CARE-INT - Training module for future care professionals

The Teacher's Guide and how to use it.

4 chapters - approximately 15 hours and 30 minutes of training

THE GOAL

Recognise, respond, empower — with dignity and rights at the centre.

Care professionals who see the signals, act safely, and put women with disabilities at the centre of their own choices.

Preparing care professionals to act

CARE-INT project prepares care professionals to recognise and respond to discrimination and gender-based violence against women with disabilities, with a rights-based, intersectional and survivor-centred approach.

Who it is for

Care and social professionals in training, and their trainers.

What it builds

The knowledge and the practical skills to recognise, act and empower.

THE PROGRESSIVE PATHWAY

From understanding to acting

1

Understand

See disability as a rights issue

→

2

Recognise

Discrimination, intersectionality and GBV

→

3

Act

Read the signals and respond safely

→

4

Empower

Support survivors' autonomy

The manual is organised into four chapters. Each chapter has a specific focus, but together they create a progressive learning pathway.

THE STRUCTURE AT A GLANCE

Four chapters

1

Disability - in what sense?

Models to disability, the CRPD, rights in practice

3h 30min

2

Discrimination, intersectionality and GBV

Gender Based Vioence and its framework, the intersectional lens, forms of violence

4h 55min

3

Responding to violence and discrimination

Signals, first-line support (LIVES), the reporting code

4h 20min

4

Collaborating and empowering clients

Empowerment, supported decision-making, survivor-centred work

2h 55min

FLEXIBLE AND MODULAR METHODOLOGY

How each session is built

1	→	2	→	3	→	4	→	5
Icebreaker Engage, activate prior knowledge		**Basic module** Core knowledge and concepts		**Advanced module** Deeper understanding and professional practice		**Activities and role play** Case studies, group work		**Plenary reflection** Plenary & takeaways

ONE COMMON FRAMEWORK, BUT DIFFERENT WAYS OF USING IT

FROM THEORY TO PRACTICE

A complete training toolkit

Contents

Clear concepts, legal and rights framework.

Activities and role play

Experiential exercises to practise, not just listen.

Case studies

Real situations (e.g. the Sanne case) to reason through.

Evaluation tests

Closed questions with answer keys to check learning.

Glossary

Key terms defined in plain language.

Additional resources

Support services and where to turn for help.

CARE-INT · TRAINING MODULE

Chapter 1

Disability: in what sense?

Key terms - session flow - activities

Recommended duration: 3h 30min

SESSION AT A GLANCE

Objectives and lesson plan

By the end of this lesson you will be able to:
Explain what disability is and its approaches, **Explain** what causes disability, **Illustrate** the CRPD principles and the rights of persons with disabilities.

1	Surface stereotypes	ICEBREAKER	approx. 15'
2	Concept of disability and the four approaches, Lecture + discussion	KEY TERM	approx. 40'
3	CRPD, human rights & rights in practice Legal capacity, protection from violence	DISCUSS	approx. 85'
4	1.3 Activities / role play: A. What is Disability? - B. Myths & Facts - C. Approaches	ACTIVITY	approx. 60'
5	Plenary reflection	WRAP	approx. 10'

KEY TERM

What is disability?

Disability is an interaction between a person's condition (e.g. using a wheelchair, a visual impairment) and environmental factors (e.g. negative attitudes, inaccessible buildings).

The person's condition

Physical factors · socioeconomic factors.

Environmental factors

Accessibility · legal/political · socioeconomic · services.

KEY TERM

Different models to disability

Charity →	Medical →	Social →	Human rights
A tragic situation; people need help and pity.	A condition to be cured; the person is a patient.	The result of a society organised without barriers.	Full, equal enjoyment of rights; dignity and inclusion.

DISCUSS

Discuss together: what are the consequences of the charity and medical approaches? With the social approach, are all the ‘problems’ solved?

KEY TERM

From principle to protection

The human rights approach (CRPD) ensures the full and equal enjoyment of all rights and requires laws for inclusion. In practice this includes legal capacity (Art. 12) and protection from violence, the bridge to Chapter 2.

Who holds the rights

Persons with disabilities, rights holders, not beneficiaries.

Who has the duty

The State, all ministries and society

ACTIVITY

Different models and concrete effects

1.3 Activities / role play

A. What is Disability? - B. Myths and Facts about disability - C. Different approaches to disability, act out each approach to reveal its concrete effects.

Key takeaways

Disability is an interaction between person and environment, not a defect. Four approaches exist; the human rights approach (CRPD) is the reference, persons with disabilities are rights holders, and the State and society carry the duty.

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Chapter 2

Discrimination, intersectionality and GBV

Key terms - session flow - activities

Recommended duration: 4h 55min

SESSION AT A GLANCE

Objectives and lesson plan

By the end of this lesson you will be able to: define gender-based violence and its human rights framework, apply an intersectional lens (gender + disability), identify types of violence, root causes and the specific vulnerabilities of women with disabilities.

1	Perceptions and stereotypes on gender and violence.	ICEBREAKER	approx. 15'
2	2.1 Basic: GBV, HR framework, intersectionality, types Lecture + discussion	KEY TERM	approx. 110'
3	2.2 Advanced: legal frame today; consent (Istanbul) Lecture + discussion	KEY TERM	approx. 90'
4	2.3 Activities: Where do we stand? · Root causes Group work	ACTIVITY	approx. 70'
5	Plenary reflection	WRAP	approx. 10'

KEY TERM

Gender-based violence (GBV)

GBV is violence directed against a person because of their gender. It is a form of gender discrimination and a violation of human rights, not a private matter. It affects women and girls disproportionately.

The human rights framework

CRPD
Art. 6 (women) · Art. 16 (freedom from violence & abuse)

CEDAW
Women's rights & non-discrimination

Istanbul Convention
Preventing & combating violence against women

KEY TERM

An intersectional lens

Intersectionality: identities such as gender and disability combine and produce compounded discrimination and specific barriers. Women with disabilities face a higher risk of GBV, disability-specific forms of violence, and greater obstacles to support.

Higher exposure

Greater risk and longer duration of violence.

Disability-specific forms

Withholding care, medication or assistive devices; forced treatment.

Barriers to support

Inaccessible services, not being believed, dependence on the abuser.

ACTIVITY

Types of violence and root causes

Physical

Psychological

Economic

Sexual

Disability-specific

Perpetrators can be partners, family members, caregivers or institutions.

2.3 Activities: A. Where do we stand? - B. Disability and gender inequality - C. Root causes of GBV - D. Vulnerabilities of women and girls with disabilities.

Key takeaways

GBV is a human rights violation, disproportionately affecting women. Through an intersectional lens, women with disabilities face compounded risk, disability-specific violence and greater barriers to support.

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Chapter 3

Responding to violence and discrimination

Key terms - session flow - activities

Recommended duration: 4h 20min

SESSION AT A GLANCE

Objectives and lesson plan

By the end of this lesson you will be able to: deconstruct victim-blaming, recognise the signals of violence, including disability-specific ones, apply first-line support (LIVES), follow the reporting code.

1	Recognise violence	ICEBREAKER	approx. 15'
2	3.1 Basic: why leaving is hard, how to act, signals Lecture + discussion	KEY TERM	approx. 70'
3	First-line support (LIVES) & reporting code Lecture + discussion	DISCUSS	approx. 45'
4	3.2 Advanced: trauma-informed practice Lecture	KEY TERM	approx. 45'
5	3.3 Activities: case studies · action planning Case study + group work	ACTIVITY	approx. 75'
6	Plenary reflection	WRAP	approx. 10'

KEY TERM

“Why doesn't she just leave?”

Wrong question. It shifts responsibility onto the victim. Leaving is hard, and for women with disabilities the barriers are even higher.

Common barriers

Fear, shame, economic dependency, isolation, love/hope, threats to children.

Disability-specific

Dependency on the abuser for care; inaccessible services; not being believed.

DISCUSS Which of these barriers do we, as professionals, sometimes underestimate?

KEY TERM

Recognising the signals

Physical
Unexplained or recurring injuries; untreated conditions.

Behavioural
Fear, anxiety, withdrawal, low self-esteem, depression.

Relational
A controlling partner or caregiver; isolation; never seen alone.

Disability-specific
Missing/broken assistive devices; over- or under-medication; withheld care

One signal is not proof, but a pattern is a reason to pay attention, ask carefully and document.

KEY TERM

First-line support and the reporting code

L	I	V	E	S
Listen	Inquire about needs & concerns	Validate	Enhance safety	Support

The reporting code in **five steps**:
1) map the signals - 2) consult a colleague / advice centre - 3) talk with the person - 4) weight the nature and severity - 5) decide: organise help and/or report.

ACTIVITY

Case studies and action planning

3.3 Activities

A. Case studies - Signs of violence, B. Case studies - Preventing violence, C. Action planning for inclusion, D. Mapping local support services.

Key takeaways

Never ask why she stays - ask what stops her and what would help. Notice patterns of signals, including disability-specific ones; apply LIVES and follow the reporting code, adapting each step to the person's needs.

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Chapter 4

Collaborating and empowering clients

Key terms - session flow - activities

Recommended duration: 2h 55min

SESSION AT A GLANCE

Objectives and lesson plan

By the end of this lesson you will be able to: apply the 8 core principles of empowerment in GBV, practise supported decision-making and the survivor-centred approach, strengthen the capacity of clients as rights holders.

1	Reflect on collaboration and power	ICEBREAKER	approx. 15'
2	4.1 Basic: empowerment (8 principles) & capacity Lecture	KEY TERM	approx. 60'
3	4.2 Advanced: supported decision-making Lecture + discussion	KEY TERM	approx. 45'
4	4.3 Activity: empowering women with disabilities Role play	ACTIVITY	approx. 45'
5	Plenary reflection	WRAP	approx. 10'

KEY TERM

Empowerment - 8 core principles

1. Provide a safe, judgment-free environment
2. Restore autonomy: let the client make choices
3. Acknowledge gender- & disability-specific impact
4. Work from strength, not from the ‘problem’
5. Offer correct information and resources
6. Work together: you guide, the client directs
7. Avoid re-traumatization
8. Connect with the community (if the client wants)

KEY TERM

Supported decision-making

Support the person to make and communicate their own decisions, rather than deciding for them (substituted decision-making). It is the practical form of legal capacity (CRPD Art. 12) and of the survivor-centred approach.

Rights holders

Clients claim and exercise their rights.

Duty bearers

Professionals and institutions fulfill their obligations.

Capacity building works on both sides: empower clients as rights holders, equip professionals as duty bearers.

ACTIVITY

Apply the principles to the cases

4.3 Activity - Empowering women with disabilities: role-play a support conversation that puts the 8 principles and supported decision-making into practice.

Key takeaways

Empowerment means safety first, then autonomy: you guide, the client directs. Practise supported (not substituted) decision-making, work from strengths, and treat clients as rights holders - with professionals as duty bearers.

For further support and information

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