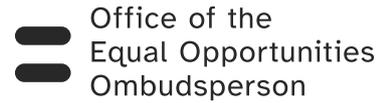


The

**Intersections
of Disability,
Gender and
Violence**

**in Response to and in
Prevention of Domestic
Violence**

TRAINING METHODOLOGY



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1. Who is this publication for?

This publication presents guidelines for training. The training is relevant for all agencies involved in responding to or preventing domestic violence¹ and coordinating with other organizations. In some Lithuanian municipalities² such cooperation is regulated by an approved algorithm (presented in detail in this methodology), the description of which identifies the main actors, i.e., the institutions with a duty to protect victims of violence and to provide the necessary assistance. These include **the police**, the territorial offices of **the State Child Rights Protection and Adoption Service, the Centres for Specialized Complex Support** (working with adult victims) and the institutions performing the case management function, usually **the Social Service Centres**. The training offered to professionals in these institutions will help them to increase the competence they need for their daily work.

The other actors involved in the Algorithm are institutions whose staff encounter or provide services to survivors of domestic violence. These include **health care institutions** (e.g., doctors, nurses), **social service providers** (e.g., personal care workers, personal assistants, NGOs), **educational institutions** (e.g., teachers, social workers, school psychologists, non-formal education specialists), also **public health bureaus** in each municipality and **municipalities itself**. These institutions and their representatives are also target groups in this training.

Educational institutions play a key role in the prevention of domestic violence and gender-based violence (GBV). They can identify violence among adults that also affects children and initiate the involvement of other institutions. On the other hand, the educational process offers an opportunity to reduce tolerance of violence, promote inclusivity and gender equality. Inclusive education is an important tool for the prevention of GBV, but it remains a

1 The term “gender-based violence” (GBV) is not used in official documents in Lithuania, but we do continue to advocate for gender-sensitive approach. Thus the term “domestic violence” is used while keeping the aspect of gender in mind and women with disabilities in focus. Also it is important to point out that, for the purposes of this publication, domestic violence is considered as violence of an intimate partner or other people in the family or close environment.

2 Ukmergė District Municipality, Alytus City Municipality, and Jonava District Municipality have adopted the "Algorithm for Coordinated Multi-Agency Response to Domestic Violence" in 2021. The algorithms were updated in 2023 to include the disability-sensitive aspect, among other updates. Other municipalities have also shown interest and/or intend to adopt them.

major challenge in Lithuania. In this context, this publication includes a separate module **for educational institutions**.

The proposed training would be more effective if it is attended by professionals with basic knowledge of domestic violence. For example, those who know about the different types of violence: not only physical violence but also psychological, economic, and sexual violence; who understand domestic violence as a consequence of coercive control³; and who understand why it is difficult for the victim to leave the abuser. Professionals with gender-sensitive attitudes will benefit more from the training.

³ Coercive control means that the perpetrator uses a range of power and control strategies (e.g., intimidation, humiliation, isolation), and only resorts to physical or sexual violence when the abused person tries to resist the control.

2. What does the training offer?

The aim of this training is to provide the knowledge needed for a disability-sensitive response to and prevention of domestic violence, to build the necessary skills, and to stimulate behavioural change among professionals.

The training enables participants to:

→ Gain knowledge about:

- the concept of disability based on the United Nations Declaration on the Rights of Persons with Disabilities and an understanding of how the latter differs from medical or charitable models;
- the barriers faced by people with disabilities and the impact of those barriers (for example, the increased risk of violence due to isolation);
- a disability-sensitive coordinated multi-agency response to domestic violence (the Algorithm);
- steps to creating a safe school environment (for educational institutions)

→ Reflect critically on their own attitudes towards disability;

→ Understand the impact of the intersections between disability, gender, and violence;

→ Increase the competences needed for an effective and disability-sensitive response to and prevention of domestic violence:

- assessing whether a person, including a person with a disability, is experiencing violence;
- asking about violence, including people with disabilities;
- recognizing violence, including specific forms experienced by people with disabilities;
- planning inclusive violence prevention;
- preventing GBV at school (for educational institutions).

3. How is the training delivered?

The recommended duration of the training is 8 academic hours, following the training process described in this manual. However, individual training modules may be used, if time is limited or if the level of preparedness of the target audience is assessed.

The number of participants should not exceed 15. If possible, it is preferable to conduct them in person. This will require a spacious enough, well-ventilated room, with chairs for the participants arranged in a semicircle. A projector and a whiteboard are also needed.

Breaks are an integral part of the training. Thus, sufficient time is allocated for regular breaks and a longer lunch break during the meeting. The teaching of the programme should not be at the expense of breaks.

The training approach is not so much about increasing knowledge as about making sense of experiences and shaping attitudes through creative exercises and discussions. It is therefore important to ensure a safe environment. It can be created by allocating time for warm-up exercises for participants to get to know each other better. Lecturers should constantly monitor the audience: on the one hand, seek to involve all participants, but at the same time allow them to step back if they have strong feelings or need emotional support. It is important to have two trainers conducting the trainings so that one of them can offer this individual support if need be.

The topics covered within the course of the training (domestic violence and disability) may trigger difficult personal experiences, even traumatic experiences, consequently strong emotional reactions are possible in this training. They need to be addressed with empathy.



Breaks are an integral part of the training.

4. Training programme

4.1 Disability-sensitive responses to domestic violence

For professionals involved in response to domestic violence: the police, victim support centres, social service providers, health professionals, NGOs, etc.

Duration	Subject
30'	Getting to know each other
60'	Childhood memories of disability
15'	Break
30'	Discussion on the concept of disability
30'	An ethical vocabulary of disability
30'	The "Yes and No" exercise
60'	Lunch break
20'	Recognising domestic violence
40'	Violence as coercive control
30'	Exercise. What and how to ask about violence?
15'	Break
30'	Coordinated Multi-Agency Response to domestic violence
30'	Training reflection

4.2 Inclusive education as prevention of domestic violence

For educational institutions, such as teachers, school administrators, social workers.

Duration	Subject
30'	Getting to know each other
60'	Childhood memories of disability
15'	Break
30'	Discussion on the concept of disability
30'	An ethical vocabulary of disability
15'	Barriers in the school environment I
60'	Lunch break
30'	Barriers in the school environment II
20'	Recognising domestic violence
40'	Violence as coercive control
15'	Break
15'	Coordinated Multi-Agency Response to domestic violence
30'	Creating a safe school environment
30'	Training reflection

5. Training methods

5.1 Group building

Getting to know each other

Duration: 30 min.

Aims: to create a safe, engaging, open, and respectful learning environment.

Tools: writing board; markers.

Procedure. start the training with all participants gathered and seated. First, briefly and informally discuss the topic and objectives of this training, as well as introduce yourself. Then encourage all participants in the circle to do the same. Invite them to tell you their name, expectations and attitude with which they came to the training. If the participants come from different institutions, ask them to name their positions and share what experience they have in working on violence and disability issues.

It is not only important for trainers to know the attitudes and expectations of participants before the training begins, but it is also relevant for the participants. Identifying expectations increases reflectiveness and helps to formulate personal goals. Naming the attitudes also acts as a prevention of conflict situations during the training.



Identifying expectations increases reflectiveness and helps to formulate personal goals.



When people say they feel irritated about having to attend training (especially when they have been mandated to do so by the management), simply naming this emotion reduces internal tension and possible resistance to the topic of the training.

You can animate the greeting circle by inviting people to introduce themselves by sharing an interesting (or little-known) fact about themselves, or by answering another playful question (e.g., what are your favourite animals? Name one hobby that is little known to many). These questions make it easier to engage in the conversation and reduce the tension that many participants feel at the beginning of the meeting.

After introductions, invite the group to discuss the principles of working together: **“What should we agree on to ensure our time together is meaningful and enjoyable?”** Invite the participants to propose rules for working together. Discuss them and, once they are agreed upon, write them down on a large sheet of conference paper, which should remain prominently displayed throughout the training. If the group has not identified the rules that are important for safe and constructive work, suggest them yourself, including the following:

- Respect;
- Being active;
- Speaking one at a time;
- Confidentiality;
- STOP rule (you may step back, if it is too difficult, you are not obliged to take part in all the tasks).

The proposed rules may sound abstract, thus it is worth discussing with the group what meaning is put into specific words, for example, what is meant by respect or confidentiality.

5.2 Disability: attitudes and perceptions

Childhood memories of disability

Duration: 60 min.

Objectives: to create a space for awareness-raising, to reflect on attitudes towards disability.

Tools: sheets of paper (they may be small), which can be handed out to each participant; pens.

Process. first, assign an individual task. Hand out slips of paper and pens and instruct them to think back to their childhood, then to write down a few instances of encounters with people with disabilities (who they were: perhaps a neighbour, a classmate, or a relative; what you thought about disability at the time, how you perceived disability, what you heard from others, etc.). Take 5 minutes to do this.

Then form groups of 3-4 people and ask them to share their memories during the discussion.

- What people with disabilities do I remember from my childhood?
- What was my relationship with disability?
- How did I assess the impact of disability on a person back then?
- How do I feel about their situation now?

Allow 15 minutes for the exchange of views in groups.

Return to the general circle and encourage a general discussion (40 minutes). The following questions will be helpful to do so:

- Was it easy to find memories of people with disabilities?
- Was there anything in common in the memories shared by the members of the group?
- What has been the impact of disability on the people in question?
- How and why have attitudes towards disability changed (if at all)?

Memories of people with disabilities are likely to reveal a wide range of experiences: both positive and negative. Images of rejection and isolation will emerge, as well as instances where disability seemed to have no significance, to have been overlooked. It helps to understand that real-life situations rarely correspond to the stereotypes reproduced in the public sphere, and to see the humanity of people with disabilities first and foremost, rather than the disability.

You may also discuss the impact that encounters with disability or lack of them may have had on participants' current attitudes. For example, never having encountered people using mobility aids (e.g., wheelchairs, walkers) or people who are blind, we do not acquire communication skills or etiquette necessary as well as knowledge about adapting our environment to be comfortable for everybody. This can lead to anxiety when you learn that you would have to deal with someone with a disability, such as a client who is deaf or a pupil with cerebral palsy. Living in an inclusive environment, the knowledge and skills needed to interact with people with different disabilities are taken for granted as a part of daily socialisation.



Negative attitudes towards **people with psychosocial disabilities** are particularly widespread in society. These are people whose disabilities are linked to mental health difficulties they have experienced throughout their lives. The term "psychosocial disability" is used instead of the still common term "mental disability". We propose to drop the latter, as it is the social context that determines whether a person with a mental health problem would also experience a disability.

Mental health disorders (long-term mental health difficulties that cause distress and make it difficult to carry out the tasks of daily life) are very common. According to the World Health Organization, 1 in 4 people will experience them during their lifetime.

Traditionally, mental health disorders have been grouped together based on diagnostic profiles: depression, anxiety disorders, bipolar disorder, schizophrenia, addictions, etc. However, a diagnosis does not describe the unique experience of a person. Two people with exactly the same diagnosis of a mental health disorder may have very different experiences, only some of them would also experience a disability because of a less favourable social context (e.g., no opportunity to work flexible hours or to have a part-time job, therefore, there is less risk of dropping out of the labour market).

Mental health problems might start later in life, thus, a person with a psychosocial disability may be highly educated and intellectually capable. This is important to understand in order not to confuse psychosocial disability with intellectual disability, which refers to intellectual impairment present at birth.

Mental health stigma leads to negative attitudes towards people with psychosocial disabilities. Most members of society have little knowledge of mental health disorders and how to provide support to the person experiencing them. There is a reluctance

to talk about the subject, experiences are hidden, and dehumanising myths that link mental health disorders with unpredictable behaviour and aggression proliferate. They are abundant in popular culture.

Negative attitudes towards people with psychosocial disabilities are often based on the experience of having to deal with a mental health crisis, where there was a lack of knowledge on ways to help and/or to find help. These are skills that most of us have not had the opportunity to acquire. In other cases, negative attitudes may be based on experiences of dealing with people who have mental health difficulties but have not received adequate help for a long time. Their wellbeing is often strongly influenced by the social, housing, and physical health challenges faced by them.

Mental health literacy basics help with understanding why biased attitudes towards people with psychosocial disabilities are wrong. We all experience mental health difficulties and in some circumstances we may experience mental health crises: a state of intense distress, difficulty in calming down, in understanding what is happening, in making decisions, in controlling our behaviour. Our behaviour will seem incomprehensible and strange to others and they will not know what we are experiencing or why. But there are always ways to help someone in crisis. It is possible to help calm down by making a connection, asking empathetic questions, being respectful, giving space and time.

Discussion on the concept of disability

Duration: 30 min.

Objectives: to provide knowledge of the human rights-based understanding of disability (based on the United Nations Declaration on the Rights of Persons with Disabilities) and the differences between this understanding and the medical or charitable models, also on the different forms of disability as well as the barriers faced by persons with disabilities and the impact of these barriers.

Tools: projector for displaying slides.

Process. participants discussed about people with disabilities during the exercise "Childhood memories of disability". So this part you could start with a question "What is a disability?" or "How would you explain what disability means"? Gather different opinions. The aim of this

exercise is not to provide a comprehensive definition of disability, but to give the opportunity to think about how the word "disability" could be understood differently.



Disability is likely to be interpreted as a result of a physical impairment or defect. Yet are these the key determinants? For example, does everyone with a visual impairment (someone wearing glasses) also have a disability? If not, why not? Physical impairments or idiosyncrasies do not necessarily lead to disability. Glasses can correct vision and remove barriers to work and to have an active social life. What about mobility aids such as walkers, wheelchairs? What determines their inability to "eradicate" a disability?

Disability is also often interpreted as inability to perform something, i.e., people are unable to move around independently or do other things. However, is a person who cannot use a computer also disabled?

Imagine a situation: we are sitting in a room at night and suddenly the power goes out in the whole block. We know that we need to leave the building urgently. Who will find it easier to do this: the sighted or the blind?

What if we were sent to report on a big conference of the deaf community where all the presentations are given in sign language. During coffee breaks, people also communicate only in this language, which we do not speak. How would you feel? Who would experience the disability?

All these examples allow us to critically evaluate the arguments of the medical model of disability and to understand that disability is not only determined by a person's physical characteristics, but also by their environment.

Having allocated sufficient time to discuss the perception of disability, introduce the different models of disability:

- **the charity model** sees people with disabilities as the underprivileged who are in need of charity;
- **the medical model** sees disability as a defect to be corrected and an individual problem that makes a person inferior;
- **the social model** sees disability as caused by the environmental (societal) barriers and only experienced when faced with them.

Briefly introduce the United Nations Convention on the Rights of Persons with Disabilities, which provides this definition of disability:



Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which IN INTERACTION WITH various barriers may hinder their full and effective participation in society on an equal basis with others.

This concept of disability is also known as a human rights-based understanding of disability. This means that disability is related to physical impairments, neurological features or other characteristics, however, the impact thereof depends on the environmental barriers faced. Disability can be thought of as a circle that expands or contracts (Figure 1) depending on environmental factors.

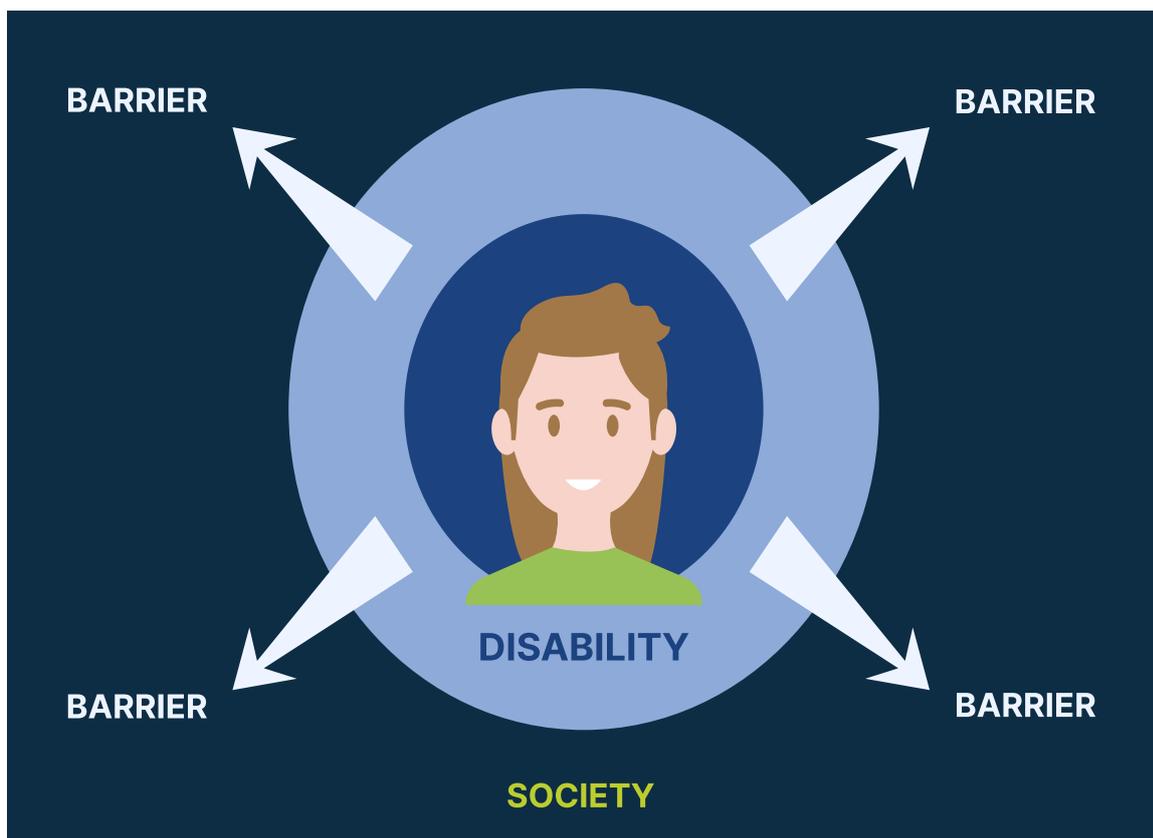


Figure 1. A diagram illustrating the impact of disability on people.

A human rights-based understanding of disability allows it to be accepted as a part of the diversity of the society. It is not about eliminating disability, but rather about ensuring the rights of people with disabilities, providing the necessary support, and removing barriers.

Physical barriers can be obstacles, such as architectural solutions that are relevant to people with reduced mobility: stairs, thresholds, narrow or out-of-service lifts, steep ramps, rotating handles. There is a lack of information in sign language to meet the needs of the deaf community. Children are negatively affected by segregation in the education system or by a lack of quality inclusive education. For example, a child with autism is not given the opportunity to work in a less sensory stimulating environment and there is a lack of teaching assistants. People with disabilities face challenges in the work environment due to inadequate workplaces, inflexible work schedules, or job definitions. Societal attitudes, ranging from explicitly discriminatory attitudes to intrusive stares or ignorance in the public sphere, are also a major obstacle.

The diagram in Figure 1 shows that, by removing at least some of the barriers, we can significantly reduce the disabilities people experience. In many cases, the key need is not a specific adaptation of the environment to the disability, but rather designing the inclusive environment from the start so that it can be used by as many different people as possible, and thus following the philosophy and principles of **universal design**. These include both the physical environment (e.g., building and street design) and the information environment (e.g., web pages, publications). In many cases, the environments in which most people spend their time are designed with the needs of a specific group in mind, i.e., people without disabilities. Changes are therefore now needed to ensure that both people without disabilities and people with different disabilities feel welcome everywhere.

An ethical vocabulary of disability

Duration: 30 min.

Objectives: to provide knowledge of an ethical vocabulary based on a human rights-based model of disability.

Tools: projector for displaying slides.

How to do it. use the slides to discuss the topic by using words, concepts, or phrases you might hear in your own environment. Show them in sequence and in each case ask which term or terms seem most appropriate and why. Lead the discussion so that the correct answer is shared. If there is a lot of resistance in the audience, present the correct answer as a suggestion based on concrete arguments.

WORDS MATTER

- Handicapped
- The disabled
- Person with disability
- Cripple

Slide 1. Words matter.

In this case, the most appropriate term is "**person with disability**". The use thereof underlines the principle of "person first". We are more than a disability. It is just one of many possible aspects of identity and does not define the whole of us. Other terms are derogatory.

WORDS MATTER

- Persons with disability and healthy people
- Persons with disability and normal people
- Person with disability and us
- Persons with disability and persons without disability

Slide 2. Words matter.

The most appropriate expression is "**people with disabilities and people without disabilities**".



After listening to all the arguments, point out to the participants that the use of other phrases equates disability to sickness or abnormality. The use of this vocabulary singles

out people with disabilities as fundamentally different from “us”, even if we preach different values. Changing the vocabulary requires a conscious and sustained effort.

WORDS MATTER

- Conquered disability
- Experience difficulties
- Lives with disability
- Fights the disability
- Suffers from disability
- Disability turned into superpower
- Inspires us

Slide 3. Words matter.

The third slide will help you see to what extent these phrases are consistent with a human rights-based understanding of disability. In some contexts, it is appropriate to say that a person faces difficulties or challenges as a result of a disability or lives with a disability. Other phrases are particularly often used in the wrong context.



Often, people with disabilities are only talked about in a positive light when they perform extraordinary feats. Then it is emphasised that he/she/they have "conquered disability", "turned disability into a superpower". This ignores the fact that, despite a disability, a person's achievements are primarily due to effort, work, being able to unleash talent. People with disabilities are not and should not be seen as a source of inspiration for people without disabilities: this is a stigmatising attitude. It is equally wrong to use dramatic metaphors ("living confined to a wheelchair") to portray disability as a constant suffering or struggle. For people with disabilities, it is an everyday reality, not a drama. If the environment is adapted and supportive, the wheelchair is as much of a constraint as the car seat is for the person driving it.

WORDS MATTER

- Children with special needs
- Children with disability
- Exceptional kids
- Differently abled kids
- Special children
- Unfortunate kids

Slide 4. Words matter.

Pay more attention to this slide if you are working with an educational institution, as this is the context in which the words on the slide are most often used. However, it is also worth discussing them with other professionals. If it is necessary to name, we can say, for example, **children with disabilities, children with individual support needs.**

It is very important to understand the difference between the two terms "special educational needs" and "special needs". They are not synonymous.

The term "special educational needs", with "educational" as the operative word, is used to refer to the situation of children who have difficulties in the educational process that require support. These children may, for example, have an intellectual disability, a developmental disability, or an autistic spectrum disorder. The term "special educational needs" is used formally in some countries.

However, when the word "education" is omitted from the abbreviation, the term takes on an opposite, discriminatory meaning. When it says "children with special needs", it gives the impression that they have special, additional needs and are therefore intrinsically different. However, the basic needs: love, security, self-expression, etc., are universal. Whether a child has Down's syndrome, dyslexia, or emotional challenges due to family difficulties, everyone has the same needs. However, the help they need may differ.

The term "special needs" has historically referred to the segregation of children with disabilities, for example, in special schools. Therefore, alternative terms, such as "personal needs", "individual support needs", are proposed.

Draw the audience's attention to the fact that diminutives for children with disabilities, such as "little ones", "poor ones", "unfortunate children", are associated with the charity model of disability, as they portray people as inferior because of their disabilities or challenges.

The same exclusion and dehumanisation can also hide behind seemingly nice terms, like "special children", "differently abled children", "exceptional children". However, these are euphemisms and their use leads to the exclusion of such children. It is important to understand that all children are special, all of them have superpowers, all of them are different. We must find a way to live and coexist in diversity. As long as there are barriers in our environment it is important to talk about experiences of disability. We should not be afraid of the phrase "children with disabilities". When it comes to specific children, remembering that they have a name, for example, **Liza, Oscar, Tom, Maria**, and not leaving a cryptic phrase in the air, such as "he's one of those children".



It is important to discuss terminology, reminding us that we ourselves grew up in an environment where the exclusion of people with disabilities was enormous, where terms that are now unacceptable were used and where they have changed repeatedly. Understanding ethical language means a slow and never-ending search for a language that helps us to reduce exclusion. It does not mean, however, that we should be ashamed if the wrong word slips out, or even more so, that we should blame ourselves, or that we should feel as a sloppy professional or specialist. Let's change our vocabulary with empathy, both for ourselves and for others.



Figure 2. Exclusion. Segregation. Integration. Inclusion

Finally, discuss the concepts of "exclusion", "segregation", "integration", and "inclusion". The distinction between the latter two concepts is particularly important. Integration implies that a person must adapt to the society, whereas inclusion implies that the society itself is changing so that there is room for everybody, regardless of their disability or other identities and particularities. Briefly discuss the benefits that inclusion brings to the society.

5.3 Domestic violence: the intersection of gender and disability

The "Yes and No" exercise

Duration: 30 min.

Objectives: to raise awareness of the barriers at the intersection of disability and gender, also to raise awareness of the increased risk of violence faced by women with disabilities.

Tools: four sheets of paper with the words "yes", "more likely yes", "no", "more likely no"; a projector for displaying slides.

Procedure. place the sheets with the words "yes", "more likely yes", "no", "more likely no" in a space away from each other. Using a projector, demonstrate the different statements. Participants individually choose an answer and stop at the sheet representing it. If there is consensus, move on to the next statement. If larger groups with opposing views form, you may encourage them to discuss their arguments within the group first and then encourage the different groups to discuss them among themselves (debate).

You may choose the statements according to their relevance to the group (the discussions in the previous exercises will also help you find your way).

We offer the following statements as examples:

- It would be better if a girl with an intellectual disability did not start a romantic relationship.
- Men are more likely to commit violence against women with disabilities.
- There is no way to help someone who is experiencing domestic violence and needs constant care.

- Don't blindly believe what a woman with mental health problems says about violence.
- People with intellectual disabilities have stronger sexual impulses.

All but the second statement are incorrect. In a general discussion, develop your understanding of the intersections between gender, disability, and violence.



The discussion can draw attention to the fact that the problem of domestic violence has a very strong gender dimension: the majority of victims of domestic violence are women and the majority of perpetrators are men. This situation reflects the power imbalance in the society, which creates favourable conditions for violence to take place: for example, it is still acceptable for a man to oversee all the decisions in the family, to devote much less time to the household or to caring for the children as well as to control the joint finances. Moreover, romanticisation of jealousy is still prevalent, which often leads to controlling behaviour. Societal gender stereotypes prevent women from getting out of violent behaviour or getting retribution from the perpetrator: victim blaming means looking for reasons why a woman "deserved" the violence, such as asking her husband to help with the housework too much, going out for fun without his knowledge, wearing certain clothes, drinking on a date, and agreeing to go to the boyfriend's house (in the case of sexual violence).

What happens when we add the disability dimension, for example, when a woman with a disability is subjected to violence? The situation is aggravated not only by the gender stereotypes, but also by the dehumanising stereotypes of disability discussed earlier. Furthermore, the effects of these stereotypes are not cumulative, but are rather the result of a specific interaction between them. Take the example of reproductive rights. Women without disabilities are often under intense pressure to have children, both from relatives and doctors. They must fight for the right to abortion. Women with disabilities, on the other hand, are urged to abstain from having children, to have abortions, and those who do have children are condemned for irresponsible behaviour. However, these women also grew up in a culture where a woman's worth is linked to having children, and they have heard messages that only by having offspring will they find the true meaning of life. In the context of violence, the intersection of gender and disability can lead to greater victim blaming tendencies, especially when it comes to psychosocial disability ("she has brought it on herself by her extravagant behaviour"). The sexual needs of people with disabilities are also often denied or ignored altogether, especially those with intellectual disabilities. This leads to gaps in sex education, which further increases the risk of violence, especially sexual violence against girls with intellectual disabilities.

In a society where the medical model of disability is the most prominent one, people with disabilities face many barriers, often leading to greater or lesser isolation, negative attitudes from those around them - all of which affect self-esteem, self-confidence, and body image. Consequently, people with disabilities and especially women with disabilities are at a higher risk of experiencing domestic violence.

Exercise. Barriers in the school environment I (for educational institutions)

Duration: 15 min.

Objectives: to raise awareness of the barriers faced by people with disabilities in the school environment.

Tools: crayons, paper sheets with forms for colouring (Annex 1).

Instructions. at the beginning, form pairs of participants and hand out paper sheets and crayons. Explain that the work would be done in pairs: you would have to colour the whole figure on the sheet as quickly and as beautifully as possible. When finished, you would need to sign the artwork as there would be an exhibition. Another important condition is that the pairs themselves would have to decide who of them would draw with the dominant hand and who of them would draw with the non-dominant hand.

Allow about 5 minutes for this task. During the process, keep urging the participants to hurry up, thus, creating a simulation of social pressure. At the end of the time allocated for the exercise, post the drawings on the wall in pairs, take time to look at them and return to the circle for a joint discussion:

- How did it go?
- Is the result satisfactory?
- What would be needed to improve the quality of the result?
- How does it feel to perform a task with your dominant hand and with the non-dominant hand?
- How does it feel to know that your partner had different conditions for the task? Was there frustration when they did better?

Use the participants' insights to discuss the situation in the educational process and move on to the second part of the exercise.

Exercise. Barriers in the school environment II (for educational institutions)

Duration: 30 min.

Objectives: to create a space for peer-to-peer sharing of good practices to increase inclusivity at school.

Tools: 3 tables to sit around, large sheets of paper, three markers of different colours.

Instructions: form 3 groups to sit at separate tables. Give each group a marker of a different colour and a large sheet of paper with one of the questions written on it (each group gets a different question):

- What barriers do you see for people with disabilities at school?
- What is missing to make our school environment inclusive?
- What is the most difficult part of creating an inclusive school environment?

Explain that participants would turn question-and-answer sheets like a “carousel”. At the beginning, they would have 10 minutes to discuss within their group and write their answers on a sheet. The sheets would then be "rotated" clockwise and the groups would have to add their own insights to those of the other participants. This step would take 5 minutes each. Once the question-and-answer sheets are back in their original position, give the groups time to read all the insights. Finally, invite the groups to present the result to the whole group, which would take up the rest of the exercise.

Use participants' insights as evidence of their existing work experience, which can be used to make educational processes more inclusive.



There is a high probability that participants would only discuss and consider barriers for children with disabilities. It is therefore worth asking a follow-up question: what groups of people were you thinking about when answering the questions? It is equally important to ensure the inclusivity of the school environment because teachers or other school staff may have disabilities. Also some children's mothers, fathers, or guardians have a disability and attend parents' meetings. In addition, when thinking about the needs of children with disabilities, it is useful to consider the educational needs of girls with disabilities and boys with disabilities separately, as they may also be different.

Recognizing domestic violence

Duration: 20 min.

Objectives: to improve the competences needed to recognize violence.

Tools: situation table (Annex 2).

Instructions. form pairs of the participants and ask them to rate which situations could be considered as violence and to name a form of violence. Allow 5 minutes for this exercise and then return to the main circle for a discussion.

Encourage discussion among the participants during this exercise. Use the knowledge of some participants to fill in gaps in the knowledge of others.

Correct answers:

Situation	Yes	No	Not necessarily	Type of violence
A man comes home from work in a state of exasperation. After tasting his dinner, he picks up his plate and slams it into the sink, shouting: "You can't even cook properly!".	+			Psychological
A woman with disability asks her spouse not to go to a meeting with his groupmates for one weekend.		+		Not violence
A husband often sends messages to his spouse: where are you, who are you meeting with, who are you talking to, where are you going afterwards, how are you doing? Sometimes he greets her unexpectedly with a bouquet of flowers just after she leaves the shop, at work, or at the hairdresser.	+			Psychological Coercive control
Without her girlfriend's knowledge, the woman linked her phone account to her e-mail and keeps track of her whereabouts via Google Location.	+			Psychological Coercive control
A man prevents his partner from attending a hairdressing course.	+			Economic Coercive control
During a work party, while the wife is chatting with a sympathetic colleague, her spouse comes up to her and demands to go home. When she quietly says: "don't embarrass me", he squeezes her wrist tightly and tries to take her away.	+			Physical, psychological Coercive control

Situation	Yes	No	Not necessarily	Type of violence
The woman often tells her husband that he couldn't do anything, couldn't pay anything, couldn't keep a job, couldn't take care of the house, and only dressed up when he was meeting others.	+			Psychological
The girl's partner keeps her bank card with him and decides how to use it by arguing that she hardly leaves the house anyway, she is wheelchair-bound.	+			Economic Coercive control
When a woman says she is not in the mood to make love today, her partner continues to insist on it. Eventually she gives in.	+			Sexual

Violence as coercive control

Duration: 40 min.

Objectives: to provide knowledge about the power and control used by the perpetrator; to raise awareness of why women with disabilities are disproportionately affected by violence.

Tools: projector for displaying slides.

Instructions. use the slide to help you explain the behavioural strategies used by the abuser to control the other person, discuss each of the strategies described (threatening, emotional undermining, etc.), and give examples from practice.



Domestic violence inevitably focuses on the victims, mostly women. We wonder why they put up with such behaviour, do not leave the abuser, or come back again after a break-up. Focusing on the victim prevents them from seeing the roots of the problem: the actions of the perpetrator and the existing norms in the society that normalise such behaviour.

The Domestic Abuse Intervention Programs (Duluth, Minnesota) have developed a tool to better understand the coercive control strategies used by the abuser to manipulate the victim and the support system. He does not use physical violence if he can impose his control through other means. However, if this is not sufficient (e.g., the partner tries

to break off the relationship), he uses physical and sexual violence. Notably, domestic violence usually becomes visible to the society only at this advanced stage.

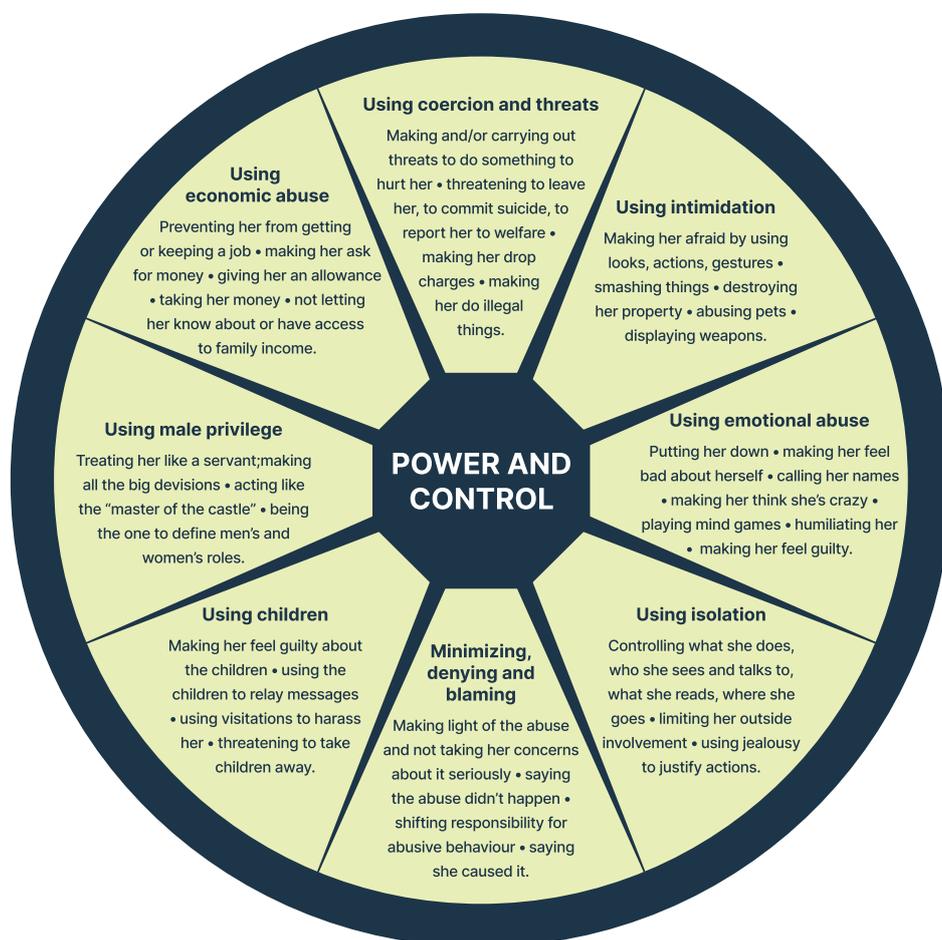


Figure 3. The power and control circle. Based on "Domestic Abuse Intervention Programs" (Duluth, Minnesota, USA, 1993)

Referring to Figure 4, give examples of the forms of violence experienced by persons with disabilities, in particular women with disabilities. Basic control strategies, such as intimidation, remain, but the object of intimidation may change; for example, fear of being sent to a social care home. Another example is isolation by preventing access to mobility and communication tools. The perpetrator may also withhold emergency care, manipulate medication by changing the dosage or interchanging medication. Some of the control strategies are less visible to others because of the general devaluation of people with disabilities in society. For example, people with disabilities often find that when they go to a bank, clinic or other institution with an accompanying person, the latter is the person who is spoken to and not the one receiving the service. On the contrary, it should be surprising and suspicious to the bystanders if the person one is close to decides everything for the person with a disability.

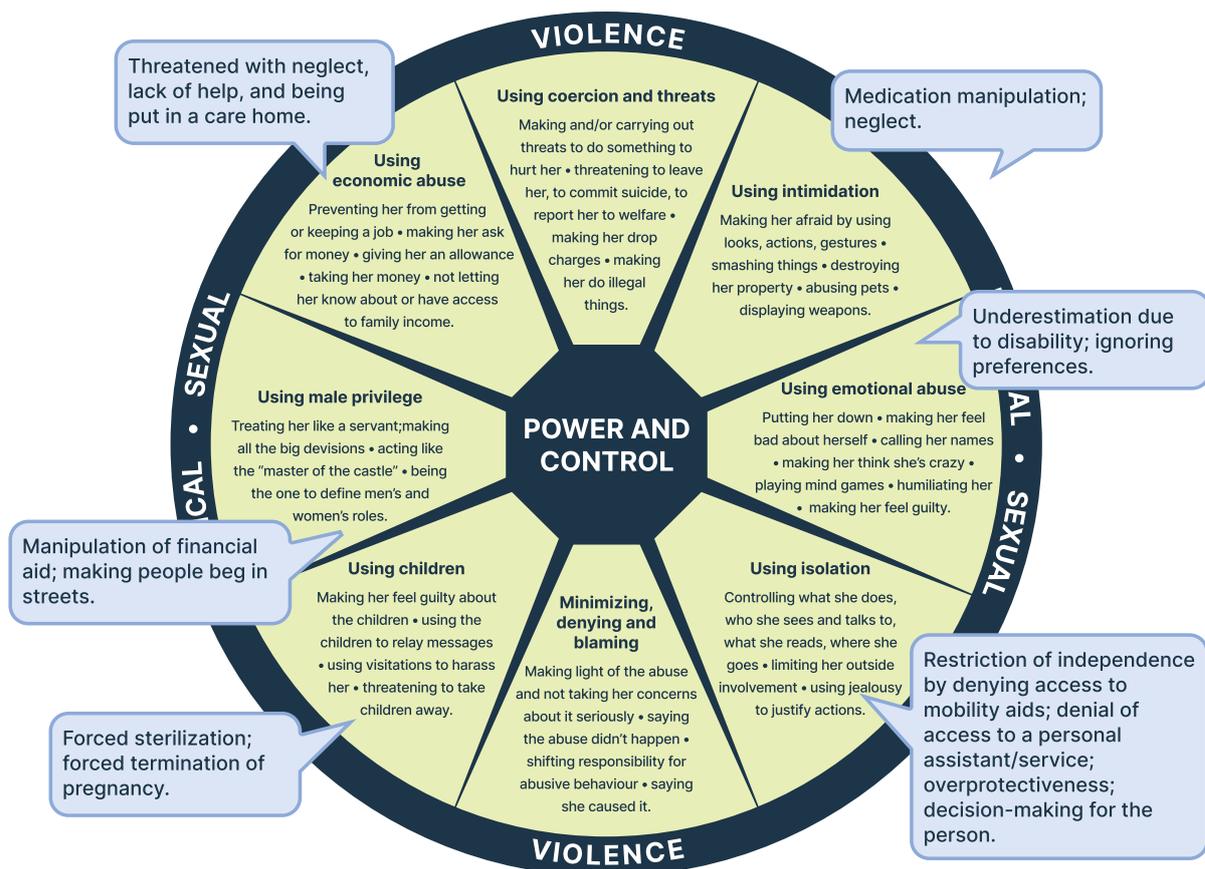


Figure 4. The power and control circle. Examples of additional forms of violence experienced by people with disabilities.

Moreover, please share some general statistics: it is estimated that women with disabilities are twice as likely as women without disabilities to be subjected to domestic violence, and four times more likely to be subjected to sexual violence. In a study⁴ conducted in Lithuania, 93 % of the surveyed women with disabilities not having experienced violence, reported having experienced psychological violence at least once in their lifetime, and as many as 84 % of them had experienced physical violence. More than 53 % of them experienced violence specifically from their spouses or intimate partners. A third of them said they had never sought help.

It should be noted that not only intimate partners may become perpetrators of violence through systematic power and control strategies, but parents, other family members, as well as professionals, such as personal care workers and assistants, may also subject to this. This is much more often the case for persons with disabilities. Thus, domestic violence may not only mean violence within the family, but also in a social care institution. Institutional violence refers to the indifferent or violent behaviour of public employees, which is caused by negative attitudes towards people with disabilities.

4 Aginskaitė S., Uscila R. Viktimologinis tyrimas: moterų su negalia smurto patirtys. <https://www.lnf.lt/wp-content/uploads/2022/03/Viktimologinio-tyrimo-ataskaita-LNF.pdf>

Exercise. How and what to ask about violence?

Duration: 30 min.

Objectives: to strengthen skills in assessing whether a person with disabilities is experiencing violence; to strengthen skills in referring persons experiencing violence for help.

Tools: pre-printed role cards, sufficient for all participants (Annex 3).

Instructions. divide the participants into pairs, with the roles of a client and professional to be agreed upon in each pair. Hand out role descriptions. Participants should not show them to anyone. Role descriptions are for guidance only, to encourage improvisation, for creating additional details, empathizing with the role. Participants can also consult you if they have any questions about the role. The essence of the exercise is that the female client meets with a professional whose aim is to find out if she is experiencing violence, and if so, to respond appropriately to this information and to refer her for help. When everyone is ready, the start is announced: each pair has 7 minutes to talk.

At the end of the group work, take a couple of minutes to discuss how did it go. This is followed by a joint discussion. Questions for joint discussion:

- How easy or difficult is it to ask questions about violence? What phrases have you used for this?
- How did you continue the conversation when you heard about the violence?

To summarise the exercise, please identify questions that are appropriate to use when enquiring about violence in general, and questions that are specific to disability. Discuss when it is worth asking about violence, even if there are no obvious signs of violence.



It is important to follow the principles of empathetic listening when asking about violence.

- 1) **Listen.** Simple listening without judgement can encourage a person to seek help.
- 2) **Show that you believe the story.** Don't doubt the person's words, express understanding. "The situation seems dangerous", "You must be very scared".
- 3) **Encourage openness.** Show that you understand how difficult it is to talk about these experiences, but that it is still worth talking about, it is important.

- 4) **Stress the unacceptability of violence.** Make it clear that violent behaviour is unacceptable, it cannot be justified by any circumstances and it is a crime.
- 5) **Don't blame them in any way.** Explain that the person cannot control the violence by changing their behaviour. Point out that many fine people find themselves in this situation. Never ask: "Why don't you leave?" or "What could you have done to avoid this situation".

Key control questions:

- What is the situation at home?
- How safe do you feel?

Additional questions:

- Does your partner/family member/carer have control over what you do and who you interact with?
- Do you experience humiliation, constant criticism? Are you anxious that you might end up doing something wrong in the eyes of your partner/family member/carer?
- Has your partner/family member/carer ever physically harmed you (hit, kicked or otherwise caused pain)?
- Has your partner/family member/carer forced you to perform unwanted sexual acts?
- Has your partner/family member/carer ever interfered with the use of aids (e.g., wheelchair, walking stick, telephone)?
- Has your partner/family member/carer refused to help with your needs (e.g., getting out of bed, bathing, dressing, eating or drinking, taking medication)?
- Has your partner/family member/carer ever restricted or otherwise controlled your finances without your consent (e.g., denying you access to bank cards, accounts, demanding detailed accounts of your spending, prohibiting you from working, studying or training)?

Easy-to-read language should be used when communicating with a person with an intellectual disability. This means using short sentences made up of simple words, avoiding metaphors and allusions. Below is an example (Figure 5) of a text on domestic violence in easy-to-read language. This text is available in Lithuanian language at: www.gap.lt/feministinis-gidas/tvirtu-peciu-problema/.



Sometimes men are much stronger than women.
This can be a bad thing.
Sometimes men want to treat women badly.
Sometimes men beat women.
This is called violence. People say that if a man beats a woman, it is her own fault.
This is not true.
Women are afraid to say that they are being beaten.
They are ashamed.
It is wrong.
Women have to say when they are beat.

Figure 5. A feminist guide produced by the Centre for Equality Advancement in easy-to-read language.

Easy-to-read language is also useful when you are talking to strangers and have limited communication skills, or when you are talking to someone in a mental health crisis who is struggling to cope.

Women with disabilities are at a significantly higher risk of domestic violence than women without disabilities, but they are less likely to receive the help they need. Therefore, even if there are no signs of violence, women with disabilities should be asked about their safety and/or possible violence, if these increased risk factors are identified:

- **Limited independence** (e.g., need for constant or partial help with household chores, mobility, medication, communication, etc.).
- **Isolation** (e.g., not in education or employment, no friends, not involved in any community).

Coordinated multi-agency response to domestic violence

Duration: 15 to 30 minutes (less detailed presentation for educational institutions).

Objectives: to provide knowledge on how a disability-sensitive Coordinated Multi-Agency Response to Domestic Violence works (the Algorithm) and how to plan inclusive violence prevention.

Tools: projector for displaying slides.

Instructions. take into account the group's composition, readiness, and expectations when selecting or choosing in the scope of detail to make this presentation of the Algorithm for a Coordinated Multi-Agency Response to Domestic Violence. In any case, comment at least briefly on the main components of the Algorithm: participants, reporting, assistance, commission, prevention.



The Algorithm is based on the legislation concerning domestic violence in Lithuania, also additional actions or areas of cooperation between institutions are foreseen, as established by the adoption of the Algorithm in Alytus City Municipality, Jonava District Municipality, and Ukmergė District Municipality in Lithuania. The Algorithm is also disability-sensitive and, therefore, provides specific actions to assist a person with a disability, which are currently lacking in the national regulation. If the municipality where the participants of this training work does not have such an algorithm in place, it cannot be expected that the described system would work. In such a case, encourage the specialist(s) to initiate and promote the adoption of such an algorithm in the municipality. For the Algorithm to be effective, it is necessary to take into account the specificities of each municipality and country, the challenges of cooperation between institutions (to carry out a study), to agree on the principles and details of the Algorithm in an inter-institutional group (to carry out a workshop on the development of the Algorithm), and then to adopt the Algorithm by decision of the council or the director of the municipal administration, and to carry out an information campaign to inform professionals about the Algorithm.

Please point out that each municipality that organizes support for victims of domestic violence faces challenges. Often these relate to multi-agency cooperation, frustration of professionals when the help they provide is not effective, overwork, or even burnout. These challenges can be addressed by **putting in place a clear framework for multi-agency cooperation**, in other words,

an algorithm. In Lithuania, the first algorithms for a Coordinated Multi-Agency Response to Domestic Violence have been developed in Alytus City Municipality, Jonava District Municipality, and Ukmergė District Municipality in cooperation with experts from the Centre for Equality Advancement. The goal of the algorithm is to ensure the safety of a person who is a victim of violence. This common goal is shared by the various institutions, organisations, and bodies operating in the municipality, which are clearly aware of their role in responding to violence, providing assistance, or prevention.

The algorithms follow the concept of domestic violence introduced earlier, linking it to coercive control over a person and including physical, mental, sexual, economic or other effects. The algorithm is also disability-sensitive and follows a human rights-based approach to disability.

Key participants in the Algorithm: the police, responsible for the stopping of domestic violence; the **State Child Rights Protection and Adoption Service (CRPAS)**, responsible for the protection of children's rights in cases of domestic violence; the **Centre for Specialized Complex Support (CSCS)**, which coordinates the provision of assistance to the victim of domestic violence in cases of families without children; and the representative of the adult victims' interests in cases with families with children; an agency with **case management function** (usually Social Service Centres) to coordinate assistance to victims of violence when working with families with children or with persons with disabilities.

Other important participants of the Algorithm is the municipal administration; the probation service; educational institutions; the Pedagogical Psychological Service or the Educational Assistance Service; health care providers (e.g., community nurses, nurses, family doctors, dentists, mental health specialists), public health providers (e.g., public health professionals in municipal public health offices, welfare counsellors), and social services providers (e.g., social workers; personal care workers; personal assistants), other institutions (e.g., workers in municipalities; disability NGOs; workers in day-care centres, etc.).



The goal of the algorithm is to ensure the safety of a person who is a victim of violence.

All participants in the Algorithm are systematically informed about their role in ensuring a coordinated response to domestic violence and raise their competence in this area, including the specificities of violence experienced by women with disabilities.

What happens when you learn about domestic violence?

Anyone, for example, neighbours, can **notice** or **become aware** of possible or actual domestic violence and report it to the police. Furthermore, **professionals** (teachers, social workers, public health professionals, nurses, doctors, NGO workers, etc.) working in various institutions can notice signs of violence. Even a slight suspicion of domestic violence deserves to be taken seriously. In that case professionals have to:

→ **Inform:**

- the police (if they suspect the abuser is going to use or is using violence);
- CRPAS (if they suspect that a child is a victim of domestic violence).

→ **Refer** a person who may be experiencing domestic violence to the Centre for Specialized Complex Support.

Police officers go to the scene after receiving the call. In all cases of domestic violence, they pass on information to the CSCS, including information on disabilities and perceived individual support needs. In cases where children are the victims, they contact the State Child Rights Protection and Adoption Service. In cases where the eviction of the perpetrator would leave the victim with a disability without the necessary assistance, inform a relative or other close person in a position to provide assistance, or in their absence, a social services institution and/or a personal health care institution.

Upon receiving the information, the CRPAS arrives at the scene within 1 hour, assesses the child's situation, takes measures to ensure their safety and, if necessary, initiates a case management process.

The CSCS is in contact with the adult victim and provides specialized help. If it becomes apparent that the victim is an adult with a disability, with the consent of the person, it informs the case-management agency.

The case management agency provides contact and communication with the victims and comprehensive assistance. If it receives a report of a victim who is an adult with a disability and who would be left without the necessary assistance if the perpetrator was to be arrested or protection order was used, it shall, with the person's consent, organize the necessary services:

- Send a professional to your home to assess the need for services and coordinate them;
- If home-based services are not enough, organize temporary accommodation on this priority basis, after assessing the individual needs for assistance:

- 1) with the victim's chosen relatives;
- 2) in temporary accommodation available in the municipality: a crisis centre, a social services centre, etc.;
- 3) in municipal care institutions.

The description of the Algorithm also details what information can be exchanged between the participants in the Algorithm in accordance with the existing legislation at the national level or agreements at the municipal level. It helps to understand how information is transferred, who participates in what multi-agency meetings.

How is help provided?

The CSCS offers specialized, comprehensive assistance, subject to the victim's consent. Examples of assistance include: counselling by a psychologist, counsellor or lawyer, empowerment to solve the problem, referral to other institutions for services. The CSCS communicates with the municipalities, the social services, etc., as needed, to provide assistance. If the victim refuses assistance, the CSCS will re-contact the victim to clarify the need for assistance after some time passes. If children are also victims of domestic violence (as witness), the CSCS shall cooperate with the case manager coordinating the provision of assistance, as the CSCS represents the interests of the adult.

The CRPAS, having assessed the child's situation, shall take appropriate steps to ensure the child's safety. If necessary, the CRPAS shall arrange for the provision of emergency psychological assistance to the child. The CRPAS shall cooperate with the case management agency.

The case management agency assesses the situation and the needs of the family, prepares a family assistance plan, organises the provision of social, psychological and other assistance to the family, coordinates the provision of these services, and monitors the implementation of the assistance plan. They shall cooperate closely with the CSCS to ensure that the interests of the adult victim are also represented in the provision of family assistance. There is also active cooperation with all institutions involved in the implementation of the assistance plan. Those providing assistance to persons with disabilities consider the fact that victims face significantly more obstacles when they decide to leave their abuser, and, therefore, require more assistance (e.g., more frequent visits by a specialist, re-contacting, etc.) in accessing services in the community or at home.

How is it ensured that the Algorithm works?

The Commission for the Prevention of Domestic Violence, which operates in the municipality, examines the gaps in the Algorithm and looks for effective solutions, ensures the effectiveness of the prevention and monitors the measures provided for in the Algorithm. The Commission is formed of the main actors of the Algorithm, as well as representatives of NGOs and other organizations.

The monitoring of the Algorithm is based on statistics on serious injuries and deaths due to domestic violence, including disability statistics; an assessment of the exchange of information between institutions and compliance with the cooperation principles set out in the Algorithm; and the opinions of victims as collected by the CSCS.

Extraordinary meetings of the Commission are convened in exceptional cases, such as professional misconduct, a murder in a domestic violence case, etc.

How is coordinated prevention carried out?

Coordinated and comprehensive prevention measures address the main factors that promote or sustain domestic violence. The aim is to ensure that preventive actions are comprehensive and reach out to different groups of the society. The following themes are highlighted as relevant for the prevention:

- Increasing the recognition of domestic violence/coercive control (including the specificity of violence against persons with disabilities);
- Raising awareness where help is available, if a person experiences domestic violence;
- Changing gender stereotypes;
- Empowering people to seek help;
- Promoting norms of caring masculinity;
- Raising awareness about individual needs of people with disabilities.

Preventive measures on these topics should be tailored to reach schools and the public (separate measures for men and women), and be used to increase the competences of various professionals and NGOs.

The municipal administration should see the overall picture of preventive actions, as the Algorithm foresees that all participants in the Algorithm report to the person designated by

the municipal administration about the prevention measures planned and implemented. This information is then also made available to the public by a person appointed by the municipal administration. In addition, it shall publish information on the institutions and organizations providing services and assistance to the public.

Prevention, considering the higher risk of violence faced by people with disabilities:

- Ensuring the participation of persons with disabilities in preventive measures (training, meetings, discussions, etc.).
- The content of the preventive measures includes information on the specific nature of violence experienced by persons with disabilities.
- Information on recognising violence, reaching help is accessible to people with disabilities (using universal design, easy-to-read language, Braille, sign language translation, other ways to communicate information in a way that is accessible to everyone).
- Cooperation with disability NGOs and other disability communities, including informal communities.

The full description of the Algorithm (in Lithuanian) can be found in publication

 „Smurto artimoje aplinkoje prevencija ir pagalbos teikimas smurtą patyrusiems asmenims su negalia. Gidas savivaldybėms“.

5.4 Creating a safe school environment (for educational institutions)

Duration: 30 min.

Objectives: to provide knowledge on the steps to create a safe school environment; to increase teachers' competences in preventing gender-based violence (GBV) in schools.

Tools: projector for displaying slides.

Process. present the steps to creating a safe school environment by highlighting the importance of the whole school community, i.e., pupils, parents, teachers, having the competences to recognize and respond to violence. When the whole school community is empowered and works together, only then can real change be expected.

Steps in brief:

- 1) Provide training for school **staff**;
- 2) Ensure regular GBV prevention classes **for pupils**;
- 3) Organise educational afternoons **for parents**;
- 4) Have a clear mechanism for **responding to violence**.

1

Training for school staff

The beliefs, attitudes, and values of teachers and school staff have a huge impact on the values and skills that pupils learn. It is important to realise that our own attitudes may allow us to normalise or romanticise sexual harassment and other forms of violence. GBV at school can be seen in relationships with peers, such as name-calling, unwanted touching, sexual harassment, displaying pornography, sexting (sending unwanted sexually explicit messages), being forced to engage in certain forms of sexual intercourse, hitting or pushing another person. Bullying or sexual harassment is also increasingly visible online and on social networks.

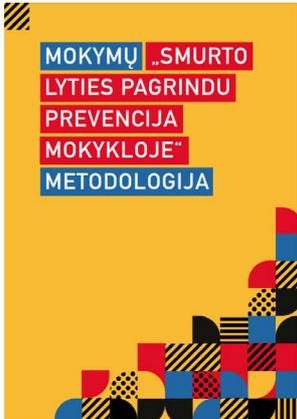
It is important that all school staff would be able to increase their competence in violence prevention, their ability to recognise and respond to bullying and violence, as well as their

ability to recognise the signs that a child is living in a violent environment. We invite you to pay particular attention to GBV: recognition, appropriate response, and prevention thereof.

Resources:

[Methodology for training "Prevention of Gender-Based Violence in Schools" \(2021, in Lithuanian\)](#)

Based on this methodology, guest speakers can prepare a two-day training course designed to provide essential knowledge and build competences to enable school staff to recognise different forms of GBV and to be prepared to develop a response mechanism to violence.



PIRMA MOKYMŲ DALIS			ANTRA MOKYMŲ DALIS		
TRUKMĖ	UŽSIĖMIMO PAVADINIMAS		TRUKMĖ	UŽSIĖMIMO PAVADINIMAS	
35 min.	Susipažinimas, saugios aplinkos kūrimas		35 min.	Ižanga į temą ir saugios aplinkos kūrimas	
1 val. 10 min.	Iškalinta lytis: lyčių stereotipų ir nuostatų sąsaja su smurtu lyties pagrindu	8 psl.	1 val.	Smurtas artimoje aplinkoje: samprata ir formos	35 psl.
15 min.	Pertrauka		15 min.	Pertrauka	
1 val. 30 min.	Netinkamo elgesio mokyklos aplinkoje atpažinimas	13 psl.	1 val. 15 min.	Kodėl sunku išėti iš smurtinės aplinkos?	45 psl.
60 min.	Pertrauka		60 min.	Pertrauka	
1 val. 15 min.	Reagavimas į smurtą mokykloje	25 psl.	1 val. 30 min.	Smurto artimoje aplinkoje poveikis vaikams ir mokyklos vaidmuo	55 psl.
15 min.	Pertrauka		15 min.	Pertrauka	
45 min.	Smurto prevencijos mechanizmo mokykloje kūrimas. Pokyčių plano rengimas	31 psl.	55 min.	Smurto prevencija mokykloje: veiksmų planas	66 psl.
45 min.	Refleksija, mokymų įvertinimas ir atsisveikinimas		45 min.	Refleksija, mokymų įvertinimas ir atsisveikinimas	

2

Continuing lessons for pupils

One of the most effective steps to ensure a safe school environment is to include lessons on violence prevention in the curriculum.

These resources include lesson plans for pupils in primary or upper secondary school. They cover topics such as the importance of emotional intelligence, communication skills, recognising risky situations, building equal relationships, recognising gender stereotypes, the importance of drawing boundaries, boosting self-esteem, skills for getting help, etc.

Resources:

 **Methodological Activity Guide. Activities for the prevention and intervention of gender-based violence based on the principles of positive psychology** (2020, in Lithuanian).

In this guide, teachers will find lesson plans for working with primary school pupils. The age-appropriate lesson plans will help to promote pupils' critical appreciation of gender stereotypes, enable them to cope more effectively with everyday challenges, help children to develop attitudes and behaviour, as well as increase their resilience in the face of stress and trauma.

 **Equality Lab: a guide to creating a safe school environment** (2021, in Lithuanian)

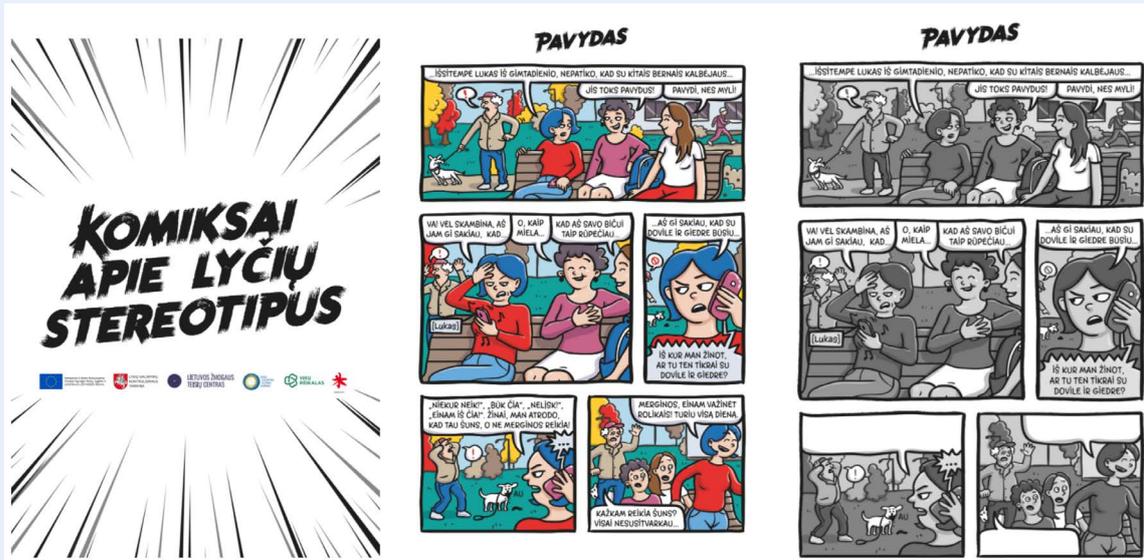
A methodological publication for working with pupils in the upper grades. It not only provides descriptions of the activities, but also additional theoretical material on what educators should know about the following topics: encouraging the recognition and change of social and cultural norms that justify violence, promoting the development of equal relationships..

 **Fostering Caring Masculinities in Early Childhood Education and Primary Schools** (2023, in Lithuanian)

The publication provides practical advice for educators on how to implement gender-sensitive educational approaches in early childhood and primary education, with a focus on raising awareness of the social roles of boys and men.

 **How many kilos can a woman lift and other gender stories** (2021, in Lithuanian)

Teachers will find guidance on how to talk to pupils about gender issues in an engaging way. The comics can be used to invite pupils to re-create social norms and to suggest their own ways of completing the scenarios.



3

Involving parents in creating a safe school environment

The role of the parent/guardian community is also important. When the school community works together: male and female teachers, female, male and non-binary pupils, mothers, fathers and carers are able to **critically assess stereotypes** and their impact, furthermore, they all have the skills to **recognise and respond to violent behaviour**, including the one stemming from gender-based attitudes, dialogue at school is much more effective. In this way, both children and adults are much more likely to be courageous in speaking out about bullying and sexual harassment they have seen, and there is less stigma attached to GBV.

Organize educational afternoons for parents and guardians, discussion circles moderated by invited guests or members of the school community. Consider what external help you can get and what local institutions or organisations might be able to help you organise such meetings. Perhaps there are people in the parents' community working in the fields of violence prevention, gender equality, sexuality, or public health?

Resources:

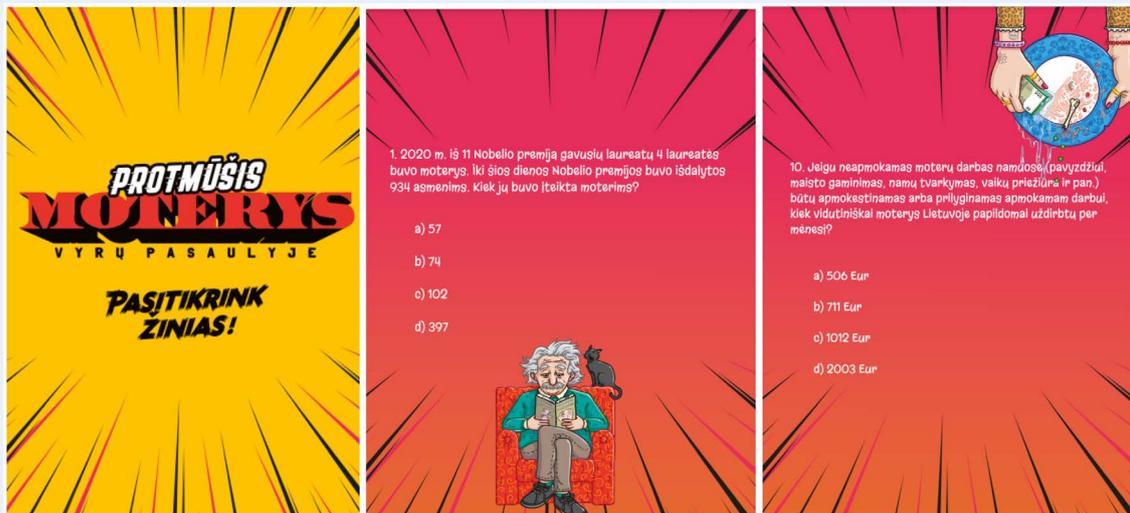
[How to talk and discuss gender issues with pupils? \(2020, in Lithuanian\)](#)

Recommendations and excellent guidelines to start a discussion about the issues we

encounter in everyday life in relation to the influence of gender roles: on decision-making, on the way we see the world, on the way we build interpersonal relationships. It should inspire more than one discussion with parents or the whole school community.

[🔗 "How many kilos can a woman lift and other gender stories" \(2021, in Lithuanian\)](#)

A collection of ideas for using interactive activities (tests, comic book) to talk about gender issues in an engaging way.



4

Mechanism for responding to violence

Although most schools have a description on Violence and Bullying Prevention and Intervention, it tends to see violence as a homogenous phenomenon. Meanwhile, international organisations point out the need to integrate a gender perspective and disability in their internal documents, as this is the only way to ensure that specific measures are taken to prevent this violence.

The mechanisms for preventing violence and bullying, without gender-specific guidelines, do not provide the tools to identify forms of gender-based violence (GBV) and, if left unchecked, can create the conditions for the normalisation of such violence and, in the long term, can exacerbate the problem.

We invite you to include the concept of GBV in the violence prevention plans or related documents and to include measures to identify and prevent it.

Gender-based violence is violence directed against a person because of their gender, gender identity, or gender expression. Due to stereotypical societal expectations of appearance and behaviour (the culturally unequal relationship between the genders), GBV is more often experienced by women and girls, but it is also experienced by boys and men due to a lack of conformity to the “masculine” norms.

It is important that the whole school community is aware of how the response mechanism to bullying and violence works in your school, to discuss what challenges may arise and how to address them. The resources will give you more insights into what steps your school could take to create a learning environment where everyone feels safe:

Resources:

 [Equality Lab: a guide to creating a safe school environment \(2021, in Lithuanian\)](#)

In this publication, the school community will find a 7-step plan covering the main aspects of GBV prevention: leadership, situational analysis, prevention in the curriculum, capacity building for teachers, a response mechanism, ensuring a safe environment, and the evaluation of the prevention of violence in schools. Each step is presented in the package, accompanied by a range of practical tools: methods, questionnaires, exercise sheets, and guidelines designed to help with the implementation of the steps described.

5.5 Training reflection



"How did I feel during the workshop?"

Duration: 30 min.

Objectives: to create a safe space for the participants to reflect on and to speak about their experiences and insights from the workshop.

Tools: chairs arranged in a circle, a soft small cosy object.

Process. invite the participants to sit in a circle. Remind the participants in the circle what happened during the training: "do you remember how you came to the training, how we met, how we were transported back in time to our childhood", etc. Provide the group with questions for reflection and invite them to share their thoughts.

Tips for successful reflection

It is important to take time for reflection at the end of each session. Reflection is a very valuable element in the learning process, as making sense of one's own experience and making it audible to others allows for the creation of new meanings and perceptions.

Brief reflections can also take place after some of the sessions, in the middle of the workshop, if we see a need to stop and discuss how these topics have already touched the participants, in order to have space to share their feelings and insights.

It is advised against ending the training only with a summary or a farewell, it is very important for each participant to have the opportunity to take the time to reflect, to think about what was important for them to hear today, to experience and to think how they would apply the new knowledge or skills to their own (professional) work. A wide range of feelings may arise during the training, when talking about difficult experiences, recalling personal stories, , which should also be addressed during the reflection. Participants could be asked "how did I feel during the workshop?" or invited to write down their feelings in a bag of feelings drawn on a large sheet of paper.

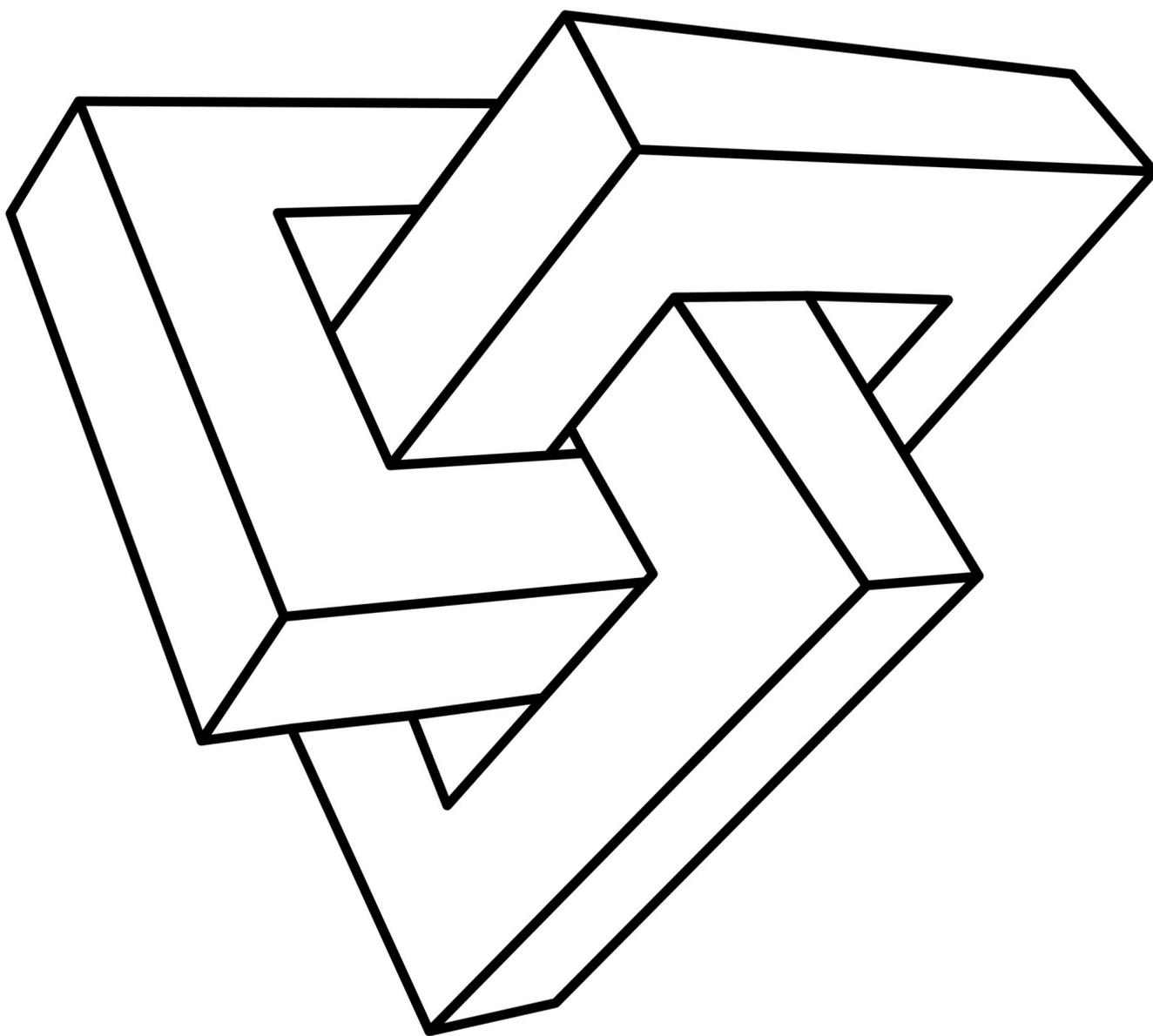
Before the reflection, it is important to remind the group that we would only be listening to the speakers, not commenting or evaluating the other person's statement during the reflection. A soft object (soft toy, ball in the palm of the hand) may be given to the first person to speak, reminding them that only the person holding the object could speak at that time. Once the participant finishes speaking, they pass the object to another member of the group.

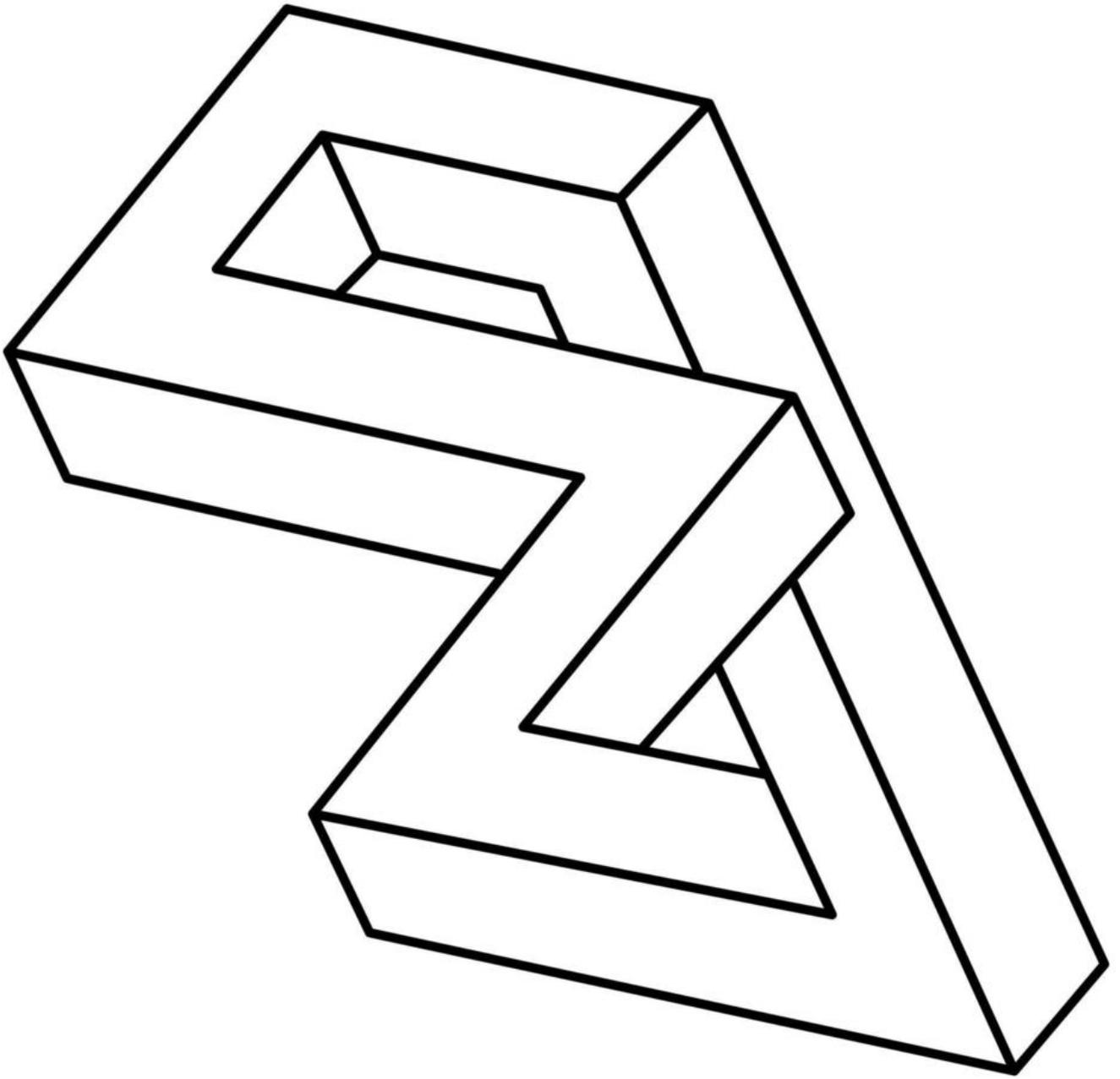
Encourage participants to speak only about themselves (and not on behalf of everyone else), to share their opinions, observations, insights, feelings.

Sufficient time is needed for reflection and it is worth spending at least half an hour in a full-day training group of around 15 participants. You may also reflect on your feelings and experiences and summarise your reflection.

Annexes

Annex 1





Annex 2

Situation	Yes	No	Not necessarily	Type of violence
A man comes home from work in a state of exasperation. After tasting his dinner, he picks up his plate and slams it into the sink, shouting: "You can't even cook properly!".				
A woman with disability asks her spouse not to go to a meeting with his groupmates for one weekend.				
A husband often sends messages to his spouse: where are you, who are you meeting with, who are you talking to, where are you going afterwards, how are you doing? Sometimes he greets her unexpectedly with a bouquet of flowers just after she leaves the shop, at work, or at the hairdresser.				
Without her girlfriend's knowledge, the woman linked her phone account to her e-mail and keeps track of her whereabouts via Google Location.				
A man prevents his partner from attending a hairdressing course.				
During a work party, while the wife is chatting with a sympathetic colleague, her spouse comes up to her and demands to go home. When she quietly says: "don't embarrass me", he squeezes her wrist tightly and tries to take her away.				
The woman often tells her husband that he couldn't do anything, couldn't pay anything, couldn't keep a job, couldn't take care of the house, and only dressed up when he was meeting others.				
The girl's partner keeps her bank card with him and decides how to use it by arguing that she hardly leaves the house anyway, she is wheelchair-bound.				
When a woman says she is not in the mood to make love today, her partner continues to insist on it. Eventually she gives in.				

Annex 3

CLIENT

She is a woman with reduced mobility who lives with her husband and teenage son. She has no job. She rarely leaves the house. She does not trust herself. She has recently moved to this city.

CLIENT

A girl with intellectual disabilities living with her parents in a rural area. At the age of 21, she has dropped out of school and all other activities. She does various household chores at home. She is timid, frightened of loud noises and raised voices, as she is often shouted at by her family and told that she was good for nothing.

CLIENT

She is blind, actively involved in community activities and has a well-paid job. She has a boyfriend who has started to control her behaviour, he is very jealous and has been physically abusive on several occasions. She went to her family doctor because of disturbed sleep and stomach pains.

CLIENT

The woman lives in a group home. She is middle-aged, very active, extravagant and likes to attend events. However, she sometimes experiences severe depressive episodes. Then she hardly gets out of bed. She has many friends and several romantic partners. One of them constantly asks for intimate things that she is uncomfortable with, but agrees to do so under pressure.

SPECIALIST

Your aim in the interview is to find out whether the woman you are talking to is experiencing violence. How do you react?