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# ATHENA BEGIN

# HANDBOOK

**ATHENA BEGIN: 856613 - EUROPEAN CORPORATIONS AGAINST DOMESTIC  
VIOLENCE TOWARDS PEOPLE WITH INTELLECTUAL DISABILITIES**

**WP2: DATA COLLECTION ON PROFESSIONALS NEEDS AND DEVELOPMENT OF  
MATERIAL FOR IMPROVEMENT OF COMPETENCES**

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## I. THEORETICAL PREMISES.

### 1. WHAT IS GENDER VIOLENCE? IDENTIFICATION AND LEGAL FRAMEWORK

Gender-based violence (GBV), violence against women (VAW) and domestic violence (DV) are worldwide pandemic public health problem, a serious violation of human rights and a life-threatening and protection issue. During displacement and times of crisis, the threat of GBV significantly increases for women and girls. The consequences of gender-based violence are devastating and can have life-long repercussions for survivors. It can even lead to death.

#### **Gender-based violence by definition**

Several international agencies, researchers and governments recognize the severity of the problem of GBV, VAW and DV. These are concepts for different forms of violence reflecting diverse theoretical and political traditions; however, the main goal of all the terms is to prevent and to combat these forms of violence, and to pave the way for the protection, recovering and self-determination of the victims. According to the UNHCR definition, Gender-Based Violence (GBV) "refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms".<sup>1</sup>

GBV is an umbrella term for any harmful acts based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, psychological or mental harm or suffering, threats, coercion, manipulation and other deprivations of liberty, as well as economic deprivation. These acts can occur in public or in private. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called "honour crimes".

GBV is violence directed against a person or persons because of their gender; it is also a form of violence that affects persons of each gender disproportionately

The European Commission identifies violence against women as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in

- physical,
- sexual,
- psychological,
- or economic harm
- or suffering to women.<sup>2</sup>

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<sup>1</sup> UNHCR Gender-based Violence, available from: <https://www.unhcr.org/gender-based-violence>

<sup>2</sup> *European Commission*: What is gender-based violence?. Available at: [https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence\\_en](https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en)

The harms of GBV, VAW or VD extend to physical or psychological injuries and trauma, distress, health problems, social and familiar consequences, as well as consequences in cognitive and emotional health and capacities. These consequences are also extended to children, both to whom are targeted by the perpetrator and to whom, apparently, are not targeted by him/her.

It can include violence against women, domestic violence against women, men or children living in the same domestic unit. Although women and girls are the main victims of GBV, it also causes severe harm to families and communities.

"Gender-based violence and violence against women are two terms that are often used interchangeably, as most violence against women is inflicted (by men) for gender-based reasons, and gender-based violence affects women disproportionately.

The UN Declaration on the Elimination of Violence against Women 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.

In more recent legal documents, there are examples of the two terms being merged, and the term 'gender-based violence against women' is used. For example, in the Council of Europe's Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention), Article 3 offers the following definition:

***gender-based violence against women shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately.***

Using the definition of 'gender-based violence against women' from the Explanatory report to the Istanbul Convention as a starting point we can say that:

***Gender-based violence refers to any type of harm that is perpetrated against a person or group of people because of their factual or perceived sex, gender, sexual orientation and/or gender identity.***

Gender-based violence is based on an imbalance of power and is carried out with the intention to humiliate and make a person or a group of people feel inferior and/or subordinated. This type of violence is deeply rooted in the social and cultural structures, norms and values that govern society, and is often perpetuated by a culture of denial and silence. Gender-based violence can happen in both the private and public spheres and, as previously referred, it affects women disproportionately.

Gender-based violence can be sexual, physical, verbal, psychological (emotional), or socio-economic and it can take many forms, from verbal violence and hate speech on the Internet, to rape or murder. It can be perpetrated by anyone: a current or former spouse/partner, a family member, a colleague from work, schoolmates, friends, an

***unknown person, or people who act on behalf of cultural, religious, state, or intra-state institutions. Gender-based violence, as with any type of violence, is an issue involving relations of power. It is based on a feeling of superiority, and an intention to assert that superiority in the family, at school, at work, in the community or in society as a whole.***

Definitions such as these apply to instances where gender is the basis for violence committed against a person. However, there is more to gender than being male or female: someone may be born with female sexual characteristics but identify as male, or as male and female at the same time, or sometimes as neither male nor female. LGBT+ people (lesbian, gay, bisexual, transgender and other people who do not fit the heterosexual norm or traditional gender binary categories) also suffer from violence which is based on their factual or perceived sexual orientation, and/or gender identity. For that reason, violence against such people falls within the scope of gender-based violence. Furthermore, men can also be targeted with gender-based violence: statistically, the number of such cases is much smaller, in comparison with women, but it should not be neglected”<sup>3</sup>.

### **Domestic Violence**

“Domestic violence includes all acts of physical, sexual, psychological and economic violence that occur within the family, domestic unit, or between intimate partners. These can include former or current spouses, even when not living in the same residence. A total of 22 % of all women over the age of 15 who have had a partner have experienced physical and/or sexual violence by a partner.

### **Sexual harassment**

Sexual harassment includes unwelcome verbal, physical or other non-verbal conduct of a sexual nature with the purpose or effect of violating the dignity of a person. Some 45-55% of women in the EU have experienced sexual harassment at some point in time since the age of 15. EU law defines and prohibits the practice of sex-based harassment.”<sup>4</sup>

### **Forms of gender-based violence**

According to the European Commission “GBV can take various forms:

**Physical:** resulting in injuries, distress and health problems. Typical forms of physical violence are beating, strangling, pushing, and the use of weapons. In the EU, 31 % of women have experienced one or more acts of physical violence since the age of 15.

**Sexual:** including sexual acts, attempts to obtain a sexual act, acts to traffic, or acts otherwise directed against a person’s sexuality without the person’s consent. It is estimated that one in 20 women (5 %) in the EU over the age of 15 has been raped .

**Psychological:** including psychologically abusive behaviours, such as controlling, coercion, economic violence and blackmail. 43% of women in the 28 EU countries have experienced some form of psychological violence by an intimate partner.”<sup>5</sup>

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<sup>3</sup> All definition were retrieved from: <https://rm.coe.int/chapter-1-gender-identity-gender-based-violence-and-human-rights-gende/16809e1595>

<sup>4</sup> Retrieved from: [https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence\\_en](https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en)

<sup>5</sup> Idem.

## **EU Regulations against gender-based violence<sup>[8]</sup>**

According to the European Institute for Gender Equality (EIGE), "all EU Member States have endorsed the main human rights instruments, which oblige them to combat violence against women as a human rights violation, and as a specific gender-related form of violence linked to discrimination against women. This implies an obligation on Member States to end impunity and prohibit all violence, to take measures to prevent it, to provide adequate protection to survivors, and to ensure redress.

The EU supports an increased protection of women through soft law (communications, recommendations etc.), providing guiding principles, exchange of best practices, and capacity building.

The European Commission explicitly addresses violence against women through various political instruments, primarily the Strategy for Equality between Women and Men 2010-2015, which followed the Women's Charter (2010) and the Roadmap for Equality between women and men 2006-2010. In May 2011, the Commission proposed a new legislative package to ensure a minimum level of victim's rights, protection, support, and access to justice.

In line with the Women's Charter, which foresees putting into place a comprehensive and effective policy framework to combat gender-based violence, the European Commission proposals have resulted in important binding acts".<sup>6</sup>

### **Legal regulatory Framework**

#### **Greece**

##### **Intimate Partner Violence**

In Greece, "domestic violence is the commission of one of the following offences against a family member (Articles 6, 7, 8 and 9 of this act and Articles 299 and 311 of the Criminal Code):

- Domestic physical injury
- Domestic illegal violence and threat
- Rape and abuse in lewdness (lechery)
- Sexual abuse
- Manslaughter by intention
- fatal injury

Legal Source: Act 3500/2006

##### **Rape**

The use of physical violence or threat by person A to force person B into intercourse or other lewd acts or tolerance of them.

Legal Source: Criminal Code, Article 336

##### **Sexual Assault (excl. rape)**

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<sup>6</sup> Retrieved from: <https://eige.europa.eu/gender-based-violence/regulatory-and-legal-framework/eu-regulations>

Lewd gestures or suggestions regarding lewd acts brutally offending the dignity of another person in the field of sexual life.

Legal Source: Criminal Code, Articles 337 and 338

### **Sexual Harassment**

When any form of unwanted verbal, non-verbal or physical conduct of a sexual nature occurs with the purpose or effect of violating the dignity of this person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment.

Legal Source: Act 3896, 2010

### **Stalking**

Observations

There is neither a legal definition for stalking, nor relevant legislation (however the victim can be protected by other legal provisions, e.g. provisions for threat). <sup>7</sup>

## **Portugal**

### **Domestic violence**

In Portugal, there is no specific crime named as "gender-based violence" or "intimate partner violence". The crime established in the Portuguese law is **domestic violence**. However, both the preamble and the wording of Law 112/2009, of 16 of September and also in the Art. 152 of the Criminal Code, it is recognized that DV is mostly in present or past intimate partner's relationships in or without cohabitation but not restricted to them.

According to the Portuguese Criminal Code, commits domestic violence:

"1 - Who, repeatedly or not, inflicts physical or psychological abuse, including corporal punishment, deprivation of liberty and sexual offences to:

- a) the spouse or ex-spouse;
- b) a person of another or of the same sex with whom the agent maintains or has maintained a dating relationship or a relationship similar to that of the spouses, even if not cohabiting;
- c) the parent of a common descendant in 1st degree; or
- d) the **particularly defenceless person**, namely on account of age, **disability**, illness, pregnancy or economic dependence, who cohabits with the agent;

(...)

3 - If the facts provided for in paragraph 1 result:

- a) Serious offence to physical integrity, the agent is punished with imprisonment from two to eight years;

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<sup>7</sup> Retrieved from: European Institute of Gender Equality: Legal Definitions in the EU Member States, available from: [https://eige.europa.eu/gender-based-violence/regulatory-and-legal-framework/legal-definitions-in-the-eu?c\[\]=GR](https://eige.europa.eu/gender-based-violence/regulatory-and-legal-framework/legal-definitions-in-the-eu?c[]=GR)

b) Death, the perpetrator is punishable by imprisonment from 3 to 10 years."

Legal Source: Criminal Code, Article 152

## **Rape**

As defined in the Portuguese Criminal Code, the crime of rape is when:

"1 - Anyone who constrains another person to:

a) practice with himself or with a third party, copula, coitus per anus or oral sexual intercourse; or

b) practice vaginal, anus or oral penetration of parts of the body or objects

is punishable by imprisonment from one to six years.

2 - Whoever, by means of violence, serious threat or after having rendered, for such purposes, another person unconscious or incapable of resisting, constrains such person:

a) To suffer or to commit, with himself or with a third party, copula, coitus per anus or oral sexual intercourse; or

b) To suffer vaginal or anus penetration of parts of the body or objects;

is punishable by imprisonment from three to ten years.

3 - For the purposes of paragraph 1, it is understood as a constraint any means, not provided for in the preceding paragraph, used to perform the acts referred to in the respective paragraphs a) and b) against the knowable will of the victim."

Legal Source: Criminal Code, Article 164

## **Sexual coercion**

"1 - Whoever, by means of violence, serious threat or after having rendered, for such purposes, another person unconscious or incapable of resisting constrains such person to suffer or to commit, with himself/herself or with a third party, a relevant sexual intercourse is punished with sentence of imprisonment from one to eight years.

2 - Whoever, by any other means not foreseen in the previous number constrains another person to suffer or to commit a relevant sexual intercourse with himself/herself or with a third party is punished with a sentence of up to 5 years imprisonment."

Legal Source: Criminal Code, Article 163

## **Sexual Importunation**

In Portuguese law, sexual harassment is not criminalized. It is established only as a severe misdemeanour in the Labour Code. In the Criminal Code the criminalization is only of some acts that can "disturb" a person:

"Whoever troubles person by way of performing exhibitionist acts, formulating sexual proposals or compelling such person to a contact of a sexual nature is punished with



imprisonment up to one year, or a fine up to 120 days, if a more serious sentence is not applicable under another legal provision.”

Legal Source: Criminal Code, Article 170

## **Spain**

### **Intimate Partner Violence**

Article 1. (Organic Act 1/2004 of 28 December, on Integrated Protection Measures against Gender Violence)

Purpose of the Act

1. The intention of this Act is to combat the violence exercised against women by their present or former spouses or by men with whom they maintain or have maintained analogous affective relations, with or without cohabitation, as an expression of discrimination, a situation of inequality and/or the power relations prevailing between the sexes.

2. The present Act establishes integrated protection measures whose goal is to prevent, punish and eradicate this violence and render assistance to its victims.

3. The gender violence to which this Act refers encompasses all acts of physical and psychological violence, including offences against sexual liberty, threats, coercion and the arbitrary deprivation of liberty.

Legal Source: Organic Act 1/2004 of 28 December, on Integrated Protection Measures against Gender Violence

### **Rape**

When the sexual assault consists of vaginal, anal or oral penetration, or inserting body parts or objects into either of the former two orifices, the offender shall be convicted of rape with a sentence of imprisonment from six to twelve years.

Legal Source: Criminal Code, Article 179

### **Sexual Assault** (excl. rape)

Whoever offends against the sexual freedom of another person, using violence or intimidation, shall be punished for sexual assault with a sentence of imprisonment from one to five years.

Legal Source: Criminal Code, Article 178

### **Sexual Harassment**

Whoever solicits favours of a sexual nature, for themselves or for a third party, within the setting of an ongoing or typical work relationship, teaching or service provision relationship, and by such conduct causes the victim to experience a situation that is objective and seriously intimidating, hostile or humiliating, shall be convicted of sexual harassment and punished with a sentence of imprisonment of three to five months or a fine.

Legal Source: Criminal Code, Article 184

## **Stalking**

In Spain, the term stalking is not defined, though the term “physical harassment” exists and is defined thus: “whoever inflicts degrading treatment on another person, seriously damaging their moral integrity, shall be punished with a sentence of imprisonment of six months to two years.

Legal Source: Criminal Code, 173.1<sup>8</sup>

<sup>[1]</sup> UNHCR Gender-based Violence, available from: <https://www.unhcr.org/gender-based-violence>

<sup>[2]</sup> IASC GBV Guidelines, available from: <https://gbvguidelines.org/en/>

<sup>[3]</sup> European Commission What is gender-based violence?, available from: [https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence\\_en](https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en)

<sup>[4]</sup> Council of Europe What is gender-based violence, available from: <https://wwwcoe.int/en/web/gender-matters/what-is-gender-based-violence>

<sup>[5]</sup> UN Declaration on the Elimination of Violence against Women, Article, available from: [A/RES/48/104 - E - A/RES/48/104 -Desktop \(undocs.org\)](https://undocs.org/A/RES/48/104)

<sup>[6]</sup> Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), Article 3, available from: <https://rm.coe.int/168008482e>

<sup>[7]</sup> Council of Europe The Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence, available from: <https://rm.coe.int/16800d383a>

<sup>[8]</sup> European Institute for Gender Equality. EU regulations, available from: <https://eige.europa.eu/gender-based-violence/regulatory-and-legal-framework/eu-regulations>

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<sup>8</sup> Source: European Institute of Gender Equality: Legal Definitions in the EU Member States, available from: [https://eige.europa.eu/gender-based-violence/regulatory-and-legal-framework/legal-definitions-in-the-eu?c\[\]=ES](https://eige.europa.eu/gender-based-violence/regulatory-and-legal-framework/legal-definitions-in-the-eu?c[]=ES)

## 2. AWARENESS OF THE NORMALIZATION OF SOCIAL NORMS OF MEN AND WOMEN THAT CAN BECOME DV/G-BV.

According to the definition given by the World Health Organization, cultural and social norms are rules or expectations of behaviour within a specific cultural or social group. Often unspoken, these norms offer social standards of appropriate and inappropriate behaviour, governing what is (and is not) acceptable and co-ordinating our interactions with others. Cultural and social norms persist within society because of individuals' preference to conform, given the expectation that others will also conform. A variety of external and internal pressures are thought to maintain cultural and social norms. Thus, individuals are discouraged from violating norms by the threat of social disapproval or punishment and feelings of guilt and shame that result from the internalization of norms.

Cultural and social norms do not necessarily correspond with an individual's attitudes (positive or negative feelings towards an object or idea) and beliefs (perceptions that certain premises are true), although they may influence these attitudes and beliefs if norms become internalized. Cultural and social norms also vary widely; thus, behaviour acceptable to one social group, or culture may not be tolerated in another<sup>9</sup>.

Not all cultural and social norms are in favour of discrimination and/or violence. In most of the countries around the world, and also in the EU, including participating countries, there are social and cultural norms favouring equality, respect and equity. This is also evident in the legislation – discrimination and violence are not permitted and most of the times, have been criminalized in recent decades. Hence cultural and social norms are not unified, sometimes they are divergent, others contradictory.

Both cultural and social norms in favour and against equality and respect stand together in a society. Both stand together and it is the power relations in a group - couple, family, community - that makes the difference to the (im)balance of equality and respect and pave the way for the violence.

Although, violence exist because of unequal power relations, for training proposes we can identify some cultural and social norms that contribute for supporting different types of violence<sup>10</sup>:

### **Cultural and social norms supporting different types of violence:**

#### **Child maltreatment**

- Girls are less valued in society than boys and some people consider that boys have more social and economic potential.
- Children are submitted to the power of the father who has the power of life and death over his children
- Physical punishment is an acceptable or normal part of rearing a child.

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<sup>9</sup> Retrieved from: World Health Organization Changing cultural and social norms supportive of violent behavior, available from:

[https://www.who.int/violence\\_injury\\_prevention/violence/norms.pdf](https://www.who.int/violence_injury_prevention/violence/norms.pdf)

<sup>10</sup> Source: World Health Organization Changing cultural and social norms supportive of violent behavior.

- Communities adhere to harmful traditional cultural practices such as child marriage.

### **Intimate partner violence**

- A man has a right to assert power over a woman and is socially superior.
- A man has a right to “correct” or discipline female behaviour.
- A woman’s freedom should be restricted.
- Physical violence is an acceptable way to resolve conflicts within a relationship.
- A woman is responsible for making a marriage work.
- Intimate partner violence is a taboo subject (e.g. South Africa [32]) and reporting abuse is disrespectful.
- Divorce is shameful.

Violence can occur either because financial demands are not met, or because a man’s honour is linked to a woman’s sexual behaviour. Here, any deviation from sexual norms disgraces the entire family.

### **Suicide and self-harm**

- Mental health problems are embarrassing and shameful, deterring individuals from seeking help.
- Individuals in different social groups within society are not tolerated, e.g. homosexuals.

### **Sexual violence**

- Sex is a man’s right in marriage.
- Women are responsible for controlling a man’s sexual urges.
- Sexual violence is an acceptable way of putting women in their place or punishing them.
- Sexual activity (including rape) is a marker of manhood.
- Sex and sexuality are taboo subjects.
- Sexual violence such as rape is shameful for the victim, which prevents disclosure.

### **Youth violence**

- Reporting youth violence or bullying is unacceptable.
- Violence is an acceptable way of resolving conflict.

### **Community violence**

- Cultural intolerance, intense dislike and stereotyping of “different” groups within society (e.g. xenophobic or racist violence and homophobic violence).

Source: World Health Organization “Changing cultural and social norms supportive of violent behavior”.

### **The disability perspective**

According to ADD International<sup>11</sup> (Action on Disability and Development), around one in five women worldwide is a woman with a disability. For women with disabilities, gender-based violence is often compounded by disability-based discrimination.

Women with a disability are often considered weak, worthless and in some cases subhuman by their societies, as a result of which they face a heightened risk of domestic and/or sexual violence.

The intersection between disability and gender-based violence is of particular concern because some forms of violence against women with disabilities have remained hidden and have not been recognised as gender-based violence due to disability discrimination.

Women with disabilities around the world experience much higher levels of physical, sexual, and psychological violence, for longer periods of time and with a worse physical and mental outcome as a consequence of violence than women without disabilities.

The main factors for the additional vulnerability of women and girls with disabilities are:

**Patriarchal attitudes:** Attitudes towards women in patriarchal societies combined with the impairment itself.

**Discrimination and oppression:** Because of the unequal power relations and the discrimination against, women and girls with disabilities can be in a situation when and where they do not have conditions to defend themselves or to seek support. Sometimes they also suffer other forms of violence, e.g. isolation.

**Difficulty in accessing services:** In some countries or communities, services are not accessible, because there is lack of awareness about the rights of disable people, including people with ID.

### 3. PREVENTION TOOLS: STRENGTHENING THE CAPACITIES AND RESOURCES FOR THE INTEGRAL DEVELOPMENT OF WOMEN WITH DISABILITIES

## INTRODUCTION

Some principles should be kept in mind before the implementation of any programme or activity aimed at preventing and intervening with people victims of GBV, including people with ID.

First of all, it is crucial to ensure the protection and safety of the persons involved. This has to be the priority of our intervention. If the violence is known, the victim/survivor should be supported by specialised professionals, for instance, referred to counselling centres for women /people victims of GBV. Intervention or prevention programmes shall be set only after the safety and protection are ensured. This must be taken care both in

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<sup>11</sup> ADD International (Action on Disability and Development), disability and gender-based violence. ADD International's approach, Learning paper, available from: [https://add.org.uk/sites/default/files/Gender\\_Based\\_Violence\\_Learning\\_Paper.pdf](https://add.org.uk/sites/default/files/Gender_Based_Violence_Learning_Paper.pdf)

the venues where activities take place and in ensuring that, after the activities, the participants have a safe place to go.

When the programmes or activities are to be implemented with women in general and or women/people with ID, it can happen that, among the participants, a person or a group of people is or are victims of GBV and it is not known yet. Hence, the second principle is to keep the programmes and activities in general, tackling the topics as general and abstract knowledge for participants' information. Facilitators should be prepared for the fact that some people can disclose their situation, informing that s/he is living in a violent situation. For this, facilitators need a previous plan for what to do in such a case.

The third principle is the relevance and the adjustment of the topics, activities, language, and dynamics to the participants with whom we will work with. Programmes, training workshops and activities must be screened to be adequate to the group, both in terms of intellectual abilities and educational qualifications. Hence, it will be necessary to take into account that, when addressing people with ID, materials and activities must be correctly adapted so that they are cognitively accessible.

### **3.- PREVENTION TOOLS: STRENGTHENING THE CAPACITIES AND RESOURCES FOR THE INTEGRAL DEVELOPMENT OF WOMEN WITH DISABILITIES.**

From the point of view of eradicating violence against women, prevention must play a fundamental role.

Thanks to an expansion in our awareness of the reality of women with ID, we have come to perceive an alarming reality concerning the prevalence and extent of gender violence in our societies and, in particular, among women with disabilities (E. Castellanos, 2020).

Strategies to prevent violence against women can be implemented from five different perspectives:

- **Universal prevention**, that is public awareness raising campaigns about gender equality, women's rights, migrants, people with disability(ies), LGBTIQA+ people;
- **Primary prevention**, systematic education aiming at the eradication of inequality, discrimination and violence against women, before it appears;
- **Secondary prevention**, focused on immediate attention, as well as long-term interventions, including support and accompaniment (psychological, legal or social) to women after having suffered some type of violence, aiming the protection and safety of the victim as well as the support to recuperate and regaining the control of her life, including the means - symbolic and material resources - to (re)-built her and her children's lives without violence;
- **Tertiary prevention** happens when the risk of death or severe violence is evaluated as medium or high; it is also focused initially in ensuring the protection and safety of the victim/survivor - by court measures issued to prohibit the offender to approach the victim (including pre-trial detention) or to ensure a safe

place (shelter) for the victim; it also means long-term interventions, ensuring support and accompaniment either legal or psychological and social;

- **Quaternary prevention**, meaning the follow up of the sustainability of non-violence project, to know if the person(s) has/have the means to proceed building a life without violence.

To develop effective strategies for the prevention of violence against women with intellectual disabilities, we must first address the bases that originate such violence. One of the causes that precipitates violence against women, with or without disabilities, is the social construction of different gender roles. These roles are assigned unevenly, creating unequal power relations.

Given that social construction of roles develops from childhood and is maintained throughout adult life, it is logical to think that if we want a transversal prevention strategy, it is necessary to extend it to the whole population, without leaving anyone out of the strategy because of gender, age or disability. Otherwise, we run the risk of not effecting a comprehensive approach to the situation, one that would allow achievements to be maintained over time. What is necessary is to adapt the tools to each sector of the population with which we are going to work.

In this section, we are going to direct the intervention for prevention towards women with intellectual disabilities.

We understand that the most complete way to provide prevention tools to women with intellectual disabilities is to employ programs and workshops that revolve around the social problem of violence against women and promote greater economic and personal autonomy and independence.

Then, strategies will be proposed in the field of primary prevention, promoting education in concepts such as gender, love, and power relations. "The way in which these concepts are perceived, understood and internalised can radically determine the presence and intensity of violent behaviour" (Boira, S., 2016).

Tools will also be proposed to promote labour independence and by economic extension, try to prevent unequal power relations between women with intellectual disabilities and those with whom they relate.

### **3.1.- IMPLEMENTATION OF SPECIFIC WORKSHOPS AND TRAINING PROGRAMS FOR THE PREVENTION OF VIOLENCE AGAINST WOMEN WITH ID.**

The intended programs will be detailed in an attempt to follow an order that will allow the reasons for applying specific programs to be explained to certain sectors of the population.

#### **3.1.1.- TRAINING WORKSHOPS AIMED AT ADOLESCENT WOMEN WITH INTELLECTUAL DISABILITIES.**

If we want to deconstruct unequally established gender roles, we must act at an intergenerational level. This means beginning to provide prevention tools specifically from adolescence, the point at which our own identity develops.

Evidence suggests that implementing training and workshops in schools reduces the risks of inflicting or suffering gender-based violence (Díaz-Aguado, M. J., 2021).

In order to deconstruct and prevent the development of violent behaviour against women with ID, it is necessary to train young people with or without ID in gender equality. This will allow them to become familiar with the dynamics that build and provoke this type of violence in order to correct them.

To this end, the following training workshops aimed at young adolescents are proposed:

- Social construction of gender roles and promotion of gender equality.
- Identification of situations of violence against women, the cycle of violence.
- Education and promotion of sexual health based on equality.
- Healthy gender relations in couples.
- Healthy gender relations within the family.
- Gender relations through information and communication technologies.

In order to implement these training workshops, it will be necessary to take into account that when addressing people with ID the courses must be properly adapted to make them cognitively accessible.

### **3.1.2 TRAINING PROGRAMS AND WORKSHOPS FOR YOUNG ADULT WOMEN WITH ID.**

Another strategy for the prevention of violence against women with ID is to provide them with economic, vocational and personal independence, by breaking possible stereotypes and misaligned dependencies on third parties, whether partners, relatives or carers.

To achieve this, the following programs and workshops are proposed, adapted for young adults with ID, and focused on the key age groups for obtaining employment:

- Workshop on economic and personal dependence in the field of violence against women with ID.
- Job orientation program for women with ID.
- Informative workshop on training programs for women with ID to gain autonomy.



All the workshops should be implemented in safe spaces and with the previous guarantee of protection and safety of the participants whether they are or not victims, before and after the activities. It is also crucial that they are implemented by specialized professionals in the field of prevention of GBV (or DV, SV) or in partnership with a specialized professional, in a safe and protected place, for instance a counselling centre for GBV victims.

On the matter of **secondary prevention**, it will be essential to consider the characteristics of women with ID; special attention should be paid to eliminating possible communication barriers and understanding what happens in a hospital environment and in emergencies, in order to avoid possible re-victimisation. It would be desirable for each woman to be accompanied by a facilitator to provide explanations at all times in simple language adapted to the requisite cognitive level, using the communication tools necessary for the person in question.

**Tertiary prevention** plays a fundamental role as an element that provides women with the necessary all-round support, not only for their recovery, but also as a pathway for their autonomy and full rights, provided that their protection and safety are ensured.

Following the recommendations of the study by Castellanos (2020), when implementing activities for the prevention of violence against women with ID, it will be necessary to consider aspects that may be mixed up with the ID itself and have an influence on those with the greatest vulnerability within this group: women with ID who live in rural areas or are immigrants, who are in great need of support.

#### **4. PROMOTION OF AUTONOMY IN ORDER TO STRENGTHEN A POSITIVE IDENTITY.**

Positive human relationships and appropriate and loving behaviour can be found in people with strong feelings of self-esteem (Satir, 2002). This premise acts as a guide in this section and the one that justifies that work on self-esteem is so important for professionals in contact with victims with ID.

Self-esteem is defined as the value that each person attributes to themselves, to their actions and their abilities. It is the ability to think positively about oneself, a motivation to experiment in the areas of life, to face challenges with confidence (Martínez, Aurora, 2021).

Self-esteem, among other things, is the opinion that people have about their identity, this has repercussions on the behaviours they develop (Martínez, 2021). On the other hand, self-esteem determines personal development in a significant way. The degree of self-esteem that is achieved will depend on development in learning, in relationships and in activities in one's daily life (Bueno, 2018). This is where the intimate relationship

between autonomy and self-esteem arises. If one does not perform daily activities well, then one's development of self-esteem will be impaired. However, the level of success in the performance does not depend totally on the individual. Part of the equation is related to the conditions of the person and the task or behaviour the person has to perform. Hence, self-esteem is also related to the capacity of the other to respect human diversity and the establishment of conditions of equality, e.g., without discrimination and oppression.

Self-esteem is a widely studied concept, there are even validated scales available to measure it (Rosemberg, 1965). Together with this analysis of self-esteem, effective techniques have been developed to improve it, to work it and to achieve better scores on the scales, which would lead to an increase in people's satisfaction.

Becoming aware of what can or cannot be changed about yourself and those that cannot be changed is the first line of action on self-esteem. This should not be confused with the effect of self-esteem on autonomy, where low self-esteem causes people not to trust their abilities, while, on the contrary, high self-esteem leads to people trusting in their possibilities. Moreover, self-esteem is also related to the knowledge about our rights and possibilities. Being aware about the causes of our difficulties, knowing how social relations and power affects our possibilities in life is an effective way to improve our self-esteem in the sense that we understand that the failure was not our fault.

Faced with a situation of violence or abuse, women need to feel secure to have the possibility to exercise her autonomy. It is important to remember that the annulment and destruction of self-esteem is one of the consequences of abuse. Every victim analyses her/his situation and decides which is the best option according to her/his values, desires and interests. Resistant autonomy can be a help mechanism that will improve self-esteem but can also be a risk factor in an abusive relationship if the conditions of exercising autonomy are not established.

In fact, some authors argue that low levels of autonomy pose an added risk for women in situations of abuse. Low levels of autonomy cause the search for solutions to always be carried out outside of oneself (Zori, 2017), however, for victims of violence, discrimination and oppression, it is crucial the search for help and collective strength outside our individual possibilities.

Working on autonomy means that the woman can experience, in a positive way, her own performance. This will be better achieved after being accompanied by a specialized professional and within groups, collectives that can share their experiences, subjectivities, desires and courses of action.

According to the Higher Institute of Social and Socio-sanitary Studies (2020), autonomy should not be worked exclusively based on the pursuit of activities and socialization. Autonomy must be worked on through the development of a capacity for positive self-

perception, the conception of people to be able to decide for themselves and that the decisions made will be respected, and we must add the need of the work in society for the fulfilment of the human rights for all, and the establishment of symbolic and material conditions for all the people live in freedom.

To achieve an increase in the autonomy of a woman with a disability, the following must be taken into account: her performance in daily activities, socialization and the capacity for positive thinking about herself, as well as her social and individual conditions, both subjective and objective.

Working on the ID concept is the first step to increase autonomy. Discovering that intellectual disability arises in the relationship between the person and their environment (AAIDD, 2011) is often liberating. Reducing the unjust guilt thrust on oneself engenders a new self-concept. Women with ID who understand the definition of ID will develop a different attitude towards themselves.

On the one hand, understanding what ID is, a woman with ID will be able to develop an appropriate self-concept as long as other knowledge is also provided, such as their rights, the services they can access to seek for help, and so on. The theoretical construct of ID may offer a good opportunity to explain to victims with ID what limitations they have on their autonomy. However, it is also important to show women with ID what their strengths and great capacities are in terms of autonomy.

Meanwhile, there is the work that can be done with the UNCRPD (2006). From the preamble to the last of its articles, here are training opportunities for women with ID. One of the principles of this Convention (Article 3) is "respect for inherent dignity, individual autonomy, including the freedom to make one's own decisions, and the independence of individuals".

The knowledge that a rights convention exists offers group identity for IDPs and stimulates the acquisition of rights. This is, without a doubt, of great importance in the prevention and support of victims with ID.

The activities for the promotion of independent living are relatively common resources among the entities that work with IDPs. Encouraging participation in these activities will be important for the ATHENA project workshops.

The autonomy of the IDP is greatly improved through these services, where they have resources and time that are limited in ATHENA. That is why exploring the independent living services that exist in their environment with the workshop participants is important.

Should any of the participants already be using a resource of this type, there will be a job opportunity in the workshop. You will be able to explain to the rest of the participants the activities that you undertake through the resource, and, above all, you can explore the emotions that you experience as you increase your performance, your autonomy. This will stimulate the rest of the ATHENA workshop participants to seek independent living resources.

The family environment plays an essential role in the autonomy of IDPs (Saavedra, 2020). This is also true of the significant others around women with ID. On many occasions these people will be able to attend the ATHENA workshops. It must be explained to them that the on the commonly-held perception of women with ID can be limiting in itself.

Overprotection is a common phenomenon among the families of IDPs (González and Gonzalo, 2014). That is why working on these types of attitudes is important in improving autonomy. The use of public transport is a clear example of this. Professionals working directly with IDPs frequently find cases where there is sufficient capacity to be autonomous vis-à-vis transport, but a fear of the family creates a barrier that prevents autonomy at this point.

Overprotection can be palliated through work with the UNCRPD. Families must discover the rights that they must respect, encourage and help the IDP to achieve.

Another important aspect of autonomy work is decision-making. The structure of the ATHENA workshop represents a great opportunity for this. With the battery of practical activities described in the manual, alternatives can be offered to the participating women, allowing them to decide on their own training.

Of course, this should be worked through in other environments and more frequently. But the ATHENA workshop must become a stage that enhances the self-determination of victims.

A support map, sometimes also designated as "social support network map", is a good activity that relates autonomy with the need of seeking professional help for the prevention (in all levels) of abuse against women with ID. The Support Model is a key approach for the self-determination of IDPs (ANFAS, 2020). It involves the establishment of a support system that improves the quality of life while also improving the levels and perceptions of autonomy. The IDPs must be the centre, the focal point within this system.

The development of a support map will have beneficial effects. The simple fact that the IDP is at the centre of a system is positive for her, it improves her self-esteem.

The location of people providing support gives the workshop participants an updated list of professionals that can help and the services to access if necessary. More specifically, it helps them identify where to request help more effectively, where to express doubts, which person is the most appropriate to meet each of their needs.

By sharing the support maps among the participants, positive synergies emerge. For example, they can help each other complete maps more efficiently. The structures of the maps will be similar among all women with ID, so they can complete each other and learn with shared knowledge.

It also offers the possibility to innovate. For example, if any of the participants goes to psychological therapy, this may stimulate her companions to use this type of resource.

Autonomy, as described above, can be developed by focusing on the capacities of women with ID. To do this, first you need in-depth knowledge of what they are capable of doing, given their degree of disability or their cognitive or behavioural difficulties, both in daily activities and in matters of determination or personal development, as well as knowing their individual family and social conditions. This will help the trainer to assess what they can do and what they can not do in order to decide in the place of the attendees, providing possibilities for their own decisions.

Second, your tastes and preferences need to be considered. It will help if you use them for motivation or reinforcement when you exceed your goals.

Decide little things. Gradually raise several options, on a case-by-case basis, so that they have the possibility to choose both in their daily activities and in other aspects such as their leisure time, for example. Give them some flexibility and freedom to make their own decisions.

ATHENA workshops must give confidence. The verbal reinforcement technique should be used. This offers beneficial side effects. That is why expressions such as: "You have done very well", "Congratulations" or "We are very proud of you" should be used very frequently during the workshop.

## **5. How to tackle a situation of gender-based violence / domestic violence**

Dealing with situations of gender-based violence, specifically domestic violence against women, is commonplace for professionals involved in support services. However, in some cases, violence and victimisation are not so evident at first glance and professionals need to be prepared to identify the silent signs that emerge from contact with victims as well as the main risk factors that can increase the odds of women experiencing domestic violence. When it comes to women with intellectual disabilities (ID), it is also important to consider the effects of intersectionality on women's experiences and be aware that their disabilities play an essential role in experiencing such victimisation. In order to

provide key elements for professionals who deal with gender-based violence and domestic violence perpetrated against people with ID, some concepts/elements should be considered when coming into contact with victims, as per the following topics:

#### 1) Values: respect, empathy, and validating a victim's experiences

Experiencing victimization can be a very traumatic experience, even more so when the violence is perpetrated in the context of domestic or private relations. Seeking professional help is an act of courage for the victims and their experiences must be validated by professionals in all sectors, namely those working in the "first line" services, recognizing that "in terms of their recovery needs, survivors should be considered as a heterogeneous group" (Macy et al, 2018, p.29). Hence, it is particularly important to create safe spaces for victims, where they feel fully respected and adequately supported throughout the process. Thus, it is important that professionals take into account that, in addition to respecting and validating the experiences lived and shared by the victims, they must also act with empathy. Empathy "(...) involves an understanding of experiences, concerns and perspectives of another person, combined with a capacity to communicate this understanding" (Hojat, 2009, p. 412). Professionals who deal with victims should take into consideration that, for most of them, the support services are the only place that they can ask for help. This first contact can also affect the victims' decision to accept support, and this decision will certainly impact their lives in many forms, leading to severe consequences. When dealing with people with ID, these values need to be further reinforced and professionals need to ensure that victims understand their intention correctly, using an appropriate approach to each situation.

#### 2) Signs of violence

Despite the common myth, gender-based violence, specifically domestic violence, is not always easily visible. Emotional, psychological, social and financial victimization is very prevalent, especially among women. The consequences of such forms of violence can vary depending on the person. It is important to consider that people with ID, particularly women, are exposed to an increased risk of victimization, especially if current or former intimate partners do not respect other people's rights, including his/her partners. Common strategies for controlling and manipulating victims are less visible because it accumulates with discrimination and exclusion by most part of the society. Thus, professionals should be prepared to recognise the silent signs of violence and increase victim protection during the support process. This is especially important because domestic violence tends to escalate, meaning that the perpetrator is liable to inflict increasingly serious forms of violence on the victim, which may culminate in death. Violence and domestic abuse can be defined as a cycle (Walker, 1979) that is often repeated and intensified for many women in abusive relationships.

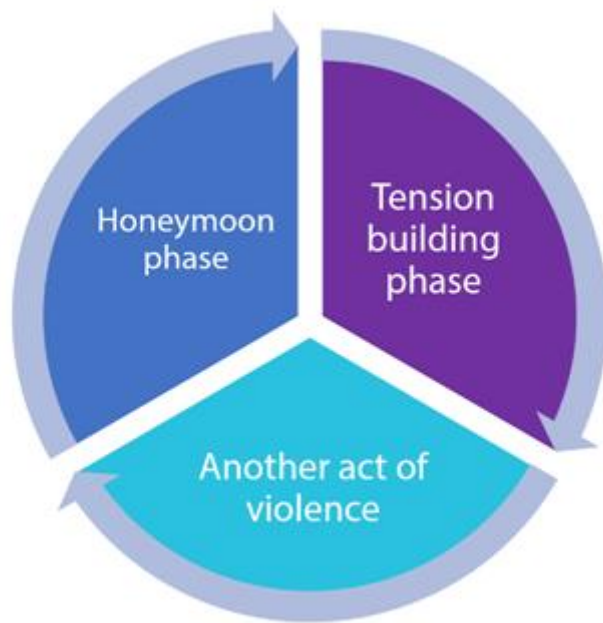


Figure XX: Cycle of violence, adapted from Walker, 1979.

The first phase of this cycle is when the tension in the relationship increases and, with it, also increase the risk of violence. Usually, at this stage, the aggressor uses power strategies to control the victim. The second phase is usually when many victims perceive the violence. In this phase, there is an explosion, a more evident manifestation of violence that sometimes makes many victims seek help. The third phase is the honeymoon phase, in which the perpetrator usually tries to reconnect with the victim, apologizing and promising changes. And it is precisely at this moment that a new cycle may begin again, as this honeymoon phase tends to be increasingly shorter, and victims tend to forgive and give another chance to the perpetrator (after all, we learnt that we should give everyone a second chance). This is also a phase that tends to be increasingly shorter, causing repeated and more severe episodes of violence. It is important to bear in mind that for victims of violence with ID, recognizing this cycle and seeking help can be an even tougher challenge, as they are an especially vulnerable group because of their condition.

### 3) Intersectional and gender sensitive approach

Even though both men and women can experience domestic violence, this form of violence affects women disproportionately worldwide, and it is a gender issue based on the patriarchal domination over women that is still in place in our societies. Therefore, professionals should consider adopting a gender-sensitive approach that can orient their professional performance, because domestic violence is not a gender-neutral phenomenon. Better comprehension of such forms of violence comes from a deep-seated recognition of the inequalities faced by women, especially those with ID. Although women with disabilities experience many of the same forms of violence all women experience, when gender and disability intersect, violence takes on specific forms and

results in specific consequences which have to be understood and analysed. The support services need to be prepared to deal with such diversity and provide the right responses for each victim considering each individuality. Hence, a multidisciplinary team may be better prepared to tackle situations of violence than individual professionals. Multidisciplinary and coordinated actions with services supporting people with ID are effective when it comes to delivering support for victims with ID, since each degree and type of disability may result in different actions from different professionals, based on individual case analysis. All the staff members from the different sectors should have special training to deal with vulnerable victims of gender-based violence and domestic violence. Specific training will enable the professionals to be better prepared to deal with more diverse situations, without prejudice or misconceptions, applying a gender-sensitive and intersectional approach.

#### 4) Ensuring victims' safety

When a victim asks for help, professionals from support services need to be prepared to ensure their safety in all cases and under every circumstance. The victim's safety is mandatory. For this reason, coordinated actions should be planned, involving each service involved in victim assistance, such as the health, social and care sectors, as well as the police forces. Professionals should be prepared and specialized in specific protocols (according to each country). It is important to evaluate the risk in each case, using risk assessment tools accurately (when available, depending on the country). However, the risk is a very complex condition, and professionals must be aware that the best risk assessment analysis is made by a well-prepared and proactive professional, who can identify the risks even when those risks are not so evident, always considering that quantitative tools are valid instruments, but not sufficient. A holistic approach should be taken in dialogue with the victims in each case to correct acts with victims. On the matter of risk assessment tools, it is important also to consider that, in most cases, those tools are adapted to be used with victims with ID. And this is an important limitation of such instruments because if this essential aspect of the victim's individuality is not considered, the results may be compromised, and the tool fail in its purpose.

The creation of a safety plan for victims with ID can be a challenge, given the victim's vulnerabilities. According to Cathy Hoog (2004), among other factors, it is important to consider that:

1. "(...) Safety planning efforts should consider how abusers could take advantage of barriers which prevent a victim from using domestic violence services or other services.
  2. Safety planning efforts should consider possible disability issues of the abuser or other family members and how that impacts the victim's safety planning strategies.
  3. Safety plans should be reviewed and updated periodically as the victim's situation changes.
  4. Safety planning materials should be presented in clear language, with an interpreter if applicable, and materials should be available in alternate formats.
- (...)



5. Safety planning efforts should include knowledge of adaptive devices for people with disabilities and updated resource information on new technology to improve safety.
6. Staff should receive ongoing training to discuss issues raised in safety planning for victims with disabilities to enhance skills". (Hoog, 2004, p. 3)

Lastly, professionals must also be aware of:

- Legal framework on gender-based violence and domestic violence in place in their country;
- Special deadlines applied in their country, specifically in cases of domestic violence;
- Specific procedures defined by national laws to be adopted in cases of domestic violence.

## 6. Increase self-esteem and self-awareness

1) In the intervention towards combating gender-based violence, the **priority** is to ensure the protection and safety of the victim. The other dimensions of intervention have to wait until the person is safe and out of the reach of the perpetrator. Increasing self-esteem and self-awareness must be a secondary priority, after the victim is safe and protected.

Intervention to increase self-esteem and self-awareness may raise the risk for the victim. It should be done only if protection *and safety* are ensured.

2) The crime was committed by the perpetrator, meaning that each process of victimization, each personal history of violence will determine the next step in intervention. The history of victimization and the personal history of the person subjected to gender-based violence comprise the basis to decide whether to work on increasing self-esteem and self-awareness in any given moment in the intervention.

3) Any intervention *with the victim* has to contemplate victims' rights and ethical considerations (Kelly et al 2019). Besides safety and protection, victims have the right to self-determination. Respect for the victim's self-determination is very important in the process. This means that they may or may not want psychological intervention, including increasing self-esteem and self-awareness. In accordance with the Istanbul Convention and the European Directive on Victims' Rights, once protection and safety are ensured, intervention needs to be aimed at empowering the victim, an emancipatory empowerment, meaning that the State or its representative services have to ensure that victims have the resources needed to make decisions about their lives (Magalhães et al 2019).

Once these aspects are covered, and the victim is willing, the professional can then focus the intervention on increasing self-esteem and self-awareness.

Understanding the role of self-esteem and self-awareness in victims of GBV with/without ID is essential to building an understanding of how these dimensions can be increased for the sole benefit of the victim, provided that s/he has symbolic and material resources to exercise her/his autonomy. The common denominator here is the self. However, the self does not exist without the others. The perception of one's self is greatly impacted by one's self-made evaluation of it and such an evaluation is often built on internal and external influences. It develops gradually and represents the essence of an individual, setting the stage for the level of their identity, self-esteem and self-awareness.

In several scientific studies, Barbara (2002) references survivors with intellectual disabilities (ID), who were victims of sexual exploitation. These victims do not have clear memories of the incidents, something they have in common with non-ID victims of sexual violence and GBV. Such events have severe consequences on the health of victims with ID, who demonstrate low levels of self-esteem, depression and feelings of guilt. Additionally, the stigma attached to the concept of disability increases disregard towards victims and, consequently, increase secrecy and shame. Professionals quickly associate the events with the victim's disability, negatively defining them and leaving them at the mercy of their "abnormality" from early childhood.

During childhood and adolescence, people with ID are often victims of various forms of violence, including perpetrated by their peers. This may lead to behavioral reactions, sometimes episodes of anger, other times isolation. Unfortunately, sometimes educators and tutors do not know how to interpret those signs and fail to identify the violence. When they reach adulthood, people with ID are a group particularly vulnerable to different types of abuse (Pandy, 2012).

For several years, movements were raised to empower people with ID and to protect and substantiate their rights, and therefore fighting against discrimination. The purpose of these social movements have been to strengthen their individual abilities, allowing them to proceed an independent and self-determined life and the provision of social, economic and psychological support provided by the States accordingly with their needs.

Comparing with people without a disability, disabled adults are more vulnerable to experience:

- intimate partner violence,
- sexual assault,
- other physical violence

Professionals responding to victims of DV/G-BV should have specific structures, staff training, procedures and services to accommodate victims who have ID and should work in cooperation with professionals working in services supporting people with ID. They must be aware that many disabilities cannot be identified visually, and screening devices used by healthcare providers, victim advocates and service providers should specifically inquire about the disabilities that IPV victims may have. Furthermore, they should adopt

the intervention approaches and strategies, and involve, whenever possible, caregivers and/or people who may contribute to the advocacy of their rights and early identification of signs of abuse and violence (Hart & Klein, 2013), after verifying that none of them is a perpetrator. Many services and organizations are conducting more and more of their work online, particularly in response to the COVID-19 pandemic, and they may fail to properly identify these victims. On the other hand, schools and institutions that work with this sector of the population often see them as asexual or not capable of making acquaintances autonomously, providing a false sense of security for both professionals and caregivers.

Furthermore, some cases of victims of gender-based violence with/without intellectual disability are more complex as the victims are not even aware of being victimized. After the experience of violence (be it emotional, social, physical, sexual, financial and/or stalking), the victim's self-esteem and self-awareness levels are undermined. Taken from the victim are healthy self-perception patterns which lead into a spiral of negative feelings and emotions, such as feelings of helplessness, fear, anxiety, detachment and inferiority (Walker & Knauer, 2011). Furthermore, violence silences those who are affected by it. Not only is the victim left in isolation, but they are also left to ruminate on their own thoughts and conclusions about the experience(s) and the shadowy effects resulting from it. Such traumatic events often lead to a distortion of the victim's self-esteem and self-awareness levels and patterns (Walker & Knauer, 2011).

Self-esteem is a work in progress, malleable, always open to improvement and measurable (Demo, 1987).

Different tools can be used to assess self-esteem:

(A) Rosenberg's scale (or Rosenberg's self-esteem or self-esteem scale) (1965) is the most familiar method. The scale is considered highly consistent and reliable, and scores correlate positively with other measures of self-esteem and negatively with measures of depression and anxiety. It was developed in 1965 and comprises 10 items rated on a scale from 1 (strongly agree) to 4 (strongly disagree). Some of the items are reverse scored (2, 5, 6, 8, and 9), and the total score can be calculated by adding up the total points for an overall measure of self-esteem.

(B) The second-best known instrument is the Coopersmith Self-Esteem Inventory (1967/1981). This comprises 50 statements that can be answered by selecting "like" or "dislike". However, these instruments, as most psychological measures are not properly adapted for people with ID.

In another direction, there is another powerful tool: self-awareness. The best definition for this dimension is based on the Self-Awareness Theory that states that the individual and their thoughts are two separate entities. The individual is the observer of their own thoughts (Duval & Wicklund, 1972). The theory compounds two primary results of comparing oneself against one's standards of accuracy:

(a) one "passes", or finds alignment between one's self and one's standards; (

b) one "fails", or finds a discrepancy between one's self and one's standards (Silvia & Duval, 2001).

Self-awareness is key to knowing how one thinks, feels and acts/reacts to one's thoughts, feelings, and actions, encouraging positive inner and outer experiences. This constellation of skills is what allows the individual to recognize and regulate emotions in oneself and others (Goleman, 2001). To achieve healthy social skills and self-regulate levels, one must work on self-awareness.

Professionals have a significant role in helping the victim boost their self-esteem and self-awareness levels, be it a GBV and/or ID victim. When a victim shares their inner thoughts and feelings with a professional and they respond with acceptance and compassion rather than judgment or correction, this can build the foundations of healthy self-esteem for the victim and the foundation of a relation of trust which is crucial for the effectiveness of the long way ahead. This continued and unconditional acceptance encourages the victim to re-think some of their assumptions (self-esteem) and come to the conclusion that in fact it is a matter of perception after all (self-awareness).

The professional's acceptance of the victim can act as a model for the victim of how she can accept herself. S/he can present self-esteem as a belief rather than a fact and those beliefs are based on our experiences. Through a range of intervention techniques, the professional can encourage the victim to shift from negative patterns of thinking to healthy patterns of acceptance. This process is possible when the victim is given the tools to become aware of her experiences, journey and the circumstances that brought her this far as well as the knowledge about the conditions s/he has to fulfil her/his own projects. The process needs to be suitably adapted to victims of ID in particular, bearing in mind the importance of the presence of their families and/or caretakers. The close circle ought to be accepting of the victim, framing the information in such a way that it becomes understandable to the victim with ID (Taylor & Bogdan, 1989).

Most importantly, the professional can accept the victim for whom she is and affirm her thoughts and feelings as acceptable rather than criticizing her for them. The professional does not need to approve of each, and every action taken by the victim, but rather show acceptance and approval of who she is at the deepest level. Such an attitude will have a positive impact on the victim's belief in her own worth and value as a woman. Narrative therapy is the most suitable technique to identify where the foundations of the victim's belief systems are rooted. This therapy seeks to help patients in the process of identifying their values and skills. It provides the victim with the knowledge of their ability to live according to these values so they can effectively confront current and future problems.

Psychological work should be performed only by specialized psychologists with experience and training in victim intervention. Within the framework of psychosocial disabilities, here are some practical tips:

1. Ask the person if they wish to engage in psychological accompaniment to increase self-esteem and self-awareness

2. Invite the victim to take a self-esteem inventory (the victim is asked to write down 10 of her strengths and 10 of her weaknesses. This will help the victim to begin developing an honest and realistic conception of herself);

2. Encourage the person to analyse their circumstances and identify their needs (guide the victim to the fact that, despite her story, she is still capable of setting achievable goals in regard to self-work and self-improvement, therefore avoiding failed expectations and frustration with herself and others);

3. Work past self-blaming: perpetrators tend to blame the victims for their violence; sharing the knowledge about the process of the sexual and IPV will provide the recognition that what happened to them is a common control strategy used by perpetrators of violence;

4. Exploring one's self (after experiencing violence, victims of GBV with/without ID lose connection with their *self* and with what validates them as human beings. It's a journey to self-discovery all over again);

5. Being willing to adjust self-image (reminding the victim that life is a work in progress and that a human being, if willing, is capable of great changes);

6. Promoting the sharing of women's experiences will provide a matrix of understanding how violence works and enhance the thinking about how to tackle these strategies.

In advanced states of intervention, other professionals recommend making time to practice affirmations. Regularly saying positive things about oneself can help the victim to build up her confidence through thoughts and experiences of failure. Failure can be perceived as an opportunity for growth and getting to know oneself, not necessarily as a reminder of where one has failed.

## 5. RESOURCES FOR ASSISTANCE AND PROTECTION

### a. GREECE

The **15900 Hotline** is a national service that enables female victims of violence or third parties to communicate directly with a gender-based violence agency. The line is staffed by psychologists and sociologists who provide immediate assistance for emergencies and violence on a 24-hour basis, 365 days a year. Equally, women can use the following e-mail address: [sos15900@isotita.gr](mailto:sos15900@isotita.gr) (Source: <https://womensos.gr/15900-24orilefoniki-grammi/>).

The General Secretariat for Gender Equality (GSGE) operates **Counselling Centres** nationwide providing FREE information and counselling services to women who turn to them.

The Counselling Centres offer services providing:

- information on gender equality, violence and multiple discrimination against women,

- social, psychological, legal and employment support (from a gender-based perspective),
- referral to or escorting - whenever necessary - women to hostels, police and prosecutors' offices, courts, hospitals, health centres, mental health centres, welfare or other benefits bodies, employment and entrepreneurship promoters, child protection and support agencies, etc.,
- legal aid, in cooperation with the legal associations. For more information please visit: <https://womensos.gr/sumvouleutika-kentra-ggif/>

The **Local Government Counselling Centres** provide services locally throughout the country.

Equally, they implement actions for the prevention, information and sensitization of the local community. For more information please visit: [https://womensos.gr/symvouleutika\\_kentra\\_ota-2/](https://womensos.gr/symvouleutika_kentra_ota-2/)

#### b. PORTUGAL.

In Portugal there is one shelter suited for women victims of violence with disabilities, the "Casa de Abrigo para Mulheres Vítimas de Violência com Deficiência e/ou Incapacidade" (CERCIAG), which temporarily accommodates people under a list of conditions. Institutional website can be consulted at: <http://www.cerciag.pt/servicos/casa-de-abrigo>. Important information related to victim's assistance in Portugal can also be found at the official of the The Commission for Citizenship and Gender Equality (CIG), at (in Portuguese): <https://www.cig.gov.pt/>

Other relevant contacts:

Comissão para a Cidadania e Igualdade do Género (cig@cig.gov.pt);

Delegação Regional (cidmdelnorte@mail.telepac.pt)

Estrutura de Missão Contra a Violência Doméstica (emcvd@seg-social.pt)

Amnistia Internacional Portugal (aiportugal@amnistia-internacional.pt)

Associação de Mulheres Contra a Violência (sede@amcv.org.pt)

Centro Anti-Violência (ca@amcv.org.pt)

Associação Portuguesa de Apoio à Vítima (apav.sede@apav.pt)

Rede nacional de Gabinetes de Apoio à Vítima (GAV)

Associação Portuguesa de Mulheres Juristas

Plataforma Portuguesa para os Direitos da Mulher (plataforma@plataformamulheres.org.pt)

A list of centers/institutions/associations which provide support to people with disability is available at: <https://dges.gov.pt/en/node/938?plid=1752>

Victims can also contact:

The National Support Network for Victims of Domestic Violence:

800 202 148

SMS: 3060

National Line for Social Emergency: 144

Alternative and Response Women's Association (UMAR):

Support centers:

City of Almada: 212 942 198

umar.almada@sapo.pt

City of Porto: 222 025 048 | 910 504 600

e-mail: umarprati@gmail.com

City of Porto - for victims of sexual violence: 220 933 787 | 914736078

e-mail: eir.centro@gmail.com

The following lines are also available for support to people with disabilities:

961 010 200, for written messages only (specifically developed by the Republican National Guard to provide support to people with hearing disability in need of urgent support);

213 649 773 (LINADEM - Liga Nacional para o Estudo e Apoio da Deficiência Mental).

#### c. SPAIN.

In Spain the main resource for victims with intellectual disability is the **Unidad de Atención a Víctimas con Discapacidad Intelectual (UAVDI)**.

This service is specialized in intervention with cases of abuse or mistreatment of people with intellectual disability. It works through three lines of work: intervention (facilitation in police and judicial processes and psychological therapy), investigation and awareness.

The contact is free and leaves no traces.

Contact information:

Phone number: 900 33 55 33

Web: [www.nomasabuso.com](http://www.nomasabuso.com)

Another important resource is the **support line for gender-based violence victims**. This line is operated 24 hours during the whole year. Also, the contact is free and leaves no traces.

This service offers attention in 53 languages, general information, legal advice and psychosocial attention.

Contact information:

Phone number: 016

WhatsApp: 600 000 016

Email: [016-online@igualdad.gob.es](mailto:016-online@igualdad.gob.es)



## **II. PRACTICAL ACTIVITIES.**

### **Gender violence Module.**

Evidence suggests that implementing training and workshops in schools reduces the risks of inflicting or suffering gender-based violence (Díaz-Aguado, M. J., 2021).

In order to deconstruct and prevent the development of violent behaviour against women with ID, it is necessary to train young people with or without ID in gender equality. This will allow them to become familiar with the dynamics that build and provoke this type of violence in order to correct them.

After having explained the rationale and the basis for ATHENA BEGIN training programme, diverse practical activities are presented that can be implemented in primary prevention settings.

#### **1. Dynamics "Iceberg"**

- Objective: to reflect on one's own conception regarding abuse.
- Activity development: divide participants into groups. Each group is given a picture of the iceberg and a list of words referring to abuse. Each group should place each word on the iceberg image, categorizing each action as "No abuse", or "Visible / invisible abuse-Explicit / implicit abuse". Then the decision made will be defended to the other groups. Remember: "depending on how one conceptualizes the abuse, this will be how one sees and detects it".
- Material: Iceberg drawing and word list.



<ul style="list-style-type: none"> <li>• Psychological abuse</li> <li>• Emotional blackmail</li> <li>• Rejection</li> <li>• Shout</li> <li>• Insult</li> <li>• Discrimination</li> <li>• Despise</li> <li>• Physical abuse</li> <li>• Violation of privacy</li> <li>• Insufficient care</li> <li>• Blaming</li> <li>• Negligence</li> <li>• Material / financial abuse</li> <li>• Rape</li> <li>• Gender violence</li> <li>• Devalue</li> <li>• Limitation of opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Humiliate</li> <li>• Sexual abuse</li> <li>• Control</li> <li>• Abandonment</li> <li>• Handle</li> <li>• Murder</li> <li>• Invisibility</li> <li>• Deprivation of rights</li> <li>• Ignore</li> <li>• Misinformation</li> <li>• Threaten</li> <li>• Inadequate communication systems</li> <li>• Infantilize</li> <li>• Overprotect</li> <li>• Hard-to-reach environments</li> </ul>
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## 2. Practical cases

- Objective: to reflect and ascertain what guidelines for action should be in place in the event of a possible case of abuse of a person with an intellectual disability.
- Activity development: a practical case is presented. Little information is initially given. In different groups they should reflect on the information and consider which actions should be undertaken next (who would they call, who would they talk to, how would they intervene, what would they ask, etc.). If examples are based on real cases, then later there will be an explanation of which interventions were enacted on the part of the UAVDI (no personal data to be given, always ensuring anonymity).



- ❖ 11 years old.
- ❖ Lives with her mother & her mother's partner.
- ❖ Special education school.
- ❖ Indicators for 1 week.
- ❖ Verbalizations about sexual abuse from her mother's partner.

- ❖ 36 years old.
- ❖ Lives with her parents.
- ❖ No legal incapacity.
- ❖ Indicators for 1 month.
- ❖ Special employment centre.
- ❖ Verbalizations about GBV.



## **Prevention tools Module.**

### **1. Role-Playing Verbalization**

- Objective: to practise dialogue, plus verbal and non-verbal communication in the face of disclosing the abuse.
- Activity development: 2 volunteers will be requested. One will play the role of the person with intellectual disability who verbalizes an act of abuse, and the other person will have to ask the questions they deem opportune. The dialogue will stop and reflect on the importance of contextualizing the conversation in a safe and trusting atmosphere, asking few questions, favouring free narration, if questions are asked then they should be open-ended, etc.

### **2. Dynamic "Development of activities"**

- Objective: to develop possible abuse prevention activities.
- Activity development: the different modules that exist in the abuse prevention workshop employed by ATHENA are explained. In different groups participants should think about and develop activities that they would teach in each of the modules. At the

end, all proposed activities are shared, so a list of different dynamics to work on can be compiled. Similarly, there is an explanation of which dynamics we undertake in the ATHENA prevention workshop.



### 3. Dynamic Sexuality and Intellectual Disability: reality or myth?

- Objective: debate and reflect on sexuality in people with intellectual disabilities
- Activity development: different phrases will be presented that should be discussed, debating whether they are reality or myth.
  - o People with ID are not sexual beings
  - o People with ID are undesirable
  - o Can people with ID have sex?
  - o People with ID have more important things to think about than sex
  - o People with ID are not sexually active
  - o People with ID are sexually uninhibited
  - o Institutionalized people should not have sex
  - o People with ID will never be sexually assaulted
  - o People with ID do not need sex education

## Activity 1.-

### - Goals:

- o Objective 1: Provide knowledge to young adolescent and adult women about the social construction of gender roles and how they influence relationships with the partner and family (sometimes manifesting as violence against women); specifically explain the cycle of violence.

- o Objective 2: Question unequal relationships and establish a way of interacting based on equality and non-violence.

### - Development of the activity:

- o Part One: Theoretical explanation about the construction of gender roles and how these influence relationships with the partner and family (sometimes manifesting as violence against women); specifically explanation of the cycle of violence.

- o Part Two: Dynamic 1. Several images of people will be presented without identifying their sex; for this we will hide the faces in the images. We will ask the group to describe them and try to guess from the activity they are doing if the person we have shown them is a man or a woman. Finally, we will reveal the whole picture, unveiling the face, and reflect on the group's interpretations, and the true identity of the people.

- o Part Three: Before concluding, show examples through images and / or videos of current situations in which an unequal construction of gender roles is reflected (sports, toys, trades, assignment of housework, etc.). This leads to a class discussion about new, more equitable gender roles.

- o Part Four: Dynamic 2. Myths about gender violence. The room will be split into three spaces. In each space we will put a poster:

I AGREE / I DON'T AGREE / I DON'T KNOW

We will prepare different phrases that we will cut out and put in a box. We will extract the sentences and read them aloud. The participants will get up and stand in the designated space with which they identify their opinion. We will analyse each of the sentences and each participant will argue their position; in parallel we will deconstruct each of the myths of gender-based violence. We will reflect on each of them, providing enough information so that the participants can identify possible situations of abuse and violence, and how to act in the face of them.

- Materials: Digital presentation, computer, projector and attached photographs of people going about everyday activities (for the second part); they can be photocopied, and a copy distributed to each participant. In the case of doing the activity online, the

photographs can be cut and pasted, and the digital presentation edited to develop the activity. For the third part, images taken from free image banks can be used to visualize more examples of unequal gender roles. For the fourth part you can use the attached image which includes the phrases that we can place in the box.

### **Autonomy Module.**

#### **1. Dynamic: "My wallet has been stolen".**

- Objective: to reflect on how we intervene with people with intellectual disabilities.
- Activity development: the following situation arises (adapting it to the type of professionals to whom the training is being given):

"Imagine that you go to a leisure activity, and in a cafeteria, one of the users with intellectual disabilities tells you that their wallet has been stolen. What would you do? "

At the end of the debate, add: Has anyone considered asking what he or she wants to do?

Based on the interventions of the participants, we can analyse how we often intervene with people with intellectual disabilities from a paternalistic, infantilizing position, making decisions for them, etc.

#### **2. Dynamic: "How do we view people with intellectual disabilities?"**

- Objective: to reflect on how intellectual disability is viewed or conceived of in modern society.
- Activity development: the question is asked, and the group must brainstorm and give adjectives that correspond to "how we view people with intellectual disabilities". The professional will write them down on the blackboard and this vision and conception of intellectual disability will be discussed.

### **ABUSE PREVENTION WORKSHOP (for users with ID)**

Another strategy for the prevention of violence against women with ID is to provide them with economic, vocational and personal independence, by breaking possible stereotypes and misplaced dependencies on third parties, whether they be their partners, relatives or carers.

To achieve this, the following programs and workshops are proposed, adapted to young adults with ID, and focused on the key age groups for attaining employment:

- Workshop on economic and personal dependence in the field of violence against women with ID.
- Job orientation program for women with ID.
- Informative workshop on training programs for women with ID to attain gainful employment.

### ACTIVITIES FOR THE BASIC WORKSHOP:

- Objective for Basic Workshop participants: to acquire knowledge about the most basic concepts in relation to abuse and how to ask for help.
- Contents: parts of the body (identification of intimate parts), concept of abuse, recognition of basic emotions and guidelines for action.
- Recommended for participants with high support needs.

### **Gender violence Module.**

#### 1. Activity: "May I?"

- Objective: to identify situations that may be a risk.
- Activity development: propose different possible scenarios, and question whether it is correct to perform certain acts. Examples of situations:

"I want to kiss a boy / girl I like." May I?

"I want to masturbate in the park." May I?

"I want to hold my teacher's hand." May I?

"I'm a boy and I want to enter the girls' locker room." May I?

"I would like to be that boy's girlfriend." May I?

Two columns will be drawn on the board, one with a red cross and another with a green smiley face. Depending on whether the act is correct or not, it will be placed in one column or another, to further develop the reasons for classifying it as suitable or not.

- Material: blackboard where two columns will be drawn: on the left-hand side draw a red cross, and on the right a green smiling face.

#### 2. Activity: "Hug: do you want one?"

- Objective: respond assertively to situations raised, depending on one's preferences or desires.
- Material development: they sit in a circle. The person who starts (A) says to the person on her right (B) "this is a hug; do you want one?" If (B) answers yes, (A) gives it to her. (B) asks (C) "this is a kiss; do you want one?" and (B) gives it to (C) if (C) says yes. "This is a cheek or shoulder caress; do you want one?" If the person (B) responds negatively, the non-verbal expression will be worked on (facial expression while saying "no", angry expression). It will work so that the other person (A) accepts the refusal.

Creating increasingly difficult situations:

- o In exchange for money
- or insisting
- o Demand by a professional
- Material: none

- Recommendations: During the pandemic it may be difficult to do this activity. It can be adapted with the corresponding sanitary measures, or by asking and answering the questions, and making a "hug gesture" without actual physical contact.

### 3. Activity: "What is abuse?"

- Objective: to identify abusive behaviour as negative.
- Development of the activity: the participants are informed that there is bad behaviour committed by other people that can hurt us and make us feel bad. To find out what types of behaviour this involves, different pictograms with images of abuse are distributed. They should be interspersed with images of situations that are not abuse (playing with friends, going to a birthday, going to class or the centre, etc.). In pairs, they should assemble the situations into two groups: It hurts me / It doesn't hurt me.
- Materials needed: "It hurts me / It doesn't hurt me" pictograms, situational pictograms (positive and abusive).



### 4. Activity: "Say NO!" (puppets)



- Objective: to train in assertive communication and acquiring communication tools to say NO when something bothers them or they are in a possible situation of abuse.

- Development of the activity: using dolls or puppets, a situation of psychological, physical and sexual abuse is presented (a situation where they insult or yell at someone; where they hit someone or where they kiss someone without asking permission). It is also possible to present everyday situations that the professional knows that his / her group does not like (for example, tickling, ruffling someone's hair, touching their head). Afterwards, they reflect on what the protagonist can do to stop the situation. Responses include:

- Say NO!
- Run away
- Ask for help
- Scream

Saying "NO!" out loud is practiced in small groups (this must be accompanied by an angry face). Afterwards, shouting is practiced among the small groups (this must be accompanied by an angry face).

- Materials needed: dolls or puppets.

#### 5. Activity: "Say NO!" (cards)

- Objective: to train in assertive communication and acquiring communication tools to say "NO" when something bothers them or they are in a possible situation of abuse.

- Development of the activity: reflect with the group and write on different cards actions that they do not like to be done ("being insulted, being hit, being laughed at, being tickled..."). They will write them down on different cards that will be put into a pot. At random, the different actions will be drawn. Each participant should practice saying "NO" to these situations. They can also practice yelling (this may be in pairs, the whole class or in small groups).

- Materials needed: sheets, cardboard, scissors, a can (pot).

### **Awareness Module.**

#### 1. Activity: "Puppets"

- Objective: to raise awareness about the existence of "intimate parts of the body".

- Development of the activity: to emphasize the fact that no professional should see or touch the intimate parts of another person. Dolls or puppets can be used to simulate the following dialogue:

- Laura and Juan are on the patio.

- Laura: Hey Juan, can the doctor see my bum?

o Juan: Well, it depends. If you go to the doctor because your arm hurts, they shouldn't see your bottom.

o Laura: What if it hurts?

o Juan: If it hurts and you need help, yes.

o Laura: Okay Juan! And hey... a teacher or a monitor? Can they see or touch my vagina?

o Juan: No!

o Laura: You are right.

o Juan: I have another question, Laura. What about a relative? Can a family member see or touch my penis, for example?

o Laura: No, Juan. Only when you need help and you cannot wash yourself. For example, if you need help cleaning yourself.

After the simulated situation, there will be a debate on the dialogues and the scenes shown, reflecting on the importance of limits with respect to the intimate parts of the body in relation to others.

- Materials needed: puppets or dolls.

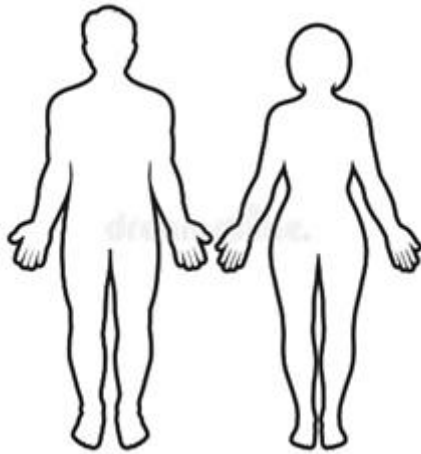
### **Prevention tools Module.**

#### **1. Mirror activity**

- Objective: identify your own body and work on body image.
- Activity development: they will stand in front of a mirror to observe themselves carefully and differentiate and name each of the parts of their body.
- Material: mirror.

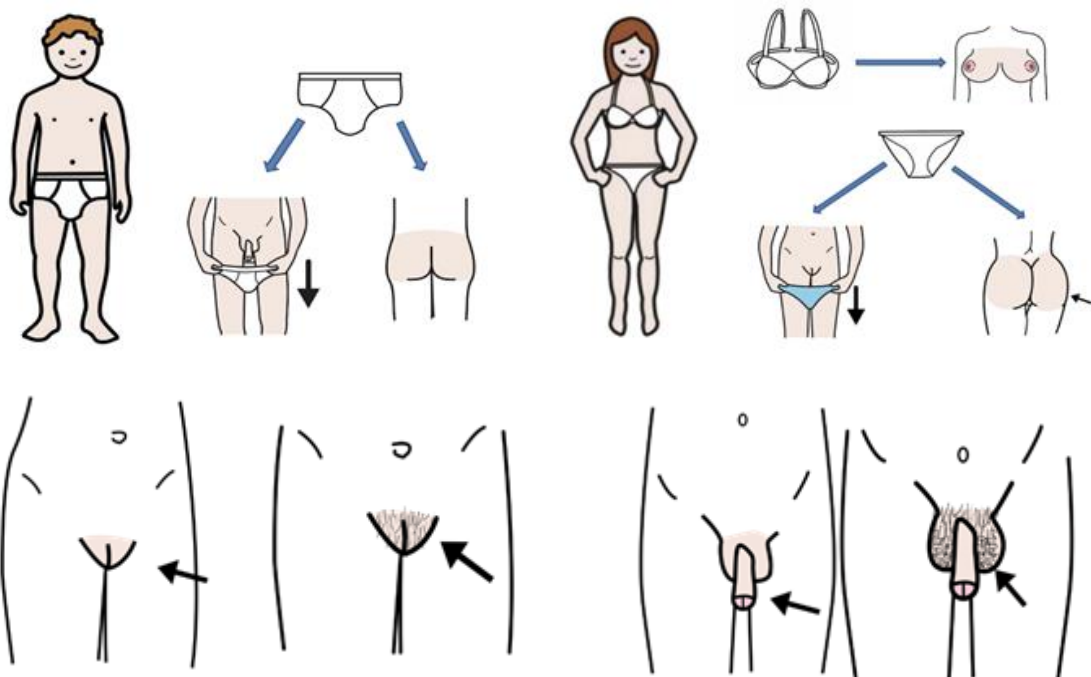
#### **2. Activity: "Body sensations"**

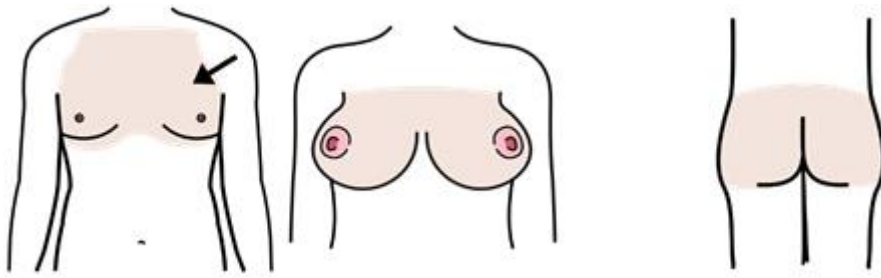
- Objective: to know and make them aware of the sensations they experience depending on the area of their body.
- Activity development: based on a template on which the silhouette of a body is drawn, you must colour all the areas, using the colours that you want or inspire you.
- Material: template with a silhouette of the human body and colouring pencils.



### 3. Activity: "What is under the underwear of boys and girls?"

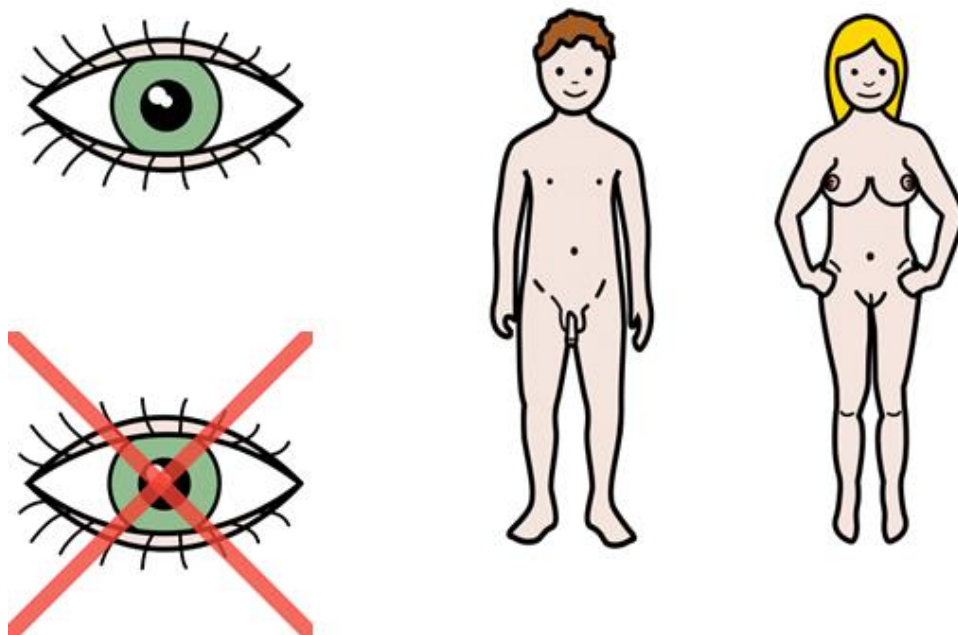
- Objective: to know the female and male genitalia and differentiate the intimate parts of a man and a woman.
- Development of the activity: each participant is given two images of a boy and a girl in underwear (the boy in underpants, the girl in panties and a bra). Separately there are different vignettes with the body parts of both: man's chest, woman's chest, vagina, penis and bottom. Each participant must place each part where it belongs on the body of the woman and the man.
- Materials needed: images of a man's body and a woman's body in underwear; images of male chest, female chest, bottom, vagina and penis; scissors, glue, paints, markers.





#### 4. Activity: "Seen or unseen?"

- Objective: to know the parts of the body, including private parts, and to identify whether they are visible to the naked eye or not.
- Development of the activity: each participant is given pictograms of the bodies of women and men and pictograms that refer to "Seen / Unseen". The professional must point out different parts of the body, and the participants must lift or point to the pictogram they consider (Seen / Unseen) to identify if it is a public part of the body (others can easily see) or private (a part that is private to me alone).
- Materials needed: pictograms of man and woman, pictograms of the parts of the body, including the penis, vagina, bottom, chest...; "Seen / Unseen" pictograms.



#### 5. Activity: "The female body and the male body"

- Objective: to identify the differences between the intimate parts of a woman and a man.
- Development of the activity: participants are divided into groups of 3 people. Each member of the group is given an image of a woman and an image of a man (full body, naked, but missing the intimate parts). Then, distribute different images of the body parts of a woman and a man to them (these parts of the body must include the intimate ones,

i.e. chest, bottom, penis and vagina). Later, cardboard is distributed to each group, on which they must glue the different parts of the body of men and women.

- Materials needed: several images of a naked man and woman, cards with the different parts of the body, including the private parts; cardstock, glue.
- Recommendations: a variant of the activity can be to add the task of connecting each part of the body with its corresponding name using arrows.

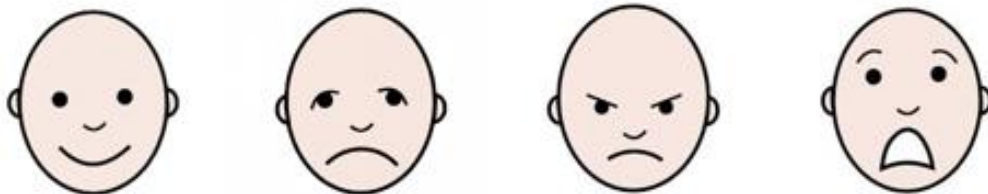
#### 6. Activity: "What can I do?"

- Objective: to know basic guidelines for action against abuse.
- Development of the activity: the importance of asking for help when something happens that has made participants feel very bad is explained. The teachers will have to pose different situations and, in groups, the participants will have to think about what to do in each of the situations. Each participant should reflect and point out what guidelines he or she would make if an abusive situation occurs. You can indicate which specific professional or family member you would ask for help.
- Materials needed: none

### **Autonomy Module.**

#### 1. Activity: "Faces"

- Objective: to identify the emotions joy, anger, sadness and fear.
- Development of the activity: pictograms with faces expressing the different emotions will be distributed while cards with the names of these emotions will be distributed separately. Each participant must place the name of the emotion alongside its respective expression.
- Materials needed: pictograms of emotions and cards with names.



#### 2. "Videos of emotions"

- Objective: to identify the emotions joy, anger, sadness and fear.

- Development of the activity: show short videos (maximum half a minute) in which the different emotions can be observed through different situations. At the end of the video, the participants will be asked what they think is happening and the emotion they associate with it. A variant of this activity can be to ask later if these emotions make us feel good or bad.
- Materials needed: videos that reflect the different emotions.

JOY video (0-0'30''):

<https://www.youtube.com/watch?app=desktop&v=FYtreUlGk68>

SADNESS Video:

<https://www.youtube.com/watch?v=7S8cMJzKlkQ>

ANGER Video (0'30'' - 1'10''):

<https://www.youtube.com/watch?v=-otsp6JmLlI>

FEAR video:

[https://www.youtube.com/watch?app=desktop&v=PMiT94EeN\\_o](https://www.youtube.com/watch?app=desktop&v=PMiT94EeN_o)

### 3. Activity: "Flower"

- Objective: to know and differentiate the basic emotions.
- Activity development: a drawing of a flower with 6 petals will be presented on a large card. In each of the petals, the basic emotions and the corresponding emoticon or drawing will appear. Everyone should name or give examples of things that reflect what is written on each petal.
- Material: cardboard with 6-petal flower with basic emotions.

## **ACTIVITIES FOR THE ADVANCED WORKSHOP**

- Objective for the Advanced Workshop: acquire knowledge and delve into more complex concepts in relation to abuse and guidelines for action.
- Contents: concept and identification of the victim, body parts (identification of intimate parts), recognition of emotions, concept and types of abuse (psychological, physical and sexual), fear of talking about it, secrets and types of secrets, and guidelines for action.
- Recommended for participants with few support needs.

### 1. Activity: "Stories"

- Objective: to identify a person who is the victim of some kind of abuse or harm.
- Development of the activity: work will be done in groups of 4 or 5 people (there may be fewer depending on the needs). The roles of "Secretary", "Spokesperson", "Police or Sheriff" and "Mediator" are distributed within each group. In their groups, they are asked to write 3 stories in which the protagonist is a victim, i.e. someone is hurting them on

purpose. Afterwards, each spokesperson is asked to explain aloud their group's story, and to justify why their protagonist is a victim.

- Materials needed: paper and pens.
- Recommendations: if necessary, there may be a professional supporting each group (or the groups that need more support), guiding and supporting the construction of the story. A variant of this activity may be having to write another story where the protagonist is not a victim, and analyse the differences based on the definition.

## 2. Activity: "Silhouettes"

- Objective: to identify the differences between female and male genitalia.
- Development of the activity: one male and one female volunteer are requested. Volunteers must lie on the floor, on top of a single large sheet of paper. Another 2 classmates will have to draw with different coloured crayons the outline of their classmates lying on the paper. In this way the silhouette of their companions will be drawn on the paper. The participants will be divided into two groups, one with each outline: one group will have to draw all the female parts of the body that they know of on the "female" outline; the other group will do the same with the parts of the man's body. At the end, each group will have to list all the parts of the body that they have drawn on the outline. Afterwards, there will be a discussion of the parts men and women have in common and those that are different.
- Materials needed: continuous paper, coloured crayons, markers, tempera, brushes, watercolours, finger paints, etc.
- Recommendations: before starting the activity, emphasise the importance of leaving embarrassment outside the classroom!

## 3. Activity: "Body changes"

- Objective: to be aware of the physical changes that the human body undergoes, that this is a natural process.
- Activity development: a template is given in which they name different changes in the body. The student must mark with an X those modifications they have perceived in their own body or that they consider correct from the list.
- Material: template that names changes in the human body.

## 4. Activity: "Plasticine figures"

- Objective: to recognize the parts of the human body.
- Development of the activity: coloured plasticine is distributed to each student. They must make 2 figures, two human bodies (a man's and a woman's body), using the plasticine.
- Materials needed: plasticine in different colours.

#### 5. Activity: "Tea Video"

- Objective: to learn the concept of consent; debate and reflect on the idea.
- Development of the activity: the video "Sexual consent explained with Tea" is shown in class. Subsequently, the students are asked what they understood from the video, what they understand about the metaphor. They will reflect and debate based on what is explained in the video. This activity is aimed at very advanced groups in the field.
- Materials needed: <https://www.youtube.com/watch?v=E4WTnJCMrH8>

#### 6. Activity: "How does it make me feel?"

- Objective: to differentiate emotions generated by different situations.
- Development of the activity: once the basic emotions have been explained, different contexts will be proposed for participants to express the emotion that is conveyed (in their opinion). Scenarios may include:
  - How does it make me feel to have a surprise party?
  - How does my mother's hug make me feel?
  - How does a stranger touching my shoulder make me feel?
  - How does it make me feel that I am given food I do not like?
  - How does it make me feel when my teacher has scolded me?
  - How does it make me feel to find a spider in my bed?
- Material: basic emotions template, cards on which each of the situations appears, template on which to write the examples of the situations, depending on the emotion experienced.

#### 7. Activity: "Mimic"

- Objective: to train non-verbal (body) expressions to convey the rejection of something (i.e. saying "NO").
- Development of the activity: in groups, they should think of a story that they will have to act out without words (with gestures only). In this story there must be a character who tries to ask for something (money, mobile phone, some notes, sunglasses etc.) and another character who does not want to hand it over. They will have time to rehearse and, then they will present it to the class. The rest of their classmates will try to understand what happened in the story and analyse how the person doing the rejecting said no (taking into account body language).
- Materials needed: no materials are required; however, if costumes were available in the class, they could be added to stories and "theatre".

#### 8. Activity: "Role-Playing: learning to say and receive a NO"



- Objective: respond assertively to situations raised, depending on one's preferences or desires.
- Material development: work will be done in pairs. The person who starts (A) will ask something of the other person (B), who will respond negatively. Non-verbal expression (facial expression while saying "no", angry expression, etc.) will be worked on. It will work so that the other person (B) accepts the refusal.

Possible situations:

- (A) asks (B) to take off their shirt and (B) does not want to
- (A) asks (B) to lower their pants or skirt, and (B) does not want to
- (A) asks (B) to send an intimate photo by WhatsApp and (B) does not want to
- (A) asks (B) for a hug or kiss and (B) does not want to

To add more difficulty:

- (A) must insist
- (A) is a professional from the centre
- Material: none

## 9. Brainstorming activity

- Objective: learn to react or give adequate responses to different scenarios.
- Material development: pose everyday situations related to sexuality, for example:
  - "A boy wants to hold your hand, but you don't want to. However, he takes it anyway".
  - "Someone asks you to go out and you don't feel like it".
  - "Your boyfriend / girlfriend wants to have sex and you don't want to".

How should we react? The participants will have to give different ideas, writing each proposal on the board. Later there will be a discussion about which are the best. This activity can be extended by asking for different examples of situations that they usually face and what they feel about them. These feelings can be reflected on cardboard using tempera paints and handprints.

- Material: blackboard, cardboard, coloured templates to draw with your hands

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