rights and freedoms" needed to be defined first. Then laws and procedures had to be drawn up that would promote and protect those rights and freedoms. For these purposes, the Commission on Human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

FROM DECLARATION TO CONVENTION

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

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

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



HUMAN RIGHTS TREATIES IN SAMOA

The Samoan Government is a state party to critical United Nations treaties that embody the rights and fundamental freedoms of women and girls with disabilities. These include CEDAW, which it ratified on 25 September 1992, CRC which it ratified on 29 November 1994, and most recently the CRPD ratified on 2 December 2016. The ratification of these international treaties by the Samoan government means that it is committed to the respect and recognition of all human rights and fundamental freedoms of all women and girls with disabilities. Therefore, the government needs to take necessary and appropriate measures that would ensure their promotion and protection nationally and take measures that will empower rights holders to use their rights and enjoy their fundamental freedoms on an equal basis with others.

In domesticating these international treaties and frameworks and supporting equality and non-discrimination, the Samoan government recognises the SLRC report on CEDAW Compliance Review and notes that Samoa's legislation is consistent with requirements of CEDAW to provide a legal framework to protect against discrimination against women and girls, including those with disabilities.

Everyone, is guaranteed Freedom from Discrimination in the Constitution of Samoa. Article 15 (1) states "All persons are equal before the law and entitled to equal protection under the law." Also, article (2) "Except as expressly authorized under the provisions of this Constitution, no law, and no executive or administrative action of the State shall, either expressly or in its practical application, subject any person or persons to any disability or restriction or confer on any person or persons any privilege or religion, political or other opinion, social origin, place of birth, family status, or any of them." Part 3 of this article also states that "Nothing in this Article shall: ... (b) prevent the making of any provision for the protection or advancement of women or children or of any socially or educationally retarded class of persons". The inclusion of this fundamental right to freedom from discrimination in the Constitution as the supreme law guarantees protection against direct or indirect discrimination for women, children and all other socially disadvantaged persons and is enforceable through the courts. ³⁹

³⁸ Government of Samoa (2016). Samoa's Legislative Compliance Review with CEDAW Final Report, Samoa Law Reform Commission, Samoa. Retrieved from http://samoalawreform.gov.ws/wp-content/uploads/2017/05/CEDAW-FINAL-REPORT-English-FINAL-compressed.pdf



Other efforts to domesticate the CEDAW into its domestic legal system include a number of legislative reforms and enforcement of legislation which impacts directly on the status of women and girls:

- The Constitutional Amendment Act 2013 introduced a 10% quota of women Parliamentarians, proposing a floating five seats reserved for women. If less than five women are elected, the amendment is activated and five seats are added to the Parliament. Prior to this, women who hold matai (chiefly) titles could contest the general elections and if they did not have the majority of votes against their counterparts they lose. Therefore, this amendment to the Constitution is a big step forward for women in Samoa as it provides them with the opportunity to serve as Parliamentarians through the floating five seats. In contrast, before 1991, the right to vote was limited to matais (chiefly title holders) and this was changed in 1991 when the government introduced universal suffrage for all Samoans aged 21 years and over.
- The legislative compliance review of the Convention for People with Disabilities (CRPD) is completed
 and recommends the Disability Bill to note the multiple discriminations faced by women with disabilities
 and that it may be necessary to provide for specific protections that are not covered under existing
 legislation, such as a prohibition against forced sterilisation and other areas like education, health and
 labour.
- The new Crimes Act 2013 broadens the definition of rape as a sexual violation. Sexual violation is defined as the act of a male raping a female or the act of a person having unlawful sexual connection with another person. Sexual connection refers to the penetration of the genitalia or the anus of any person by any part of the body of any person, or any object held or manipulated by any other person, or the connection between the mouth or tongue of any person and any part of the genitalia or anus of any other person. If convicted, the person is liable to an imprisonment term not exceeding 14 years.⁴⁰
- Samoa is currently working towards finalising its Child Care and Protection Bill 2016 which domesticates
 CRC to ensure compliance with the rights of the girl child. The purpose of the bill is to ensure Samoa's
 legislative compliance with the CRC on the protection of the rights of a child, taking into account the
 best interests of a child. The bill creates a new role for the MWCSD in the protection of children and the
 Ministry will be responsible for regulating licenses for caregiver providers.
- The Crimes Ordinance 1963 was replaced by the Crimes Act 2013 and the provisions concerning abortion repealed and replaced accordingly. The current law provides that procuring an abortion is illegal, except in the case of a pregnancy of not more than 20 weeks where a medical practitioner is of the opinion that continuing the pregnancy will result in serious danger to the life, or to the physical or mental health, of the woman or girl. Any person procuring a miscarriage, or woman procuring her own miscarriage, or a person who supplies any drug, noxious thing or instrument intended for unlawfully procuring a miscarriage, is guilty of an offence and liable to imprisonment for up to 7 years. The penalty was reduced from 14 years under the Crimes Ordinance 1961 to 7 years under the current law".⁴¹
- The issue of abortion was widely discussed by the SLRC in collaboration with the MWCSD and sector
 partners during the consultations for the CEDAW Legislative Compliance Review and the majority of
 those consulted opposed opening up the laws to allow for abortions, even for cases of rape and incest,
 due to Samoa's strong Christian and cultural beliefs.
- Police under the Criminal Procedure Act 2016 have the power to enter premises without a warrant to arrest an offender or prevent an offence likely to cause immediate or serious injury to another person such as domestic violence.⁴²
- The Evidence Act 2015 introduces a provision which now permits hearsay evidence to be admissible in court where the circumstances relating to the statement assure its reliability, and the maker of the statement is unavailable.⁴³ This will greatly assist in domestic violence cases where the victim is afraid to testify or has died.

While these measures are in place to protect the rights of women and girls in Samoa there is still a high prevalence of violence and abuse against women, children and persons with disabilities. In Samoa, violence against women has a prevalence of 60%, while 90% of children and 100% of persons with disabilities that were surveyed during the National Family Safety Study 2017 had experienced some form of violence.⁴⁴

⁴⁰ Government of Samoa, (2013). Crimes Act Part VII, Section 49. Retrieved from https://www.ilo.org/dyn/natlex/docs/ ELECTRONIC/93579/124323/F-1523655815/WSM93579%202015.pdf

⁴¹ Government of Samoa (2016). Samoa's Legislative Compliance Review with CEDAW Final Report, Samoa Law Reform Commission, Samoa. R etrieved from http://samoalawreform.gov.ws/wp-content/uploads/2017/05/CEDAW-FINAL-REPORT-English-FINAL-compressed.pdf

⁴² Ibio

⁴³ Ibi

⁴⁴ Samoa Ministry of Women, Community and Social Development, Samoa Family Safety Study 2017.



REPORTING AND MONITORING

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

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

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

STEPS IN THE EVOLUTION OF CONVENTIONS

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

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

DIFFERENT TYPES OF RIGHTS

1. Social Rights

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

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

2. Economic Rights

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

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



3. Cultural Rights

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

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

4. Civil and Political Rights

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

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

CHARACTERISTICS OF HUMAN RIGHTS

Human rights belong to everyone. Human rights are:

- Universal They belong to everyone irrespective of where you are
- Inherent Every human being is born with rights
- Inalienable Human rights cannot be taken away
- Indivisible and interdependent No one type of right is more important than another. If one right is taken away, this will affect other rights.

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

Session 1.2: Rights of Persons with Disabilities

BACKGROUND OF CRPD

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

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



THE SCOPE OF THE CRPD

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

- Preamble gives general context to the CRPD and identifies important background issues
- Purpose sets out the goal of the CRPD which is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms of all persons with disabilities, and to promote respect for their inherent dignity
- Definitions defines key terms in the CRPD, namely, communication, language, discrimination on the basis of disability, reasonable accommodation and universal design
- General principles identifies the standards or imperatives that apply to the enjoyment of all rights in the CRPD, such as the principle of non-discrimination and the principle of equality
- Obligations clarifies the steps that state parties must take to promote, protect and ensure the rights in the CRPD
- Specific rights identifies the existing civil, cultural, economic, political and social human rights, affirming that persons with disabilities also hold those rights
- Enabling measures identifies specific steps that state parties must take to ensure an enabling
 environment for the enjoyment of human rights, namely, awareness-raising, ensuring accessibility,
 ensuring protection and safety in situations of risk and humanitarian emergencies, promoting access to
 justice, ensuring personal mobility, enabling habilitation and rehabilitation, and collecting statistics and
 data
- International cooperation recognises the importance of the international community working together to ensure the full enjoyment of the rights of persons with disability
- Implementation and monitoring requires state parties to establish national frameworks for monitoring
 and implementing the CRPD and establishes a Conference of States Parties to consider any matter in
 relation to implementation of the CRPD and a Committee on the Rights of Persons with Disabilities to
 monitor the CRPD
- Final clauses sets out the procedures for signature, ratification, entering into force and other procedural requirements relevant to the CRPD.

The specific rights recognised in the CRPD are as follows:

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

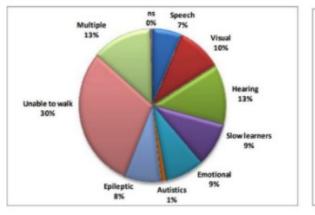


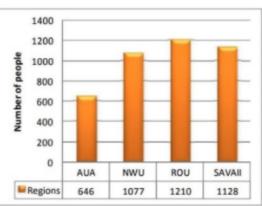
MODULE 2: DISABILITY

The Samoa National Census in 2011 defines a person with a disability as anyone with a condition (physical/emotional) causing great harm to one's life hence making it difficult to live life to the fullest without support from others.

According to the 2011 census results, about 2 percent (4061) of the total population were reported as living with disabilities at the time of the census, of which 54 percent were males and 46 percent females. It means that for every 1000 persons in the population, about 22 persons were living with disabilities or some form of special needs. The different types of disabilities as shown in **Figure 1** below revealed that close to one-third of persons with disabilities in Samoa (30 percent), was unable to walk or move freely at the time of the census, and another one-third was shared by persons with multiple impairments (13 percent), hearing impairments (13 percent), and visual impairments (13 percent). The distribution by regions in Figure 1 showed that 84 percent of total persons with disabilities were residing in the three rural regions of NWU, ROU and Savaii, compared to only 16 percent in the urban region of AUA, indicating the need for greater focus of disability services and support in rural areas than in urban areas.

Figure 1: Population of persons with disabilities with impairments and by region⁴⁵





The census 2011 results also showed that by age distribution (Figure 2), about half of the disability population were below the age of 50, while another half were above 50 in all the four regions, indicating equal support services for both young and old persons with disabilities.

⁴⁵ Government of Samoa (2011). Population and Housing Census 2011 Analytical Report, Samoa Bureau of Statistics. Retrieved from http://prism.spc.int/images/census_reports/Samoa_Census_Report_2011.pdf



Figure 2: Breakdown of persons with disabilities population by age and region⁴⁶

		Samoa			AUA			NWU		- 1	ROU			Savaii	
Age-group	Total	Percent %	Cumula- tive	Total	Percent %	Cumula- tive	Total	Percent %	Cumula- tive	Total	Percent %	Cumula- tive	Total	Percent %	Cumula
Total	4061	100		646	100		1077	100		1210	100		1128	100	
0-4	80	2.0	2	16	2.5	2	18	1.7	2	19	1.6	2	27	2.4	2
5-9	207	5.1	7	33	5.1	8	52	4.8	6	56	4.6	6	66	5.9	8
10-14	255	6.3	13	36	5.6	13	63	5.8	12	76	6.3	12	80	7.1	15
15-19	254	6.3	20	37	5.7	19	67	6.2	19	68	5.6	18	82	7.3	23
20-24	187	4.6	24	34	5.3	24	52	4.8	23	51	4.2	22	50	4.4	27
25-29	185	4.6	29	32	5.0	29	50	4.6	28	50	4.1	26	53	4.7	32
30-34	167	4.1	33	26	4.0	33	40	3.7	32	50	4.1	31	51	4.5	36
35-39	175	4.3	37	21	3.3	36	59	5.5	37	51	4.2	35	44	3.9	40
40-44	194	4.8	42	38	5.9	42	50	4.6	42	60	5.0	40	46	4.1	44
45-49	224	5.5	47	31	4.8	47	68	6.3	48	63	5.2	45	62	5.5	50
50-54	246	6.1	54	49	7.6	55	43	4.0	52	80	6.6	52	74	6.6	56
55-59	273	6.7	60	38	5.9	61	72	6.7	59	101	8.3	60	62	5.5	62
60-64	231	5.7	66	36	5.6	66	66	6.1	65	61	5.0	65	68	6.0	68
65-69	309	7.6	74	46	7.1	73	89	8.3	73	101	8.3	73	73	6.5	74
70-74	342	8.4	82	58	9.0	82	96	8.9	82	102	8.4	82	86	7.6	82
75+	729	18.0	100	113	17.5	100	191	17.7	100	221	18.3	100	204	18.1	100
ns	3	0.1		2	0.3		1	0.1		0	0.0		0	0.0	

Source: Samoa Bureau of Statistics, Population and Housing Census, 2011

According to the WHO report on disability, 15percent of any population are persons with disabilities. This indicates that this figure on persons with disabilities in Samoa can possibly imply that there are more persons with disabilities out there who are unaccounted for.

According to the Samoan National Survey in 2011, there are 4061 persons with disabilities in Samoa. This equates to 2.2percent of the population in Samoa. Of these, it is estimated that 46percent are women and girls with disabilities.

⁴⁶ Government of Samoa (2011). Population and Housing Census 2011 Analytical Report, Samoa Bureau of Statistics. Retrieved from http://prism.spc.int/images/census_reports/Samoa_Census_Report_2011.pdf



MODULE 3: GENDER

Gender-roles of Women and Girls, Women and Girls with Disabilities, Men and Family in Samoan Culture

Women and Girls in General	Women and Girls with Disabilities	Men	Family
 Roles of women are to be advisors and organisers of their homes. Should do household chores like cooking, washing, cleaning and take care of schooling needs of children Mediators between children and fathers or the sisters between brothers and fathers Women are to care for children like breastfeeding etc. Attend women's meetings, and be involved in women's committee activities Provide advice to their husbands Women co-finance the family's operations Women perceived as a help person Discipline children Perceived as honest persons 	 People feel pity for them women with disabilities should not have husbands Women and girls with disabilities are not involved in cultural/village activities. Women and girls with disabilities are not sexually active Considered as less fortunate Women with disabilities face discrimination when violence and abuse occur, when people feel pity for them. 	 Men are the head of the family Men are to provide for their families Be the voice of their families in community meetings Take up chiefly responsibilities Make decisions for the family Do fishing, farming, hunting and gathering Discipline children 	 Practise and instil good values in the family Nurturing and upbringing of individuals with positive modelling values Keep the environment clean Ensure family members follow rules of the village and do not get into trouble Mediators between family members and represent members of the family summoned to the Village Council Prepare and present i-fuga⁴⁷ on behalf of a family member Uphold cultural values and beliefs Unite family ties Strengthen the bond between family members

EFFECTS OF VIOLENCE ON WOMEN

1. 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

2. 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

⁴⁷ An act requesting forgiveness presented by one family to another. The I-fuga is done when a person kills a person in another family through fights and violence.



- 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

3. 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

4. Additional Notes for Facilitator: Gender⁴⁸

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 do 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 autonomous, fully capable adults
- To participate fully in economic, social and political development, and
- To make decisions concerning their circumstances and conditions.

Gender is one of the most important categories of social organisation, yet persons with disabilities are often treated as nonsexual, genderless human beings.

⁴⁸ Fiji Women's Crisis Centre. (2006). Gender Relations, Women's Human Rights and Violence Against Women Trainer's Manual, pg. 67.



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

- Biological, psychological, economic, social, political and cultural attributes associated with being female and male.
- Patterns of disadvantage are often associated with the differences in the social position of women and men
- These gendered differences are reflected in the life experiences of women with disabilities and men with disabilities.
- Women with disabilities face multiple discriminations and are often more disadvantaged than men with disabilities in similar circumstances.
- Women with disabilities are often denied equal enjoyment of their human rights, in particular by virtue of the lower 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 are:

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

5. Gender and Power Wheel





MODULE 4: VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

SESSION 4.1

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

Power

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

Power over

To have "power over" is to have control over 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 to 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 act on areas of common ground or interests that benefits all. This type of power brings solidarity when it harnesses the talents, knowledge and energy of the individuals. In situations of violence, service providers can use our power to tell survivors what they must do (power over), or alternatively use our power to support survivors to reach their own decisions and to realise their own goals (power with).

SESSION 4.2

Types of violence - examples

1. Sexual Violence

- Rape/Marital rape
- Attempted rape
- Sexual abuse
- Child sexual abuse
- Incest
- Forced anal intercourse/sodomy
- Sexual exploitation
- Sexual harassment
- Forced prostitution
- Forced pregnancy
- Any unwelcome sexual act



- Demand for sexual access/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

2. Emotional and Psychological Violence

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

3. 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.

4. 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 right
- Not allowing a woman to control her own money
- Denial of income-generating activities
- Not supporting her or her children
- Paying a woman less for similar work
- Refusing to hire or promote women
- Making her beg for money



More Information:

http://www.health-genderviolence.org/training-programme-for-health-care-providers/facts-on-gbv/defining-gender-based-violence/21

POTENTIAL CONSEQUENCES OF VIOLENCE⁴⁹

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
- Denial
- Fear
- Sleep disturbances
- 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

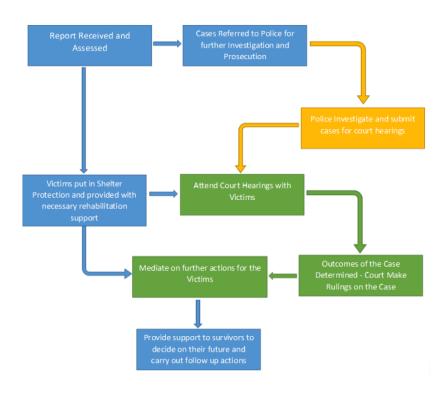
Symptoms of post-traumatic stress disorder

- 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

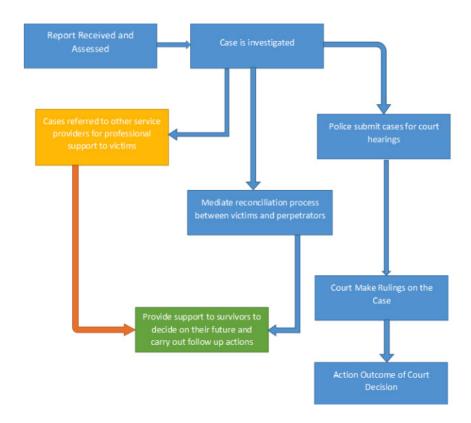
⁴⁹ Centers for Disease Control and Prevention (2019). Preventing Sexual Violence. Retrieved from http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html

SERVICE PROVIDERS OPERATING PROCEDURES

Samoa Victims Support Group (SVSG) – Access to EVAW Services

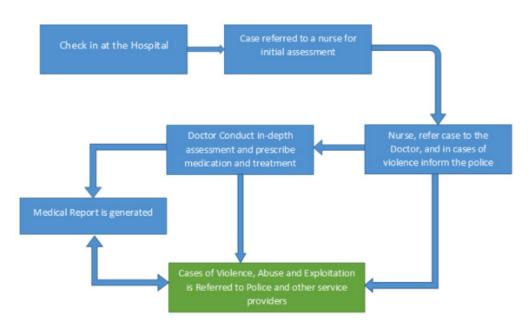


Ministry of Police Domestic Violence Unit – Access to Justice





Ministry of Health – Access to Health Care





MODULE 6: ACTION PLANNING FOR INCLUSION

ADVOCACY IMPLEMENTATION PLAN

Before rushing to develop advocacy strategies it is crucial to 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 ways to motivate the audience include getting them to attend your meetings, or support your messages by verbally endorsing them.

5. Move people toward engagement

Convincing people is difficult, however that is the intention of advocacy for eliminating of violence against women and girls with disabilities in Samoa. 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:

	When will we be doing this activity?	_	Any comments	

The "how to" deliver these advocacy strategies will differ from the identified cases for this toolkit. This will be decided when designing the advocacy implementation plan by considering the mode of delivery that would suit the target audience. 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 Samoa as the stakeholder to fund TTM in implementing their advocacy strategies.

KEY MESSAGES

EDUCATION AND AWARENESS

Ensure that your education and awareness activities are inclusive of women and girls with disabilities

Target Audience

Ombudsman's Office, Ministry of Women Community and Social Development, Ministry of Health, National Health Services, Ministry of Police Domestic Violence Unit, Samoa Victims Support Group, Faataua Le Ola

Messages

- 1. Undertake to adopt immediate, effective and appropriate measures:
 - a. To raise awareness throughout society, including at the family level, regarding women and girls with disabilities, and to foster respect for the rights and dignity of women and girls with disabilities;
 - b. To combat stereotypes, prejudices and harmful practices relating to women and girls with disabilities, including those based on sex and age, in all areas of life;
 - c. To promote awareness of the capabilities and contributions of women and girls with disabilities.
- 2. Measures to this end include:
 - a. Initiating and maintaining effective public awareness campaigns designed:
 - i. To nurture receptiveness to the rights of women and girls with disabilities;
 - ii. To promote positive perceptions and greater social awareness towards women and girls with disabilities;
 - iii. To promote recognition of the skills, merits and abilities of women and girls with disabilities, and of their contributions to the workplace and the labour market;
 - b. Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of women and girls with disabilities;
 - c. Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the Convention on the Rights of Persons with Disabilities;
 - d. Promoting awareness-training programs regarding women and girls with disabilities and their rights.



PREVENTION

TARGET AUDIENCE

Ministry of Women Community and Social Development, Fa Matai, Members of Parliament, Members of the Community, Family members of women and girls with disabilities, Schools, Churches. Ombudsman's Office, Ministry of Education.

KEY MESSAGES

- a. Empower women and girls with disabilities on:
 - i. Their rights and responsibilities protected by the Samoan national laws and legislation
 - ii. their rights and fundamental freedoms protected under the CRPD, CEDAW, CRC and other human rights treaties
 - iii. opportunities that will enable them to improve their economic status and livelihood which would enable them to live independently
 - iv. processes and procedures that will enable them to report their cases of violence, abuse and exploitation
- b. Create an enabling environment that allows women and girls with disabilities to fully and effectively participate in villages, churches, etc.
- c. Ensure that schools and education facilities are available, 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 necessary to ensure that the support and resources to enable women and girls with disabilities to receive the same quality of education on an equal basis with others are available.
- d. Do not pity us but respect us and treat us like any other human being
- e. Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others
- f. States Parties should recognise 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 facilitate full enjoyment by women and girls with disabilities of this right and their full inclusion and participation in the community
- g. Take all appropriate legislative, administrative, social, educational and other measures to protect women and girls with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects
- h. 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, recognise and report instances of exploitation, violence and abuse.
- i. 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.
- j. 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.

HOW TO DO IT

- a. Allow space and time for them to speak and talk about their issues
- b. Listen to the stories of women and girls with disabilities on their struggles and challenges
- c. Ensure all barriers in the communities including villages, churches and schools are removed. This can be done by ensuring that:



- i. Women and girls with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- ii. Women and girls with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- iii. Community services and facilities for the general population are available on an equal basis to women and girls with disabilities and are responsive to their needs. Putting in place reasonable accommodation and accessibility features into:
 - 1. All public buildings and facilities to have (but not limited to) the following:
 - Ramps at the entrance
 - Tactile flooring on all entrance and exit doors
 - · Railings to assist in mobility in and around each building
 - 2. Around the village ensure that:
 - There are footpaths and walkways that will enable all women and girls with disabilities to move around the village and communities independently
 - There are clear signs on directions within and around the village
 - 3. In homes of women and girls with disabilities ensure that:
 - They are accessible to women and girls with disabilities to live independently on an equal basis with other members of the family
 - Ensure that things are arranged in an orderly manner for family members who are blind and when such arrangements are changed clearly explain the changes
 - Clearly label all equipment and household items and provide clear directions and instructions in and around the homes.
- d. Include women and girls with disabilities in your empowerment, education, and awareness programmes and actions
- e. Share stories of women and girls with disabilities on the:
 - i. Impacts of violence, abuse and exploitation of women and girls with disabilities
 - ii. Create enabling environment for women and girls with disabilities to thrive and utilise their abilities
 - iii. Highlight impacts and successes of women and girls with disabilities who were part of empowerment, education and programs on women and girls with disabilities
 - iv. Provide examples of women and girls with disabilities who are now successful in what they do, due to having an enabling environment
 - v. Case studies of women and girls with disabilities who are survivors of violence.
- f. Consult women and girls with disabilities and their representative organisations in planning and building inclusive public buildings, homes, communities, schools, churches and facilities.
- g. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.
- h. States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:
 - i. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
 - ii. The development by women and girls with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
 - iii. Enabling women and girls with disabilities to participate effectively in a free society.
- i. Encourage and allow women and girls with disabilities to be educated and most importantly realise and enjoy their right to education by ensuring that:
 - i. Women and girls with disabilities are not excluded from the general education system on the basis of disability, and children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;



- ii. Women and girls with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
- iii. Reasonable accommodation of the individual's requirements is provided;
- iv. Women and girls with disabilities receive the support required, within the general education system, to facilitate their effective education;
- v. Effective individualised support measures are provided in environments that maximise academic and social development, consistent with the goal of full inclusion.
- j. Include Disability Awareness Training in recruitment and orientation training of new employees in both the public and private sector.
- k. The government of Samoa shall recognise the right of women and girls with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to women and girls with disabilities. The government of Samoa shall safeguard and promote the realisation of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:
 - Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
 - ii. Protect the rights of women and girls with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
 - iii. Ensure that women and girls with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
 - iv. Enable women and girls with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
 - v. Promote employment opportunities and career advancement for women and girls with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
 - vi. Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;
 - vii. Employ women and girls with disabilities in the public sector;
 - viii. Promote the employment of women and girls with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
 - ix. Ensure that reasonable accommodation is provided to women and girls with disabilities in the workplace;
 - x. Promote the acquisition by women and girls with disabilities of work experience in the open labour market;
 - xi. Promote vocational and professional rehabilitation, job retention and return-to-work programmes for women and girls with disabilities.
- The government of Samoa recognises the right of women and girls with disabilities to social protection
 and to the enjoyment of that right without discrimination on the basis of disability and shall take
 appropriate steps to safeguard and promote the realisation of this right, including measures to:
 - i. Ensure equal access by women and girls with disabilities to clean water services, and to appropriate and affordable services, devices and other assistance for disability-related needs;
 - ii. Ensure access by women and girls with disabilities, in particular older women and girls with disabilities, to social protection programmes and poverty reduction programmes;
 - iii. Ensure access by women and girls with disabilities and their families living in situations of poverty to assistance from the Government with disability-related expenses, including adequate training, counselling, financial assistance and respite care;
 - iv. Ensure access by women and girls with disabilities to public housing programs;
 - v. Ensure equal access by women and girls with disabilities to retirement benefits and programs.



DISABILITY INCLUSIVE DEVELOPMENT

Disability Inclusive Development means that all women and girls with disabilities are at the centre of development regardless of their age, gender and economic, social, cultural, and ethnicity status.

LEGISLATION

Target Audience

Ombudsman's Office, Attorney General's Office, Ministry of Women, Community and Social Development, Ministry of Health, Ministry of Police, Court of Law, Members of Parliament.

Key Messages

- a. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- b. Non-discrimination;
- c. Full and effective participation and inclusion in society;
- d. Respect for difference and acceptance of women and girls with disabilities as part of human diversity and humanity;
- e. Equality of opportunity;
- f. Accessibility;
- g. Equality between men and women;
- h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.
- i. Review all legislation and remove laws that promote discrimination against women and girls with disabilities.
- j. Review all legislation and develop new legislation that will implement the CRPD and promote the enjoyment of all human rights and fundamental freedoms for all women and girls with disabilities.
- k. 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.
- I. States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by women and girls with disabilities on an equal basis with others.
- m. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect women and girls with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.
- n. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against women and girls with disabilities are identified, investigated and, where appropriate, prosecuted.
- o. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Women and girls with disabilities have the right to the protection of the law against such interference or attacks.
- p. States Parties shall ensure the rights and responsibilities of women with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases, the best interests of the child shall be paramount. States Parties shall render appropriate assistance to women and girls with disabilities in the performance of their child-rearing responsibilities.
- q. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realising these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.
- r. States Parties shall ensure that a child shall not be separated from his or her parents against their will,



except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.

- s. States Parties shall take effective and appropriate measures to eliminate discrimination against women and girls with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:
 - i. The right of all women and girls with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognised;
 - ii. The rights of women and girls with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;
 - iii. Women and girls with disabilities, including children, retain their fertility on an equal basis with others.
- t. States Parties recognise the right of women and girls with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to women and girls with disabilities.
- u. States Parties shall ensure that women and girls with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.
- v. States Parties recognise the right of women and girls with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realisation of this right without discrimination on the basis of disability.
- w. States Parties shall take all effective legislative, administrative, judicial or other measures to prevent women and girls with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment.

- a. Ensure that women and girls with disabilities are not discriminated against or excluded on the basis of disability in exercising their right to:
 - The Constitution
 - Employment
 - Education
 - Transportation
 - Goods and Services
 - Access the Physical Infrastructure
 - Social Protection
 - Communication
 - Access Information
 - Access Justice
 - Communication and Technology (ICT)
 - Adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions.
- b. In the development and implementation of legislation and policies to implement the CRPD, and in other decision-making processes concerning issues relating to women and girls with disabilities, closely consult with and actively involve women and girls with disabilities, through their representative organisations.
- c. Recognise that all persons are equal and are entitled without any discrimination to the equal protection and equal benefit of the law.
- d. Prohibit all discrimination on the basis of disability and guarantee to women and girls with disabilities equal and effective legal protection against discrimination on all grounds.
- e. In order to promote equality and eliminate discrimination, take all appropriate steps to ensure that reasonable accommodation is provided.
- f. Specific measures, which are necessary to accelerate or achieve de facto equality of women and girls with disabilities, shall not be considered discrimination under the terms of the present Convention



- g. Put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against women and girls with disabilities are identified, investigated and, where appropriate, prosecuted.
- h. No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Women and girls with disabilities have the right to the protection of the law against such interference or attacks.
- i. The government of Samoa shall ensure that Women and girls with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.
- j. Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
- k. Protect the rights of women and girls with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
- I. Ensure that women and girls with disabilities are able to exercise their labour and trade union rights on an equal basis with others.

DISAGGREGATED DATA

Target Audience

Samoa Bureau of Statistics, Ministry of Women, Community and Social Development, Ministry of Police Domestic Violence Unit, NGO EVAW Service Providers, National Health Services (NHS), Ministry of Health National Hospitals and Health Centres.

Key Messages

- a. Collect appropriate information, including statistical and research data on:
 - i. The impacts of violence, abuse and exploitation on women and girls with disabilities
 - ii. Barriers faced by women and girls with disabilities when accessing EVAW services
 - iii. Number of women and girls with disabilities accessing EVAW services
 - iv. Number of women and girls with disabilities in rehabilitation, empowerment and educational programmes
 - v. Number of women and girls with disabilities admitted or reported to hospitals, health centres and other health facilities due to violence
 - vi. Reasons why women and girls with disabilities do not report cases of violence
 - vii. Number of cases reported to the Ministry of Police disaggregated by outcomes of each case.
- b. Disaggregate information collected appropriately by:
 - Age
 - Economic Status
 - Social Status
 - Ethnicity
 - Location
 - Cultural Status
- c. Disseminate available data and statistics and ensure their accessibility to women and girls with disabilities and other stakeholders.

- a. Include the Washington group of questions in:
 - i. Service questionnaires



- ii. Client survey forms
- iii. Incoming reports questionnaires
- iv. Patient consultations forms
- v. Empowerment, rehabilitation and educational programs questionnaires
- vi. Service feedback forms
- b. Initiate and conduct surveys and research on barriers experienced by women and girls with disabilities in their access to:
 - i. Employment
 - ii. Education
 - iii. Transport
 - iv. Goods and Services
 - v. The Physical Infrastructure
 - vi. Social Protection
 - vii. Communication
 - viii.Information
 - ix. Justice
 - x. Information Communication and Technology (ICT)
- c. Work with DPOs and disability service providers when collecting data and conducting research on disability
- d. Ensure that data collected and research reports are available in:
 - i. Soft copies
 - ii. Easy read versions
 - iii. Graphs and pictures

POLICIES AND PROGRAMMES

Target Audience

Attorney General's Office, Court of Law, Members of Parliament, Ministry of Health National Hospitals and Health Centres, Ministry of Health, Ministry of Police Domestic Violence Unit, Ministry of Police, Ministry of Women, Community and Social Development, National Health Services (NHS), NGO EVAW Service Providers, Ombudsman's Office, Samoa Bureau of Statistics.

Key Messages

- a. States Parties recognise the right of women and girls with disabilities to education. With a view to realising this right without discrimination and on the basis of equal opportunity:
- States Parties shall enable women and girls with disabilities to learn life and social development skills to
 facilitate their full and equal participation in education and as members of the community;
- Ensure the realisation of the right to education for all women and girls with disabilities;
- States Parties shall also 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, recognise and report instances of exploitation, violence and abuse;
- States Parties shall put in place effective policies, including women- and child-focused policies, to ensure that instances of exploitation, violence and abuse against women and girls with disabilities are identified, investigated and, where appropriate, prosecuted.
- Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others;
- Community services and facilities for the general population are available on an equal basis to women and girls with disabilities and are responsive to their needs;



- States Parties shall protect the privacy of personal, health and rehabilitation information of women and girls with disabilities on an equal basis with others;
- 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, knowledge and use of assistive devices and technologies designed for women and girls with disabilities, as they relate to habilitation and rehabilitation.

- a. States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:
 - i. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
 - ii. The development by women and girls with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
 - iii. Enabling women and girls with disabilities to participate effectively in a free society.
- b. States Parties shall take appropriate measures, including:
 - Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
 - ii. Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
 - iii. Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximise academic and social development.
- c. Take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support women and girls with disabilities.
- d. Ensure that women and girls with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, Government of Samoa shall ensure that reasonable accommodation is provided to women and girls with disabilities.
- e. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.
- f. Enable women and girls with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training.
- g. Promote employment opportunities and career advancement for women and girls with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
- h. Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business.
- i. Employ women and girls with disabilities in the public sector.
- j. Promote the employment of women and girls with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures.
- k. Ensure that reasonable accommodation is provided to women and girls with disabilities in the workplace.
- Promote the acquisition by women and girls with disabilities of work experience in the open labour market.
- m. Promote vocational and professional rehabilitation, job retention and return-to-work programmes for women and girls with disabilities.
- n. States Parties recognise the right of women and girls with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realisation of this right, including measures:
 - i To ensure equal access by women and girls with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;



- ii. To ensure access by women and girls with disabilities, in particular older women and girls with disabilities, to social protection programmes and poverty reduction programmes;
- iii. To ensure access by women and girls with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;
- iv. To ensure access by women with disabilities to public housing programs;
- v. To ensure equal access by women with disabilities to retirement benefits and programs.

SUPPORT AND CARE

Target Audience

Ministry of Health National Hospitals and Health Centres, National Health Services, NGO Service Providers, Families of women and girls with disabilities, Disability Service Providers.

Key Messages

- a. Take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of women and girls with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.
- b. 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.
- c. States Parties shall take effective and appropriate measures, including through peer support, to enable women and girls with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.
- d. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.
- e. States Parties shall promote the availability, knowledge and use of assistive devices and technologies designed for women and girls with disabilities, as they relate to habilitation and rehabilitation.

- a. States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for women and girls with disabilities, including by:
 - i. Facilitating the personal mobility of women and girls with disabilities in the manner and at the time of their choice, and at affordable cost;
 - ii. Facilitating access by women and girls with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
 - iii. Providing training in mobility skills to women and girls with disabilities and to specialist staff working with women and girls with disabilities;
 - iv. Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for women and girls with disabilities.
- b. States Parties shall take all appropriate measures to ensure access for women and girls with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:
 - Provide women and girls with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
 - ii. Provide those health services needed by women and girls with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimise and prevent further disabilities, including among children and older persons;



- iii. Provide these health services as close as possible to people's own communities, including in rural areas;
- iv. Require health professionals to provide care of the same quality to women and girls with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of women and girls with disabilities through training and the promulgation of ethical standards for public and private healthcare;
- v. Prohibit discrimination against women and girls with disabilities in the provision of health insurance and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- vi. Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.
- c. States Parties shall organise, strengthen and extend comprehensive habilitation and rehabilitation services and programs, particularly in the areas of health, employment, education and social services, in such a way that these services and programs:
 - i. Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;
 - ii. Support participation and inclusion in the community and all aspects of society, are voluntary and are available to women and girls with disabilities as close as possible to their own communities, including in rural areas

AREAS OF CONCERN

ACCESS TO JUSTICE

Target Audience

Domestic Violence Unit, Lawyers both Private and Government Lawyers through their Legal Aid System, Court of Law, Ombudsman's Office, Samoa Victim Support Group.

Key Messages

- a. States Parties shall 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.
- b. States Parties shall 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.
- c. 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.

- a. In order to help to ensure effective access to justice for women and girls with disabilities, States Parties shall promote appropriate disability awareness and inclusion training for those working in the field of administration of justice, including police and prison staff.
- b. Work with representative organisations of women and girls with disabilities to provide linkages between women and girls with disabilities who are victims of violence, abuse and exploitation and disability service providers in the provision of necessary support and reasonable accommodation to guarantee full access to justice for them.



- c. State Parties to provide legal aid facilities (if there is none) and ensure STET availability, accessibility, affordability and quality for all women and girls with disabilities in Samoa.
- d. State Parties to ensure that police stations, judicial offices, private lawyer's offices, courts of law and the ombudsman's office are accessible to all women and girls with disabilities.

ACCESS TO INFORMATION

Target Audience

Everyone

Key Messages

- a. States Parties shall also 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, recognise and report instances of exploitation, violence and abuse.
- b. Recognise the importance of accessibility to health and education and to information and communication, in enabling women and girls with disabilities to fully enjoy all human rights and fundamental freedoms.
- c. Promote the availability and use of information and communications technologies and assistive technologies, suitable for women and girls with disabilities, giving priority to technologies at an affordable cost.
- d. To provide accessible information to women and girls with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities.
- e. To enable women and girls with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to women and girls with disabilities access, on an equal basis with others, to information and communications, including information and communications technologies and systems, and to other facilities and services including the media and information sharing platforms open or provided to the public, both in urban and in rural areas.
- f. States Parties shall take all appropriate measures to ensure that women and girls with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the CRPD.
- g. Identify and eliminate obstacles and barriers to access to information for women and girls with disabilities.

- a. Ensure that Information, communications and other services, including electronic services and emergency services, are available, accessible and affordable to all women and girls with disabilities.
- b. State Parties shall ensure the:
 - i. Promotion of access for women and girls with disabilities to new information and communications technologies and systems, including the Internet.
 - ii. Promotion of other appropriate forms of assistance and support to women and girls with disabilities to ensure their access to information.
 - iii. Promotion of the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.
- c. Guarantee that the rights of all women and girls with disabilitie's freedom of expression and opinion, and access to information are respected, promoted and protected by:
 - Providing information intended for the general public to women and girls with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost



- ii. Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by women and girls with disabilities in official interactions;
- iii. Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for women and girls with disabilities;
- iv. Encouraging the mass media, including providers of information through the Internet, to make their services accessible to women and girls with disabilities;
- v. Recognising and promoting the use of sign languages.
- d. States Parties shall ensure that girls with disabilities have equal rights with respect to family life. With a view to realising these rights, and to prevent concealment, abandonment, neglect and segregation of girls with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to girls with disabilities and their families.
- e. State Parties shall facilitate and support capacity-building, including through the exchange and sharing of information, experiences, training programs and best practices

ACCESS TO TRANSPORT

Target Audience

Land Transport Authority of Samoa, Ministry of Works, Transport and Infrastructure, Bus Companies and Public Services Drivers.

Key Messages

- a. To enable women and girls with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to women and girls with disabilities access, on an equal basis with others, to the physical environment, to transport, and to other facilities and services open or provided to the public, both in urban and in rural areas.
- b. Ensure that women and girls with disabilities have access to affordable transport to support their access to EVAW services.
- c. Promote, protect and guarantee the enjoyment of women and girls with disabilities' right to access transport and freedom of movement.
- d. Ensure women and girls with disabilities have access to transport on an equal basis with others.

- a. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:
 - Buildings, roads, transport and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
 - ii. Information, communications and other services, including electronic services and emergency services.
- b. States Parties shall also take appropriate measures:
 - i. To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
 - ii. To ensure that any private entity that offers facilities and services which are open or provided to the public take into account all aspects of accessibility for women and girls with disabilities;
 - iii. To provide training for stakeholders including but not limited to PSV drivers, bus companies and EVAW service providers on accessibility issues facing women and girls with disabilities;
 - iv. To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
 - v. To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;



- vi. To promote other appropriate forms of assistance and support to women and girls with disabilities to ensure their access to information;
- vii. To promote access for women and girls with disabilities to new information and communications technologies and systems, including the Internet;
- viii.To promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost;
- ix. Include disability training as a requirement for PSV licence.
- c. States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:
 - i. Facilitating the personal mobility of women and girls with disabilities in the manner and at the time of their choice, and at affordable cost;
 - ii. Facilitating access by women and girls with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
 - iii. Providing training in mobility skills to women and girls with disabilities and to specialist staff working with persons with disabilities;
 - iv. Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for women and girls with disabilities.

ACCESS TO HEALTH SERVICES

Target Audience

Ministry of Health, National Health Services, Hospitals and Health Centres.

Key Messages

- a. Recognise the importance of accessibility to the physical, social, economic and cultural environment, to health, in enabling women and girls with disabilities to fully enjoy all human rights and fundamental freedoms.
- b. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of women and girls with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.
- c. States Parties shall protect the privacy of personal, health and rehabilitation information of women and girls with disabilities on an equal basis with others.
- d. 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.
- e. States Parties shall protect the privacy of personal, health and rehabilitation information of women and girls with disabilities on an equal basis with others.

- a. States Parties shall take all appropriate measures to ensure access for women and girls with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:
 - i. Provide women and girls with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
 - ii. Provide those health services needed by women and girls with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimise and prevent further disabilities, including among children and older persons;



- iii. Provide these health services as close as possible to people's own communities, including in rural areas;
- iv. Require health professionals to provide care of the same quality to women and girls with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of women and girls with disabilities through training and the promulgation of ethical standards for public and private healthcare;
- v. Prohibit discrimination against women and girls with disabilities in the provision of health insurance and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- vi. Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.
- b. States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for women and girls with disabilities, including by:
 - i. Facilitating the personal mobility of women and girls with disabilities in the manner and at the time of their choice, and at affordable cost;
 - ii. Facilitating access by women and girls with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
 - iii. Providing training in mobility skills to women and girls with disabilities and to specialist staff working with persons with disabilities;
 - iv. Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for women and girls with disabilities.
- c. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.
- d. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for women and girls with disabilities, as they relate to habilitation and rehabilitation.

COUNSELLING

Target Audience

Counsellors in both government and NGO service providers

Key Messages

- a. Ensure access by women and girls with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care.
- b. Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of women and girls with disabilities.
- c. No women and girls with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Women and girls with disabilities have the right to the protection of the law against such interference or attacks.
- d. States Parties shall protect the privacy of personal, health and rehabilitation information of women and girls with disabilities on an equal basis with others.
- e. The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity.
- f. Recalling the principles proclaimed in the Charter of the United Nations which recognise the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and peace in the world.
- g. Recognising also that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person.



- h. Convinced that a comprehensive and integral international convention to promote and protect the rights and dignity of women and girls with disabilities will make a significant contribution to redressing the profound social disadvantage of persons with disabilities and promote their participation in the civil, political, economic, social and cultural spheres with equal opportunities, in both developing and developed countries.
- i. Promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all women and girls with disabilities, and to promote respect for their inherent dignity.
- j. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons.
- k. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of women and girls with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.
- Require health professionals to provide care of the same quality to women and girls with disabilities as
 to others, including on the basis of free and informed consent by, inter alia, raising awareness of the
 human rights, dignity, autonomy and needs of women and girls with disabilities through training and the
 promulgation of ethical standards for public and private healthcare.

How to do it

- a. Ensure confidential policies or guidelines are developed and adhered to by all counsellors when proving services to women and girls with disabilities.
- b. Allow women and girls with disabilities who are deaf to choose their interpreters when accessing EVAW counselling services.
- c. When counselling women and girls who are deaf, talk to the person and not the interpreter.
- d. Create an enabling and safe environment for women and girls with disabilities to express themselves and share their stories on their experiences of violence, abuse and exploitation.
- e. When counselling women and girls with psychosocial and intellectual disabilities ensure that you are clear in your questions and allow time for them to think of the questions and responses.
- f. If you are going to provide forms or materials during counselling sessions, allow time for them to read over the documents, provide soft copies to women and girls who are blind and with low vision who are using their laptops to access information. For those who do not use a laptop, provide them hard copies printed in either braille or large font not less than 18 font size. Copies of these documents should also be provided to those who are deaf and their interpreters prior to the session.
- g. Train counsellors on disability inclusion and awareness.

COMMUNICATION

Target Audience

Everyone

Key Messages

- a. Recognise the importance of accessibility to communication, in enabling women and girls with disabilities to fully enjoy all human rights and fundamental freedoms.
- b. "Communication" includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.
- c. Promote the availability and use of new technologies, including information and communications technologies.



- d. To enable women and girls with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to women and girls with disabilities access, on an equal basis with others, 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.
- e. States Parties shall take all appropriate measures to ensure that women and girls with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice, as defined in article 2 of the CRPD.

How to do it

- a. Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by women and girls with disabilities in official interactions.
- b. States Parties shall enable women and girls with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:
 - i. Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;
 - ii. Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
 - iii. Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximise academic and social development.
- c. Incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support women and girls with disabilities in the training of EVAW service providers personnel.

PARTNERSHIPS

Partnering with EVAW Service Providers

ROLE OF THE DPO

- Provide technical assistance in terms of disability inclusion
- Raise concerns of members on the quality of services provided
- Share challenges and barriers of women and girls with disabilities in accessing EVAW services
- Share data and information on women and girls with disabilities' experiences in violence abuse and exploitation
- Refer women and girls with disabilities who experience violence, abuse and exploitation, to EVAW service providers
- Share success stories of women and girls with disabilities

ROLE OF THE EVAW SERVICE PROVIDER

- Include women and girls with disabilities in their programs and activities
- Ensure that their services are available, accessible, affordable and of quality that guarantees its enjoyment by all users on an equal basis
- Allow personnel to be trained on disability inclusion and awareness
- Work with NOLA to identify barriers faced by women and girls with disabilities and work towards how to remove them
- Raise awareness of the EVAW situations of women and girls with disabilities
- Encourage women and girls with disabilities to be part of Economic Empowerment Programs in the village



Partnering with Churches

ROLE OF THE DPO

- Provide technical assistance in terms of disability inclusion and accessible churches
- Raise concerns of members on the discrimination they faced in terms of inclusive churches provided
- Share challenges and barriers of women and girls with disabilities in accessing churches
- Share data and information on women and girls with disabilities experiences in violence, abuse and exploitation
- Share success stories of women and girls with disabilities

ROLE OF THE CHURCH

- Include women and girls with disabilities in their programs and activities
- Ensure that church services and buildings are accessible to all women and girls with disabilities on an equal basis with others
- Allow church leaders to be trained on disability inclusion and awareness
- Partner with NOLA to identify barriers faced by women and girls with disabilities and work towards how to remove them
- Partner with NOLA to raise awareness on the issues of women and girls with disabilities in VAW
- Create an enabling and safe environment within the church to allow women and girls with disabilities to fully and effectively participate in church activities
- Teach church members the need to eliminate violence against women and girls with disabilities
- BE CHAMPIONS of disability inclusion and the fight against stigma and discrimination against women and girls with disabilities
- Work with the village councils (FA'A MATAI) to ensure the elimination of violence against women and girls with disabilities

Partnering with the Media

ROLE OF THE DPO

- Provide training on disability awareness and inclusion
- Share challenges and barriers of women and girls with disabilities in accessing EVAW services
- Share data and information on women and girls with disabilities' experiences in violence, abuse and exploitation
- Share successes of women and girls with disabilities
- Promote the rights of women and girls with disabilities

ROLE OF THE MEDIA

- Highlight challenges of women and girls with disabilities targeting barriers that limit their full and effective participation in society
- Raise awareness of the rights of women and girls with disabilities
- Publish stories on successes, challenges and barriers of women and girls with disabilities
- Work with NOLA to campaign on gender equality and disability inclusion
- Ensure that women and girls with disabilities are at the centre of each story/ article developed on gender equality and disability inclusion



Partnering with communities

ROLE OF THE DPO

- Provide technical assistance in disability inclusion
- Share challenges and barriers of women and girls with disabilities in accessing EVAW services
- Share data and information on women and girls with disabilities' experiences in violence abuse and exploitation
- Share success stories of women and girls with disabilities
- Share case studies of women and girls with disabilities

ROLE OF THE COMMUNITY

- Fa Matai in close collaboration with the Member of Parliament and Village Church Leader
- Encourage and promote the inclusion of women and girls with disabilities in village sub-groups, programmes and activities
- Ensure safety of women and girls with disabilities within their villages
- Allow women and girls with disabilities to share their stories and challenges
- Punish perpetrators of violence in their villages
- Set village rules that promote the rights and fundamental freedoms of women and girls with disabilities on an equal basis with others
- Ensure that public facilities within the communities are accessible to all women and girls with disabilities
- Families of Women and Girls with Disabilities
- Ensure that women and girls with disabilities are included in family functions, discussions and activities
- Create a safe space at home to ensure and enable women and girls with disabilities are confident in sharing their challenges and problems they face when encountering violence
- Ensure that women and girls with disabilities are treated the same on an equal basis with other members of the family
- Encourage and ensure that women and girls with disabilities attend school and be part of the education systems and community education programs
- Encourage women and girls with disabilities to be part of Economic Empowerment Programs in the village





APPENDICES



APPENDIX

APPENDIX 1: DISABILITY INCLUSIVE PRACTICE CHECKLIST

How to use these checklists:

These checklists can be used by participants during Module 5: Referrals (not 'Planning for disability inclusion') They can also be used as starting point for your organisation/community to address the 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 different methods of receiving information about services. For example, a person with vision impairment may need to hear the information; a person with a hearing or intellectual impairment, or low literacy, may need picture information.

Women and girls with disabilities face 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 the primary reasons women and girls with disabilities do not access services, their lack of knowledge of available services and the lack of reasonable accommodation on their disability needs contribute a lot to them not accessing these services when they need them. Therefore, it is crucial that information on available services is available in different formats that recognise the diverse needs of women and girls with disabilities, and that environments to access this information and these 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 promotional 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

The following 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.

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 handrails and poor or absent signage.

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

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

Inclusive practices

Review physical access to your service:

- Ask a person from a DPO to do an audit on the accessibility of the building
- Ensure service facilities have accessible features including ramps, widened doorways, accessible toilets, appropriate signage
- When making changes to buildings, consult targeted user groups who have a variety of disabilities and local disability organisations
- When choosing a place for community education or service provision Identify a location central for community members with a disability. Identify a venue that may already be used by persons with a disability. Ensure venue has ramp access, accessible toilets, handrails, 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 a 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 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 language skills).
- This could include using plain language, using sign language interpreters, using written communication.
- Ensure alternative communications options are available based on the individual's requirements. Address the woman with a disability and not her accompanying carer or interpreter.
- Position yourself at eye level with a person in a wheelchair when talking one-on-one. Being at eye level
 helps a person feel respected and equal. It will also prevent the person in a wheelchair 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 difficulty communicating, consider involving family members and caregivers 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 practices

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

Where to find more help

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

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

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

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

Inclusive practices

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



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

Where to find more help

Policies and Planning

Having a clear policy about how your organisation will include women with disabilities means that there are structures and processes in place to ensure women with a 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.
- Prioritise persons with disabilities across service provision (e.g. to reduce waiting time, reduce travel costs).

Planning:

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

Where to find more help

Staff Attitudes and competency in disability

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

When women with disabilities 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 meets their needs.

Inclusive Practices:

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

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

Where to find more help

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



Appendix 2: Safety Planning

		D.O.B:				
1.	Inc	creasing Safety in the Relationship				
	a)	If I need to leave my home, I can go to (list 3 places)				
	b)	I can tell (list 2 people) about the violence and ask them to call the police if they hear loud noises coming from my home.				
	c)	I can leave extra money, clothing, car keys and copies of documents with(list one person).				
	d)	If I have to leave I will takewith me.				
	e)	To ensure safety and independence, I can keep change for telephone calls with me at all times, open my own bank account, rehearse an escape route from my home and review this safety plan.				
2.		r increased safety when the relationship is over: an change the locks, put better locks outside my home, and install a better door				
	l ca me	an inform (list at least 2 people) that my partner no longer lives with and ask them to contact (me, the police, others) if he is seen near my home.				
		rill tell the people who take care of my children the names of people who have permission to pick then . Those who have permission are(list all this applies to)				
		an tell (list people) at work about my situation and as em to screen my calls.				
	l ca	an get a protective order from and keep it with me at all times. n also leave a copy of it with (If applicable list 1 person).				
	If	I feel down and ready to return to a potentially abusive situation I can cal				
	su	support and strengthen my relationships with other people.				
	lm	portant Telephone Numbers				
	Ite	ms to Be Sure to Take with Me (Make a list here)				
						



Appendix 3: Sample Evaluation Form

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

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

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

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

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

	1	2	3	4	5
No relevance at all					
Little relevance					
Undecided					
Somewhat/To a certain the extent					
Yes definitely for me					

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



12. What would you have liked more information on?
13. How could the training session be improved? For example, what should be added or deleted?

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

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

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

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

16. Overall, how satisfied are you in 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 the total by 2.
- Step 3: Count the number of ticks under the Disagree Column. Multiply the 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. The maximum score is 57 (scores cannot be more than 57!:

Calculating Average of each Gender's Score

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

- Step 1: Add all of the Final Scores of all of the males. This number will be the total sum of all of the men's final scores.
- Step 2: Count the total number of sheets completed by the males. This number will be the total number of males who completed the G Scale.
- Step 3: Take the number from Step 1 and divide it by the number in Step 2.

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

a. Average Community Score

Agree = 1 point Partly Agree = 2 points Disagree = 3 points

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 with Each Statement by Gender

- Step 1: Count the total number of females who completed the G Scale.
- Step 2: For the sheets completed by the women or men only, count the total number of ticks for Statement 1 for each response: Agree, Partly Agree and Disagree. You will come up with 3 different totals for each statement. Follow the following set of calculations:
 - a. Statement 1(Agree): Divide the total number of ticks for Agree by the total number of females/ males who completed the G Scale. Multiply this number by 100.
 - b. Statement 1 (Partly Agree): Divide the total number of ticks for Partly Agree by the total number of females/males who completed the G Scale. Multiply this number by 100.
 - c. Statement 1 (Disagree): Divide the total number of ticks for Disagree by the total number of females/males who completed G Scale. Multiply this number by 100.



Note: To double check your work, add all of the percentages together for Statement 1 and it should equal 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 with 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).

The Gender Scale (G-Scale)

Date:	Village:	Country:	
(Please tick one)			
Male:	Female:		

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

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 together			
14.I would be outraged if my wife/girlfriend asked me 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 friend			
17.It disgusts me when I see a man behaving like a woman			
18. A woman who wears revealing clothes is 'easy'			
19. Women who go to bars by themselves are 'not good women'			



The Gender Scale (G-Scale)

Date:	Village:	Country:
(Please tick one)		
Male:	Female:	

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. 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 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'			



Appendix 5: 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 the customary international law into 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

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, 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 healthcare.

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.

⁵⁰ Human Rights Here and Now. (1998))Human Rights Educators' Network, Amnesty International USA and Human Rights Resource Center. Retrieved from http://hrlibrary.umn.edu/edumat/hreduseries/hereandnow/copyright.htm



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 (IGO): Organisations sponsored by several governments that seek to coordinate their efforts; some are regional (e.g., the Council of Europe, the Organization of African Unity), some are alliances (e.g., the North Atlantic Treaty Organization, 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 Organization, 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 Labour Organization (ILO): Established in 1919 as part of the Versailles Peace Treaty to improve working conditions and promote social justice; the ILO became a Specialized 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 honour 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: The 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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