



Training and Awareness Raising Manual

RESPONSE

Responsive services to address gender-based violence
against women with disabilities



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Deliverable 3.1 - Training and Awareness-raising (TAR) Manual

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Abstract

The UN Declaration on the Elimination of Violence against Women (December 1993) defines in its first article that: "For the purposes of this Declaration, 'violence against women' means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".

According to the United Nations, discrimination against persons with disabilities, coupled with attitudes towards women in patriarchal societies, exposes women and girls with disabilities to this increased risk of violence. Although women and girls with disabilities experience many of the same forms of violence as all women, violence has unique forms and causes when gender and disability intersect, and results in unique consequences. Women and girls with disabilities are particularly targeted by perpetrators of violence due to social exclusion, limited mobility, lack of support structures, communication barriers and negative social perceptions. The range of violence experienced by women and girls with disabilities can include physical and sexual violence, as well as emotional and verbal abuse.

This manual aims to provide tools for all actors involved in the response to women victims of gender-based violence to work together in developing gender-sensitive services to address gender-based violence. This will help to implement concrete measures in real situations, such as contributing to an inclusive approach to services that allows for universal design and ensuring accessibility for all women victims, regardless of their support needs.

Key words: disability, women, gender-based violence, rights, support services, justice, victims, intersectionality, accessibility, empowerment, facilitator, support decision making.



Acronyms

- **APAV** - Portuguese Victim Support Association (in Portuguese acronym)
- **Art.** – Article
- **ATENPRO** - GBV Victim Attention and Protection Telephone Service (in Spanish acronym)
- **BID** – Banco Interamericano de Desarrollo
- **CC** - Criminal Code of Lithuania
- **CCP** - Code of Criminal Procedure of Lithuania
- **CEDAW** - Convention on the Elimination of All Forms of Discrimination Against Women
- **CERCIAG** - Cooperativa de Educação e Reabilitação de Cidadãos com Incapacidades de Águeda, CRL.
- **CHRS** - Centres d'Hébergement et de Réinsertion Sociale - France
- **CIG** - Comissão para a Cidadania e a Igualdade de Género - Portugal
- **CNCDH** - National Consultative Commission on Human Rights - France
- **DIAP** - Criminal Investigation and Prosecution Departments (in Portuguese acronym),
- **e.g.** - exempli gratia
- **EASPD** – European Association of Service providers for Persons with Disabilities
- **EII** - Investigation and Investigation Teams (in Portuguese acronym)
- **Etc.** – etcetera
- **ETR** – Easy To Read
- **EU** - European Union
- **EWLO** - European Women's Lobby Organisation
- **FRA** – European Union Agency for Fundamental Rights
- **GAV** - Victim Support Offices (in Portuguese acronym)
- **GBV** - gender-based violence
- **GNR** - National Republican Guard – Portugal
- **HUF** - Hungarian Forints
- **i.e.** - id est
- **LAEO** - Reception, listening and guidance centres – France
- **LDF** - Lithuanian Disability Forum
- **LDOF** -Lithuanian Disabled People's Organisations Forum



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- **LGBTQ+** - Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more
 - **MOOC** - Massive Online Open Course
 - **MSP** - Mainstream service providers
 - **NDP** - National Disability Program - Hungary
 - **NFSZK** - National Centre for Disability and Social Policy – Hungary
 - **NGO** - Non-governmental organisation
 - **NIAVE** - Investigation and Support Department for Specific Victims (in Portuguese acronym)
 - **ODDH** - Disability and Human Rights Observatory - Portugal
 - **ORFK** – Hungarian Police
 - **PSP** - Public Security Police - Portugal
 - **PWD** - People with disabilities
 - **RNAVVD** - National Network of Support for Victims of Domestic Violence (in Portuguese Acronym)
 - **SDM** - Supported Decision Making
 - **SEIVD** - Specialised integrated domestic violence sections (in Portuguese acronym)
 - **SKPC** - Specialised Complex Assistance Centers - Lithuania
 - **SOTA report** - State-of-the-Art Report
 - **SP** - Service providers
 - **STD** - Sexually Transmitted Diseases
 - **TAR** - Training and Awareness Raising
 - **UAVDI** - Unit for Attention to Victims with Intellectual Disability (in Spanish acronym)
 - **UN** – United Nations
 - **UNCRPD** - United Nations Convention on the Rights of Persons with Disabilities
 - **UVFI** - Comprehensive Forensic Assessment Units (in Spanish acronym)
 - **WWD** - Women with disability



Foreword

This Training and Awareness Raising (TAR) Manual constitutes one of the deliverables of the European project RESPONSE funded by the Erasmus+ programme "Partnership for Cooperation in the field of Education and Training" (ERASMUS-EDU-2021-PCOOP-ENGO).

The RESPONSE project brings together different stakeholders involved in the fight against gender-based violence against women with disabilities. The aim is to enable the dissemination of knowledge from the disability sector to the victims' rights sector and vice versa, by creating a space for joint learning and cooperation.

The RESPONSE project is dedicated to facilitating cooperation at national and international level between the different actors involved: women with disability (WWD), service providers (SP) and mainstream service providers (MSP).

These key groups are described below:

- **Women with disabilities (WWD):** Over 18 years old. We will retain here the notion of disability as defined by Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)¹: *“persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”*.
- **Service providers for people with disabilities (SPs):** We refer to service providers from the disability field. This is NGOs, social workers, support services, social care professionals.
- **Mainstream service providers (MSPs):** All service providers, mainly from health, social care, and judicial sectors, that can encounter women with disabilities victims of crime. This is anti-discrimination/gender equality/healthcare professionals, judicial staff, victim support services.

The RESPONSE project is supported by the European Association of Service providers for Persons with Disabilities (Belgium) and by service providers for people with disabilities from 6 different countries: Centre de la Gabrielle (France), Kézenfogva Alapítvány (Hungary), Jaunuoliu Dienos Centras (Lithuania), Fundacja

¹ 'Convention on the Rights of Persons with Disabilities (UNCRPD)' (United Nations, 2006), <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>



Eudajmonia (Poland), FENACERCI - Federação Nacional de Cooperativas de Solidariedade Social (Portugal) and Confederación Plena Inclusión España (Spain).

Through this project, we will support the dissemination and transmission of best practices and experience among professionals in the countries involved to produce a joint learning process that will allow us to achieve a true multidisciplinary RESPONSE, providing concrete actions to make services more responsive and efficient at addressing gender-based violence against women with disabilities.

An effective RESPONSE to their needs is undoubtedly a coordinated RESPONSE at national and European level, making better use of available resources, increasing the quality of knowledge acquired, promoting an interdisciplinary solution to the problem of multiple discrimination, and proposing concrete solutions.

In this context, the main objective of this manual is to develop a series of training modules covering the key learning outcomes of the extensive field research collected in the State-of-the-Art Report (SOTA report)². This report is based on a survey conducted in 6 partner countries: France, Hungary, Lithuania, Poland, Portugal, and Spain. The survey was conducted with women with disabilities, service providers from the disability field and mainstream service providers. Beyond the needs identified, the report also presents existing good practices at global, European, and national levels.

Through this manual, it is intended to provide tools for the different target groups to work together in developing gender-sensitive services to address gender-based violence. This will help to implement concrete measures in real situations, contributing to an inclusive approach to services that allows for universal design and ensures accessibility for all women victims, regardless of their support needs.

Like all the RESPONSE project's actions, the manual adopts an intersectional approach to services and is characterised by the need to improve the skills and resources of professionals working in the field. It aims to ensure more inclusive and quality services and does so by promoting collaboration among actors to build the skills, training and awareness to achieve a truly effective, coordinated and multidisciplinary RESPONSE.

The manual addresses three different target groups (WWD, SP and MSP), because different points of view will contribute more and better to the prevention of violence against women and to the collaborative construction of the services they need.

² Response Project: State of the Art Report (2022). [0 RESPONSE State of the Art Report.pdf \(easpd.eu\)](https://easpd.eu)



Given these three target groups, the manual offers two chapters with common contents and three specific chapters, one for each group. In these chapters, various training approaches will be compiled to effectively achieve essential learning objectives for both raising awareness and fostering collaborative efforts. These training strategies aim to ensure that diverse target groups can collaborate in developing gender and disability-sensitive services for addressing gender-based violence.

In particular, the chapter for service providers contains tools and information on how to identify cases of violence. It also presents the risk or vulnerability factors that can influence or be the cause of GBV against WWD and provides suggestions on how to empower women with disabilities.

The specific chapter for mainstream service providers includes tools on how to support women with disabilities in an appropriate and non-stereotypical way. It outlines the key policies and strategies that need to be developed to provide inclusive services; it also defines the role of the facilitator, highlighting the importance of having trusted professionals to help anticipate and identify any problem that may arise.

Finally, the chapter for women with disabilities aims to empower them to stand up for their rights by sharing useful knowledge. For instance, it explains how the national justice systems and victim support services work in each of the RESPONSE focus country, and it provides information on supported decision-making and peer-support.

Although the content of this TAR Manual is based on the results of the RESPONSE SOTA Report, it is important to note that the also integrates the significant outcomes of numerous working groups conducted in the six partner countries. These working groups were conducted with a dual focus, taking into account the perspectives of both women with disabilities and the social work professionals who assist them. .

The TAR manual will also be developed into a MOOC (Massive Online Open Course) in English, which will be available to the general public on EASPD's E-learning Hub ([EASPD E-LEARNING HUB](#)). The MOOC will contain videos, infographics and other materials developed to the highest standards of accessibility.

Through this manual, we want to achieve the following impacts:

- To identify and cover key learning outcomes so that target groups can work together to develop gender-sensitive services to address gender-based violence.
- In the short term, to promote a learning model that generates new experiences and knowledge for both SPs and MSPs on how to develop gender-sensitive services to address



gender-based violence, and for women with disabilities on how to truly participate in such a process.

- In the medium term, to achieve better stakeholder cooperation.
- In the long term, to ensure better integration and coordination of services, which will therefore be more sustainable and accessible, contributing to a better quality of life for women with disabilities and their circle of support.

A key component in the prevention of violence against women will be the new approach to accessible services for disabled women who are victims of gender-based violence, which is based on an intersectional and gender-sensitive perspective and on improved and proper training of all the actors involved.



Introduction

Women and girls with disabilities face multiple and intersectional discriminations in all areas of life, and are more at risk of facing violence, abuses, and harmful practices. Violence may take place in various settings, including in institutions and segregated schools, and take different forms, such as harassment and sexual violence, forced abortion and sterilisation or disability-specific violence.

The Fundamental Rights Agency released a report providing the main results of the survey on the violence against women in the European Union³. The researchers interviewed 42,000 women across the 28 Member States of the EU, asking them about their experiences of physical, sexual, and psychological violence. The respondents reported experiences of stalking, sexual harassment, and childhood abuse⁴.

The results show that extensive gender-based violence persists in the EU member countries. Among the women surveyed, 34% of women with disabilities reported having experienced some form of physical or sexual violence since the age of fifteen, compared to 19% of women without disabilities. Moreover, 46% of women with disabilities said they suffered from physical, sexual, or psychological violence before the age of 15.

When it comes to psychological violence and harassment, the numbers are even higher. In this case, 61% of women with disabilities faced a sexual harassment since the age of 15. Stalking was experienced by 26% of respondents with a disability.

The increased prevalence of violence experienced by women with disabilities compared to those without disabilities is just one aspect of the challenge. In addition, women with disabilities encounter additional hurdles in reporting incidents, accessing justice, and obtaining support measures and protection orders that align with their rights. In this respect, women with disabilities face several legal, attitudinal, communicational, and physical barriers when it comes to reporting being a victim of gender violence. The police and the judicial system are often not trained to act appropriately in cases where a person with a disability is involved as a victim, defendant, or witness of violence, which leads to insufficient evidentiary activity in court.

Moreover, the communications and examinations that take place when women with disability report being a victim of gender-based violence are not always carried out with guarantees. Ensuring that women with

³ 'Violence against Women: An EU-wide Survey' (European Union Agency for Fundamental Rights, 2014), <https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey>.

⁴ Results from 'Violence against Women: An EU-wide Survey' (European Union Agency for Fundamental Rights, 2014), http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results_en.pdf





disabilities get the adequate support would strengthen their rights and would automatically reduce discrimination in their access to justice.

Likewise, lodging a complaint and navigating the criminal justice process, particularly in cases involving specific forms of violence such as sensory restrictions, confiscation of mobility or communication aids, denial of access to medication, or excessive medication, are shaped by pervasive negative stereotypes associated with women with intellectual disabilities. Consequently, women with disabilities often encounter a lack of credibility in these situations. All of this results in:

- ❖ Lack of self-esteem as a consequence of reductive views of their skills, knowledge and experiences.
- ❖ Lack of information.
- ❖ Added difficulty of accessing the resources available for gender-based violence (lack of access to information, shelters, information centres, etc.).
- ❖ Little credibility when they decide to publicly denounce these situations (especially in disabilities affecting communication or intellectual disabilities).
- ❖ Impossibility of physical defence from the aggressor.
- ❖ Fear of losing the abusive partner, if they are also dependent on them for basic activities of daily living.⁵

According to the results of SOTA Report carried out in this project, service providers for persons with disabilities and mainstream service providers face common challenges, especially when it comes to providing adequate support to victims and recognising the violence they face.

Firstly, difficulties in supporting victims are mainly due to several reasons: insufficient training on how to support women with disabilities who are victims of gender-based violence (GBV); inaccessibility of specific services and resources; lack of cooperation between service providers for persons with disabilities and mainstream services; lengthy legal procedures.

Secondly, professionals also face obstacles related to the lack of recognition of GBV, both by the victim and by their institutional or personal environment. In some cases, for instance, victims struggle to identify the abusive

⁵ 'EDF Position Paper on Violence against Women and Girls with Disabilities in the European Union' (European Disability Forum, 2021), <https://www.edf-feph.org/content/uploads/2021/05/final-EDF-position-paper-on-Violence-against-women-and-girls-with-disabilities-in-the-European-Union.pdf>





treatment they receive as violence, which leads to them not reporting it. Moreover, there is evidence of "invisibilisation" of violence by the victims' personal and institutional environment.

On the other hand, women with disabilities have long advocated for their voices to be heard and valued regarding this issue. They have called for the availability of accessible resources, research initiatives to gather data on gender-based violence experienced by women with disabilities, and legislative reforms that address their unique needs.⁶

All these circumstances place women with intellectual and developmental disabilities on the margins of society and aggravate the discrimination they face, in particular in relation to women without disabilities. This situation is present across different countries, including those that are part of this project:

◇ France

In France, the statistics concerning women with disabilities are very alarming. According to the study "*Les violences faites aux personnes en situation de handicap (adultes): focus sur les violences conjugales et violences sexuelles*"⁷, four out of five women with disabilities suffer from all kinds of violence and/or abuse. Women with disabilities are more likely to be physically or sexually abused by their partner compared to women without disabilities (35% against 19%). Moreover, France has the alarming figure of almost 90% of women with an autism spectrum disorder suffering (or having suffered) from sexual violence, with 47% of them being victims before the age of 14.⁸ Additionally, 27% of deaf or hearing-impaired women report having experienced violence in their lifetime⁹.

Since the Law on Economic Rights of Persons with Disabilities was passed on 12 July 1990, disability has been recognised in the legal system. On 11 February 2005, the country's Equal Rights and Opportunities Act¹⁰ was also passed. Although both laws provided for the recognition and protection of persons with disabilities, they

⁶ 'EDF Position Paper on Violence against Women and Girls with Disabilities in the European Union' (European Disability Forum, 2021), <https://www.edf-fehp.org/content/uploads/2021/05/final-EDF-position-paper-on-Violence-against-women-and-girls-with-disabilities-in-the-European-Union.pdf>

⁷ Document "Les violences faites aux personnes en situation de handicap (adultes): focus sur les violences conjugales et violences sexuelles", 28 juin 2022,

⁸ Congrès de l'encéphale 2019 – Paris, par le Dr David Gourion, Mme Séverine Leduc et Mme Marie Rabatel. Presentation on <https://www.encephale.com/Videos/Les-videos-du-congres-de-l-Encephale/Programme-de-l-encephale-2019/Les-ASPERGIRLS-l-autisme-de-haut-niveau-au-feminin>.

⁹ Baromètre Santé sourds et malentendants 2011/2012. Consult <https://www.santepubliquefrance.fr/etudes-et-enquetes/barometres-de-sante-publique-france/barometre-sante-sourds-et-malentendants-bssm-2011-2012>

¹⁰ Law n° 2005-102 of February 11th 2005 for the Equality of Rights and Opportunities, participation and citizenship of people with disabilities, <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000000809647>



did not address the specific problems of violence and discrimination they face. In France, disability is considered an innate part of the individual and is defined as a restriction that prevents or limits participation in society.¹¹

The principles of participation, non-discrimination and accessibility are also interpreted more strictly and are only considered in the context of situations related to the professional world or access to training.

However, in France, independent mechanisms have emerged that work to promote and protect the rights of persons with disabilities. In 2020, the National Consultative Commission on Human Rights (CNCDH) received a mandate on combating stereotypes and prejudices in relation to disability. Its preliminary report is an important tool for the government in preparing a national campaign to raise awareness of stereotypes against persons with disabilities.

The Ombudsman emphasises the specific invisibility of the issue of disability in French legislation and regrets the lack of consideration of intersectional gender discrimination, which has been internationally recognised since 1979. The Ombudsman also refers to the Senate briefing paper "Culture et handicap, une exigence démocratique de 2017" which notes the alarming number of acts of violence suffered by women with disabilities and recalls the obstacles to access to justice, including the difficult, if not impossible, physical access to buildings such as police stations to file a complaint.

In short, although legal frameworks currently exist at international, regional, and national level, they do not sufficiently consider violence against women with disabilities and the intersectional approach. As a result, the effectiveness of the legislation is undermined.¹²

◇ **Hungary**

In Hungary, the Micro census in 2016 found that 6.2% of the Hungarian population are persons with disabilities. Within this percentage, 53% of persons with disabilities are women.¹³ Within the population with disabilities, it was observed that men are mostly in the younger age groups while women represent the older

¹¹ Research report on Violence on Women with Disabilities, March 2022 <https://ecoute-violences-femmes-handicapees.fr/wp-content/uploads/2022/07/Rapport-FDFA-Aix-Global-Justice-V2.pdf>.

¹² Research report on Violence on Women with Disabilities, March 2022 <https://ecoute-violences-femmes-handicapees.fr/wp-content/uploads/2022/07/Rapport-FDFA-Aix-Global-Justice-V2.pdf>.

¹³ Characteristics of the population with disabilities and health limitations based on microcensus. 2016. https://www.ksh.hu/mikrocenzus2016/kotet_8_fogyatekos_es_az_egeszsegi_ok_miatt_korlatozott_nepesseg_jellemzoi



age groups, with the number of women with disabilities increasing from one age group to another because of deteriorating health.

Gender-based violence against women with disability is a neglected issue both in Hungarian society and in Hungarian legislation. The lack of awareness about the rights of women and girls with disabilities leads to their inevitable discrimination. As a result, support services for women (e.g. shelters for victims of violence) do not consider the aspect of disability and are generally not accessible, or only partly so. On the other hand, disability-specific services are not gender-sensitive.

According to UN studies, almost 80% of women with disabilities are victims of violence and are four times more likely than other women to experience sexual violence. However, at the national level there is no data on violence against women with disabilities.¹⁴ This is the result of a general lack of understanding of the intersectionality of gender and disability in policy implementation, which is evidenced by the limited availability of gender-disaggregated disability statistics.

In Hungary, the Fundamental Law and its legislation on equal treatment and equal opportunities include gender and disability as grounds for discrimination and require equality between men and women. However, intersectional discrimination against women with disabilities is not defined in any legislation. This means that if a woman with a disability is discriminated against because of both her disability and her gender, she must choose on which basis to file a complaint.

The National Disability Program (NDP) for the period 2015-2025 lists 11 specific areas of intervention (e.g. education, healthcare, accessibility, etc.) and only one of them mentions women with disabilities, i.e. the area of intervention "multiple vulnerable groups". The lack of specific recognition makes it difficult for women with disabilities to fully benefit from the implementation of the Program.

The Program foresees tasks to map the actual situation of women with disabilities, to identify the causes of their exclusion based on which services can be developed to improve their disadvantaged situation. However, the Program fails to include that future measures and services to improve the living conditions of persons with disabilities need to be designed with a gender perspective. This may lead to discrimination against women

¹⁴ European Parliament, Report about minority women in the European Union (2003/2109(INI)), p 13, cited in OHCHR Thematic study on the issue of violence against women and girls and disability, A/HRC/20/5, 30 March 2012, para 21. Children with disabilities are almost four times more likely to experience violence than non-disabled children, according to a review commissioned by the World Health Organization (Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies, 2012, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60692-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60692-8/abstract)).



with disabilities and a failure to consider their specific needs when creating and providing disability specific services.

To improve the visibility of women with disabilities in the Hungarian legislation, it is necessary to actively include them and their support organisations in the development of all legislation and policies on education, employment, social protection, health, protection against violence and political participation, in accordance with Article 4(3) of the UNCRPD. This is important because, at present, women with disabilities are in fact absent from decision-making positions, which further decreases the likelihood of anyone drawing attention to their cumulative disadvantages.

As mentioned above, there is a lack of awareness on the topic of multiple and intersectional discrimination in society, including among public officials. This leads to an increased discrimination due to the lack of inclusion of gender-sensitive aspects in the design of mainstream and disability specific services.

The UNCRPD committee document No. CRPD/C/HUN/IR/1 (2020)¹⁵ affirms that in Hungary there are patterns of structural discrimination affecting, in particular, persons with intellectual or psychosocial disabilities, children with disabilities, women with disabilities and older persons with disabilities, as well as discrimination by association.

The committees of the UN treaty bodies also recommended ongoing training on the rights of women with disabilities, specifically targeting social, health and education professionals, legal professionals, magistrates, judges and family members.

Lack of awareness about the rights of women and girls with disabilities and their potential roles within society lead to an increase in their social isolation, low self-esteem, greater economic dependence on the family, greater risk of violence, less personal development, and restricted expression of sexuality.

It is also interesting to note that, as of January 2023, Hungary has not ratified the Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention.¹⁶

◇ Lithuania

¹⁵United Nations Treaty Body External Database
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2FC%2FHUN%2FIR%2F1&Lang=en

¹⁶ European Disability Forum <https://www.edf-feph.org/the-istanbul-convention/>





According to the data of the Department of Official Statistics¹⁷, in 2021, about 221 thousand persons with disability lived in Lithuania.

In relation to gender-based violence against women with disability, in 2022, a study conducted by the Lithuanian Disabled People's Organisations Forum (LDOF)¹⁸ showed the alarming reality they face. The research shows that more than half (56%) of women with disabilities who have experienced violence have suffered sexual violence. Also, 19% of them reported experiencing sexual violence on a weekly basis and 13% monthly. The most frequent perpetrators were intimate partners - husbands or partners.

According to Simona Aginskaitė, Lithuanian Disability Forum (LDF) Communication director, the findings of the study are in line with the information contained in the European Parliament Resolution on the rights of women and girls with disabilities¹⁹. It highlights that women with disabilities are 2 to 5 times more likely to experience domestic violence than other women.

The Department of Informatics and Communications of the Lithuanian Ministry of Interior records an average of about 150 cases of domestic violence against women with disabilities per year, but no crimes of sexual nature are recorded against them. This shows that the statistics do not reflect the reality of psychological and sexual violence against persons with disabilities, as Ms. Aginskaitė claims.

To all this we should add that, according to a survey initiated by the Office of the Equal Opportunities Ombudsman²⁰, women with intellectual and psychosocial disabilities in Lithuania are the most stigmatised in the society. According to the respondents, women with intellectual disabilities often provoke intimate partner violence because of their disability. The survey also shows that 45% of the respondents strongly agreed that women with intellectual disabilities tend to exaggerate when they blame men for the violence. A lot of people in Lithuania believe that a partner or spouse can control the finances of a woman with an intellectual disability (67% of the population in the country fully/somewhat agree with this view).²¹

In Lithuania, the main laws that regulate the rights, guarantees and supports of women with disabilities, as well as other considerations affecting their quality of life, include disability and gender as grounds for

¹⁷ Ministry of Social Security and Labour of the Republic of Lithuania statistic report 2016-2022 <https://socmin.lrv.lt/lt/veiklos-sirty/socialine-integracija/neigaliuju-socialine-integracija/statistika-2?lang=lt>

¹⁸ Lithuanian Disability Forum (2022) <https://www.lnf.lt/en/about-ldf/>

¹⁹ European Parliament resolution of 29th November 2018 on the situation of Women with Disabilities https://www.europarl.europa.eu/doceo/document/TA-8-2018-0484_EN.html

²⁰ Office of the Equal Opportunities Ombudsperson website <https://www.lygybe.lt/en/>

²¹ Office of the Equal Opportunities Ombudsman survey of Lithuanian residents (2022) <https://www.lygybe.lt/lt/lietuvos-gyventoju-apklausa-daznas-pateisina-moteru-su-intelekto-negalia-kontrolė-naujiena>





discrimination (e.g. the Equal Opportunities for Women and Men Act (1998), the article 2.25(2) the Civil Code of the Republic of Lithuania (2000)²², or the Law on Equal Opportunities (2003)).

However, in certain legislation of particular interest to women, especially women with disabilities, there are no specific measures or guarantees for women with disabilities. This is the case, for example, in the Law on Health Care System (1994), the Social Services Act (1996), and the Law on Cash Social Assistance for the Population in Need (2003) which does not provide specific guarantees and services for women with disabilities.

In 2011, to reduce domestic violence and ensure the protection of its victims, the Lithuanian Parliament passed the Law on Protection against Domestic Violence. The law applies in cases of physical, psychological, sexual or economic violence. The law states that when domestic violence occurs, criminal proceedings will be initiated without the need for a complaint by the victim or her representative. The law is significant in the sense that it protects women with disabilities as well as other persons potentially exposed to domestic violence but lacks emphasis on measures taken or envisaged to address violence experienced by women with disabilities as a particularly vulnerable group.

It is also interesting to note that, as of January 2023, Lithuania has not ratified the Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention.²³

◇ Poland

The Social Alternative Report²⁴ on the implementation of the Convention on the Rights of Persons with Disabilities in Poland states that women with disabilities are three times more likely to experience violence than women without disabilities. However, there are no statistics that collect specific data on violence against women with disabilities in Poland.

Although there is a Strategy which aims to include people with different types of disabilities in social and professional life, thus guaranteeing their rights as set out in the Convention on the Rights of Persons with

²² Article 2.25(2) of the Civil Code of the Republic of Lithuania (2000) deals with measures to protect persons, including women with disabilities, from forced medical procedures.

²³ European Disability Forum <https://www.edf-feph.org/the-istanbul-convention/>

²⁴ Social Alternative Report on the Implementation of the Convention on the Rights of Persons with Disabilities in Poland (2015), available online at http://monitoringobywatelski.firr.org.pl/wp-content/uploads/2015/09/Spo%C5%82eczny-Raport-Alternatywny_ostateczny.pdf



Disabilities (Strategia na rzecz Osób z Niepełnosprawnościami 2021-2030²⁵), much remains to be done in relation to women with disabilities as victims of violence.

In this regard, Maja Kuźmicz, from the Polish National Emergency Service for Victims of Family Violence "Blue Line"²⁶, has expressed that Poland's violence prevention system is not prepared to support people with disabilities because there is no legal and psychological counselling available for women with hearing and visual disabilities.

The situation is even more challenging because some forms of violence against women with disabilities are legalised in Polish law. These include:

- Incapacitation, where the partial or total incapacitation of an individual is permitted by a court decision.
- The obligation to take medication in psychiatric hospital.
- Prohibition of marriage for persons with mental-intellectual disabilities.
- Forced sterilisations and abortions.
- Prohibition of abortion.

The Act of 10 June 2010, amending the Act on Combating Domestic Violence and 6 other acts (Journal of Laws No. 125, item 842), introduced a new task to the duties of local governments: the creation and operation of interdisciplinary (violence) teams.

In Poland, domestic violence is a criminal offence and is known as the offence of domestic abuse, as defined in Article 207 of the Penal Code. Whoever physically or mentally abuses a person close to him or her or any other person in a permanent or transitory relationship of dependence on the perpetrator shall be subject to the penalty of deprivation of liberty for a term of between 3 months and 5 years. Whoever physically or mentally mistreats a person who is incapacitated due to his age, mental or physical condition, shall be subject to the penalty of deprivation of liberty for a term of between 6 months and 8 years.

²⁵ Convention on the Rights of Persons with Disabilities 2021-2030, in the high light reads *"The main objective of the Disability Strategy is to integrate people with various disabilities into society and work, thereby guaranteeing their rights as set out in the Convention on the Rights of Persons with Disabilities"*, <https://niepelnosprawni.gov.pl/p,170,strategia-na-rzecz-osob-z-niepelnosprawnosciami-2021-2030#:~:text=Celem%20g%C5%82%C3%B3wnym%20Strategii%20na%20rzecz,Konwencji%20o%20prawach%20os%C3%B3b%20niepe%C5%82nosprawnych.>

²⁶ Polish National Emergency Service for Victims of Family Violence "Blue Line" report *"Free Assistance for Crime Victims, Witnesses of crime and their Family members"* (2020), available online at <https://www.niebieskalinia.pl/aktualnosci/opopp/bezplatna-pomoc-dla-osob-pokrzywdzonych-przestepstwem-swiadkow-przestepstw-oraz-czlonkow-ich-rodzin-20201>





◇ Portugal

It is estimated that more than 630,000 people with disabilities live in Portugal. According to the 2014 "Monitoring the Human Rights of People with Disabilities in Portugal"²⁷ report by the Disability and Human Rights Observatory (ODDH), "one in every two women with disabilities is a victim of gender-based violence, including sexual abuse."

In Portugal, the definition of gender-based violence follows the lines of the Council of Europe Convention on preventing and combating violence against women and domestic violence, better known as the Istanbul Convention, establishing it as any type of violence directed at a specific gender, women being the most common. Portugal also signed and ratified the United Nations Convention on the Rights of Persons with Disabilities in July 2009, making it legally binding.

However, statistics and data are still scarce in relation to gender-based violence from an intersectional perspective. Scientific studies generally focus on domestic violence, which serves as the only guideline for any type of violence. This situation prevents an in-depth knowledge of the reality and of the impact of gender-based violence in the lives of women with disabilities. In turn, this causes hiding of this type of violence and contributes to the invisibility of the victims, to the lack of knowledge about the applicability of protection measures, to the scarcity of information on the implementation of measures and on definition of policies.

Nevertheless, since 2020, new relevant instruments have been created to prevent and combat domestic violence. Specifically, the Annual Training Plan - Violence Against Women and Domestic Violence²⁸. This training plan includes a module on "Victims in Situations of Increased Vulnerability", which includes a sub-module on "Domestic Violence and People with Disabilities".

The National Strategy for the Inclusion of People with Disabilities²⁹, in effect for the period 2021-2025, recognises the processes of multiple and intersectional discrimination, in particular as far as women and girls are concerned, foreseeing a concrete set of measures in this domain. This Strategy foresees, specifically, in its measure 2.2.4, "*To promote articulated intervention in the areas of disability and the prevention and combat of violence against women and domestic violence, namely based on the specialised RESPONSE for the reception*

²⁷ Disability and Human Rights Observatory: "Monitoring the Human Rights of People with Disabilities in Portugal" (2014) <http://oddh.iscsp.ulisboa.pt/index.php/pt/mediateca/imprensa/item/152-violencia-e-deficiencia-noticia>

²⁸ Portuguese Republic XXII Constitutional Government: "Annual Plan for Joint Training: Violence against Women and Domestic Violence" 1st Edition (May 2020) https://www.cig.gov.pt/wp-content/uploads/2020/06/172-20_PLANO_ANUAL_FORMACAO.pdf

²⁹ National Strategy for the Inclusion of People with Disabilities 2021-2025 <https://www.inr.pt/documents/11309/284924/ENIPD.pdf>





of women with disabilities of the National Network of Support to Victims of Domestic Violence". However, to date, the measures face clear delays in their implementation.

In 2018, the Action Plan for the Prevention and Combat of Violence against Women and Domestic Violence established the creation of specialised services for vulnerable groups, including women with disabilities. It is in this context that, as a pilot project, the first and only shelter home for women with disabilities who are victims of domestic violence emerges, under the management of the Cooperativa de Educação e Reabilitação de Cidadãos com Incapacidades de Águeda, CRL. - CERCIAG³⁰. This is a specific service of temporary shelter for women victims of violence with disabilities, which ensures immediate protection in borderline situations, aiming to restore the confidence and safety of the victims and support them to (re)organise and (re)build a life project. This shelter house has capacity for 7 people.

In the area of prevention of violence against people with disabilities it is important to highlight the existence of two special programs promoted by the security forces:

- Significativo Azul Program promoted by Public Security Police (PSP), since 2013. It is a special policing programme designed for people with intellectual disabilities and multi-disabilities. It aims to promote inter-institutional cooperation between organisations, contributing to the improvement in the care and referral of people with disabilities.
- Programa de Apoio a Pessoas com Deficiência promoted by National Republican Guard (GNR), since 2014. It is aimed at supporting people with disabilities, their caregivers and people who interact with them. It is a platform of articulation and understanding with the remaining social actors linked to the area of disability, in the promotion of community safety. It includes awareness-raising actions to prevent risky behaviours, non-discrimination, and signalling situations of greater vulnerability, involving various partnerships.

Although these programs are not specifically designed to prevent and combat situations of gender-based violence and domestic violence, they are two important resources for the protection of victims in particularly vulnerable situations.

However, it is important to note that Portugal still lacks sufficient mechanisms to respond to gender-based violence. As a result, groups with specialised and different support needs – such as women with disabilities in general, and women with intellectual disabilities in particular – find themselves in a vulnerable situation.

³⁰ CERCIAG is a member entity of FENACERCI.



Some advances in legislation and public services for women are also the result of international and European policies, as well as the growing public awareness on the topic and the general agreement that preventing gender-based violence should be considered a priority.

Despite the significant progress achieved, the fight against gender-based violence and domestic violence towards women with disabilities continues to show weaknesses, in many cases due to the absence or insufficient application of the measures and policies in effect. In other cases, it is due to gaps in the legislation, scarcity of resources (financial, human and materials), lack of statistical information and scientific studies, insufficient training of the various agents, incapacity of articulation among the various entities involved in the process.

◇ Spain

In Spain, the life of women with disabilities and sexual violence is a reality that is still hidden. The invisibility of sexual violence together with the invisibility of women with disabilities makes it necessary to carry out specific research to address this complex issue.

Although there is a macro-survey on violence against women³¹ which collects data on women with disabilities, it is not possible to disaggregate data by type of disability. There are no state-wide surveys providing information on women with intellectual and developmental disabilities carried out with a gender, intersectional and inclusive perspective. This kind of approach would allow us to have disaggregated data on, for example, the different types of disability of women or the ages of women with disabilities who suffer violence.

According to the study "Sexual violence in women with intellectual disabilities" (2020)³², women with intellectual disabilities in Spain are at a higher risk of suffering sexual violence and can be an easy victim of abuse by healthcare staff, domestic partners or men on whom they may be economically dependent. They may suffer acts of violence, committed in their homes or in institutions by family members, carers or strangers.

³¹ Equality Ministry of the Spanish Government: Macro-survey on Violence Against Women (2019) <https://violenciagenero.igualdad.gob.es/violenciaEnCifras/macroencuesta2015/Macroencuesta2019/home.htm>

³²Cermi-Mujeres Foundation report: Sexual Violence against Women with Disabilities (2020) https://violenciagenero.igualdad.gob.es/violenciaEnCifras/estudios/investigaciones/2020/estudios/violencia_sexual_discapacidad_in_telectual.htm



Women with intellectual disabilities are among the most common victims of these crimes, both when violence or intimidation is used in the commission of these crimes, as well as when they are committed through manipulation, deception or superiority.

According to the Macro-survey on Violence against Women 2019 of the Subdirectorate General for Awareness, Prevention and Studies on Gender Violence (Government Delegation against Gender Violence)³³, intimate partner violence throughout life is higher among women with accredited disability than among women without accredited disability in all cases. The following table shows some of the results of the Macro-survey that prove this statement.

Table 1. Authors' compilation from the Macro-Survey of Violence (2019)

| Type Of Violence | Women with a certified disability | Women without a certified disability |
|--|-----------------------------------|--------------------------------------|
| Physical or sexual violence by a partner | 20,7% | 13,8% |
| Current intimate partner violence in the 4 years prior to the interview | 16,9% | 11,5% |
| Psychological violence of control by the current partner ever | 44,2% | 20,4% |
| Have suffered any psychological consequences as a result of intimate partner violence | 77,0% | 69,4% |
| Suffered any psychological consequences as a result of her current intimate partner's violence | 63,9% | 46,7% |
| Has used substances to deal with violence from past partners | 48,7% | 24,8% |

³³Equality Ministry of the Spanish Government: Macro-survey on Violence Against Women (2019) https://violenciagenero.igualdad.gob.es/violenciaEnCifras/macroencuesta2015/pdf/RE_Macroencuesta2019_EN.pdf



| | | |
|---|-------|-------|
| Have suffered physical violence outside the relationship | 17,2% | 13,2% |
| Have experienced violence in childhood | 12,2% | 8,5% |

In Spain, up until the approval of the Law on Comprehensive Protection Measures against Gender Violence in 2004, assaults against women were considered as assaults in the domestic sphere, regulated in article 173.2 of the Penal Code.

In 2004, the current law against gender-based violence³⁴ was passed to increase the protection of women who were abused by their partners and ex-partners and to raise society's awareness of this problem, so that it would not only be dealt with in the Penal Code.

The law includes physical and psychological violence, as well as aggressions against sexual freedom, threats, coercion or arbitrary deprivation of liberty. With this definition, only women who suffer any kind of aggression by a man with whom they have or have had a romantic relationship are considered victims of gender violence. Since 2014, the minor children of women who suffer gender-based violence are also considered victims of gender-based violence.

However, this law does not cover certain types of aggression against women such as forced marriages, female genital mutilation, trafficking, abortion and forced sterilisation, although most of these are punishable by law.

Currently, crimes such as forced prostitution, sexual harassment, sexual abuse or assault of a family member are included in the Penal Code, without being considered as a specific type of gender-based violence. However, there are no aggravating circumstances for the crime of gender-based violence or the special protection provided for its victims.³⁵

³⁴<https://www.boe.es/buscar/act.php?id=BOE-A-2004-21760#:~:text=Art%C3%ADculo%201.&text=Por%20esta%20ley%20se%20establecen,custodia%2C%20v%C3%ADctimas%20de%20esta%20violencia.>

³⁵ "Athena: Protection from Abuse to Victims with Intellectual Disabilities" project website <http://athenabegin.org/>



In Spain, there are no protocols in relation to gender-based violence suffered by women with disabilities. The State Strategy to combat male perpetrated violence 2022-2025³⁶ has recently been approved and recognises the intersectional discrimination suffered by women with disabilities; acknowledges forced sterilisation as a form of violence against women, especially against women with disabilities; emphasises the need for data disaggregated by disability. The adoption of this Strategy and its incorporation of considerations for women victims with disabilities are welcomed. However, its implementation remains at an early stage and requires significant progress.

³⁶ Equality Ministry of the Spanish Government: State Strategy to combat male violence 2022-2025 https://violenciagenero.igualdad.gob.es/planActuacion/estrategiasEstatales/combatiViolenciaMachista/estrategia_2022_2025.htm





1 Knowledge setting: key definitions and findings from the RESPONSE State of the Art (SOTA) Report

1.1 What does “gender-based violence” mean?

The **UN Declaration on the Elimination of Violence against Women** (December 1993) defines in its first article that: *“For the purposes of this Declaration, the term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life”*.³⁷

In this regard, gender-based violence³⁸ is defined as violence directed against a person because of that person's gender, or violence that affects persons of a particular gender disproportionately.

Violence against women is understood 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 harm;
- sexual harm;
- psychological;
- or economic harm;
- or suffering to women.

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 gender-based violence, it also causes severe harm to families and communities.

Gender-based violence can take various forms:

³⁷ United Nations General Assembly resolution 48/104 *“Declaration on the Elimination of Violence Against Women”* (1993) <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women>

³⁸ European Commission definition of “Gender-based Violence” https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en



- **Physical:** it results in injuries, distress and health problems, and may even lead to death in certain cases. 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:** it includes unconsented 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's estimated that one in 20 women (5%) has been raped in EU countries since the age of 15.
- **Psychological:** includes psychologically abusive behaviours, such as controlling, coercion, economic violence and blackmail. In the UE 43% of women have experienced some form of psychological violence by an intimate partner.

1.2 Peculiarities of GBV against WWD

As we mentioned earlier, research suggests that women with disabilities are more likely to experience domestic violence, emotional abuse, and sexual assault than women without disabilities. WWD may also feel more isolated and therefore unable to report the abuse, or they may be dependent on the abuser for care and support. Women with specific types of disabilities, particularly those that involve intellectual or psychosocial impairments (often referred to as "invisible disabilities"), encounter unique challenges. As their disabilities are not clearly noticeable, women with such disabilities frequently find themselves in the position of having to explain and validate their condition, leading to an added layer of complexity in accessing necessary accommodations and understanding. Like many women who are abused, women with disabilities are usually abused by someone they know, such as a partner or family member.³⁹

Another barrier that women with disabilities often face is the lack of credibility of their testimonies. This results in victims having to repeatedly recount their experiences, leading to re-victimisation. Such reiteration of distressing experiences causes significant suffering and often deters victims from reporting or proceeding with necessary procedures.

According to United Nations⁴⁰, discrimination towards people with disabilities, coupled with attitudes towards women in patriarchal societies, causes women and girls with disabilities to face increased risk for violence.

³⁹ US Department of Health & Human Services; Office on Women's Health (2021) <https://www.womenshealth.gov/relationships-and-safety/other-types/violence-against-women-disabilities#references>

⁴⁰ United Nations: The 57th Session of the Commission on the Status of Women (February 2013) https://www.un.org/womenwatch/daw/csw/csw57/side_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf





Although women and girls with disabilities experience many of the same forms of violence that all women experience, violence has unique forms and causes when gender and disability intersect, and results in unique consequences. Women and girls with disabilities are particularly targeted by perpetrators of violence because of social exclusion, limited mobility, a lack of support structures, communication barriers, and negative social perceptions. The range of violence experienced by women and girls with disabilities can include physical and sexual violence, as well as emotional and verbal abuse.

Intersectionality⁴¹ is a critical concept that plays a significant role in our efforts to support women with disabilities who are victims of gender-based violence.

When we talk about intersectional discrimination, we refer to two or multiple groups operating simultaneously and interacting in an inseparable manner, producing distinct and specific forms of discrimination. Intersectionality recognises that individuals' experiences and vulnerabilities are not solely defined by one aspect of their identity, but rather by the complex interplay of various factors, such as disability, gender, race, socio-economic status, and more.⁴²

However, we must distinguish intersectional discrimination from multiple discrimination. Multiple discrimination is defined as any combination of forms of discrimination against persons on the grounds of sex, racial or ethnic origin, religion or belief, disability, age, sexual orientation, gender identity or other characteristics, and to discrimination suffered by those who have, or who are perceived to have, those characteristics.

Women belonging to certain disadvantaged groups (e.g. WWD) are at higher risk of being subjected to unequal treatment, because they share a combination of characteristics that may trigger discrimination and are affected by multiple discrimination in different ways or to different degrees than men belonging to the same groups (for example, the sterilisation of Roma women without their consent).

Women with disabilities often face unique challenges due to the convergence of these various identities. Their experiences are not homogenous, and their support needs may differ significantly based on their specific

⁴¹ For more detailed information on the concept of intersectionality, see State of The Art Report (SOTA) - Introduction - page 11.

⁴² Council of Europe; Gender Matters resources: "Intersectionality and Multiple Discrimination" <https://www.coe.int/en/web/gender-matters/intersectionality-and-multiple-discrimination#:~:text=Intersectional%20discrimination%20%E2%80%93%20happens%20when%20two,and%20specific%20forms%20of%20discrimination>



circumstances. For example, a woman with a disability from a marginalised racial group may encounter additional barriers and discrimination when seeking support.

Recognising intersectionality is crucial for providing effective and inclusive services. It allows us to acknowledge the diversity within the group of women with disabilities and tailor our RESPONSEs to their unique needs. By understanding the complex interconnections between various forms of discrimination and disadvantage, we can ensure that our support is responsive and inclusive.

Moreover, it is essential to integrate intersectionality into all aspects of our RESPONSE, from risk assessment to the facilitation of access to justice. We must be mindful of how different aspects of a person's identity can affect their experience and ensure that our services are adaptable and sensitive to these nuances.

By recognising and addressing intersectionality, we move closer to providing truly inclusive, person-centred support to women with disabilities who have experienced gender-based violence.

Another specific issue in relation to gender violence and women with disabilities is the question of legal capacity. In many countries there are laws that allow for the legal incapacity of women with disabilities to be declared, which makes it necessary to appoint a person to make all decisions for them. Often, the person may be their aggressor. This shows that, when appointing a guardian for a woman with a disability, issues related to gender violence are not always considered.

1.3 What does “gender-responsive services” mean?⁴³

In trying to define gender-responsive services, we need to consider 7 key Issues around gender-based violence and women with disabilities:

1. **Prevent, Detect, Attend and Repair the damage.** Have comprehensive care protocols for WWD victims of all forms of sexual violence.
2. **Transversal coordination of actions** (of teams and programs) to care for victims of sexual violence, and coordination with entities specialised in the needs of women with intellectual and developmental

⁴³ Cermi-Mujeres Foundation report: “Sexual Violence against Women with Disabilities” (2020) https://violenciagenero.igualdad.gob.es/violenciaEnCifras/estudios/investigaciones/2020/pdfs/violencia_sexual_discapacidad_intelectual.pdf.pdf



disabilities, so that comprehensive and specialised care is provided to those who may be victims of these situations.

3. **Develop a comprehensive training plan focused on gender, disability, and sexuality**, adopting a bio-psycho-social approach. This training initiative should target women, families and professionals involved in caregiving roles, including law enforcement, healthcare personnel and the judiciary.
4. **Preventive and informative materials adapted according to universal accessibility**. Implement the necessary tools for augmentative communication if necessary.
5. **Women's empowerment workshops to prevent GBV**. Adding mixed workshops to dismantle myths and misconceptions about the sexuality of WWD and change mindset and attitudes.
6. **Research and studies**. Research aimed at identifying the type of services necessary for care, and studies on the subject to have data, statistics and contexts in which violence occurs, the basis for developing public prevention and care policies.
7. **Awareness campaigns on sexual violence suffered by WWD**. The social rejection of violence and abusers is key.

1.4 The rights of Women with Disability

For over half a century, nations worldwide have been dedicated to promoting human rights and freedoms, regardless of gender, race, language, or religion. In pursuit of this goal, various mechanisms and laws have been established at international, regional, and national levels to ensure the effective realization of these rights and freedoms for all individuals. In this section we will attempt to address those that we consider most relevant to the topic at hand.

1.4.1 The International Convention on the Rights of Persons with Disabilities

When we talk about the rights of persons with disabilities, we must refer to one of the major rights instruments, the International Convention on the Rights of Persons with Disabilities.

The Convention follows decades of work by the United Nations to change attitudes and approaches towards persons with disabilities. It aims to shift the perception of persons with disabilities as "objects" of charity, medical treatment and social protection to "subjects" with rights. This includes considering that persons with



disabilities can claim their rights and can take decisions about their lives based on their free and informed consent, as well as being active members of society.

The Convention is intended to be a human rights instrument with an explicit social development dimension. It adopts a broad categorisation of persons with disabilities and reaffirms that all persons with all types of disabilities should enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where accommodations must be made to enable persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where the protection of their rights must be strengthened.

This Convention recognises in its preamble that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation.

It also recognises in **Article 6** that:

“1. States Parties recognise that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.”

Also, in relation to protection from exploitation, violence and abuse, **Article 16 of the UNCRPD** requires that States Parties shall take all appropriate legislative, administrative, social, educational, and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence, and abuse, including gender-related aspects.

In addition, they shall take all appropriate measures to prevent all forms of exploitation, violence, and abuse by ensuring, inter alia, that appropriate forms of gender- and age-sensitive assistance and support are available to persons with disabilities and their families and caregivers, including by providing information and education on how to prevent, recognise and report cases of exploitation, violence, and abuse.

In relation to the recovery of the victim of violence, the UNCRPD states that gender and age-specific needs should be considered in these types of resources.



Finally, it states that effective women and child-centred legislation and policies should be adopted to ensure that cases of violence are detected, investigated, and prosecuted.

1.4.2 The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

On the 18th of December 1979, the United Nations General Assembly adopted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which entered into force as an international treaty on 3 September 1981 after ratification by 20 countries.

The Convention was the culmination of more than 30 years of work by the Commission on the Status of Women, a body created in 1946 to monitor the situation of women and promote their rights. The Commission's work has helped to highlight all areas in which women are denied equality with men. These efforts for the advancement of women have resulted in several declarations and conventions, of which the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is the most fundamental and comprehensive document.

In its preamble, the Convention explicitly recognises that "*women continue to be subject to significant discrimination*" and stresses that such discrimination violates the principles of equal rights and respect for human dignity.

According to Article 1, discrimination means "*any distinction, exclusion or restriction made on the basis of sex in the political, economic, social, cultural, civil or any other field*". The Convention positively affirms the principle of equality by calling on States Parties to take "*all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men*" (Article 3).

However, the Convention makes no reference to gender-based violence against women. This is done by the Committee on the Elimination of Discrimination against Women through its General Recommendations 12 and 19 adopted in 1989 and 1992 respectively.

In this regard, General Recommendation 12 states that articles 2, 5, 11, 12 and 16 of the Convention oblige States Parties to protect women against violence of any kind occurring in the family, at work or in any other



sphere of social life, and that States Parties must therefore take measures to eradicate such violence and provide support for women who suffer aggression or abuse, as well as collect statistical data on the frequency of any kind of violence against women and on the victims of gender-based violence.

General Recommendation 19 included the notion of gender-based violence by stating that discrimination *"includes gender-based violence, i.e., violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. Gender-based violence may violate specific provisions of the Convention, regardless of whether those provisions expressly mention violence"*.

Despite this, neither the Convention nor the General Recommendations make specific mention of gender-based violence suffered by women with intellectual disabilities.

1.4.3 Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)

The Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention or Istanbul Convention, is a Council of Europe convention aimed at combating violence against women and domestic violence. It was launched in Istanbul in 2011 and has been in force in Europe since 1 August 2014.⁴⁴

This Convention establishes, for the first time in Europe, legally binding standards to prevent violence against women and domestic violence, protect its victims and punish perpetrators. It fills an important gap in the protection of women's rights and encourages States Parties to extend their protection to all victims of domestic violence. The Convention places the eradication of violence against women in the broader context of achieving substantive equality between women and men, and thus significantly advances the recognition of violence against women as a form of discrimination.

This Convention contains various definitions in Article 3, among which that of violence against women. It is defined as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that involve or may involve harm or suffering of a physical, sexual, psychological or

⁴⁴ <https://www.coe.int/en/web/conventions/full-list?module=treaty-detail&treatynum=210>



economic nature to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Moreover, it defines gender-based violence against women as any violence against a woman because she is a woman or that affects women disproportionately.

This Convention provides in Article 4 that *"The implementation by the Parties of the provisions of this Convention, in particular measures to protect the rights of victims, shall be ensured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, health status, disability, marital status, migrant or refugee status, or any other status."*

1.4.4 European strategy on the rights of persons with disabilities 2021-2030

In March 2021, the European Commission adopted a new Strategy on the Rights of Persons with Disabilities for the period 2021-2030. The Strategy aims to advance the implementation of all areas of the UNCRPD, both at EU and Member State level.

The Strategy considers the diversity of disability, which is a consequence of the interaction between long-term physical, mental, intellectual, or sensory impairments, which are often invisible, and barriers in the environment, as well as the increasing prevalence of disability with age (almost half of people over the age of 65 report some form of disability). It also states that within the group of people with disabilities, women, children, the elderly, the homeless, refugees, migrants, gypsies, or any other ethnic minority need special attention.

Moreover, it promotes a cross-sectoral perspective, addressing the specific barriers faced by people with disabilities who are at the intersection of identities (gender, race, ethnicity, sex, religion), or in a difficult socio-economic situation or in any other vulnerable situation.

The Strategy is divided into three main sections:

- **Enjoy the rights of the Union.** People with disabilities should enjoy all rights under the same conditions as others, in particular when they move to another Member State or participate in political life.
- **Decent standard of living and independent living.** Independence, quality employment and social services, accessible and inclusive housing, participation in lifelong learning, adequate social



protection and the strengthening of the social economy are indispensable elements for a dignified life for all people with disabilities.

- **Equal access and non-discrimination.** Persons with disabilities have the right to protection against all forms of discrimination and violence and to equal opportunities in justice, education, culture, housing, recreation, leisure, sport, and tourism, and in access to these and to health services.

In its Article 5.1 on improving access to justice, social protection, liberty and security, the Strategy recognises that the Commission will pay special attention to women with disabilities, who are two to five times more likely to be victims of violence than women without disabilities.

In turn, in Article 5.6 on ensuring safety and protection, the Strategy recognises that persons with disabilities are more at risk of becoming victims of violence and abuse, both in their homes and in facilities, particularly women, older persons and children with disabilities.

1.4.5 European Parliament resolution of 29 November 2018 on the situation of women with disabilities

This resolution adopted by the European Parliament in 2018 recognises that women with disabilities are two to five times more likely to be victims of violence than women without disabilities. It also recognises that 34% of women with a health problem or disability have experienced physical or sexual violence by a partner in their lifetime. Moreover, it recognises that forced sterilisations of women with disabilities without their knowledge or consent is a widespread form of violence.

In the specific section on gender-based violence, the resolution:

- Notes with concern that women and girls with disabilities are more likely to become victims of gender-based violence, especially domestic violence and sexual exploitation; notes that this also affects forced sterilisation and forced abortion; calls on Member States to take appropriate measures and provide high quality, accessible and tailor-made services to end violence against women and children and to support victims of violence by providing trained personnel to offer specialised counselling, as well as adequate legal protection and support.
- Encourages Member States to provide all health and education professionals with adequate training to prevent discrimination and violence against women and girls with disabilities.



- Reiterates its call on the Commission to present a comprehensive European strategy to combat violence against women, with a proposal for a normative act to prevent and combat gender-based violence, paying particular attention to women and girls with disabilities; it also calls for the establishment of an EU gender-based violence observatory.
- Calls for specific policy measures to address violence and abuse faced by people with disabilities and learning disabilities, especially women and girls, including bullying, harassment and harassment online, as well as violence in formal and informal care settings.

1.4.6 The Sustainable Development Goals

The Sustainable Development Goals, heirs to the Millennium Development Goals, were created on 25 September 2015 by the United Nations General Assembly to address major global challenges. In total, 193 countries committed to a development that seeks to respond to current global needs, embodied in an agenda of 17 goals - with 169 targets - to be met by 2030.

Among its objectives, we can find the promotion of gender equality and the empowerment of women and girls to promote a world in which all women and girls enjoy full gender equality and all legal, social and economic barriers to their empowerment have been removed. A just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met.

This goal seeks to end all forms of discrimination against women and girls worldwide, as well as to eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual exploitation, child, early and forced marriage and female genital mutilation.

1.4.7 European Strategy for Gender Equality 2020-2025

The European Strategy for Gender Equality 2020-2025 sets out a vision, policy objectives and actions to achieve concrete progress on gender equality in Europe and to achieve the Sustainable Development Goals.

It sets out key actions for the five years of the strategy and commits to ensuring that the European Commission includes an equality perspective in all EU policy areas.

The key objectives of the Strategy are the following:



-
- *End gender-based violence.*
 - *Combat gender stereotypes.*
 - *Close gender gaps in the labour market.*
 - *Achieve equal participation in different sectors of the economy.*
 - *Address the gender pay and pension gap.*
 - *Reduce the gender gap in care responsibilities.*
 - *Achieve a balance between women and men in decision-making and political activity.*

The Strategy adopts a dual approach of gender mainstreaming combined with specific actions and relies on intersectionality as a horizontal principle for its implementation.

This Strategy recognises that women with health problems or disabilities are more likely to experience various forms of violence. At the same time, it recognises that the European Union needs comprehensive, up-to-date, and comparable data for effective policies to combat gender-based violence. To obtain a comprehensive picture of gender-based violence, data should be disaggregated according to relevant intersectional aspects and indicators, such as age, disability status, migrant status and rural/urban residence.

Additionally, it recognises that gender-based violence remains one of the greatest challenges in our societies and therefore states that the European Union will do its utmost to prevent and combat gender-based violence, to support and protect victims of related crimes and to hold perpetrators accountable for their abusive behaviour. In this regard, the Commission will also propose additional measures to prevent and combat specific forms of gender-based violence, including sexual harassment, abuse of women and female genital mutilation.

1.5 State of the Art Report: findings and conclusions

The RESPONSE State of the Art Report aims to answer three main research questions:

- *What are the challenges faced by women with disabilities who are victims of gender-based violence?*
- *What are the tools available to the professionals who support them?*
- *What are the existing institutional responses and good practices aimed at bettering support for women with disabilities?*

This study is based on a network-wide survey that involved 270 participants, including women with disabilities, service providers for persons with disabilities and mainstream service providers (all service providers, mainly



from health, social care and judicial sectors that often work with women with disabilities who are victims of crime). The survey was distributed in 6 focus countries: France, Hungary, Lithuania, Poland, Portugal, and Spain.

The data confirms the prevalence of GBV against women with disabilities; 8 out of 10 women with disabilities participating in the study have been victims of GBV. Under the weight of their trauma, many choose to stay silent or speak out only after a long period of time. Those who broke their silence recounted mainly negative experiences about how they were supported following their attacks.

The survey also showed that there is often no follow-up or adequate support for victims after reporting assault, even when the incident is reported to the police.

On top of inadequate support services, there is a lack of information and means of action. For instance, the 112-emergency number was not mentioned by any of the respondents.

However, support for victims goes beyond the barriers and difficulties that come with institutional support and service providers. In terms of personal support, which is mostly given by caregivers or relatives, most respondents expressed satisfaction.

Service providers for persons with disabilities and mainstream service providers face common challenges in delivering adequate support to victims and helping them to recognise the violence they experience.

Firstly, difficulties in supporting victims are mainly due to insufficient training on how to support women with disabilities who are victims of GBV, the inaccessibility of specific services and resources, a lack of cooperation between service providers for persons with disabilities and mainstream services, and lengthy legal procedures.

Secondly, professionals also face obstacles related to the lack of recognition of GBV, both by the victim and by their institutional or personal environment. In some cases, for instance, victims struggle to identify the abusive treatment they receive as violence, which leads to them not reporting it. Moreover, there is evidence of "invisibilisation" of violence by the victims' personal and institutional environment.

With these challenges, suggestions for improvement were also made by the target groups. Emphasis was placed on the empowerment of women with disabilities and on the need for better training, resources, and awareness raising, as well as institutional actions that can be taken and implemented by professionals.



The end goal is to improve the conditions of support for women with disabilities who are victims of gender-based violence, and to support the quality work of both service providers for persons with disabilities and mainstream service providers.

Table 2 and Table 3 (below) serve to illustrate how innovative action proposals can be formulated based on the data provided by the SOTA Report. The first column presents the most significant data extracted from the SOTA Report, while the second column runs parallel, outlining proposals for action featured in this manual. It is important to note that the information in the second column represents a non-exhaustive list of possibilities, and the examples provided are intended to demonstrate our perspective, which will be further elaborated upon throughout the TAR Manual.

Table 2. From SOTA report findings to proposals for action

| Data from the SOTA Report | Some proposals for action |
|---|--|
| 8 out of 10 women with disabilities who participated in the study have been victims of GBV. | Prevention actions, e.g., accessible training on gender, sexuality, and disability for women with disabilities (ETR, braille, sign language, etc.); |
| Under the weight of trauma, many remain silent or speak only after some time. | empowerment workshops, mutual support networks, etc. Create a support group of women with disabilities who are victims of violence to support each other and share experiences in areas of trust. Providing self-defence courses for women |
| The narratives of the women who did speak out illustrate mostly negative feelings about how they were supported in the aftermath of the attacks. They report, for example, humiliation, pain, and fear. | Awareness-raising and actions to promote a change in attitudes and banish prejudices (campaigns, training workshops, etc.). |



| | |
|--|--|
| <p>Some of them were not believed by their social circle when they told what they had experienced.</p> | <p>Awareness-raising and training for family members and direct care professionals.</p> |
| <p>Too often, there is inadequate follow-up and support when a woman reports an assault, even when the incident is reported to the police.</p> | <p>Awareness-raising and training of service providers and main service providers.</p> <p>Establishing strong collaboration with them to achieve increased commitments at institutional level, e.g., agreements and alliances with the Prosecutor's Office, Police, health centres, etc.</p> <p>Being able to have a support person accompanying the victim throughout the entire procedure.</p> |
| <p>Disability-related stigma is highly prevalent.</p> | <p>Awareness-raising and actions to promote a change in attitudes and banish prejudices (campaigns, training workshops, etc.).</p> <p>Women with disabilities as trainers.</p> |
| <p>Information and means of action are also lacking: the 112-emergency helpline was not mentioned by any of the women surveyed (respondents either do not know about this emergency helpline or do not have access to it).</p> | <p>Accessible and inclusive services for WWD victims of GBV; services such as 112 must have universal accessibility measures that consider different support needs.</p> <p>Accessible and inclusive dissemination and education on support resources among WWD.</p> <p>Collaborate with key stakeholders to increase awareness regarding the critical need for accessible support resources.</p> |



The data also underline the importance of support systems for victims. Beyond the barriers that victims may encounter in their journey (frustration, lack of information, difficulties in perceiving acts of abuse, fear of asking for help), most respondents are satisfied with the support provided, mostly by close carers. Indeed, 44% of the victims surveyed confided their experience to the family circle as opposed to 13.2% to the police.

As for professionals, both SP and MSP face common challenges. The following table shows on the left the difficulties in supporting victims identified in various areas, and on the right, the proposals for action, some of which were put forward by the SPs and MSPs surveyed in the SOTA. As in the previous table, the proposals in the second column do not exhaust the possibilities, nor the examples, just show some.

Table 3. Difficulties to support victims and proposals for improvement.

| Difficulties to support victims | Some Proposals for action and improvement |
|---|--|
| Tools and skills of professionals (e.g., lack of training on GBV against women with disabilities). | <p>Train professionals (SPs and MSPs) in the detection and support of gender-based violence against WWD on an ongoing rather than ad hoc basis.</p> <p>Create spaces for reflection in organisations, where situations can be shared and different ways of supporting the victim can be assessed.</p> |
| Tools and skills for victims with disabilities (e.g., lack of universal accessibility of GBV-related services and resources). | Provide training opportunities for WWD to develop GBV knowledge and empowerment skills (These trainings must be accessible to all women with disabilities, using tools such as easy-to-read, sign language, Braille, etc.). |
| Networking (e.g., lack of cooperation between service providers and police). | <p>Facilitate the creation of national & EU communities of practices involving SP & MSP to provide them with the possibility to share knowledge, cooperation, etc.</p> <p>E.g., ad hoc team to design a reception protocol for WWD in victims care centres for victims of GBV. All these processes must be led by WWD.</p> |



| | |
|--|---|
| | <p>Create inter-vision teams, made up of professionals from different areas and</p> <p>Services to promote a multi-sectoral view of the same case.</p> |
| Monitoring (e.g., lengthy legal procedures). | <p>Provide adequate access to support services by ensuring that WWD can communicate with support and protection services, such as victim support centres or hotlines.</p> |
| Management of personal feelings (emotional difficulties of professionals in supporting women with disabilities who are victims of violence). | <p>Awareness raising and training for professionals. It is important that they understand and become familiar with the problem of gender-based violence against WWD and that it is their duty to provide quality support.</p> <p>Offer psychological support or coaching sessions for professionals.</p> <p>Train women with disabilities as "expert by experience" trainers for professionals.</p> |

Other proposals for improvement were also suggested by the target groups. Emphasis was placed on the empowerment of WWD and the call for more means in terms of capacity building, available resources, awareness raising and structural actions.

On the other hand, desk research has allowed us to identify the institutional instruments that exist to improve support practices at three levels: global, European and national (France, Hungary, Lithuania, Poland, Portugal and Spain).



1.6. Accessibility and Communication, two key aspects in improving care for WWD victims of GBV

1.6.1. Cognitive accessibility and easy-to-read: tools to make information and environments understandable.

Women with disability, be it physical, sensory, intellectual, developmental, or psychosocial, need different supports and adaptations to be able to function in the same environments, situations and contexts as other people. Sidewalks without obstacles, buildings with ramps, writing in Braille, sign interpreters, sign with pictograms, subtitled videos and easy-to-read information are just a few examples of these necessary adaptations. In addition, and this is one of the arguments in favour of universal accessibility, all people benefit when the accessibility of products, spaces and services is improved.

WWD who have been victims of GBV are especially affected by the lack accessible resources and care services. Although such services are available to other women, they are inadequate for women and girls with disabilities because of this lack of adaptation. Moreover, the social services professionals that WWD have to interact with often lack specific skills and preparation to handle such complex situations.

The RESPONSE project aims to achieve sensitive and inclusive services for WWD victims of GBV, services with all the necessary adaptations and adjustments, universally accessible, to offer the best possible care and support to these women.

Services "without barriers" should strive to eliminate obstacles, whether physical, communicative, skill-related, or attitudinal, ensuring universal accessibility.

Definition and concept of universal accessibility and cognitive accessibility

Universal accessibility is the condition that must be met by environments, processes, goods, products, and services, as well as objects, instruments, applications, tools and devices to be understandable, usable and practicable by all people in conditions of safety and comfort and as autonomously and naturally as possible. Universal accessibility includes cognitive accessibility to allow easy understanding, communication, and interaction for all people.



Cognitive accessibility is displayed and made effective through easy-to-read, alternative and augmentative communication systems, pictograms and other human and technological means available for this purpose. It assumes the strategy of "universal design or design for all people" and is understood without prejudice to the reasonable adjustments that must be adopted⁴⁵.

Cognitive accessibility is making the world easier to understand for some groups of people (described below). It is the characteristic of environments, processes, activities, goods, products, services, objects or instruments, tools and devices that ensure easy understanding and communication.

Cognitive accessibility is part of universal accessibility, which includes these three types of accessibility:

- Physical accessibility. It is the one that benefits, for example, people who use wheelchairs.
- Sensory accessibility. It is the one that benefits, for example, deaf and blind people.
- Cognitive accessibility. It is the one that benefits, for example, people with intellectual disabilities.

Cognitive accessibility benefits everyone, but it benefits some groups more than others, such as people:

- with intellectual disabilities;
- with cerebral palsy;
- with autism spectrum disorder;
- with mental health problems;
- with reading difficulties;
- older people with cognitive impairment, who have difficulty remembering things or speaking; and
- who do not know the language well.

In some countries (for example, in Spain) there are laws that include the right to accessibility.⁴⁶

The term "cognitive accessibility" does not appear in the Convention on the Rights of Persons with Disabilities. The Convention uses other similar words. For example: it speaks of the importance of the accessibility of information and communications (Article 5 of the Preamble of UNCRPD 2006); the right to accessibility of information and communications (Article 9.1 of UNCRPD 2006); and formats that are easy to read and understand (Section d of article 9.2 of the UNCRPD 2006).

⁴⁵[https://www.boe.es/buscar/act.php?id=BOE-A-2022-5140#:~:text=%C2%ABk\)%20Accesibilidad%20universal%3A%20es,y%20de%20la%20forma%20m%C3%A1s](https://www.boe.es/buscar/act.php?id=BOE-A-2022-5140#:~:text=%C2%ABk)%20Accesibilidad%20universal%3A%20es,y%20de%20la%20forma%20m%C3%A1s)

⁴⁶[https://www.boe.es/buscar/act.php?id=BOE-A-2022-5140#:~:text=%C2%ABk\)%20Accesibilidad%20universal%3A%20es,y%20de%20la%20forma%20m%C3%A1s](https://www.boe.es/buscar/act.php?id=BOE-A-2022-5140#:~:text=%C2%ABk)%20Accesibilidad%20universal%3A%20es,y%20de%20la%20forma%20m%C3%A1s)



1.6.2. Communication with women with disabilities: characteristics and tools

Communication is a fundamental factor in improving the quality of care, support, and services. For this reason, a series of recommendations are offered below to improve communication with WWD.

- Treat the woman as an adult, with dignity and respect. Avoid infantilisation.
- Address the woman with a disability directly and not the support or accompanying person, as if the woman with a disability “was not there”.
- Listen to the woman. Maintain a calm tone of voice and give her the time she needs to cooperate in the inquiry and information about what has happened.
- When a woman with a disability is speaking or saying something, it is necessary to give her time, not interrupt or finish her sentences and pay attention to her.
- Speak clearly and slowly, with positive language. The explanations must be clear and concise. Avoid jargon and abstract or metaphorical language.
- Use simple words and ask her if she understands what you are explaining. It is appropriate to do brief check-ups to confirm that the woman has understood what has been explained to her. For example, you could ask a simple question, such as: "Could you please repeat what I have told you in your own words?". This also helps prevent acquiescence.
- Adapt the pace of the explanation to the level of understanding of the woman with a disability.
- Use open questions that help the inquiry to discover information and limit closed questions that require Yes/No answers.
- Respect moments of silence, as these are not necessarily interruptions of communication. It is very important to give the woman with a disability the time she needs to process the information we are giving her and the time she needs to express what she wants to communicate.
- Be patient, repeat the information if she hasn't understood.
- Offer complementary visual information (such as graphic material, photographs, or drawings), alongside written materials in an accessible and easy-to-understand format. Using formats like easy reading and pictograms ensures clarity. Practical examples can be particularly helpful in explaining complex concepts.





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- It is also advisable to offer a safe environment and information in advance, to somehow anticipate what is going to happen (for example, explain what is going to be done and support with graphic material). It's important to explain to women with disabilities what will happen, including the objects or documents that will be used. Any changes to the plan should be avoided unless they have been directly discussed and agreed upon with them.
 - Respect the decisions of women with disabilities, honouring their autonomy and agency throughout the process.



2. Service Providers, key issues to offer an adequate response to women with disabilities who are victims of gender-based violence

2.1. Service providers for WWD and SP for women victims of GBV

Care services for people with disabilities have a considerable diversity of professionals on their staff: psychologists, educators, sociologists, social workers, physiotherapists, kitchen staff, caregivers, drivers, personal assistants and many more. In addition, these professionals hold different roles with different responsibilities and interact in various ways with the people with disabilities who receive care and support.

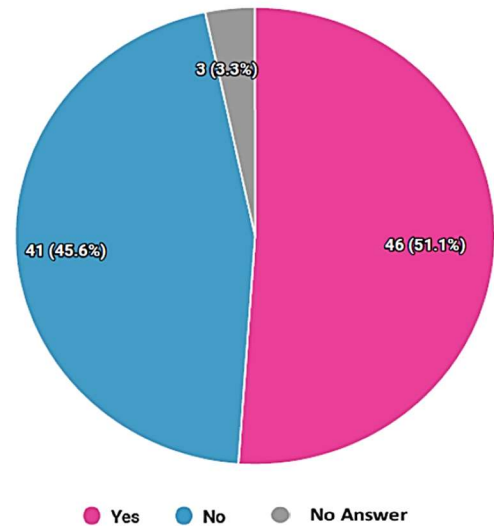
Many of these professionals are vocational and have a high commitment to their jobs. Moreover, it should be noted that the care sector for people with disabilities is highly feminised (for example, according to the results of a survey conducted by the International Labour Organisation⁴⁷, in the field of personal care workers, 88% of workers are women).

⁴⁷ International Labour Organization, These occupation are dominated by women <https://ilostat.ilo.org/es/these-occupations-are-dominated-by-women/>

SP for persons with disabilities are specialised professionals who offer support to women with disabilities, who know them and can be **key agents in the prevention, detection and care of gender-based violence against them**⁴⁸, as well as **possible mediators in the relationship and coordination with other agents involved**.

However, according to data from the SOTA Report carried out by the RESPONSE project, almost half (45.6%) of the SP interviewed stated that they do not have the needed knowledge and skills in supporting women with disabilities who are victims of gender-based violence (GBV).

Figure 1. Result from SOTA report - RESPONSE project.



Therefore, it is important to guarantee that the information and training on providing support to WWD victims of GBV is shared among a greater number of SP, as well as to be more ambitious in the scope of these actions. In addition, it is essential to involve WWDs as trainers, as well as developing training actions on specific disabilities (or particularities of disabilities).

The professionals working in resources for victims of GBV constitute another important group of service providers in this context. The traits and care requirements of women with impairments are frequently unknown to this group. In fact, when WWD victim of GBV seeks assistance at a shelter, she is frequently redirected to resources and services specifically designated for individuals with disabilities. The RESPONSE consortium advocates for a shift in this practice, emphasising the necessity for these service providers to undergo training through initiatives like the RESPONSE project. This training would ensure that there are no segregated services for women with disabilities, aligning with the principles outlined in the UN Convention on the Rights of Persons with Disabilities (UNCRPD). It is crucial that victim support services are accessible to all women and address their diverse needs, as mandated by the UNCRPD.

Additionally, providing coaching to these professionals to guide, monitor, and supervise their practices could be beneficial. The RESPONSE consortium also sees potential in utilising service providers for people with disabilities as mediators in these settings. Both service provider groups (SP and MSP) share the need to get together, to share their expertise and experiences, to express their points of view, and to find mutual upskilling

⁴⁸ See SOTA Report pp 31 et seq. section on “Description of existing procedures and practices in the field of accompaniment within organisations”.



opportunities. Disability service providers can share their knowledge of how women with disabilities live their daily lives and how they need to be supported. For their part, service providers for women who have experienced GBV can provide details of the needed care and attention that women require after experiencing GBV, as well as information about how women recover physically, mentally, emotionally, socially, economically, and in other ways. One of the most challenging aspects for both SP and MSP is the construction of a future life project for women with disabilities who are victims of violence in an articulated and cooperative way between them.

The RESPONSE project aims to establish a platform for collaborative engagement, cross-sectoral dialogue, capacity building and collective reflection, to contribute to the creation of more responsive and inclusive care services for *all* victims of GBV.

2.2. Risk/vulnerability factors that can influence or be the cause of GBV against women with disabilities.

In addition to the GBV risk factors that are common to all women, there are also risk factors that are specifically linked to disability. These include greater difficulty to find employment and to access education and training; being more economically dependent and having a greater dependence on carers; increased difficulty in accessing preventive health care services (e.g. gynaecology and family planning) and justice. The caregiver may be their partner, a relative, or perhaps another care provider, and it is common for WWD to establish an emotional connection with them.

Other reasons that explain the greater risk for WWD to be victims of GBV are outlined below⁴⁹:

- WWD's dependence on caregivers may encourage submission to them, facilitating sexual abuse. Another factor is the fear of reporting the abuse, due to the possibility of endangering the relationship with the caregiver and the provision of care.
- Sometimes, as a result of being institutionalised, WWD may have "normalised" a situation of abuse and mistreatment. For example, professionals may not seek the free and duly informed consent of the WWD to authorise practices such as forced sterilisation, because they are unaware of WDD's rights in this regard.

⁴⁹ Women with disabilities and sexual violence: a guide for professionals (Junta de Andalucía) - https://sid-inico.usal.es/idocs/F8/FDO20906/Violencia_sexual.pdf



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- Offenders perceive WWD as less powerful, more vulnerable, and incapable of accusing them in case of abuse, which increases their sense of impunity. As an example, they "believe" that having a visual disability will make it more difficult to identify the aggressor.
 - Due to communication difficulties that WWD may or may not have depending on their support needs and the lack of appropriate language to communicate in some cases. Even having a high level of language proficiency, they may encounter problems managing social interaction (such as maintaining appropriate personal space, viscous behaviours) and expressing affection, so the perpetrator may falsely claim that any sexual contact was consensual and provoked by the victim, attributing it of her own disability. Additionally, some women may require support from a communication facilitator, such as a sign language interpreter, further complicating the situation if the aggressor assumes this role.
 - Due to the existence of prejudices still affecting the provision of quality services, certain social institutions, as primary health care services, tend to attribute less credibility to WWD denouncing episodes of GBV.
 - The conventional teaching that prioritises "obeying adults and conforming to their directives" resulting from over-protecting and infantilisation practices, is particularly evident among WWD, especially those with intellectual disabilities. Despite efforts to promote their autonomy, many WWD still rely on adult caregivers. Perpetrators of abuse often exploit this dependency, making it challenging for WWD to confront them or report the abuse they experience.
 - Many women with disabilities are victims of violence or abuse without even realising it. One of the main reasons for this is the psychological manipulation that is done to make them believe that, because of their disability, they deserve such abuse or mistreatment. Secondly, another main reason is the lack of sexual education given to WWDs, which results in them not having the tools to be able to detect violent or abusive behaviour that can be reported and that violates their human rights. In short, due to the lack of reporting in these cases, perpetrators often go unpunished.
 - The severity of a deficit, combined with the lack of adequate habitation or rehabilitation, can end up leaving WWD to be seriously defenceless in the face of the possibility of repelling and facing situations of abuse, sexual violence, or mistreatment.
 - Women with disabilities sometimes belong to families considered "high risk" because they are already identified by different services, e.g. because they have a history of violence in the family, housing problems, financial difficulties, and addictive behaviours, and this may represent a factor of increased vulnerability for women with disabilities in that family. Prior identification of the members of these



families and greater attention to them through cooperation and information sharing between different services could allow for training on and prevention of gender-based violence through personalised follow-up that considers their needs.

- Finally, a deficiency in sexual education and guidance on personal relationships, combined with limited social interactions and isolation, could result in ambiguous situations for WWD. This circumstance can potentially lead to instances of sexual abuse or violence.

WWD face specific kinds of abuse, on top of the other types of violence to which any woman is exposed. These more specific forms of violence can be perpetrated by a broader range of aggressors and in a wider range of environments compared to those usually assumed in the most restrictive definitions of violence against women.

While gender-based violence (GBV) aggressions can stem from romantic partners, as indicated by a FRA survey⁵⁰ suggesting this as the predominant source, WWD can also be victims of abusive behaviour by the person in charge of their personal care. In fact, women with disabilities (WWD) who have high support needs may require assistance with very personal and intimate tasks such as dressing, bathing, using the bathroom, and other similar activities. This dependency often necessitates the support of caregivers, relatives, or support personnel (SP). However, this reliance on multiple caregivers increases their vulnerability to abuse. For similar reasons, family members, health, education, or social services professionals, as well as colleagues in hospitals and/or residential centres, can also become potential aggressors.⁵¹ Because of this wide range of environments and individuals, violence can manifest in different forms, both in terms of active violence (physical, emotional, sexual and economic abuse) and passive violence (physical and emotional neglect).⁵²

⁵⁰ fra-2014-vaw-survey-main-results-apr14_en.pdf (europa.eu)

⁵¹ Curry, M.A., Hassouneh-Phillips, D., Johnston-Silverberg, A., 2001. Abuse of Women with Disabilities: An Ecological Model and Review. *Violence against Women*, 7 (1), 60-79

⁵² An intersectional look at violence against women with disabilities. Arenas Conejo (2015): <https://opo.iisj.net/index.php/osls/article/download/402/637/3378>



2.2.1. How to recognise, detect and prevent GBV in services and care centres for WWD: alarm signals & indicators.

To develop a set of indicators to recognise, detect and prevent violence against women with disabilities, we must first consider what are the "Dimensions of the profile of the battered woman" (Heinzmann, 2006)⁵³:

- a) **Cognitive dimension.** It refers to the minimisation or denial of the situation of violence, with a tendency to justify violent behaviour. Women tend to believe that their aggressor will change and stop being violent, and also feel responsible for the situation that they go through. The result is that women adapt to the situation of abuse, instead of denouncing it. This is linked to the fact that their perception is not very accurate, and they undervalue their own abilities.
- b) **Behavioural Dimension.** It refers to the actions that a person performs. Women in situations of abuse are more prone to isolation, apathy, overprotection of children, hesitation, self-doubt, dependence on their aggressor, abandonment of gratifying activities, neglect of their physique and sleep disorders, among other things.
- c) **Psychodynamic dimension.** It includes the conscious and unconscious psychic spheres, which integrate effects, feelings, and emotions. The victim of violence is hypersensitive and has great difficulty in expressing her own feelings. She experiences a state of frustration, helplessness, depression and reiteration of feelings such as fear, anguish, pain, as well as feelings of impotence and helplessness.
- d) **Interactional dimension.** This dimension is understood as the way in which a person relates to the environment, encompassing both digital and non-verbal communication. Within this dimension, the WWD are socially isolated and lack the necessary social skills to establish relationships with others. Additionally, they may exhibit tendencies towards altruism, prioritising the needs of others over their own, and personal annulment, possibly diminishing their own sense of worth or agency in interpersonal interactions.

This classification has been chosen in four dimensions, among other existing ones, since it groups quite adequately the characteristics that, in general, women who have suffered abuse and GBV present. Knowing these possible characteristics can be very useful for prevention and care by SP.

However, it must be said that women who have suffered GBV do not respond to a specific social profile. In other words, it is not possible to place them in a specific social class, neither according to their age or level of

⁵³ Heinzmann, C. (2006). The battered woman.



training, nor according to their professional profile or their qualification, since women who suffer from GBV present a wide diversity of characteristics.

2.2.2. Possible ways to find out if a woman with a disability is or has been a victim of violence.

It is important to highlight that there are several signs that could indicate that a person is suffering from an abusive relationship.

Indicators of abuse can be physical, emotional, or behavioural. There are indicators that may appear immediately, such as a bruise or a break. Others may be delayed, such as depression, anxiety and eating disorders. Recognising these indicators could allow the SP to responsively offer help. Generally, these common signs could belong to two groups:

Physical indicators:

- **Signs that appear immediately:** bruises, cuts, scratches, bites, blood, puncture marks, pain, sprains, broken bones or teeth, patches of hair or burns, damage to the vagina, anus, painful urination, or defecation.
- **Signs that appear later:** delayed menstruation, unwanted pregnancy, sexually transmitted diseases, pelvic inflammatory disease, weight loss, anaemia, internal bleeding.

Behavioural and emotional indicators:

- **Signs that appear immediately:** painful movements, enuresis or encopresis, thumb sucking, screaming, muteness, refusal to perform normal activities, increased or decreased movement, increased self-stimulation, sexualised behaviours including inserting objects into the vagina or anus, nudism, sexual positions, loss of previously acquired daily living skills (increased dependency), being fearful, sleep problems (not being able to sleep, not being able to sleep alone, night terrors), eating disorders (overeating or not eating), problems at work (not wanting to go to work, not wanting to work, not concentrating). In the social sphere: reduced social contacts or avoiding a certain person for no apparent reason; challenging behaviour toward a certain person for no apparent reason; impatience with others and with oneself; feelings of guilt, depression, and anxiety.



- **Signs that appear later:** lying, stealing, sexualised behaviour and language, undressing, seducing, clear symptoms of Rape Trauma Syndrome or post-traumatic stress, depression and anxiety, increasing attention to oneself or, on the contrary, not paying attention to oneself, eating disorder, sleep problems, wandering, increased physical aggression or abuse problems.

As we mentioned before, violence can be active or passive, i.e. there is violence by action, but also by inaction or omission. We speak of active violence in relation to the exercise of abuse over the victim. This includes, for example, physical, emotional, sexual, or economic abuse.

On the other hand, we also have passive violence, which refers to those acts that by denial or omission result in physical or psychological harm. For example, one may not give medicine to a woman with a disability who needs it. In this type of violence, we can find physical neglect (denial or deprivation of the basic aspects necessary for the correct maintenance of the organism in terms of health, hygiene and appearance) and emotional neglect (which are those acts that deny or deprive the woman of attention, consideration and respect).

Some indicators that allow us to recognise them are:

Table 4: Manifestations and indicators of active violence.

| | Manifestations of active violence | Red flags / indicators |
|------------------------|---|--|
| Physical abuse | <ul style="list-style-type: none">● Bodily aggression.● Unjustified drug administration.● Mobility restriction. | <ul style="list-style-type: none">● Sedation, nervousness.● Motor dysfunction unrelated to the disability.● Signs of physical violence.● Deterioration of their residual physical capacity. |
| Emotional abuse | <ul style="list-style-type: none">● Isolation.● Verbal abuse, punishments. | <ul style="list-style-type: none">● Depression. |

| | | |
|-----------------------|---|---|
| | <ul style="list-style-type: none"> ● Overprotection. ● Take decisions for her. ● Intimidation, blackmail. | <ul style="list-style-type: none"> ● Communication and relationship difficulties. ● Insecurity, low self-esteem. |
| Sexual abuse | <ul style="list-style-type: none"> ● Rape. ● Sexual harassment: through words and actions. | <ul style="list-style-type: none"> ● Signs, genital lesions. ● Fear of relating to certain people. ● Unwanted pregnancies. ● Venereal diseases (STD). |
| Economic abuse | <ul style="list-style-type: none"> ● Its use in begging. ● Use in low-paid and clandestine tasks. ● Limitation to information and financial management. ● Use the money as a penalty. ● Family denial of access to work, scholarships. | <ul style="list-style-type: none"> ● Excessive dependence on third parties. ● Low expectations about herself and her personal or professional projection. |

Table 5: Manifestations and indicators of passive violence.

| | Manifestations of passive violence | Red flags / indicators |
|-----------------------------|---|--|
| Physical abandonment | <ul style="list-style-type: none"> ● Negligence in food. ● Abandonment in personal attention. | <ul style="list-style-type: none"> ● Malnutrition. ● Frequent illnesses. |

| | | |
|------------------------------|--|--|
| | <ul style="list-style-type: none"> ● Negligence in hygiene. ● Lack of supervision. | <ul style="list-style-type: none"> ● Inadequate clothing. ● Dirty clothes. ● Long periods without surveillance. ● Physical problems aggravated by lack of treatment. |
| Emotional abandonment | <ul style="list-style-type: none"> ● Ignoring their existence. ● Disregarding their opinion. ● Feeling ashamed of their mere existence. | <ul style="list-style-type: none"> ● Non-interaction. ● Lack of motivation for personal development. ● Little or no participation in family or social activities. |

It is important to know the WWD directly or to be able to consult those around them to avoid misinterpreting these indicators as issues specific to their condition. For instance, sleeping difficulties in some individuals with disabilities may be attributed to their specific condition rather than serving as an indicator of potential abuse.

2.3. The importance of empowering women with disabilities

The empowerment of WWD is understood as the ability of women to increase their self-confidence, power, and authority to be able to decide freely in all aspects that affect their lives. Empowering is a process that helps to strengthen decision-making, and in the case of WWD it can effectively achieve equality and their participation in society, on a personal, relational, and collective level.

The significance and influence of families and relatives in empowering women with disabilities should be emphasized. While prioritizing work directly with women with disabilities is crucial, it's important to recognize that their families and relatives can also significantly contribute to the empowerment process.



In line with this principle, this section will discuss the importance of supporting, training and accompanying WWD so that they are aware of their rights and can exercise them in their daily lives, thereby preventing situations of violence.

A previous section of this chapter was dedicated to listing the factors that increase vulnerability to GBV for WWD. This highlighted that WWD's dependence on others strongly limits their personal power and their agency on a day-to-day basis. Therefore, it is of utmost importance to empower these women.

Training is one method, although not the only one, to enhance WWD empowerment. Developing and implementing tailored training workshops for WWD on how to prevent, recognise, and combat GBV will enable them to:

- have a better understanding of GBV, its warning signs, and its consequences.
- increase their awareness about their rights and the existing laws and services aiming at protecting women from GBV.
- recognise, respond to, and report GBV.
- increase their awareness of the available resources, as well as the roles of various professionals and prevention services.
- have a better understanding of where and how to seek assistance if necessary.
- gain a better understanding of other support figures who may be able to assist them if they are victims of violence or abuse (for example, the role of the facilitator⁵⁴).

On the other hand, "training among peers" or peer-to-peer training is one of the forms of training that is producing the best results within the community of people with disabilities. This approach involves training individuals, in this case on GBV against WWD, who will then facilitate workshops with small groups of WWD. While professionals offer support to the WWD trainers throughout the process, the trainers themselves are the primary facilitators and main actors. Further details on this approach can be found in Chapter 4, Section 4.3 of this manual.

⁵⁴ The figure of the facilitator, as well as the importance of having this figure, is developed in the following chapter of this manual.



According to certain theoretical models (for example, Bronfenbrenner's ecological model), empowerment plays a significant role in enhancing various aspects such as self-efficacy, self-esteem, critical capacity, empathic ability, locus of control, and satisfaction with life. The training will prioritise strengthening and/or restoring these aspects, which may have been compromised or absent in women with disabilities who have experienced GBV.

2.4. References and information to know more:

- Protocolo de atención a mujeres con discapacidad víctimas de violencia (Fundación Cermi Mujeres, 2021): https://plenainclusionmadrid.org/wp-content/uploads/2021/03/protocolo_de_atencion_mcd_vg.pdf
- Exploring the Perspectives of Professionals on Providing Intimate Partner Violence Services to Women with Disabilities: <https://journals.sagepub.com/doi/full/10.1177/10778012221137916> and <https://journals.sagepub.com/doi/epub/10.1177/10778012221137916>
- Mujer, discapacidad y violencia. Consejo General Poder Judicial (2013): https://www.bizkaia.eus/gizartekintza/genero_indarkeria/blt31/documentos/discapacidad.pdf?hash=008be48f9bd99616896194b92dee1864

3. Main Service Providers role in the support of women with disabilities who are victims of gender-based violence.

3.1. Who are the Main Service Providers and what role do they play in supporting women with disabilities who are victims of GBV?

When thinking about the ideal itinerary to be followed by a woman with a disability who has experienced GBV, five sectors and corresponding professionals and stakeholders, identified as Main Service Providers (MSP) in this project, play vital roles:

- **Social Services.** This may be the first option for victims to report the situation of GBV they are experiencing and ask for help. However, it is essential to note that the majority of WWD prefer to seek support from their respective SP organisations rather than social services for victim support; In many cases in fact, they confide in support network about their experiences of GBV rather than their family members.
- **Health Care Services.** These are key services for providing primary care for women who have experienced GBV and for identifying signs of violence. It is important that their care and resources are accessible to women with disabilities.
- **Police.** These are the State Security Forces. It is important that they have a Protocol of attention to victims of GBV and that their resources and procedures are accessible.
- **Legal sector:** Judges, prosecutors, lawyers, and court clerks are the ones who will apply the legislation on GBV and carry out the legal process following the complaint of the woman who has been a victim of GBV. This process should protect and guarantee that the woman is not "re-victimised". Key to this process is the figure of the facilitator, which is discussed in depth later in this chapter.



- **Civil Society.** Associations of women survivors of GBV, organisations of women with disabilities, etc. These organisations offer programs and activities for the emotional, physical and economic recovery of women who have been victims of GBV. Survivors themselves are a key group: they are women experts by experience and their input should be considered.
- **Education professionals:** The role of education professionals is essential in detecting gender-based violence, responding to situations by alerting relevant parties such as the family or victim to available support resources, and facilitating access to care pathways. Education professionals are also instrumental in fostering a positive and supportive learning environment that educates children about GBV and promotes preventive measures.

3.2. Key issues to offer an adequate response to women with disabilities who are victims of gender violence.

The appropriate MPS response for women with disabilities victims of GBV should include, in addition to all the basic principles detailed below, accessibility and adaptation of the services to the needs of each type of disability. Furthermore, this response must ensure the elimination of all stereotypes, myths and erroneous beliefs associated with disability, which only obstruct the delivery of good and correct care and support.

3.2.1. Essential aspects of support to victims of GBV⁵⁵

- To take actions: choosing to "do nothing" only perpetuates the violence and exacerbates the social and health challenges faced by women. Active listening and acting contribute to solving the cases and dispel the myths and beliefs that accompany gender-based violence.

⁵⁵ Personalized care plan for victims of gender violence. Edition with care guidelines for women with disabilities (2017). Consejería de Familia e Igualdad de Oportunidades Región de Murcia. Dir. Gral. Women: <https://igualdadyviolenciadegenero.carm.es/documents/202699/7023892/Plan+de+atenci%C3%B3n+personalizada+para+v%C3%ADctimas+de+Violencia+de+G%C3%A9nero->



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- To provide comprehensive and personalised assistance that covers the different needs arising from the situation of violence and facilitates access to all available resources and to the most appropriate benefits, according to the personal and social circumstances of each case.
 - To guide women towards empowerment as the main objective of the intervention, helping them to gain control over themselves and their lives through recovery in the psychological, sexual, physical, and social areas.
 - To stimulate and support the woman throughout the entire care and support process, respecting her own evolution and making her feel always accompanied, heard, advised, and supported in decision-making.
 - To fight the isolation and guilt that women victims of violence often suffer. It is a priority to avoid unsupportive or blaming attitudes, as they can reinforce the isolation of the victims, and undermine their confidence in themselves and in professionals, thus reducing the likelihood that they will seek help.
 - To fight the vision that the abuser has imposed on the victim about herself, her relationship with him/her and her environment, and about reality and the world in general.
 - To avoid recommending couple therapy. The same professional should not intervene with the victim and the aggressor at the same time, since the intervention should not seek any form of mediation aimed at maintaining the situation by attenuating its harmful effects, but rather at supporting the victim in leaving the violent situation in which she lives.
 - To ensure the confidentiality of data and actions. It is important to make explicit to the woman the privacy and confidentiality of all the data and information she provides, both her own and that of her dependents.
 - To provide a safe, accessible, and welcoming place for care and support. It is necessary to provide to the woman a space that guarantees her safety and facilitates her storytelling. It

[+Edici%C3%B3n+con+pautas+de+atenci%C3%B3n+a+mujeres+con+discapacidad/25abbecd-2078-4166-bc99-8068fcabd150](#)



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is necessary to ensure that the aggressor is not present during the care and support provided to the victim.

- To conduct a risk assessment. It is essential as part of the care and support process for women to carry out a risk assessment to activate the appropriate resources to effectively protect women and their dependents from further aggression.
- To act with efficiency and agility. Effective and agile coordination must be guaranteed to act with the immediacy required in these situations. To this end, the initiative for compliance with the guidelines and itineraries of care and support provided, and for the coordination of the different institutions involved, must be the responsibility of the professionals, without placing this responsibility on the victims.
- To avoid institutional and professional victimisation. It is necessary to prevent the woman from repeating her story unnecessarily from professional to professional by avoiding the risk of secondary victimisation (re-victimisation). Lack of specific training, incorrect or insufficient care, as well as gaps that may exist between institutions could contribute to worsening the woman's situation, thus causing additional harm.

3.2.2. How to support women with disabilities in an appropriate way, without stereotyping: responsive and inclusive services.

Ensuring access for WWD to services for victims of violence requires the analysis and removal of barriers. This includes addressing physical obstacles as well as attitudinal barriers that affect the confidence and acceptance of WWD within mainstream services.

Previous chapters have explained that women with physical, sensory, intellectual, or psychosocial disabilities are particularly vulnerable to physical, sexual, and psychological violence, as they are more likely to have:

- Reduced ability to defend themselves and or lack of legal capacity.
- Increased difficulty in expressing themselves.
- Increased difficulty in recognising abusive behaviours and attitudes.



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- Lower credibility in their story, especially when the victim is a woman with intellectual or developmental disabilities or severe mental illness.
 - Reduced access to information, advice, and resources on an autonomous basis.
 - Increased dependence on third parties.
 - More difficulties in access to paid work and education.
 - Lower self-esteem and self-image disregard.
 - Fear of losing ties that provide care.
 - Reduced economic independence and control over their own financial decisions.

On the other hand, specific resources for GBV support are not adapted to different needs of support. WWD are often invisible in the healthcare system and many protocols do not take their specific needs into account. It is important to also pay attention to the differences between women with physical, sensory, and intellectual disabilities, and the support needs and accommodations that each group requires. It is necessary to make "reasonable accommodations", which in many cases involve simple but significant transformations in the policies of organisations or institutions, as well as in their processes.

If a woman with disability had to go to a specific resource today (for example, a shelter), she would still encounter obstacles because the existing resources do not meet accessibility requirements and they consider a "standard model" of women, without any type of functional limitation. For example, women with intellectual disabilities might struggle to access information because it is not provided in an easy-to-read format, while those with sensory disabilities lack appropriate guides or sign language interpreters. Moreover, the behaviour of women with disabilities may be unfairly compared to the "typical behaviour" of victims, further compounding the challenges they face.

3.2.3. The role of facilitators as a reasonable accommodation.

Importance of having a facilitator

3.2.3.1. The Facilitator

The right of access to justice is essential for the protection of human rights. Access to justice encompasses the right to a fair trial, equal access to the courts, equality of persons before the courts, the possibility of obtaining a fair remedy for the violation of human rights, and the right to a fair trial⁵⁶.

To access justice, certain procedural adjustments are sometimes necessary. As noted by Catalina Devandas Aguilar, United Nations Special Rapporteur on the Rights of Persons with Disabilities (2014-2020), procedural accommodations are all those modifications and adaptations necessary and appropriate to ensure the participation of persons with disabilities on an equal basis with others⁵⁷.

Article 13 of the UNCRPD includes the right to procedural accommodations *"for the purpose of balancing and respecting the rights of the parties. Such adjustments include all necessary and appropriate modifications and accommodations for each particular case, which may include the use of intermediaries or facilitators."*

In the document of international principles and guidelines on access to justice prepared by the Special Rapporteur, Principle 3 addresses the right to adequate procedural adjustments and its guidelines include the need for the participation in the judicial process of persons who, through their direct intervention, collaborate in the realisation of the right to access to justice. Referred to as "facilitators" or "intermediaries", these people:

"... work, when necessary, with justice system personnel and people with disabilities to ensure that there is effective communication during legal proceedings. They help people with disabilities understand and make informed decisions by ensuring that things are explained and talked about in a

⁵⁶ UN (2017). Right of access to justice under article 13 of the Convention on the Rights of Persons with Disabilities. Report of the Office of the United Nations High Commissioner for Human Rights. A/HRC/37/25 <https://www.ohchr.org/en/disabilities/thematic-report-right-access-justice-under-article-13-convention-rights-persons-disabilities>

⁵⁷ UN (2020). International principles and guidelines on access to justice for persons with disabilities. <https://www.ohchr.org/en/special-procedures/sr-disability/international-principles-and-guidelines-access-justice-persons-disabilities>

way they can understand, and that appropriate accommodations and support are provided. Intermediaries are neutral and do not speak on behalf of people with disabilities or the justice system, nor do they direct or influence decisions or outcomes.”⁵⁸

Facilitators are specialised and neutral professionals who, if necessary, assess, design, advise and/or provide the needed support to persons with disabilities, whether they have an officially recognised disability or not, and to justice professionals involved in a judicial process.⁵⁹ This assessment is related to ensuring that persons with disabilities can benefit from the adequate and necessary supports to exercise their right to access justice on an equal basis with others.⁶⁰

The facilitator can be requested by the person with a disability, as well as by lawyers, judges, public prosecutors, police services or victim assistance services. Ideally, the facilitator should be requested as soon as the need for procedural adjustments is detected and, particularly in the case of victims, preferably before filing the complaint.

The facilitator should not be confused with other agents who may also be part of the procedure. For example, a facilitator should not be considered:

- A companion. In some cases, national legislation allows persons with disabilities to be accompanied, if they wish so, by family members, friends and others who provide emotional and moral support. However, this should not be confused with the figure of the facilitator.
- One of the parties of the trial. The facilitator is not part of the defence or the prosecution, nor is he/she a judge or prosecutor. The facilitator is an independent professional.

⁵⁸ Facilitating access to justice. Juan Endara Rosales. <https://www.plenainclusion.org/publicaciones/buscador/facilitating-access-to-justice/>

⁵⁹ It is necessary to clarify that when we refer to "judicial process" this is understood in a broad manner, including also the first actions such as filing a complaint with the police or from the moment a person is arrested because he is accused of committing a crime.

⁶⁰ The Facilitator in judicial processes. Plena inclusion. <https://www.plenainclusion.org/publicaciones/buscador/la-persona-facilitadora-en-procesos-judiciales/>



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- A therapist. Although, as we will see below, his or her work may possibly decrease the insecurity and stress of the person with a disability, his or her task is not to provide therapy.
 - An expert witness. The facilitator does not contribute to the evidence in the proceeding or serve a diagnostic purpose. Instead, his or her role centres on addressing the support needs of the woman with a disability and advocating for adjustments to ensure equality for a fair trial.
 - A doctor or forensic psychologist. The facilitator does not perform a credibility analysis, does not pronounce on imputability or the existence of circumstances modifying criminal liability, nor on the existence of damage and/or sequelae.⁶¹

Among the functions of the facilitator, the first to be performed is the assessment of the type of support needed by the person with disability. This assessment should be conducted based on the individual characteristics of each person, and not rely on a diagnosis. It should be done collaboratively with the relevant police or procedural authorities, ensuring the active participation and informed consent of the individual.

. As a result, the facilitator will elaborate a report suggesting the necessary support needed by the person with disability and how to carry it out. The person will be informed in an accessible way of the content of the report, which will also be sent to the rest of the parties and to the competent authority who will approve its realisation.

After the approval, the facilitator will oversee implementing the support that the person needs. The objective is to foster effective communication between the person with a disability and the police and legal operators, as well as to facilitate their understanding of the purpose and phases of the process, their rights and how to exercise them, and the role of the participants. This does not mean that the facilitator must provide this information, as this will be the role of other operators. However, he/she

⁶¹ IBIDEM.



must ensure that this information is understood. This will result in free and informed decision-making.⁶²

3.2.3.2. Importance of having a facilitator

Courts, victim assistance offices and police headquarters are complicated environments and can generate a lot of anxiety. Often, they are perceived as intimidating and hostile. Moreover, they often are not very accessible for people with disabilities, both physically and cognitively, as they usually lack general information areas and there is little signalling.

The professionals working in police stations or judicial environments are often dressed in uniforms, and their appearance can generate a sense of distance with the person. The excess of formalisms and the display of authority of these actors does not facilitate the interaction with people with disabilities.

For instance, if a woman with a disability goes to a police station to file a complaint for gender-based violence, she must overcome a series of obstacles. First, she needs to deal with the lack of physical and cognitive accessibility of police stations. Then, she has to make her complaint to a uniformed police officer, a potentially intimidating experience for many. She will subsequently need to go to court to testify. There, she will have to deal with physical accessibility limitations as well as a general lack of information about the role that each professional plays in the courtroom. The idea of going through this process could be a deterrent for the victim, which on top of everything will be asked to remember and describe traumatic experiences. In other words, the whole context could be perceived as hostile and intimidating by the victim and have a negative impact on the testimony. People with disabilities tend to experience very complex situations in the judicial environment and, as a logical consequence, this leads to them not wanting to take part in legal proceedings.

⁶² La Persona Facilitadora en procesos judiciales. Plena Inclusión.
<https://www.plenainclusion.org/publicaciones/buscador/la-persona-facilitadora-en-procesos-judiciales/>





In general, procedures are perceived as complex and rigid. This is due to multiple factors, such as the formal language, the absence of adaptations, the lack of information and the haste in interactions, which in turn make the procedures seem very complicated.

Difficult-to-understand language is a hallmark of the judicial and police processes and is present both in written form (in documents, complaints, summonses, sentences and reports) and orally. The use of formal language further complicates already complex interactions. A lack of understanding can have negative and long-lasting consequences, including slowing down the legal proceedings.

In addition, although the efforts of some legal operators to explain themselves with easier words are remarkable, it happens that they are not followed up by an explicit confirmation that the information has been understood by the person.

On other occasions, the difficult-to-understand language affects decision-making to such an extent that it is doubtful that the person has consciously made a choice, since he or she has not understood his or her options.

Another factor that adds complexity and rigidity to judicial and police processes has to do with time. Usually, participating in judicial and police proceedings means having to wait many hours before being able to intervene. However, because of the haste with which certain acts are carried out, once the person is able to intervene, very little time is devoted to it. Procedural deadlines are often very long, so that the whole procedure can take years to complete.

As mentioned in the previous chapters of this manual, many common stereotypes are based on the belief that persons with disabilities are anchored in a state of perpetual infancy, that they are generally incompetent and utterly dependent, that they lie or have a certain tendency to invent, that their sexuality is unrestrained or non-existent, that they do not understand things that most non-disabled people understand. Consequently, the questioning of their credibility and the feeling of not being believed have a deterrent effect, or even provoke an attitude of resignation towards seeking justice.

All these barriers faced by persons with disabilities, as well as the individual's own support needs, are the basis for determining what procedural accommodations are necessary.



One of the main ways in which facilitation proves its impact and usefulness is by helping individuals involved in the legal process to better understand various aspects. This is especially relevant in personal interactions (e.g. in the various procedural acts, in all types of formalities, in legal advice), as well as in the transmission of information (especially that which is carried out through documents emanating from the judicial or police process).

On the one hand, the facilitator helps the person with a disability to understand what they are going through. On the other hand, the facilitator helps judges understand the situation of persons with disabilities and consciously address their different needs.

Given the fear induced by the trial and the intimidating atmosphere of judicial and police settings, facilitation helps to generate a sense of security. It makes the experience less difficult for the person with a disability. Moreover, facilitation significantly improves the process for persons with disabilities by making it possible to overcome barriers that affect the collection of their testimony, undermine the credibility of their words, and allow the phenomena of revictimization to occur. Facilitation also makes it possible to know and respect the will and preferences of the person.

Finally, the involvement of a facilitator in legal proceedings allows all the parties involved to acquire, more or less directly, some specific knowledge regarding disability in general, the barriers that persons with disabilities face, and the support and procedural adjustments they require. This, in turn, can help in generating greater awareness and sensitivity.⁶³

⁶³ Facilitating access to justice. Juan Endara Rosales. <https://www.plenainclusion.org/publicaciones/buscador/facilitating-access-to-justice/>

3.3. Responsive and Inclusive Services for Women with Disabilities who are Victims of GBV

3.3.1. What are responsive and inclusive services?

Inclusion is an approach that responds positively to people's diversity and individual differences, understanding that diversity is an opportunity for the enrichment of society⁶⁴.

A service is inclusive when it removes physical, sensory, communication and other barriers so that people with disabilities can access and benefit it on an equal basis. By implementing strategies that are in line with the social model of disability as envisaged by fundamental human rights (such as universal design, reasonable accommodation, accessible communication, and empathy), it will be possible for people with different conditions to access services independently.

A service for women with disabilities who are victims of GBV is sensitive and inclusive when it offers all the necessary adaptations and accommodations to provide the best possible care and support for these women.

Within the RESPONSE project, we asked ourselves: what does it mean to offer an inclusive and responsive service? We believe such service consists of ensuring that all people can receive support if they require it. To make a service inclusive, it is necessary to eliminate the physical, communicational, or attitudinal barriers that prevent a person with a disability from enjoying that service under the same conditions as other people. Services designed or adapted for people with disabilities can also be used by older people, and by people with other difficulties. The provision of inclusive services is achieved through the implementation of reasonable accommodation, i.e. basic modifications, or adaptations to infrastructure, and to the processes or procedures that enable persons with disabilities to have the same accessibility and participation as others. Accommodations are considered "reasonable" if they

⁶⁴ <http://unesdoc.unesco.org/images/0014/001402/140224e.pdf>

do not require the business or organisation implementing them to assume excessive burdens or make large investments⁶⁵.

Reasonable accommodations refer to changes made to an environment (usually workplace, school or housing) and mainstream services (e.g. social, health, legal, etc.) that allow persons with disability to have the same accessibility and participation as other people. The “Denial of reasonable accommodation”, according to article 2 of the UNCRPD, constitutes discrimination if the necessary and appropriate modification and adjustments (that do not impose a “disproportionate or undue burden”⁶⁶) are denied and would be needed to ensure the equal enjoyment or exercise of a human right or fundamental freedom. Reasonable accommodation is an intrinsic part of the immediately applicable duty of non-discrimination in the context of disability.⁶⁷

It is important to note that the duty to provide reasonable accommodation is not limited to situations in which the person with a disability has asked for an accommodation or in which it could be proved that the alleged duty bearer was aware that the person in question had a disability. It should also apply in situations where a potential duty bearer should have realised that the person in question had a disability that might require accommodations to address barriers to exercising rights.⁶⁸

⁶⁵ BID - Banco Interamericano de Desarrollo (2019). Somos todos. Inclusión de las personas con discapacidad en América Latina y el Caribe.

⁶⁶ “Disproportionate or undue burden” should be understood as a single concept that sets the limit of the duty to provide reasonable accommodation. Both terms should be considered synonyms insofar as they refer to the same idea: that the request for reasonable accommodation needs to be bound by a possible excessive or unjustifiable burden on the accommodating party.

⁶⁷ Examples of reasonable accommodations include making existing facilities and information accessible to the individual with a disability; modifying equipment; reorganizing activities; rescheduling work; adjusting curricula learning materials and teaching strategies; adjusting medical procedures; or enabling access to support personnel without disproportionate or undue burden.

⁶⁸ Committee on the Rights of Persons with Disabilities, General comment No. 6 (2018) on equality and non-discrimination. CRPD/C/GC/6.

<https://www.undocs.org/Home/Mobile?FinalSymbol=CRPD%2FC%2FGC%2F6&Language=E&DeviceType=Desktop&LangRequested=False>





3.3.2 What are the key policies and strategies to be developed to offer inclusive services? Cross-cutting coordination of actions

Prerequisites:

- **Cooperation between MSPs.** Interventions and services for WWD who victims of GBV require cooperation among the different actors involved in the medical, judicial and police sector. Cooperation between MSP is key to ensure responsive and effective services. A prerequisite is that those services are accessible and available to all women, otherwise such cooperation will be ineffective and meaningless to begin with. For example, if a doctor in a primary care health service is aware of the problem and realises that a victim is in danger but cannot refer her to a shelter or to a safe and appropriate resource, preventive work becomes impossible.
- **Coordination of actions.** It is essential that there is good coordination both internally, within each institution and its different departments or sections, and externally between the different agencies. To achieve good coordination, it is important for all the agents to be clear about their scope of action and to know the other agent's scopes.
- **Adequate resources.** For all services and institutions involved in GBV cases, adequate and sufficient resources are also a prerequisite for successful interventions and effective cooperation. For example, a region may have a very effective ambulance service, but if there is no hospital to receive sick or injured people, the objective of providing adequate medical treatment will not be achieved. It also represents a barrier to care for women victims of gender-based violence when adequate resources exist but are overstretched. It is therefore important to have adequate resources, but also to ensure that the resources have sufficient staff specifically trained in gender-based violence and disability to cope with the demand.



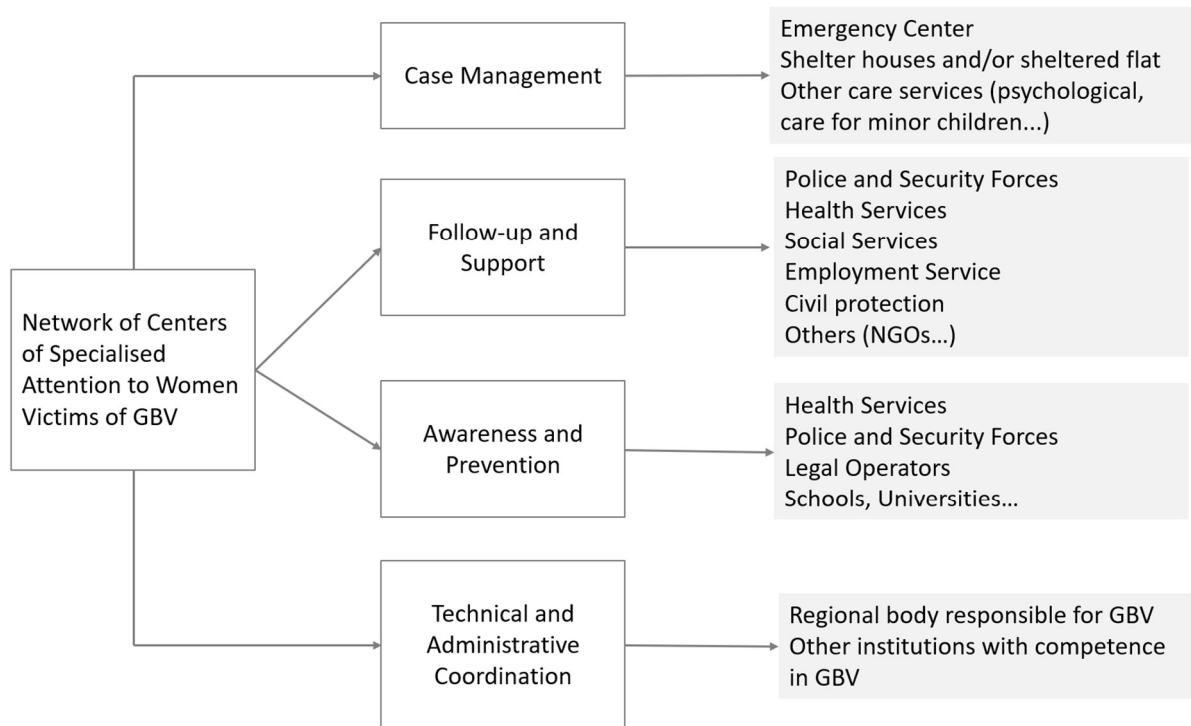


-
- **Clear scopes of action and guidelines/protocols.** Each agency involved in GBV must clearly identify its scope of action, as well as its basic guidelines or protocols. For cooperation, it is important to exchange this information among the different agents, so that each of them is aware of where its role begins, ends, or interacts with other agents, and when to intervene in the process of caring for the victims.
 - **Cooperation based on good practices and standards.** Good cooperation must be based on good practices of the different agents involved. When agencies and organizations lack protocols or basic standards for handling cases of mistreatment, abuse, and violence, it can hinder collaboration with other. This inconsistency in responses may impede smooth cooperation, as partners will notice the disparity, potentially impacting their confidence and expectations in the partnership.
 - **Share relevant information and have agreements on key issues.** For example, agreeing on danger assessment and victim safety planning. Many GBV victims are at high risk of being exposed to violence again. In preventing violence and avoiding its recurrence, agencies can only be successful if they pay the utmost attention to victims' safety and assess danger indicators similarly. An important step to achieve this is to have interdisciplinary teams where different cases can be shared and professionals from different fields can provide an adequate response.
 - **Incorporate the gender perspective and feminism as a key and overarching theme across all actions and institutions.** In addition, it is important to ensure that all key stakeholders receive specialised training on how to incorporate this perspective. Merely considering gender as a variable in data is not sufficient; it's crucial that outcomes and actions are designed from the outset to incorporate both the gender and disability variables.



The table below shows an example of a possible coordination process based on a network of specialised care centres for women victims of GBV.

Table 5. Example of a possible coordination process (own elaboration) ⁶⁹



⁶⁹ Personalised care plan for victims of gender-based violence. Edition with care guidelines for women with disabilities (2017). Regional Ministry of Family and Equal Opportunities of the Region of Murcia. General Directorate for Women



3.4. Key aspects in the prevention of gender-based violence against women with disabilities

- **Update the conceptualization of gender violence:** According to the information collected in the SOTA Report, there are laws, measures and policies that conceptualise gender violence in a restrictive manner. One key aspect for the prevention of gender violence is to adapt its definition to international instruments such as the Istanbul Convention. This would make it possible to share measures and policies also at the European level and raise the level of protection of women in all countries.
- **Awareness-raising:** The best formula for promoting a GBV-free culture starts with education: from an early age, children need to be taught about equality between women and men. Then, it is essential to ensure the continuity of this training throughout life, both in learning a profession and in its exercise. The teams of professionals who detect this violence and intervene to mitigate it on a daily basis need to be continuously trained on the specific needs of WWD victims. At the same time, it is very important to raise awareness among WWD about GBV and the different specialised resources available to victims, through different campaigns and by disseminating materials in different accessible formats, such as easy reading.
- **Men against violence:** Engage all members of society, in particular men and boys, to actively participate in preventing all forms of violence. Challenge them to confront their roles as perpetrators of violence against women while also emphasising their vital role in ending such violence. This can be done through different initiatives such as, for example, mixed training in the prevention of gender-based violence where men and boys play an active role as promoters of respectful behaviour and fighting against





violence. Also, awareness-raising campaigns led by men can provide tools and good practices for eradicating and combating gender-based violence.⁷⁰

- **Having data and statistics:** To effectively combat gender-based violence against women with disabilities, it is necessary to know more about it. Naming it, identifying it, measuring it and studying it, from its causes to its consequences, helps to debunk myths and to create better response strategies. Having comparable and up-to-date information on victims of violence, broken down by type of disability and gender, makes it possible to treat the issue as a systemic problem of inequality, rather than an occasional one.
- **Research:** Conduct specific and specialised research with an intersectional approach on GBV, considering the diversity and specificities of women with disabilities. This research should include the different types of violence against WWD, including digital violence or forced sterilisation.
- **Support professionals.** Train and incorporate different support professionals (e.g. the facilitator, as explained in the previous section) to provide WWD with the necessary support to face the consequences derived from violence.
- **Coordination and common protocols.** Develop coordination instruments and common protocols for the prevention and detection of GBV to be applied in the network of social and social-health services centres, in coordination with specialised disability services.

⁷⁰ You can find different examples of these campaigns in these links:

Avon Foundation for Women - Say no to gender-based violence / symbolic violence:

<https://www.youtube.com/watch?v=Z6RHsjpifW0>

Avon Foundation for Women - campaign on violence against women:

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

"Then who" campaign 25N 2022 Spanish Government: <https://www.youtube.com/watch?v=vxfR1-zqdwY>



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- **Standardised instruments.** Develop a validated and standardised instrument to facilitate the detection of GBV against WWD.⁷¹
- **Information:** Improve the information aimed at men and boys, young people and adolescents to foster the detection and self-detection of non-egalitarian, sexist and violent behaviours and attitudes.
- **Intervention by specialised professionals:** Sign agreements with professional associations of Psychology, Social Work, Social Education and Criminology, Associations representing women with disabilities as experts and WWD, as well as with other entities. The aim is to ensure that victims can receive help by professionals specialised in disability and are trained through feminist, intersectional and human rights-based approach.
- **Expert trainers by experience:** Promote the participation of WWD victims of GBV and who are willing to share their testimony in the development of campaigns and training actions aimed at society⁷², as well as in the elaboration of action protocols and development of detection instruments. WWD have life experience, specific training, can conduct research and are activists for human rights and women's rights, so their involvement as trainers has a much greater impact and value.

⁷¹ Different examples of these instruments:

- ❖ Instrumento común estandarizado para la detección temprana de la violencia de género en el Sistema Nacional de Salud (2021). Gobierno de España: https://www.salud.gob.es/organizacion/sns/planCalidadSNS/pdf/equidad/Doc_Aprobado_CISNS_Instrum_Estandariz_Detec_Temprana_VG_1Dic2021_OSM.pdf
- ❖ Hudson, W.W. and McIntosh, S.R. (1981). The Assessment of Spouse Abuse: Two Quantifiable Dimensions. *Journal of Marriage and Family*, 43(4): 873-888. doi:10.2307/351344

⁷² You can find different examples of these campaigns in this link:

#Voytapadanocallada: <https://www.pleninclusion.org/noticias/con-el-lema-voy-tapada-no-callada-plena-inclusion-convoca-a-todas-las-mujeres-a-una-manifestacion-virtual-contra-la-violencia-machista/>





3.5. References and information for further reading

- http://www.convenciondiscapacidad.es/wpcontent/uploads/2021/03/protocolo_de_atencion.pdf
- http://files.wavenetwork.org/trainingmanuals/Bridging_Gaps_MultiAgency_Cooperation_2006_English.pdf
- <https://www.endvawnow.org/en/articles/319-developing-coordinated-community-RESPONSEs-.html?next=329>
- <https://www.plenainclusion.org/publicaciones/buscador/facilitating-access-to-justice/>



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4. Women with disabilities and GBV⁷³

The previous chapters have shown that WWD are unfortunately more vulnerable to GBV. In this chapter we intend to prove the added value of the involvement and direct participation of WWD in the construction of responsive and inclusive services for victims. They know what their needs and demands are, and it is essential that they can express them autonomously, with the necessary support, before the other agents. However, to be able to do this, women with disabilities need to learn about and understand certain issues related to GBV that concern them in a specific way. We will try to address these issues in this chapter.

4.1 Knowing and defending our rights: Support services for victims of GBV and the justice system

The Istanbul Convention⁷⁴ in its article 20 “General support services” talks about the general care services for women victims of GBV:

1. *Parties shall take the necessary legislative or other measures to ensure that victims have access to services facilitating their recovery from violence. These measures should include, when necessary, services such as legal and psychological counselling, financial assistance, housing, education, training, and assistance in finding employment.*
2. *Parties shall take the necessary legislative or other measures to ensure that victims have access to health care and social services and that services are adequately resourced, and professionals are trained to assist victims and refer them to the appropriate services.*

The relevant issue at this point is that not all WWD are aware of their rights, of the services available to them, and how to access them. The lack of support programmes and solutions for independent living and accessible services makes WWD vulnerable and dependent. Therefore, there is a need to put greater emphasis on providing tailored training to empower WWD, and it is essential to offer them accessible information about these rights.

⁷³ The contents developed in unit 1 and 4 are adapted in easy reading and infographics, available in the appendix of this manual.

⁷⁴ <https://www.coe.int/en/web/istanbul-convention/text-of-the-convention>



4.1.1 What are support services for women victims of GBV?

These are services whose purpose is to offer comprehensive care for women, minors and dependent persons who have been victims of GBV. The main services provided are accommodation, food support, psychosocial care, legal guidance, employment guidance and security.

Through these services it is possible for women to:

- Receive advice on the actions they can undertake and their rights.
- Know the services to which they can go to obtain material, medical, psychological, and social assistance.
- Access the different accommodation resources (accessible emergency, temporary shelter, sheltered centres, etc.) in which their safety is guaranteed, and their basic needs are covered.
- Recover their physical and/or psychological health.
- Achieve their training, insertion, or reinsertion into the labour market.
- Receive psychosocial support throughout the entire recovery itinerary to avoid re-victimisation.

The care services for victims of GBV are also information and advice points not only for victims, but also for those people who need information and/or professionals who need advice on how to support on the development of activities aimed at preventing GBV. Some of these services are, among others, the emergency telephone number (for example, 112), free legal advice services, victim information and support services (offline and online).

The first contact through the free helpline is very important because it offers advice and support, practical information about crime and abuse, and referral to existing resources in the local community, as well as specialised advocacy in the justice and social services systems. Therefore, it is crucial that the first contact is made through fully accessible services, regardless of the support needs of the WWD.

In this regard, it is essential to have the possibility to evaluate and review the accessibility measures implemented in these services. For instance, some services that are considered inclusive may not address all support needs. This is especially true for people with sensory disabilities and autism spectrum disorders.



Support services for victims of GBV in the countries participating in the RESPONSE project

Although there are common characteristics of support services for victims of GBV, they are not provided in the same way in different countries or in different regions of each country.

❖ FRANCE

France has a wide range of support services available for women who are victims of GBV:

National helplines provide emotional support and advice to women who are victims of GBV. Examples of these include the 3919-line run by the Fédération Nationale Solidarité Femmes and the 0800 05 95 95 helplines for Viols Femmes Information.

Local support and care facilities:

- Day centres, which provide an initial reception and a supporting environment for women experiencing violence, possibly followed by referral to other structures and partners. They aim to prepare or prevent women victims of violence and their children from leaving home and to prevent emergency situations. They can also provide practical services (mailbox, shower, laundry, and luggage storage) and consultations with professionals.
- Reception, listening and guidance centres (LAEO), which provide information, psychological support, and long-term support, in addition to the actions undertaken by the day centres.
- Referents for women victims of domestic violence who have a local coordination role.
- Counselling services offer psychological support to women who are victims of gender-based violence, such as the Centres d'Information sur les Droits des Femmes et des Familles (information centres on women's and family rights).

Emergency accommodations, such as Centres d'Hébergement et de Réinsertion Sociale (CHRS), are available for women who are fleeing domestic violence.



Legal assistance is available to help women who are victims of violence obtain protection orders, file complaints, and obtain legal representation. Examples include Aide Juridictionnelle (legal aid) and women's rights lawyer associations.

Medical services provide medical assistance to women who are victims of gender-based violence, including emergency care, forensic examinations, and psychological support. Examples include Centres de Planification Familiale (family planning centres).

It is important to note that there are also other types of support services available for women who are victims of gender-based violence in France, such as labour market insertion programs and training programs for professionals who work with victims of violence. Additionally, community groups, including LGBTQ+ groups, offer support services for women who are victims of gender-based violence.

❖ HUNGARY

In Hungary, there are several legal remedies and victim support forums available in cases of suspected abuse or crime⁷⁵:

- **Commencement of the criminal proceedings by filing a report to the police.** The most common reason for initiating criminal proceedings in cases of suspected criminal offences is the police report, which is nothing more than the statement by the person making the allegation to the authorities (e.g. the police) of his or her knowledge of the subject of the criminal action.
- **Initiation of proceedings before the Commissioner for Fundamental Rights.** This option is pursued when an act of a statutory body infringes or threatens to infringe a fundamental right. It is applicable after exhausting available administrative remedies, including judicial review of administrative decisions, or when no further remedies are available for the applicant.
- **Remedies in the event of a violation of the requirement of equal treatment.** Commencement of a procedure by the Commissioner's Office for Equal Treatment, a separate unit of the Commissioner for Fundamental Rights⁷⁶.

⁷⁵ Gazsi, A. *An analytical presentation of the legal remedies available in cases of physical and other forms of harm to persons with disabilities and in cases of abuse and neglect.* 2015. <https://fszk.hu/wp-content/uploads/2015/06/Seg%c3%a9danyag-a-Fogyat%c3%a9koss%c3%a1g-%c3%a9s-ab%c3%bazus-c-%c3%batmutat%c3%b3hoz.pdf>

⁷⁶ Directorate General for Equal Treatment of Fundamental Rights: <https://www.ajbh.hu/ebff-mikor-serul-az-egyenlo-banasmod-kovetelmenye>



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- **Initiating victim protection and victim support services.** For instance, by requesting assistance from NGOs working for the protection of victims and people with disabilities.

Victim protection, victim support services, organisations:

- **Victim Support Services and Victim Support Centres:** In addition to the victim support services available in the capital and county government offices, victim support centres are already operating in several large cities⁷⁷.
- **Victim Support Network of Victim Support Officers:** The special victim support tasks of the police are performed by the Victim Support Network of Victim Support Officers (ORFK Instruction 2/2013 (I. 31.) on the victim support tasks of the police).
- **National Crisis Management and Information Helpline:** As an example, we have the NGO Családbarát Magyarország Központ Nonprofit Közhasznú Kft.⁷⁸
- **Crisis outpatient clinics:** There are currently 9 crisis outpatient clinics across the country. Crisis Outpatient Clinics are a service assisting people that engage experts in the field of domestic violence to help victims and their families, as well as the service providers who help them, thus preventing crisis situations.
- **Legal aid and representation by an attorney:** Legal Aid Departments of the Metropolitan and County Judicial Services⁷⁹.
- **For children:** According to Article 61 (2) of the Act XXXI of 1997 on the Protection of Children and Guardianship Administration, amended in 2019, the regional child protection services can provide a so-called Barnahus (meaning children's house) service, modelled on the Icelandic model. The purpose of the service is to protect child victims of sexual abuse from the re-traumatising effects of multiple interrogations during the evidentiary and criminal proceedings, and to protect children from other seriously traumatising factors during the proceedings. If the victim of abuse is a person with a disability, they can avail themselves of this possibility.

⁷⁷ <https://vansegitsegitseg.im.gov.hu/aldozatsegito-kozpontok/>

⁷⁸ Website and contact details: <https://okit.hu/>

⁷⁹ Click here for more information: <https://igazsagugyiinformaciok.kormany.hu/jogi-segitsegnyujtas>



- **Journals:** We recommend the journals available on the website of the National Centre for Disability and Social Policy (NFSZK), which provide information on the issue of abuse and include the names and contact details of organisations:
 - Abuse prevention sensitisation program support publication, Edited by Zsófia Horváth Published by Fogytékos Személyek Esélyegyenlőségéért Közhasznú Nonprofit Kft (NFSZK, 2017)⁸⁰.
 - Disability and abuse in an easy-to-understand form (NFSZK)⁸¹.
 - Disability and Abuse - A Guide for Service Providers (NFSZK)⁸².

❖ LITHUANIA

Women who have experienced violence are guaranteed free psychological assistance, temporary accommodation, free specialised complex assistance, assistance provided by specialised assistance centres, municipal institutions and non-governmental organisations, including long-term assistance services, according to the procedure established by the Government of the Republic of Lithuania⁸³.

The majority (60%) of Lithuanian residents who experienced domestic violence did not seek help anywhere. Victims are afraid to ask for help because they feel ashamed and scared of the judgement from relatives and friends. Sometimes such fear stems from a lack of trust in institutions and in the possibility of receiving help. While it is difficult to change these circumstances, it is also difficult for victims to take in the information when they are in a state of shock and stress.

Victims complained about the lack of information about the possibilities of help, said they did not trust psychologists and child rights protection specialists, and sometimes felt the sceptical attitude of law enforcement officers. The fearful attitudes of the victims are strengthened by the fact that violence, especially psychological, is difficult to prove.

People with disabilities are almost twice as likely to experience domestic violence, as they are often abused by their caregivers. In addition, persons with disabilities are three times less likely to seek help and, as a group

⁸⁰ https://fszk.hu/wp-content/uploads/2017/06/Ab%C3%BAzusprevenci%C3%B3_kiadv%C3%A1ny.pdf

⁸¹ <https://fszk.hu/kiadvany/fogyatekossag-es-bantalmazas/>

⁸² <https://fszk.hu/kiadvany/fogyatekossag-es-abuzus-utmutato-szolgalatok-szamara/>

⁸³ Report on assistance to persons experiencing violence in the area of essential human rights issues, 31 December 2020, No NŽTI-2020/1-1, Vilnius: https://www.lrski.lt/wp-content/uploads/2021/01/NŽTI-2020-1-1-3D-122_2021-01-142.pdf





in society, they struggle to get information about their rights. In many cases, police officers are the only professionals to spread such information, but they might lack competence and training in dealing with persons with disabilities. On top of this lack of essential information, it can also be more difficult for PWD to understand it, and they often forget it⁸⁴.

The following organisations can help victims of violence:

- **Police officers** have the right to take legal action to stop violence and protect the victim. The police ensure that the violence is stopped immediately. This is how the police monitor families or individuals who are prone to violence. Police assistance to the victim covers several areas. First of all, this is a suitable and adequate response to reports of violence, such as arriving quickly at the scene. It is important to ensure that victims of violence have as much trust as possible in police officers and are not afraid to approach them. Publicly distributed information emphasises the necessity of dialling 112 in cases of violence or when health and life are at risk, ensuring its high visibility in public areas.⁸⁵
- To protect women from possible violence, a **Violence Protection Order** (warrant) is always issued to the abuser. With Violence Protection Order, the abuser is obliged to:⁸⁶
 1. temporarily move out of the place of residence, if he lives with a person who may have experienced violence, regardless of who owns the house;
 2. avoid visiting the place of residence of the victim, not to approach the victim, not to communicate, and not to seek interactions with them.

The Violence Protection Order is issued regardless of whether a decision to initiate a pre-trial investigation has been made.

⁸⁴ Giedrė Purvaneckienė, Vita Venslovaitė, Irena Stonkuvienė, Rūta Žiliukaitė (2019). Domestic violence: prevention, protection, assistance, cooperation, qualitative research report. Vilnius, Sprendi tu: [https://socmin.lrv.lt/uploads/socmin/documents/files/Ataskaita_Smurtas_artimoje_aplinkoje%20-%20kokybinio%20tyrimo%20ataskaita_docx%20\(5\).pdf](https://socmin.lrv.lt/uploads/socmin/documents/files/Ataskaita_Smurtas_artimoje_aplinkoje%20-%20kokybinio%20tyrimo%20ataskaita_docx%20(5).pdf)

⁸⁵ Dr. Gintaras Chomentauskas, Dr. Edita Dereškevičiūtė, Dovilė Murauskienė (2017). Domestic violence: recognition, support, prevention. Vilnius, Human Studies Centre. ISBN 978-609-438-015-0. <https://bukstipri.lt/doclib/i8hljxfbnage1mgk11fryfnswmmzx6t>

⁸⁶ Ramunė Jakštienė. Domestic violence against women: criminal legal protection, doctoral thesis. Mykolas romeris university, social sciences, law (01S) VILNIUS, 2019: https://repository.mruni.eu/bitstream/handle/007/15758/Disertacija_R_%20Jakstiene.pdf?sequence=2&isAllowed=y



In all cases where a pre-trial investigation has been initiated, the prosecutor must decide on pre-trial measures in accordance with the Code of Criminal Procedure. The prosecutor, when a person applies to him informing about the violence that has been experienced or is likely to be experienced, and at the written request of the person that has experienced violence, has the right to issue a **Violence** Protection Order to the abuser.

- **Criminal justice** responds to evidenced results of violence. By researching violent criminal offenses, it should be noted that there are more cases concerning violence against women with disabilities. The victim has the right to participate in the **investigation**, to get informed about its progress and the documents in the case, to testify and to request the questioning of witnesses, including minor children living in the family. During the pre-trial investigation, the victim has the right to submit a request to change or supplement the articles of the Criminal Code, according to which the pre-trial investigation in the case of domestic violence has been initiated.
- Another very important resource in the case of violence is the **Specialised Comprehensive Assistance Centre**. Upon receiving information from the police about a case of violence and the details of the victim or potential victim, the Centre immediately contacts the person offers specialised comprehensive assistance. Specialised Help Centres also mediate with other institutions to ensure that the victim receives adequate assistance in a timely manner. For example, when necessary, they cooperate with crisis centres run by municipalities or non-governmental organisations that provide short-term accommodation for victims of violence who cannot stay at home. Specialized Complex Assistance Centers offer assistance throughout Lithuania, in each municipality. There are a total of 14 organisations performing functions of Specialized Complex Assistance Centers.⁸⁷

Victim protection, victim support services, organisations:

- "Ribologija" (<https://www.ribologija.lt/>) – non-profit organisation promoting the creation of a sexual violence-free environment and working to increase the availability of information about sexual rights.
- Association "Lygiai" <https://suukraina.lt/pagalba-ukrainai/aukojimas/asociacija-lygiai/> – an organisation that delivers humanitarian aid to women, especially those who suffered from sexual violence during the war in Ukraine.

⁸⁷ <https://www.specializuotospagalboscentras.lt/kontaktai/>



- Women's Information Centre (<https://www.moteruinformacijoscentras.lt/>) – non-governmental women's organization working to promote gender equality, public education and to overcome violence against women.
- Association for the Assertion of Women's Rights of Lithuania (<https://www.specializuotospagalboscentras.lt/asociacija/>) – unites 14 non-governmental organisations that perform the functions of Specialized Complex Assistance Centers (SKPC) and provide assistance to persons affected by domestic violence. The association investigates and solves the problem of gender-based violence at the national and international level, influences the formation of state policy, ensures the provision of specialised complex assistance, strengthens inter-institutional cooperation and strives for zero tolerance to violence.
- Lithuanian Women's Rights Consolidation Association “Lygus” (<https://www.lygus.lt/>) – unites 17 non-governmental organisations that perform the functions of Specialized Assistance Centers throughout Lithuania and provide specialized complex assistance to persons affected by violence within intimate relationships. Having joined forces, the organisations became stronger and can have a greater impact.
- The Forum of Lithuanian Disability Organizations (<https://www.lnf.lt/>) unites 16 organisations representing various disabilities. The Forum aims to ensure that people with disabilities (including WWD) have equal opportunities to participate in all areas of social life - in the education system, the labour market, and public life.
- Lithuanian Women's Lobby Organisation (<https://lmlo.lt/en/about-us/>) is a member of the European Women's Lobby Organization (EWLO), which is the largest umbrella organisation of women's associations in the European Union, uniting more than 2,000 women's associations in 31 countries. The mission is to promote the active involvement of women's NGOs in the processes of drafting gender equality policies and legal acts and decision-making in Lithuania and Europe.

All the above organisations provide assistance to girls and women with disabilities in case of violence. On their own initiative or as part of larger projects, they provide support and carry out the necessary educational activities to remove the prerequisites for violence.

❖ POLAND

Women who have been victims of gender-based violence in Poland can access several care services, among which:



- **Blue Line**⁸⁸. The Polish Nationwide Emergency Service for Victims of Domestic Violence was created in 1995 as a branch of the Psychology Health Institute under the Polish Psychologists' Association. Services include counselling, a legal clinic, a nationwide e-mail emergency service, a nationwide telephone emergency service, centre for victims of domestic violence, training courses and advisory activities for national organisations and private citizens.
- **Campaign "The 16 Days of Action Against Gender-based Violence"**⁸⁹ is an international campaign, organised by the Women's Global Leadership Institute and dedicated to supporting and coordinating work to eradicate gender-based violence at local, national and international levels.
- **Poland's first video on strategies to defend yourself against violence**. Available in Polish, with voiceover, subtitles and in Polish Sign Language. The film shows different feminist self-defence strategies that women use to effectively stop violence.⁹⁰

The material was produced as part of the project "No means no - preventing violence against women with disabilities". The 'No means no' project is a collaboration between the Autonomia Foundation from Poland, Garance ASBL and AWIQ from Belgium, Faire Face from France and Unvergesslich Weiblich, Wendo Marburg and Bv Fest from Germany.⁹¹

The brochures were prepared by an international group of experts, including women with disabilities, to break the silence around violence and to support women with disabilities in resisting it. At the core of these guides lies the empowerment strategy, which is fundamental to empowering individuals to take control of their lives and combat violence. Women will find information on how to protect themselves from violence and how to respond to it. This is the first resource on this topic that considers the experiences and realities of the lives of women with hearing, movement, vision and intellectual disabilities (as well as women and girls without disabilities).

- On 1st August 2010, an amendment to the Act on Counteracting Family Violence entered into force and established the so-called interdisciplinary teams. The interdisciplinary team is formed by the head of the local authority, mayor, or city mayor, appointing to it representatives of organisational units of

⁸⁸ Niebieska Karta - The blue card - information for people affected by domestic violence - https://www.niebieskalinia.info/images/2.06.22_ANG_en_EN.pdf

⁸⁹ <https://bip.brpo.gov.pl/pl/content/16-dni-akcji-przeciw-przemocy-ze-względu-na-plec-0>

⁹⁰ Information on where to get help. Link to the video <https://www.youtube.com/watch?v=Zzung1KXgc8>

⁹¹ Publication of a handbook - How women with disabilities can defend themselves against violence: <https://autonomia.org.pl/publikacje/nie-znaczy-nie-jak-kobiety-z-niepelnosprawnosciami-moga-obronic-sie-przed-przemoca/>



social assistance, commune commission for solving alcohol problems, the Police, education, health protection and non-governmental organisations. The interdisciplinary team also includes court probation officers as well as prosecutors and representatives of institutions working to prevent violence. The organisational and technical support of the team is provided by the social welfare centre. The team's task is, among other things, to diagnose the problem of violence in the family, then to act in the environment at risk of violence for prevention purposes or to intervene in the environment affected by pathology.

❖ PORTUGAL

Portugal witnessed a progressive evolution of the legal framework in the field of violence against women and domestic violence, accompanied by a reinforcement of the intervention network.

The prevention and combat of violence against women and domestic violence is foreseen by the National Strategy for Equality and Non-Discrimination (2018-2030)⁹², specifically in the "Action plan for preventing and combating violence against women and domestic violence"⁹³. The Commission for Citizenship and Gender Equality (CIG in Portuguese Acronym) is the coordinating body for the National Strategy and the respective Action Plans.

The **National Network of Support for Victims of Domestic Violence** (RNAVVD in Portuguese Acronym), regulated by the Regulatory Decree 2/2018⁹⁴, is a key component of the institutional system for preventing and combating domestic violence in Portugal. According to the Resource Guide of the area of domestic violence in Portugal, which compiles the contacts of the entities that integrate the RNAVVD and other services that provide intervention in this area, there are 225 victim support structures.⁹⁵

The support services for victims of domestic violence⁹⁶ are divided into two types of responses: support centres and shelters. The support centres are a response developed through a service consisting of one or more technical and multidisciplinary teams, which ensures assistance to victims of domestic violence,

⁹² https://www.cig.gov.pt/wp-content/uploads/2020/12/Resol_Cons_Ministros_61_2018.pdf

⁹³ Currently, there is information that VI Action Plan to Combat Violence against Women and Domestic Violence (2023-2026) will soon be presented.

⁹⁴ <https://files.dre.pt/1s/2018/01/01700/0067400684.pdf>

⁹⁵ <http://www.guiaderecursosvd.cig.gov.pt/#/> consulted on 17 of april 2023.

⁹⁶ https://www.pgdisboa.pt/leis/lei_mostra_articulado.php?artigo_id=2831A0004&nid=2831&tabela=leis&pagina=1&ficha=1&so_miolo=&nversao=



regardless of gender, in order to protect them. It is an articulated response between Social Security, Education, Health, Justice and Municipalities.

The shelters are a social response that consists of temporarily sheltering women victims of domestic violence, potentially accompanied by their underage children, who cannot, for safety reasons, remain in their usual residences.

The RNAVVD Network integrates support/assistance centres, shelter homes, and mutual help groups. The services provided by the RNAVVD are free, follow the same rules⁹⁷ and among them we can highlight specific services:

- **Services of Psychological Support for children and youth victims of domestic violence;**

- **Specific services** for: victims with mental illness (1 Shelter House); women with intellectual disabilities victims of domestic violence (1 Shelter House); migrant victims (3 Victim Support Offices); victims of sexual violence (2 new structures for women and 1 for children); elderly victims (3 residential structures under construction);

- **Information Service for Victims of Domestic Violence:** it is a free, anonymous and confidential telephone information service operating 24 hours a day / 365 days a year to support victims of domestic violence on the number 800 202 148 or by message to the SMS Line 3060. To request care and emotional support: violencia@cig.gov.pt.

All victims of gender-based violence or domestic violence can still resort to:

- **National Emergency Number** – 112 (free contact, 24h, 365 days);

- **National Social Emergency Number** – 144 (free contact, 24h, 365 days);

- **Portuguese Victim Support Association** (APAV in Portuguese acronym): Support line for victims: 116 006; free and available between 8am to 11 pm.

⁹⁷ The Single Care Form has been approved for mandatory use by all RNAVVD services: Shelters, Emergency Shelters, and Care Structures (Order No. 5374/2020, May- 11).



The APAV provides the website www.infovitimas.pt⁹⁸ which can be consulted by anyone on matters related to victims' rights and the criminal process. This website has an inclusive version, worked in an accessible format for people with visual impairments⁹⁹ and with hearing impairments.¹⁰⁰

The APAV, in partnership with the PT Foundation (technology and communications company), also has a personalised service for deaf people (Serviini). This service works remotely by video call and in person, thus giving all the possible support to the Deaf Community.

- **Electronic Complaint System:** intended to facilitate the submission of complaints and reports electronically regarding certain types of crime (namely domestic violence and abuse)¹⁰¹. It can be accessed on <https://queixaselectronicas.mai.gov.pt/Queixas/Registo/Autenticacao/VD>

- **Commission for the Protection of Victims of Crime:** independent administrative body responsible for granting advances of compensation by the State to victims of violent crimes and domestic violence. Can be contacted by phone: 213 222 490, email: correio.cpvc@sg.mj.pt or face-to-face service by appointment.

- **Tele-assistance for victims of domestic violence**¹⁰²: remote assistance system for victims of domestic violence aims to increase the protection and safety of the victim, ensuring 24 hours a day and free of charge, an adequate RESPONSE both in emergency situations and crisis situations. Contacts: 217 983 00 or cig.tassistencia@cig.gov.pt.

- **Transport Service for Victims of Domestic Violence and Trafficking in Human Beings**¹⁰³: aims to ensure the safe road transport, free of charge, of victims of domestic violence, their dependents and victims of trafficking in human beings. Contacts: cig@cig.gov.pt or transportes@cruzvermelha.org.pt.

- **National Emergency Number for Deaf People:** 961 010 200. Allows the deaf person to send an SMS triggering the appropriate immediate response (police or medical emergency services).

⁹⁸ <https://www.infovitimas.pt/pt/inicio>

⁹⁹ <https://www.infovitimas.pt/inclusivo/visual/pagina-inicial.html>

¹⁰⁰ https://www.infovitimas.pt/inclusivo/surdez/vitima_de_crime/qualquer_pessoa_pode_ser_vitima_de_crime.html

¹⁰¹ <https://dre.pt/dre/detalhe/portaria/1593-2007-627671>

¹⁰² <https://www.cig.gov.pt/area-portal-da-violencia/portal-violencia-domestica/rnavvd/teleassistencia-a-vitimas-de-violencia-domestica/>

¹⁰³ <https://dre.pt/dre/detalhe/decreto-regulamentar/2-2018-114561723>





- **Disability Citizen Line:** 808 208 462 (free). This line is integrated within the scope of the Ombudsman's responsibilities and provides information towards rights, specific benefits regarding social, health, housing, education support.

- **Complaint of Discrimination due to Disability or Aggravated Risk to Health:** <https://www.inr.pt/formulario-de-queixa>, according to Law 46/2006¹⁰⁴.

The security forces in Portugal, National Republican Guard (GNR) and Public Security Police (PSP), have specialised responses of victim support and professionals with specialised training in domestic violence. From their first contact from the victims, police authorities offer them information about services or organisations they can turn to and what kind of support they can receive.

In the GNR¹⁰⁵, there are the **Investigation and Support Department for Specific Victims** (NIAVE in Portuguese acronym), generally at the level of the criminal investigation sections, or, at the level of the posts, the **Investigation and Investigation Teams** (EII in Portuguese acronym).

In the PSP¹⁰⁶, there are the **Proximity and Victim Support Teams** and, in several areas, there are teams specialised in the criminal investigation of domestic violence.

❖ SPAIN

In Spain, victims of GBV have the right to comprehensive social assistance, which includes social care, emergency, support and reception, and comprehensive recovery services. These must respond to the principles of permanent care, urgent action, specialisation of services and professional multidisciplinary. The purpose of these services is to cover the needs derived from the situation of violence, to restore the situation in which the victim was before suffering it or, at least, to alleviate its effects.

In Spain we can find various support resources and specialised services for women and girls who are victims of GBV¹⁰⁷, both at the national, regional and local level, including:

¹⁰⁴ The application of this law implies preventing and remedying acts that result in the violation of any fundamental rights, or in the refusal or conditioning of the exercise of any economic, social, cultural, or other rights, by any persons, on the grounds of disability. <https://dre.pt/dre/detalhe/lei/46-2006-540797>

¹⁰⁵ <https://www.gnr.pt>

¹⁰⁶ <https://www.psp.pt>

¹⁰⁷ Government Delegation for Gender Violence, Government of Spain. Guía del sistema de acción y coordinación en casos de violencia de género en España. <https://violenciagenero.igualdad.gob.es/informacionUtil/guia/docs/GUIADEACCIONESINGLES.pdf>





- **016 Service.** This service provides information and legal advice on gender violence. It can be accessed both by phone and by mail (016-online@msssi.es). It works 24 hours a day, 365 days a year. In addition to being free, it is an accessible service for people with hearing and/or speech disabilities.
- **GBV Victim Attention and Protection Telephone Service (ATENPRO, acronym in Spanish):** This is the telephone assistance and protection device for victims of GBV. This service offers victims of gender violence immediate and remote care, through the delivery of a mobile device that allows them to be in constant contact with a care centre. This offers a quick response to eventualities that may arise, 24 hours a day, 365 days a year and wherever they are.
- **Centres for victims of GBV:** They are made up of specific residential and non-residential resources, and their purpose is to offer comprehensive care for women, minors and dependent persons who have been victims of GBV. The residential centres provide temporary accommodation and essential support to both the women and their children, while developing support programs, specialised counselling and help in the search for stable alternatives. These can be emergency centres, shelters, sheltered flats, centres for women victims of trafficking for the purpose of sexual exploitation, centres for young women victims of violence or centres for women prisoners and ex-prisoners victims of GBV.

On the other hand, non-residential centres are specialised intervention resources for the recovery of the sequelae suffered by victims of GBV. These can be psychosocial care centres, centres for comprehensive care for women victims of sexual assault, or day centres.

- **Free legal guidance service:** Its objective is to facilitate access to justice for women victims of GBV.
- **Unit for Attention to Victims with Intellectual Disability (UAVDI, acronym in Spanish):** It is a specialized resource in cases of sexual abuse of people with intellectual disabilities. This service aims to reduce the risk of being victims of sexual abuse and/or of being re-victimised. They offer advice, as well as the necessary support throughout the judicial process, always ensuring that the rights of the victims are fulfilled, and the procedures are adapted. Moreover, it offers psychological therapy to the victims and their relatives to help them face the tremendous consequences derived from the abuse.¹⁰⁸
- **VioGen System:** It is an electronic system that integrates information on GBV from different public institutions, including State Security Forces and Bodies. This system makes it possible to provide the

¹⁰⁸ Servicio de Información sobre Discapacidad. Unidad de Atención a Víctimas con Discapacidad (UAVDI). https://sid-inico.usal.es/centros_servicios/unidad-de-atencion-a-victimas-con-discapacidad-uavdi/



victim with a personalised security plan, adapted to their specific circumstances, and aims to ensure protection throughout the national territory.¹⁰⁹

4.1.2 What is the judicial system and what are its components.

The role of the judiciary is to ensure that both institutions and citizens adhere to the law. Citizens have the option to seek protection of their rights through the courts of justice, which serve as the final guarantee. These functions are carried out by applying the law to each specific case.

The Courts are in charge of applying the laws to specific situations and conflicts. Its holders are the judges, who oversee resolving conflicts, applying the law and guaranteeing the rights of all. They are governed by special rules, which limit some of their rights to ensure their independence and impartiality when exercising their functions.

There are specialised courts or courts by subject, such as the Courts for Violence against Women. There are also different courts or courts with specific territorial competences and organised at different levels or instances. The judicial system is structured in this way to guarantee that cases can be reviewed by higher courts when needed.

Judicial systems in the countries participating in the RESPONSE project

It is very important to bear in mind that women victims of GBV have the right to report the aggression they have suffered. This implies that women must face judicial procedures that are often very complicated and, in most situations, do not have any adjustments to ensure the full participation of WWD and to avoid re-victimisation.

Similar to the support services for WWD victims of GBV, the judicial systems operate differently in different countries.

The judicial systems of the project partner countries are explained below.

❖ FRANCE

¹⁰⁹ VioGen System. Spanish Ministry of the Interior. <https://www.interior.gob.es/opencms/ca/servicios-al-ciudadano/violencia-contra-la-mujer/sistema-viogen/>



France has a multifaceted legal system to address gender-based violence. The following is an overview of the key elements of this framework:

Legal definitions: While the term "gender-based violence" is not explicitly used in French laws, legal definitions of different types of gender-based violence, such as physical, sexual, psychological, and economic violence, are recognized and defined in the French Penal Code and in other laws.

Reporting mechanisms: Victims of gender-based violence can report their cases to various institutions, including the police, the gendarmerie, or specialised organisations such as women's shelters or hotlines.

Investigative procedures: Once a case is reported, the judicial system initiates an investigation, which may involve collecting evidence, interviewing witnesses, and conducting medical examinations.

Legal proceedings: Depending on the severity of the case, gender-based violence can be prosecuted in criminal, civil, or administrative courts. The penalties can range from fines and restraining orders to imprisonment.

Various actors play a role in the judicial system to address gender-based violence. These include police, public prosecutors, judges, lawyers and NGOs. In addition to these actors, France has established specialised courts to handle gender-based violence cases. These include the High Courts for Women's Rights (Tribunal Judiciaire des Violences faites aux Femmes), which deal exclusively with cases of violence against women, and the Family Courts (Tribunal de la Famille), which handle cases of domestic violence.

While progress has been made in recent years, there are still challenges to effectively addressing and preventing gender-based violence, among which improving reporting mechanisms and ensuring access to justice for all victims.

❖ HUNGARY

The administration of justice in Hungary is carried out by the Curia (Supreme Court), the regional courts of appeal, the superior courts, and the district courts¹¹⁰.

The district courts. Most cases are dealt with at first instance by the district courts. In Hungary there are 107 district courts in the countryside and 6 in Budapest.

¹¹⁰ <https://birosag.hu/birosagokrol/birosagi-szervezet/birosagi-szervezetrendszer>



Superior Courts. Superior courts act as courts of first and second instance. There are two ways to bring your case to them. One is when a party with legal interest files an appeal against a judgement rendered at first instance (i.e. in the district court). However, not all cases are tried by district courts, some cases are tried by superior courts, which then act as courts of first instance. The procedural laws (the Code of Civil Procedure, the Code of Administrative Procedure and the Code of Criminal Procedure) determine the jurisdiction of the courts in these cases. These cases are extremely serious because they involve a large amount of money (at least HUF 30 million), a special case (e.g. a press rectification case) or a grave crime (e.g. murder, espionage, treason, terrorism, etc.). The superior courts operate in panels which are led by a presiding judge. In eight superior courts there are administrative courts too. In addition, there are independent labour courts at some of the larger superior courts.

Regional courts of appeal. The five courts of appeal operate between the superior courts and the Curia. They were created to relieve the workload of the former Supreme Court. Appeals against the decisions of the superior courts are heard by the regional courts of appeal. The regional court of appeal acts in the third instance in criminal cases where the superior court has acted in the second instance. The regional courts of appeal are managed by the chief judge, and they operate criminal, civil and labour divisions. The regional court of appeal does not hear administrative cases.

Curia (Supreme Court). At the top of the judicial hierarchy is the Curia, headed by the Chief Justice. Its most important task is to ensure uniform and consistent judicial practice. It performs this very important task by issuing decisions ensuring uniformity of justice, which provide guidelines of principle and are binding on the courts.

The Curia hears appeals against decisions of the superior courts and the regional courts of appeal in cases provided for by law, hears appeals for review, issues decisions binding on the courts, hears complaints against uniformity of decisions and reviews the judicial practice in matters pertaining to cases concluded with final and binding decisions. Moreover, it analyses and examines the judicial practice of the courts, decides on the conflict with and repeal of ordinances of local governments, and decides on the failure of local government to fulfil its statutory law-making obligations. The Curia operates councils with adjudicative, appellate, municipal and uniformity issues, and has criminal, civil and administrative divisions, as well as groups for the analysis of judicial practice.¹¹¹

¹¹¹ For further information: <https://birosag.hu/birosagokrol/birosagi-szervezet/birosagi-szervezetrendszer>





- Initiation and procedure of criminal proceedings.¹¹²
- Police, law enforcement agencies: the body established to carry out general police duties is divided into a central body, the National Police Headquarters, county (capital) police headquarters, police stations and branches. Some of the bodies set up to carry out priority tasks are the Standby Police, the Airport Police Directorate, the Police Education and Training Centre, the International Centre for Criminal Cooperation and the International Training Centre. The county (capital) police headquarters have independent functions and powers. The police headquarters and border police stations operate as organs of the competent police headquarters, with independent functions and powers. Important elements of the organisation are the Police Headquarters and the Police Stations, which may be established within the Police Headquarters and do not have autonomy in terms of tasks and competences.¹¹³

Victim Support Network of Victim Support Officers: The special victim support tasks of the police are performed by the Victim Support Network of Victim Support Officers (ORFK Instruction 2/2013 (I. 31.) on the victim support tasks of the police).

❖ LITHUANIA

From a human rights perspective, violence against women is recognised as a violation of human rights (the right to life, liberty, personal autonomy and security, equality, the right not to be subjected to torture, the right to privacy, and the right to the highest attainable standard of health care).¹¹⁴

In their work, experts refer to the Lithuanian Constitution, the Law on Protection against Domestic Violence, and the Law on Services when providing assistance to victims of violence. Law enforcement and law and order representatives mention the Criminal Code, Criminal Procedure Code, Civil Code, Police Law. Two international legal acts are also mentioned: the Directive of the European Parliament and of the Council Directive 2012/29/EC of the European Parliament and of the Council of 25 October 2012 establishing minimum

¹¹² <https://birosag.hu/ugyfeleknek/birosagi-eljarasok/buntetoeljaras>

¹¹³ For further information: <https://www.police.hu/hu/a-rendorsegrol/testulet/altalanosan/a-rendorseg-szervezete>

¹¹⁴ Ramunė Jakštienė. Domestic violence against women: criminal legal protection - Doctoral dissertation. Social sciences, law (01 S), Vilnius, 2019. https://repository.mruni.eu/bitstream/handle/007/15758/Disertacija_R_%20Jakstiene.pdf?sequence=2&isAllowed=y



standards on the rights and support of victims of crime and protection of victims of crime and replacing Council Framework Decision 2001/220/JHA and the Council of Europe Convention on Violence against Women and Domestic Violence prevention and combating of violence against women and family violence (the so-called Istanbul Convention).¹¹⁵

The Law on Protection against Domestic Violence, which entered into force at the end of 2011, legally defines for the first time the concept of domestic violence and introduces measures to protect victims' rights more effectively and to provide them with specialised free psychological and other assistance.¹¹⁶

The 2013 amendments to the Criminal Code (CC) and the Code of Criminal Procedure (CCP) abolished the private prosecution procedure and/or the requirement for the victim to make a statement when signs of psychological or sexual domestic violence have been established (Art. 145, 148, 149, 150, 151, 152, 165 CC), while the new Article 140(2) of the CC provides for a qualified element of physical domestic violence - infliction of physical pain or slight bodily harm to a close relative or family member.¹¹⁷

To strengthen and harmonise the protection of the rights of victims of crime, a Directive was adopted in 2012, setting unified minimum standards for the protection of the rights of victims of crime that are binding for all EU countries. In addition to the fundamental procedural rights of victims of crime, the Directive introduces new ones: the right to receive essential information from the first contact with the authorities; the right to respectful, sensitive and professional treatment; the protection against re-victimisation, intimidation or retaliation; the right to free counselling, psychological and other assistance. The Directive obliges States to ensure that, from the first contact with the authorities and throughout the process, measures are taken to help victims understand what is being said and to be understood. Communication with the victim must be in simple and understandable language and consider the victim's personal characteristics that could affect their ability to understand, such as disabilities. The Directive also enshrines the victim's right to receive information about their case.¹¹⁸

¹¹⁵ Giedrė Purvaneckienė, Vita Venslovaitė, Irena Stonkuvienė, Rūta Žiliukaitė (2019). Domestic violence: prevention, protection, assistance, cooperation, qualitative research report. Vilnius, Sprendi tu: [https://socmin.lrv.lt/uploads/socmin/documents/files/Ataskaita_Smurtas_artimoje_aplinkoje%20-%20kokybinio%20tyrimo%20ataskaita_docx%20\(5\).pdf](https://socmin.lrv.lt/uploads/socmin/documents/files/Ataskaita_Smurtas_artimoje_aplinkoje%20-%20kokybinio%20tyrimo%20ataskaita_docx%20(5).pdf)

¹¹⁶ Dr. Ilona Michailovič, dr. Svetlana Justickaja, dr. Rūta Vaičiūnienė, Vaidas Kalpokas, Evaldas Visockas. Towards effective cooperation between the police and other relevant authorities: a model for identification, assistance and prevention of domestic violence, Vilnius, 2019. <https://teise.org/wp-content/uploads/2019/09/POSIB.pdf>

¹¹⁷ <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.163482/asr>

¹¹⁸ Human Rights Monitoring Institute. Victims of Crime Directive: a new approach to victims of domestic violence. 2014, Vilnius. <https://eige.europa.eu/docs/lt-99.%20Nusikaltim%C5%B3%20auk%C5%B3%20teisi%C5%B3%20direktyva.pdf>





❖ POLAND

In Poland, there is no separate legislation on violence against women. There are acts regulating penalties for acts of violence as well as appropriate possibilities to report domestic violence.

The sources of universally binding law of the Republic of Poland are the Constitution, laws, ratified international agreements and regulations. Additionally, acts of local law within the jurisdiction of the governing bodies that enact them also hold legal authority.¹¹⁹

The legislative power is exercised by the Sejm and the Senate, the executive power by the President of the Republic and the Council of Ministers, and the judicial power by the courts and tribunals. The Act of June 10, 2010, amending the Act on Counteracting Family Violence and some 6 other acts (published in the Journal of Laws No. 125, item 842), introduced numerous changes. Among these changes, local governments were mandated with a new responsibility: the establishment and operation of interdisciplinary teams to address violence.).

Every criminal case is decided exclusively by the ordinary and military courts - the criminal divisions.

However, the Polish system faces several challenges, e.g. the lack of mandatory legal aid for the victim of violence. A paradox arises where mandatory legal representation is provided for an offender including including juveniles, individuals who are deaf, mute, or blind, or those whose mental capacity is in question (as per Article 79 § 1 points 1-3 of the Code of Criminal Procedure). In contrast, there is no compulsory ex officio legal aid for a victim with, for example, intellectual or visual disabilities.

There are, of course, lawyers funded by various non-governmental organisations, but there are none of those granted ex officio by the court.

The other is the barriers in the judiciary - not only architectural, but also, for example, in terms of forms not adapted for blind people or the lack of instructions in plain language. This applies, of course, not only to the judicial stage, but also to the earlier one – for instance, at the level of the prosecutor's office or the police, who investigate under the supervision of the prosecutor's office.

¹¹⁹ <https://www.sejm.gov.pl/prawo/konst/polski/3.htm>



Changes have been made to the Code of Criminal Procedure regarding the questioning of victims in the so-called blue room itself, but the problem is that the rooms themselves do not always meet the accessibility requirements.

❖ PORTUGAL

Portugal is a democratic State based on the rule of law. Everyone shall be guaranteed access to the law and to the courts to defend their legally protected rights and interests, and justice shall not be denied to anyone on the grounds of insufficient economic means. Everyone shall have the right, under the terms of the law, to legal information and consultation, to legal counsel and to be accompanied by a lawyer before any authority.

The Constitution of the Portuguese Republic defines the principles that form the basis of the judicial organisation and functioning of the courts in Portugal.

Courts are sovereign bodies with the power to administer justice on behalf of the people. Their function is to guarantee the defence of the rights and interests of citizens, protected by law, to repress the violation of democratic legality and to settle conflicts of public and private interests. In Portugal, there are various orders of courts.

The Portuguese Penal Code¹²⁰ provides for and punishes the crime of domestic violence, in article 152. Domestic Violence assumes the nature of a public crime, which means that the criminal procedure is not dependent on a complaint by the victim. The criminal procedure begins with the news of the crime and can take place through the presentation of a complaint by the victim or the reporting of the crime by any person or entity, at Criminal Police Bodies (PSP Station, GNR Station, Criminal Police), National Institute of Legal Medicine and Forensic Sciences or directly at the Public Prosecutor's Office.

Cases of domestic violence also require special sensitivity and attention due to the fragility that may surround the victims. Such fragility can result from their age, health conditions or disability, as well as from injuries deriving from the type, degree and duration of their abuse, which can have serious consequences on the victims' psychological balance or on the conditions of their social integration. Persons who are victims of intentional crimes that endanger life, physical integrity, personal freedom and sexual self-determination and

¹²⁰ https://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=109&tabela=leis



are punishable by a prison sentence of a maximum of five years or more, are always considered, by force of law, to be **particularly vulnerable**¹²¹ **victims**¹²².

The Public Prosecutor's Office is a constitutional body with the power to prosecute, participate in the implementation of the criminal policy defined by the organs of sovereignty, represent the State and defend democratic legality and the interests determined by law. The functional structures of the Public Prosecution Service responsible for criminal investigation are called Investigation and Prosecution Departments (DIAP in Portuguese acronym). In situations where it is believed that the Public Prosecutor has not acted in accordance with his or her duty, the victim may file a complaint directly to the Superior Council of the Public Prosecutor's Office, the body with competence to assess and decide.

In the scope of the Public Prosecutor's Office a set of measures were adopted, especially aiming at promoting and protecting the rights of victims. It is worth highlighting the issuing of Directives 5/2019¹²³ and 1/2021¹²⁴ of the General Prosecutor of the Republic, two hierarchical instruments defining best practices for the action of the Public Prosecutor's Office. These directives serve as guidelines, particularly in directing effective investigations of domestic violence and facilitating communication between criminal, family, and children's jurisdictions. Emphasis is placed on the establishment and operation of five specialized integrated domestic violence sections (SEIVD in Portuguese acronym), as well as on defining optimal guidelines for the genuine and effective protection of victims' rights.

In 2019, 6 Victim Support Offices (GAV in Portuguese acronym) were created in the DIAPs¹²⁵. These structures must be available 24 hours a day and in contact with the Information Service for Victims of Domestic Violence¹²⁶. This model, with bipartite leadership between Magistrates and NGO Victim Support Technicians, enables articulation and advisory services between different areas of knowledge.

The competences constitutionally and legally assigned to the Public Prosecutor's Office in the field of promotion and defence of the rights of children, young people, the elderly and victims of crime, require specialised knowledge and require an interdisciplinary approach with other bodies and institutions, as well as between jurisdictions that are related to each other, with clear emphasis on the family and children's

¹²¹ https://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?artigo_id=2394A0021&nid=2394&tabela=leis&pagina=1&ficha=1&nver_sao=

¹²² https://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=1138&tabela=leis

¹²³ https://www.ministeriopublico.pt/sites/default/files/documentos/pdf/diretiva_num_5_2019.pdf

¹²⁴ <https://www.ministeriopublico.pt/sites/default/files/documentos/pdf/diretiva-1-2021.pdf>

¹²⁵ https://www.ministeriopublico.pt/sites/default/files/anexos/protocolos/protocolo_mj-pgr.pdf

¹²⁶ Measure provided for in R.C.M 139/2019 but not yet implemented. For more information: <https://dre.pt/dre/detalhe/resolucao-conselho-ministros/139-2019-124044596>





jurisdiction and the criminal jurisdiction. In this sense, in 2017, the Office of the Family, Children, Youth, Elderly and against Domestic Violence¹²⁷ was created, based in the direct dependence of the Attorney General of the Republic.

❖ SPAIN

In Spain, Organic Law 1/2004 of December 28 on Comprehensive Protection Measures against Gender Violence¹²⁸ creates specialised courts for Violence against Women as a measure to guarantee adequate and effective treatment of the legal, family and social situation of the victims of violence against women.

These courts have criminal and civil jurisdiction over acts constituting crimes of gender violence. They also have jurisdiction over crimes against privacy, the right to a woman's own image and honour, as well as the investigation of processes to demand criminal responsibility for breach of sentence or precautionary measure. The objective is for everything to be processed before a single court and to have the greatest number of data to assess the risk situation and be able to provide greater protection to the victim.

In the field of the Provincial Court^{129,130} establishes that there must be criminal or civil sections specialised in violence against women.

These specialised sections are competent in all resolutions handed down on cases of gender violence, both by the Courts for Violence Against Women, as well as the ordinary Criminal Courts.

Moreover, in Spain there is the figure of Prosecutor against Violence against Women, as a delegate of the State Attorney General. Its functions are to supervise and coordinate, at the state level, the Sections against Violence against Women of the Prosecutor's Offices and their criteria for action, as well as to establish the necessary institutional relations in the matter.

In the Territorial Prosecutors there is a Section against Violence against Women, which intervenes in criminal and civil matters and procedures heard by the Courts of Violence against Women.

¹²⁷ https://gfcj.ministeriopublico.pt/sites/default/files/documentos/pdf/ordem_servico_6_2017.pdf

¹²⁸ Organic Law 1/2004, of 28 December, of Comprehensive Protection Measures against Gender Violence: <https://www.boe.es/buscar/act.php?id=BOE-A-2004-21760>

¹²⁹ These are courts of justice that cover a province and have their seat in the respective capital. They are collegiate bodies with jurisdiction in the civil and criminal jurisdictions. The Provincial Courts hear appeals against decisions taken by the single-member courts of the province. In criminal matters, they hear cases involving more serious offences (for which the Criminal Courts do not have jurisdiction).

¹³⁰ Organic Law 6/1985, from 1 July, of the Judiciary: <https://www.boe.es/buscar/act.php?id=BOE-A-1985-12666>





Within the scope of the Ministry of Justice, in relation to the approach to gender violence from the judicial sphere, there are Comprehensive Forensic Assessment Units (UVFI, acronym in Spanish). They are made up of a multidisciplinary team with a forensic doctor, a forensic psychologist and a social worker.

The objective of these Units is to build a forensic expert evidence that includes the medical, psychological and social work perspective, as well as an evaluation of the victim in relation to the aggressor, the surroundings and the specific circumstances. This evidence is sent to the judge, providing them with as much information as possible, so that they can make the necessary decisions.

The UVFIs must guarantee expert technical assistance specialised in gender violence in judicial proceedings. Moreover, they are in charge of designing global and comprehensive action protocols, collecting data to contribute to knowledge of reality and designing actions and public and private programs on gender violence.

Finally, it is also important to emphasise that Organic Law 1/2004 regulates the right to immediate legal assistance for victims of gender violence, regardless of the resources that the victim has. In turn, Law 1/1996, on free legal assistance¹³¹ recognizes the right to free legal assistance for victims of gender violence.

Free legal assistance specialised in GBV must follow the principles of advice prior to reporting, provide personalised legal attention, privacy and confidentiality of care, professional advice throughout the process and must provide comprehensive and effective legal defence.

4.1.3 How support services for women victims of GBV and the judicial system work

As evident from the progression of this chapter, understanding the available support services for women victims of gender-based violence (GBV) and having a foundational grasp of the judicial system are crucial. However, being aware of their existence is not enough. It is important to know how they work, how to access them and what to expect when dealing with them.

Functioning of support services and the judicial system in the countries participating in the RESPONSE project

¹³¹ Law 1/1996, from 10 January, of free legal aid. <https://www.boe.es/buscar/act.php?id=BOE-A-1996-750>



Finally, this manual aims to offer information on how support services and the judicial system work in the partner countries of the RESPONSE project.

- **FRANCE**

In France, support services for women victims of GBV work in close collaboration with the state, particularly the judicial system, to provide comprehensive care. This collaboration is crucial to ensure a rapid, coordinated, and effective RESPONSE to these situations of violence. It is reflected in the implementation of several tools and mechanisms at national level.

Some examples of collaboration between support services for women victims of violence and the judicial system are:

- Centres d'Information sur les Droits des Femmes et des Familles (information centres on women's and family rights): Associations that work on issues of equality between women and men, combating violence against women and defending women's rights. They offer legal, social and psychological support to women victims of violence and work with the judicial services to ensure their protection.
- Maisons des Femmes (Women's Houses): Shelters for women victims of domestic violence and their children. They offer comprehensive support (social, legal, psychological) and work in collaboration with the judicial system to ensure the safety of women and the punishment of perpetrators.
- Cooperation protocols between the police and associations working to combat violence against women. These protocols formalise cooperation between the police and associations for the protection of women victims of violence. They provide for regular exchanges of information, coordination in the support of victims and rapid intervention in cases of danger.

However, collaboration between victim support services and the state can face several challenges. Firstly, there may be differences in approach and priorities between the different actors involved, which may hamper coordination. In addition, stigma and discrimination against victims may deter some women from seeking help. Finally, lack of resources and funding can limit the effectiveness of support services.

- ❖ **HUNGARY**





I. How the justice system works

The administration of justice in Hungary is carried out by the Curia (Supreme Court), the regional courts of appeal, the superior courts and the district courts.¹³²

Initiation and procedure of criminal proceedings: <https://birosag.hu/ugyfeleknek/birosagi-eljarasok/buntetoeljaras>

Police, law enforcement agencies: the body established to carry out general police duties is divided into a central body, the National Police Headquarters, county (capital) police headquarters, police stations and branches. Some of the bodies set up to carry out priority tasks are the Standby Police, the Airport Police Directorate, the Police Education and Training Centre, the International Centre for Criminal Cooperation, and the International Training Centre.¹³³

Victim Support Network of Victim Support Officers: the special victim support tasks of the police are performed by the Victim Support Network of Victim Support Officers (ORFK Instruction 2/2013 (I. 31.) on the victim support tasks of the police.

Ensuring special treatment in criminal proceedings: Hungary complies with the EU Directive establishing minimum standards on the rights, support, and protection of victims of crime and replacing Council Framework Decision 2001/220/JHA. The provisions in line with the Directive have been enacted into Act XC of 2017 on Criminal Procedure. In instances where victims necessitate special treatment, the scheduling and execution of procedural acts must also accommodate their individual needs. Consequently, if such consideration does not conflict with the interests of the proceedings, the victim's requirements must be taken into account.

Criminal procedure: the stages of police report, investigation, indictment, and trial (first, second, third), execution.¹³⁴

Enforcement of judgements: fines are collected by the relevant department of the court; community service is carried out by the probation officer and custodial sentences are enforced in prisons.¹³⁵

¹³² Further information, official description: <https://birosag.hu/birosagokrol/birosagi-szervezet/birosagi-szervezetrendszer>

¹³³ For further information: <https://www.police.hu/hu/a-rendorsegrol/testulet/altalanosan/a-rendorseg-szervezet>

¹³⁴ <https://birosag.hu/ugyfeleknek/birosagi-eljarasok/buntetoeljaras>

¹³⁵ For further information check the website of the National Office for the Judiciary: <https://birosag.hu/ugyfeleknek/birosagi-eljarasok/buntetoeljaras>



II. How support services work:

Victim Support Services, Centres and Victim Support Line provide their services free of charge. Victims can call the Victim Support Line free of charge, 24 hours a day, or they can contact the victim support services of any victim support unit of any government office in the capital or county directly. The services provide victims with information regarding their rights; offer emotional and psychological support, legal advice and practical assistance; assist in providing an attorney and offer immediate financial assistance in case of crisis¹³⁶. Pursuant to Government Decree No 420/2017 (19.XII.) the Metropolitan and County Government Office acting as a victim support service and the Minister responsible for Justice shall assess the needs of the clients who apply to them based on a questionnaire. On the basis of the completed questionnaire, the services listed in Article 4(1) of Act CXXXV of 2005 on Assistance to Victims of Crime and State Compensation shall be offered, whichever is most appropriate to meet the client's needs.¹³⁷

A support service is also the victim protection network of victim protection officers, who carry out special victim support tasks for the police. For example, a general victim protection task is to ensure that victims are interrogated in a professional and civilised manner, with respect for the victim's dignity and personal rights, with particular attention to avoiding secondary victimisation.

The National Crisis Management and Information Helpline¹³⁸ and the Crisis Outpatient Clinics¹³⁹ have a national network. The Crisis Outpatient Clinic is a human service that helps victims of relationship violence, their families and the professionals who come in contact with them by providing a consultant in the field of relationship violence, thereby helping to prevent the escalation of serious crisis situations.

The legal remedies, victim support and complaint forums available in cases of suspected abuse or crime:

- Commencement of the criminal proceedings, report to the police.
- Initiation of proceedings before the Commissioner for Fundamental Rights (where an act of a statutory body infringes or threatens to infringe a fundamental right.)

¹³⁶ <https://vansegitseg.im.gov.hu/kerjen-segitseget/>

¹³⁷ For more information regarding legal aid and advocacy <https://igazsagugyiinformaciok.kormany.hu/jogi-segitsegnyujtas>

¹³⁸ <https://okit.hu/>

¹³⁹ <https://segelyszervezet.hu/szemelyes-tanacsadas-krizisambulanciakon/>



- Remedies in the event of a violation of the requirement of equal treatment: commencement of a procedure by the Commissioner's Office for Equal Treatment, a separate unit of the Commissioner for Fundamental Rights.
- Initiating victim protection and victim support services, requesting assistance from NGOs working for the protection of victims and people with disabilities.

Victim protection, victim support services, organisations are available in various forms.¹⁴⁰

❖ LITHUANIA

Effective prevention and support for domestic violence can only be achieved through continuous inter-institutional cooperation at both state and local government level. Depending on the circumstances of the case, ten or even more institutions may be involved in the provision of assistance to the victims of violence. Coherence between them is an important prerequisite for the quality, accessibility, and effectiveness of services.¹⁴¹

According to the Ministry, the main obstacles to inter-institutional communication are the lack of information about the responsibilities of the institutions, the turnover of persons participating in inter-institutional cooperation groups, communication gaps (weak horizontal links between specialists working on the same case, ineffective vertical communication), and lack of inter-institutional trust. Not only is there a lack of knowledge on the responsibilities and functions of the other institutions involved in the assistance process, but there is also a lack of explanations as to why one or another institution has taken a particular decision and not another in a particular case that other institutions are working on. This exchange of information requires

¹⁴⁰ Victim Support Services and Victim Support Centres <https://vansegitseg.im.gov.hu/aldozatsegito-kozpontok/>
Victim Support Network of Victim Support Officers (ORFK Instruction 2/2013 (I. 31.) on the victim support tasks of the police).
National Crisis Management and Information Helpline (Családbarát Magyarország Központ Nonprofit Közhasznú Kft., Website and contact details: <https://okit.hu/>)

Legal aid and representation by an attorney (Legal Aid Departments of the Metropolitan and County Judicial Services (<https://igazsagugyiinformaciok.kormany.hu/jogi-segitsegnyujtas>))

For children: according to Article 61 (2) of the Act XXXI of 1997 on the Protection of Children and Guardianship Administration, amended in 2019, the regional child protection services can provide a so-called Barnahus (meaning children's house) service.

¹⁴¹ I. Michailovič, I., Justickaja, S., Vaičiūnienė, R., Kalpokas, V. ir Visockas, E. (2019). Towards effective cooperation between the police and other stakeholders: a model for identification, assistance and prevention of domestic violence. A scientific study. Vilnius: Lithuanian Law Institute: <https://teise.org/wp-content/uploads/2019/09/POSIB.pdf>



horizontal links between staff working with victims of violence. Communication based on vertical links (reporting to higher level managers) is seen as not effective enough.¹⁴²

The data of the survey initiated by the Lithuanian Law Institute in 2018-2019, which was attended by representatives of stakeholders responding to and providing assistance in cases of domestic violence, revealed that there is a lack of systemic, coordinated and smooth cooperation between stakeholders to address the problem of domestic violence, as it is not smooth, very fragmented and often chaotic. Cooperation between service providers for victims of domestic violence is usually limited to inter-institutional liaisons and informing other institutions, but due to the lack of feedback and a common approach to the provision of assistance, it does not usually translate into teamwork and coordinated action in the provision of assistance to survivors of domestic violence.¹⁴³

The Office of the Ombudsman for Equal Opportunities of the Republic of Lithuania also observes that the system of assistance to women who are victims of violence in Lithuania is very fragmented, as each institution or body carries out its activities in accordance with its own established working practices, but all of this is not combined into a single and unified system. For this reason, women victims of domestic violence often face a lack of comprehensive and coherent assistance.¹⁴⁴

The Police Department noted that in the case of domestic violence, there should be a mobilisation of all the institutions concerned (specialised complex assistance, child rights protection, social assistance, municipalities and others) to provide the necessary and appropriate realistic complex assistance to the most frequent victims of violence - vulnerable families and the children growing up in them.¹⁴⁵

❖ POLAND

In Poland, the law regulating violence is based on the Act on Domestic Violence and the Criminal Code. If a person witnesses domestic violence or suspects that someone is experiencing it, they can notify the Social

¹⁴² Giedrė Purvaneckienė, Vita Venslovaitė, Irena Stonkuvienė, Rūta Žiliukaitė. Domestic violence: prevention, protection, assistance, cooperation REPORT OF A QUALITY RESEARCH. 2019, Vilnius: https://socmin.lrv.lt/uploads/socmin/documents/files/Ataskaita_Smurtas_artimoje_aplinkoje%20-%20kokybinio%20tyrimo%20ataskaita_docx%20%285%29.pdf

¹⁴³ I. Michailovič, I., Justickaja, S., Vaičiūnienė, R., Kalpokas, V. ir Visockas, E. (2019). Towards effective cooperation between the police and other stakeholders: a model for identification, assistance and prevention of domestic violence. A scientific study. Vilnius: Lithuanian Law Institute: <https://teise.org/wp-content/uploads/2019/09/POSIB.pdf>

¹⁴⁴ <https://socmin.lrv.lt/lt/naujienos/smurtas-artimoje-aplinkoje-kaip-situacija-lietuvoje-vertina-nukenteje-zmones-ir-ekspertai>

¹⁴⁵ Report on assistance to persons experiencing violence in the area of essential human rights issues in the environment of violence in the Sejm of the Republic of Lithuania 31 December 2020 No NŽTI-2020/1-1 Vilnius: https://www.lrski.lt/wp-content/uploads/2021/01/NZTI-2020-1-1-3D-122_2021-01-142.pdf





Welfare Centre in their municipality. This can be done by reporting it by telephone or by visiting it directly. Following the report, the Social Welfare Centre can send a worker to visit the family and conduct a community interview. Another option is to call the police. If someone feels that their safety is at risk, they can call the police. 112 is a general emergency number. A member of staff will redirect the call to the relevant emergency services - police, fire, or ambulance. 997 is the emergency number for the police. Additionally, the telephone number for the nearest emergency unit will be provided. The emergency numbers 112 and 997 are open 24 hours a day. The police can detain a violent person if they have committed or are suspected of having committed a crime, can secure traces, and evidence of a crime and initiate the Blue Card procedure. If a victim of violence does not feel strong enough to notify the police, he/she can contact the "Blue Line" on 800 120 002. The consultants will help and suggest what to do in each situation. The Blue Line is free of charge and open 24 hours a day. If a victim of violence is running away from the perpetrator of violence, they can find shelter in special centres, for example: Specialised Support Centre for Victims of Family Violence (abbreviated as Specialised Support Centre). Another place is the Crisis Intervention Centre. This centre aims to provide shelter and specialised assistance, e.g. psychological, legal, social.

Police officers completed a total of 61645 'Blue Card - A' forms in 2022. The number of people suspected of being affected by violence totalled 71631, of whom 51935 were women, 10982 were minors and 8714 were men.¹⁴⁶ According to police statistics, the number of people in 2022 suspected of being affected by violence (in total) is 71631 thousand, including 51935 thousand women.

It is worth highlighting that the provisions were amended in 2020¹⁴⁷. With these amendments, the police have also been given tools to combat perpetrators of domestic violence more effectively. Police officers have the authority to issue an order to the perpetrator of violence, requiring them to vacate the shared residence and its immediate vicinity immediately. Alternatively, they may issue an injunction for the perpetrator to stay away from the residence and its immediate surroundings. These orders or prohibitions can be issued concurrently and take effect immediately upon issuance.

Police officers are also entitled to issue an order or prohibition during an intervention undertaken in a jointly occupied dwelling or its immediate surroundings; in connection with the discovery of information on the use

¹⁴⁶<https://www.infor.pl/prawo/malzenstwo/inne/5696675,ponad-61-tysiecy-niebieskich-kart-w-2022-r-policja-zwalcza-przemoc-domowa.html>"<https://www.infor.pl/prawo/malzenstwo/inne/5696675,ponad-61-tysiecy-niebieskich-kart-w-2022-r-policja-zwalcza-przemoc-domowa.html>

¹⁴⁷<https://www.infor.pl/prawo/malzenstwo/inne/5696675,ponad-61-tysiecy-niebieskich-kart-w-2022-r-policja-zwalcza-przemoc-domowa.html>



of domestic violence (in particular because of a report by a person affected by domestic violence, a probation officer, or an employee of a social welfare organisational unit, in connection with the performance of statutory duties).

These developments are also reflected in the report GREVIO Report on Poland on Preventing and Combating Violence against Women and Domestic Violence. The document was published on 16 September 2021. The report is an assessment of the measures taken by the Polish authorities regarding all aspects of the Istanbul Convention and further guidance.¹⁴⁸

The Ombudsman presented in 2021 and 2022¹⁴⁹ to the Government Plenipotentiary for Equal Treatment, a position on the planned changes to the system for preventing and combating domestic violence (concerns the Government's draft amendment to the Act on Counteracting Domestic Violence). The Ombudsman supported the changes concerning:

- unifying of the essential services provided by specialised support centres for persons experiencing domestic violence,
- increasing the number of NGO representatives in the Monitoring Team for Counteracting Domestic Violence.
- Implementing compulsory training for members of interdisciplinary teams.

In addition, the Ombudsman drew particular attention to the need for a strategy to counter gender-based violence against women. He emphasised in his recommendations the need to standardise the law in order to fully comply with inter-advisory law (CEDAW, Istanbul Convention, Directive 2012/29/EU of the European Parliament and of the Council). Women with disabilities are three times more vulnerable to violence (psychological, physical, economic) than women without disabilities.

❖ PORTUGAL

In Portugal, the criminal police bodies (National Republican Guard (GNR), Public Security Police (PSP) and Criminal Police (Polícia Judiciária) are the main access to the Criminal Justice System, as well as to support services for victims of domestic violence abuse.

In 2020 the "Manual of Functional Performance to be adopted by the Criminal Police Bodies in the 72 hours following the submission of a complaint of maltreatment committed in a context of domestic violence" was

¹⁴⁸ For more on the report: <https://bip.brpo.gov.pl/pl/content/RPO-raport-grevio-przemoc-domowa>.

¹⁴⁹ <https://bip.brpo.gov.pl/pl/content/rpo-przemoc-p%C5%82ec-kobiety-konieczna-strategia-przeciwdzialania>



created¹⁵⁰. This manual aims to improve the procedures to be adopted in the first 72 hours after the report, as they are essential to make a difference in promoting the safety of victims and increase the rate of prosecution of cases throughout the Criminal Justice System.

It is crucial that victims of domestic violence abuse fully enjoy their rights, particularly as particularly vulnerable victims. To effectively prevent domestic violence abuse, it is essential to gather evidence that allows for the adoption of special expeditious procedures (e.g. summary or abbreviated proceedings), to ensure a deterrent effect and to convey a message of effective intolerance from the State towards this phenomenon of violence. The complexity of domestic violence abuse situations implies an integrated and articulated intervention among the entities involved, namely the victim support and reception structures.

It is the responsibility of the criminal police bodies to guarantee a set of rights of the victims, namely:

- Guaranteed safety, privacy and comfort in the assistance provided;
- Face-to-face assistance preferably carried out by a professional with specific training and of the same sex (in this case, if the victim so wishes and if it does not interfere with the normal operation of the service);
- Possibility for the victim to be accompanied by a lawyer, with the possibility of appointing one, if necessary, as a matter of urgency;
- Information on the assistance structures to which the victim can turn for support;
- Proposal of statements to be remembered (according to the criteria defined).

The information provided by the police criminal bodies to the victim should be aimed at motivating them to obtain specialised support and to understand the nature and importance of the support she can receive. These elements are crucial for the victim to feel more protected and confident, both in the aspects related to the criminal process and in the dimension of her future life project.

After the victim agrees to have specialised assistance provided by a support structure in their area of residence (or work, or other), the police criminal bodies should contact the indicated structure (if in working hours). Outside office hours, an email should be sent requesting the urgent scheduling of assistance. Regardless of

¹⁵⁰ https://www.cig.gov.pt/wp-content/uploads/2020/06/172-20_MANUAL_ATUACAO_FUNCIONAL_Final.pdf



the opening hours of the victim support structures, the procedures should be defined or facilitated within the existing local networks.

If the victim expresses the wish to be accompanied by a support structure, but does not wish to do so immediately, the police criminal bodies should provide the direct contact of the support structure. Even in situations in which the victim states that he/she does not wish to be accompanied by the support structure, the police criminal bodies should provide him/her with that contact.

As previously mentioned, there are some Victim Support Offices in the Public Ministry departments, which ensure the prevention, assistance, and follow-up of domestic violence situations. These resources are endowed with adequate conditions, namely privacy in the attendance of victims. Given the capacity to provide an articulated and urgent response, where they exist, it is important to preferably use the GAV operating in the premises of the Public Prosecutor's Office. The aim is to make the right to accompany a reality from the outset. In no case should the existence of GAV prevent the articulation with other victim support structures.

Within 72 hours of filing the complaint of domestic violence abuse, the Public Prosecutor's Office should be provided with all the information regarding the case so that it can decide what measures should be adopted. As domestic violence is a public offence, the investigation will continue. This 72-hour helps to guide the adoption of certain measures (e.g. listening to the victim, requesting the issuing of arrest warrants, applying urgent coercive measures, etc.).

❖ SPAIN

Spain is a strongly decentralised state. It is organised in three levels:

- The State.
- The Autonomous Communities (17 autonomous communities and two cities with autonomy statute).
- Local Entities.

As it is a complex organisational system, it requires significant coordination and information exchange between the public administrations in charge of protecting and guaranteeing the human rights of women victims of GBV. For this reason, the transversality of public policies in this area characterises the distribution of powers at the three levels.



In this sense, there are certain support services for victims of GBV such as the 016 service, ATENPRO, or the VioGen System, which depend on the State administration of Spain.

On the other hand, care, outpatient and residential services, as well as resources for comprehensive care for women depend on the autonomous communities. This means that these services can be found in all the autonomous communities, however, each of them will be in charge of regulating how this service is provided in its territory¹⁵¹.

Consequently, although all support services must meet certain unified criteria, their operation depends on the regulation of the autonomous communities.

For their part, Local Entities can also manage outpatient and assistance resources, such as care facilities for emergency situations, information centres, counselling and psychological intervention in the short, medium and long term and emergency apartments or short-stay apartments.

However, these services are provided in a highly coordinated manner between them and the different levels (state, regional and local). As an example of this we can see the 016 service. This service forwards emergency calls related to gender violence to the regional 112 and forwards calls to the phones of the Autonomous Communities that have information and legal advice services like 016.

In the case of judicial systems, there are certain autonomous communities that have transferred powers in matters of justice, therefore, in these communities the victim assistance offices depend on the autonomous government.

4.2 Support decision making: What is that about?

One of the principles of the UNCRPD (2006) is "*respect for inherent dignity, individual autonomy including the freedom to make one's own decisions, and the independence of people*". And in its article 12 on Access to justice it says: "*persons with disabilities enjoy legal capacity on an equal footing with others in all aspects of life*".

WWD victims of GBV may have to face long and complex processes in which they must make complex decisions for which they need support. Supported Decision Making (SDM) is a tool that enables people with disabilities,

¹⁵¹ In the following link you can find a search tool for support and prevention resources in cases of gender violence closest to your location in Spain: <https://wrap.igualdad.gob.es/recursos-vgg/search/SearchLocation.action>



in this case WWD, to retain their decision-making ability by choosing the people who can help to take them. Supported decision making promotes self-determination, control, and autonomy.

A woman with a disability who uses SDM will choose her “trusted advisers”, among her friends, family, or professionals. These support people will help WWD to understand the situations they will face and the choices they can make. They will also teach her the tools so she can make her own informed decisions. Support people provide the type and amount of help the person chooses. The woman with disability remains the final decision maker.

In support decision-making, there are certain steps that enable us to support WWD to make informed decisions. These steps can be used by women with disabilities to reflect on the decisions that need to be made because of the violence she has suffered.

These steps are:

1. Identify the problem. First, it is important to know that a decision must be made. To do this, the nature of the decision to be taken must be clearly defined. For example, it is important to identify that the person in a situation of gender-based violence and that has to make a decision about it, whether it is to leave their partner, report the violence, call a hotline, etc.
2. Gather information. The step of gathering information related to the decision to be made is fundamental to making informed decisions. In the example case, it is necessary to find information on how to file a complaint, which emergency services can be called, etc.
3. Identify solutions or alternatives. Once information is gathered, it is likely that possible courses of action, or alternatives, can be identified. In this step a list of all possible alternatives can be made. For example, a complaint can be filed with the national police, a lawyer can be called in to advise and accompany the complaint, social services can be approached for psychological support for what has happened, and so on.
4. Choose a solution. Once all alternatives have been weighed, the alternative that seems best should be selected. This does not imply that only one of the alternatives should be taken as the decision, even a combination of alternatives can be chosen.
5. Decide and follow up. Now that the decision has been made, the implementation of the chosen alternative must begin.



In relation to decision-making support, it is important to keep in mind that it is necessary to learn to always respect people's decisions, regardless of their disability. It is also very important to learn to support decision-making instead of deciding what is considered more convenient: support instead of supplying.

It is important to bear in mind that the figure of support for decision-making should not be confused with the figure of the facilitator. As explained in the previous chapters, the facilitator is a professional who intervenes in the procedures to assess and advise on the support needs of people with disabilities and how to provide it to guarantee their right of access to justice. Therefore, this figure is framed within a judicial process.

Decision-making support is focused on the daily life of the person with disabilities and the support they need in their natural contexts.

Having a figure of support for decision-making is key in the relationship to help WWD who are victims of GBV, and an important element in responsive and inclusive services.

4.3 Peer-to-peer support and sorority: empowering women with disabilities

Who could be better suited than a woman with a disability who has experienced and overcome a situation of gender-based violence to support and/or train other women with disabilities on this issue? As an expert by experience, she possesses invaluable insights and firsthand knowledge that can contribute significantly to developing appropriate peer support. With prior training and the necessary support, she can effectively empower and guide others who have faced similar challenges.

4.3.1 What is peer-to-peer support?¹⁵²

There are different ways to practise peer support, although it has these characteristics in general:

- It is based on lived experience: people with similar experiences can relate to each other. The similar experience connects them.

¹⁵² Mead, S., & MacNeil, C. (2006). Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation*, 10(2), 29-37.



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- **Authentic Support:** Being based on lived experience, it provides an opportunity for unique forms of empathy and validation to occur.
 - **Practical advice:** Similar lived experience allows people to offer each other practical advice and suggestions that professionals may not know.
 - **Non-professional point of view:** This aspect of peer support can allow people who have felt disconnected to rebuild their sense of belonging and community.

Benefits of peer-to-peer support or learning

It is a practice that facilitates and promotes the empowerment of women with disabilities.

Peer support offers women with disabilities the opportunity to see themselves in a new role as self-advocates, which values their experience and empowers them by improving their self-esteem. At the same time, the woman who "teaches" or supports another woman empowers her and promotes the incorporation of the role of the self-advocate woman in the political and social world, as an agent of change. Seeing empowered women and relating to them allows the "supported" woman to feel that it is possible, that she can do it too. This generates hope: participants can believe in or imagine a better future.

Peer support is a form of social support: by encouraging interaction, it creates opportunities to counteract the social isolation that victims of GBV with disabilities may face. In addition, sharing similar experiences can lead to a feeling of acceptance, mutual trust, and increased empathy from peers. Moreover, it facilitates understanding and horizontal communication. It also strengthens self-confidence: seeing that someone has overcome a situation of GBV helps to have a different view of oneself and to think of oneself as an "experienced expert" as well.

Peer support and peer learning encourage collaboration, knowledge, and the search for solutions. It also promotes decision making in problem solving.

Here we can find different life experiences of women with disabilities:

- [Melissa Crisp-Cooper](#)
- [The Voice of Courage: Testimonies of women with disabilities who are victims of gender-based violence.](#)
- [Cristina Paredero, activist for the rights of women with disabilities who are victims of gender-based violence.](#)



- [María Fernanda Castro Maya](#)
- [Heidi Crowter](#)
- [Cassée Debout](#)

Advantages of peer-to-peer support

Direct interaction between women with similar GBV experiences promotes active learning and enables resilience. Supporting and teaching other women reinforces one's own learning. Peer support participants feel more comfortable and open when interacting with peers. Women can share, as equals, a similar discourse, which facilitates mutual understanding.

It is important to point out the potential of technologies for remote peer support (online and/or by phone), for situations in which women cannot meet face to face.

4.3.2 What is sorority (sisterhood)?

The word sorority comes from the Latin 'soror', sister. Sorority is the relationship of solidarity and reciprocity between women in the fight for their empowerment and the defence of their rights. It is a sorority of women that does not distinguish between classes, ethnic origin, or other conditions, such as having or not having a disability. Sisterhood is an ethical and political practice through which women recognize themselves as diverse, but also as equals, to ally and transform reality.

The Mexican researcher Marcela Lagarde, one of the main promoters of the current use of this term, in the context of the feminist struggle, defines sorority as:

“An ethical, political, and practical dimension of contemporary feminism. It is an experience for women that leads to the search for positive relationships and the existential and political alliance, body to body, subjectivity to subjectivity with other women, to contribute with specific actions to the social elimination of all forms of oppression and mutual support. to achieve the generic power of all and the vital empowerment of each woman.”¹⁵³

¹⁵³ Lagarde, Marcela. Pacto entre mujeres: sororidad. *Aportes* (25): 126.



Sisterhood is a powerful tool to fight GBV. It allows women to support each other to empower themselves and fight together to eliminate all forms of violence and oppression. In cooperation, social changes can be achieved. Union makes force!

4.3.3 Peer support and sorority, key aspects for the empowerment of women with disabilities

Sorority, the union, and collaboration of women is an essential aspect for the empowerment of women. The ethical character of sorority implies the possibility of generating practices of mutual care and of support among peers, to face the various forms of GBV.

What is empowerment?

Empowerment involves granting someone the authority and independence, influence, or knowledge to take actions. It signifies enabling individuals to authorize themselves and assert their autonomy. Empowerment is the process that allows people to strengthen their capacities, their confidence and leadership as part of a social group, to promote positive changes in the situations in which they live¹⁵⁴.

Female empowerment is the process that allows the increased participation and leadership of women in all aspects of their personal and social life. Thus, they can be the owners of their lives, their actions, and decisions, and participate fully and equally in all areas of society, including decision-making and access to power. The individual empowerment of each woman is very important, but so is the collective empowerment of women, and this is linked to the concept of sorority.

*“If women incorporate their experience and their advances as part of themselves and transform, they become empowered, since their subjectivity changes, they broaden their vision of the world and of life, increase their capacities and abilities and their incidence, they acquire security and strength; that is, by internalising this set of vital powers, they acquire vital potency”.*¹⁵⁵

¹⁵⁴ <http://www.diariofemenino.com.ar/documentos/empoderamiento.pdf>

¹⁵⁵ Lagarde, M. Guía para el empoderamiento de las mujeres. Cuaderno 1. Vías para el empoderamiento de las mujeres. Proyecto Equal I.O. Metal.



To empower themselves, WWD need the same thing as other women or any other person: to have real opportunities to participate in the community, to do things, to choose, to try, to be wrong and to be right. Specific training in this issue is also necessary, especially in GBV prevention.

The actions for the empowerment of WWD victims of GBV could have as objectives (see also Chap. 2 section 2.3. of this manual):

- That women recognise, value and develop their own capacities, as well as resilient attitudes and aptitudes.
- That they learn to identify situations of GBV and violation of their rights, to be better able to prevent and/or deal with them.
- The creation of a social network of support, form a sorority based on inclusion and respect for diversity.

At the beginning of this chapter, we affirmed that we defend the added value of the involvement and direct participation of WWD in the construction of responsive and inclusive services for the victims, since no one is better than them to express and defend their needs and demands, with the necessary support, before the other agents.

4.4 References and information to know more

- <https://violenciagenero.igualdad.gob.es/informacionUtil/derechos/docs/mayo2019/GUIADERECHOScast22052019.pdf>
- <https://supporteddecisions.org/about-supported-decision-making/>
- https://violenciagenero.igualdad.gob.es/informacionUtil/PuntoVioleta/GuiaPuntoVioletaValentia_w eb.pdf
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- <https://violenciagenero.igualdad.gob.es/informacionUtil/lecturaFacil/docs/glosariolf.pdf>



5. Conclusions

5.1 What an ideal service for women with disabilities who are victims of GBV would be like.

As we have seen throughout the TAR manual, women and girls with disabilities face multiple and intersectional discrimination in all spheres of life, and are at increased risk of violence, abuse, and harmful practices in comparison to their peers without disabilities. This violence can take place in a variety of environments (including institutions, family settings and segregated schools) and take different forms, such as sexual harassment and violence, as well as forced abortion, sterilisation, and disability-specific violence.

According to the findings of the SOTA Report conducted in this project, service providers for women with disabilities and mainstream service providers face common challenges, especially in providing adequate support to victims and recognising the violence they face.

Therefore, there is a need for support services for women with disabilities who are victims of gender-based violence that are responsible and inclusive.

There is a need for accessible services for women that are adapted to each type of disability and the different support needs, where care is guaranteed to be free of stereotypes, myths and misconceptions associated with disability. These must be inclusive and responsive, adopting all necessary adaptations and accommodations to provide the best possible care and support for women with disabilities.

Support services for women with disabilities who are victims of gender-based violence must ensure that all women in need of support can access it on an equal basis.

To achieve services that are sensitive and responsive, the way these services are currently provided must change. This requires cooperation between the different actors involved in the medical, social care services, victim support services, judicial and police sectors. The actions to be carried out must be coordinated both internally within each institution and its different departments or sections and between the different bodies. On the other hand, it is important that all services and institutions have adequate and sufficient resources to support women, including women with disabilities.



Each agency involved in gender-based violence support should have a clearly identified scope of action and basic guidelines or protocols. Similarly, this information should be shared among all services and institutions. At this point, it is very important to always be able to count on the participation, collaboration and listening of the women victims themselves as experts by experience, specifically women with disabilities, in the creation of resources and the improvement of services.

This manual has also shown that accessibility is a key factor in making services inclusive. Accessibility is a human right recognised by international law and must be present in all areas of care for women victims of violence. Not only physical accessibility, but also cognitive and communication accessibility.

5.2 RESPONSE project working groups. What we have learned, and the experiences of the actors involved.

In the framework of the project in which this handbook is developed, 5 face-to-face workshops were organised in each partner country, with the aim of presenting the contents of the manual. These five workshops, conceived as mutual learning and cooperation activities, involved all target groups: SP, MSP and WWD. All of them were carried out with a combined methodology of theoretical contents and practical exercises.

The first workshop was held with the three target groups for a first contact, to get to know each other and to create a space of trust in which to work. This had a great positive impact because there are very few situations in which the three target groups can meet in a working space.

In this workshop, a number of topics were discussed, such as key concepts, the specificities of gender-based violence against women with disabilities, multiple and intersectional discrimination, the rights of women with disabilities and the main results of the SOTA report.

The second workshop focused on service providers. The aim of this workshop was the second chapter of the TAR, working on key issues for an adequate RESPONSE to women with disabilities who are victims of gender-based violence.

Service providers are key agents in the prevention and detection of gender-based violence in the women they support, so this was one of the essential contents worked on during the workshop.



Workshop three focused on the main service providers. Here, the essential aspects of appropriate, non-stereotypical and responsive support for women with disabilities who are victims of gender-based violence were discussed. In addition, special emphasis was placed on the facilitator as a specialised and neutral professional who, where appropriate, assesses, designs, advises and/or provides persons with disabilities, whether or not they have an officially recognised disability, and legal professionals involved in legal proceedings, with the appropriate and necessary support to enable persons with disabilities to exercise their right of access to justice on an equal basis with others. Also, from their role as main agents of change, they worked on the essential aspects in the prevention of gender-based violence against women with disabilities.

Workshop four focused on the participation of women with disabilities. We worked with the contents of the manual in an accessible way, with materials adapted for easy reading and participatory dynamics. The objective of this workshop was, first, to make women with disabilities aware of their rights, as well as to obtain skills that would allow them to distinguish when they are faced with a case of gender violence. In addition, we considered it essential for women to know what services exist in their territories to support victims of gender-based violence, how to access them, as well as the legal procedures that may result from having suffered gender-based violence. Also, in this workshop we worked on the support system for decision making and peer support. In one of the countries where the workshop was held, women were so positive about the workshop that they asked for another one to be held where they could participate again.

Finally, a fifth workshop was held, again attended by all three target groups. In this workshop, the experience of each target group in their workshops was presented, the lessons learned were shared and the concept of sensitive support services for women victims of gender-based violence was discussed.

With the results and conclusions of these workshops, a second version of this manual was produced, incorporating all the proposed improvements.

Some of the **learning** we have had through the project's working groups:

- The importance of **having spaces to work on the issue, to share experiences, to connect the different agents involved**. For women with disabilities to meet the people who work in the



different services is undoubtedly a bridge that brings the services and the professionals closer to them, and that professionals can get to know women with disabilities and their stories, many of whom had never had direct contact with women with different support needs.

- It is important to **take accessibility into account** when creating awareness and sensitisation campaigns on gender-based violence. Have accessible materials and campaigns that allow information to reach everyone, including women with the greatest need for support. In addition, it is important that these campaigns and information are placed in all public places, to have a wider reach. At the same time, it is important to stress the importance of **making victims of gender-based violence and women with disabilities visible and giving them a voice** in these awareness-raising campaigns.
- The importance of victims being able to **rely on a support group**. Being able to have a space formed by peers who have also gone through similar experiences is of enormous value in coping with traumatic situations.
- Create **adapted and accessible courses** for women with disabilities that can give them tools to defend themselves against violence, such as self-defence courses.
- The great value and importance of **having a “case manager”**. A support person who can accompany the victim throughout the procedure was highlighted, which should not be confused with the figure of the facilitator.
- The importance of **collaborative and joint work** between public administrations, victim support services and organisations that work with and support women victims and women with disabilities, as well as with women with disabilities themselves.
- The importance of **women with disabilities themselves as trainers**. This has a much greater impact on those trained when the stories can be told in the first person.
- The importance of training not only for women and girls but also for men and boys, to **work on concepts such as consent** and learning to recognise themselves as potential aggressors.
- The importance of knowing stories of women with disabilities who are activists and self-advocates. **The importance of peer support.**
- **Reflecting on gender roles, stereotypes and equality** through discussions promotes awareness and examination of social constructions. The exercise of visualising a woman in society provides insight into her own prejudices and the negative impact of gender stereotypes that lead to gender-based violence.





- The awareness of **online abuse as a form of violence**. New research by Amnesty International has revealed the alarming impact that abuse and harassment on social media is having on women around the world who report suffering stress, anxiety, or panic attacks because of these harmful online experiences.¹⁵⁶
- The importance of **professionals being trained and sensitised** to fight prejudice and the lack of credibility faced by women with disabilities. We must listen, believe, and trust.
- The **limitations faced by professionals** in the National Health System (e.g. shortage of human resources; high workload; pressure on consultation and care times; high ratio of doctors/nurses to patients) may have an impact on the ability and willingness to internalise significant changes in terms of the adequacy of services designated as sensitive and responsive to GBV against persons with disabilities.
- **Ensuring Consistency and Sensitivity**. Maintaining integrity and consistency in interventions, while simultaneously tailoring them to the unique needs and experiences of victims, is paramount. This approach ensures that support is not only reliable but also empathetic, addressing the emotional and psychological aspects of recovery.
- Using **real case studies in the training**, participants were immersed in scenarios of violence, learning effective ways to seek help. Practical exercises analysing situations and proposing solutions further deepen the understanding of gender-based violence and its profound implications. These activities greatly enhance the critical thinking skills of all participants.¹⁵⁷

¹⁵⁶ <https://www.amnesty.org/en/latest/press-release/2017/11/amnesty-reveals-alarming-impact-of-online-abuse-against-women/>

¹⁵⁷ The case studies used during the workshops can be found in Annex 1.





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Appendix

1. English ETR version of the TAR Manual¹⁵⁸
2. Infographics
3. Agenda of the workshops of the RESPONSE project
4. Practical case studies worked on in the workshops of the RESPONSE project
5. Violentomètre¹⁵⁹

¹⁵⁸ You can find the easy-to-read translations of the document into the languages of the countries participating in the project in the following links:

French - Spanish - Portuguese - Hungarian - Polish - Lithuanian

¹⁵⁹ This tool was originally developed in 2018 by the Seine-St-Denis and Paris Observatories for Violence against Women, French NGO En Avant Toute(s) and Paris Townhouse. It has since been updated by the Centre Hubertine Auclair and is widely used in France for awareness-raising activities. Declinations also exist for a sport-specific context, school usage, and so forth. The concrete situations put forward, as well as the simple colour code, allow for a wide accessibility. For this project, the original version (adapted to situations of domestic violence) has been translated to English.



Training and Awareness

Raising manual

on gender-based violence





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Introduction

This document is a Training and Awareness Raising manual of the European project that we call RESPONSE.

The RESPONSE project brings together different stakeholders in the fight against gender-based violence against women with disabilities.

The aim of this document is to facilitate the knowledge exchange between the disability sector and the victims' rights sector by creating a space for joint learning and cooperation.



1. Gender-based violence

Gender-based violence

is the harm that a man does to a woman just because she is a woman.

Gender-based violence can take different forms:

– Physical violence:

Physical violence is

when a man hurts a woman's body.

For example, when he hits her, pushes her, or beats her up.

– Sexual violence:

Sexual violence is

when a man forces a woman

to engage in sexual activity without her consent.

For example, when he forces her to touch him or to have sex.

– Psychological violence:

Psychological violence is

when a man makes a woman suffer

because of how he behaves towards her.

For example, when he insults or humiliates her.

– Economic violence:

Economic violence is

when a man controls

all of the economic resources of a woman

For example, when he does not let her have money
or work.

Violence against her freedom of thought:

Violence against her freedom of thought

is when a man forces a woman to think like him

in the area of religion or culture.

For example, when a man

ridicules the habits of a woman

or insults her if she does not belong to the same religion.

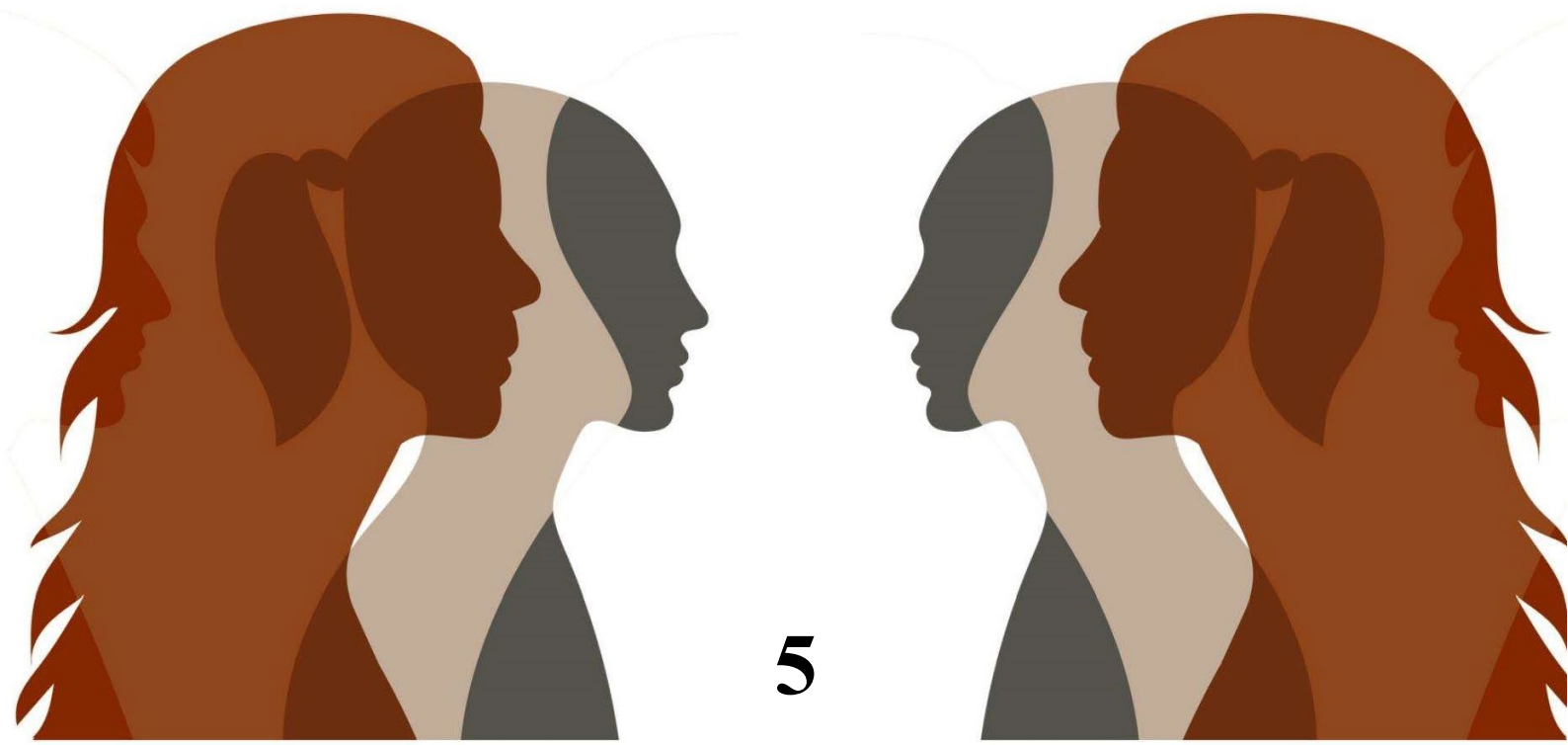


1.1. Gender-based violence against women with disabilities

Women with disabilities are more likely to experience domestic violence, emotional abuse and sexual assault than women without disabilities.

In addition, women with disabilities are often abused by people they know and depend on for care, such as their partner or family members.

In many cases they are not able to report the abuse.





1.2. Multiple and intersectional discrimination

The **Multiple discrimination** is discrimination against a person on several different grounds. For example, in the case of women with disabilities, they suffer double discrimination, because they are women and because they have a disability.

The **Intersectional discrimination** is discrimination experienced by a person on several social grounds, such as ethnicity, gender or age, which occur at the same time. For example, an elderly Roma woman with a disability is in a more vulnerable situation.

Discrimination

When one person treats another person as if he or she is inferior. This person treats another person as inferior because he or she is different or thinks differently.

1.3. The rights of women with disabilities

There are several laws and regulations that guarantee the rights and freedoms of women.

Some of the most important **laws and regulations** are:



The International Convention on the Rights of Persons with Disabilities.

The International Convention on the Rights of Persons with Disabilities states that persons with disabilities must enjoy all human rights and fundamental freedoms.

The Convention indicates the accommodations that must be made to allow all persons with disabilities to enjoy these rights on an equal basis with others.

The Convention also recognises that women and girls with disabilities experience several forms of discrimination at the same time, because they are women and because they have a disability. In addition, the Convention recognises that women and girls with disabilities are at greater risk of violence, abuse or mistreatment.



The Convention on the Elimination of All Forms of Discrimination against Women.

The Convention on the Elimination of All Forms of Discrimination against Women we also call CEDAW.

The CEDAW recognises that women with disabilities experience all forms of discrimination, including economic, social and cultural discrimination.

But CEDAW does not address gender-based violence against women with disabilities.



**The Council of Europe Convention
on preventing and combating
violence against women
and domestic violence.**

The Council of Europe Convention
on preventing and combating
violence against women
and domestic violence
we also call the Istanbul Convention.

This Convention establishes laws
to prevent violence against women
and domestic violence,
protect victims of violence
and punish perpetrators.

The Istanbul Convention
recognises violence against women
as a form of discrimination.



**The European Strategy
for the Rights of Persons with Disabilities
2021-2030.**

The European Strategy
for the Rights of Persons with Disabilities
2021-2030,

recognises the diversity of disability
and the barriers in the environment.

Persons with disabilities
must enjoy all rights
on an equal basis with other people.

They also have the right to an independent life,
to equal opportunities
and to protection against all forms of discrimination.

The European Strategy
recognises that women with disabilities
are more likely to be victims of violence
than women without disabilities.



The European Parliament Resolution on the situation of women with disabilities.

The European Parliament Resolution on the situation of women with disabilities also recognises that women with disabilities are more likely to be victims of violence than women without disabilities.

It also indicates that many women with health problems or disabilities experienced physical or sexual violence at the hands of their partners throughout their lives.

The European Parliament Resolution recognises that forced sterilisation of women with disabilities is a form of violence.



The Sustainable Development Goals.

The Sustainable Development Goals

address major global challenges,
for example, ending world poverty
and combating climate change.

The Sustainable Development Goal
is to empower women and girls.

This goal focuses on ending discrimination
and eliminating all forms of violence,
for example human trafficking, sexual exploitation
and child marriage.





The European Strategy for Gender Equality 2020-2025.

The European Strategy for Gender Equality
2020-2025

wants to end:

- Gender-based violence.
- Gender stereotypes.
- Gender gap in the labour market.
- Differences between the salaries of women and men.

The Strategy recognises that women with health problems or a disability are more likely to experience different forms of violence.

This Strategy proposes actions to prevent and combat gender-based violence, sexual harassment and abuse of women.



1.4. Results of the RESPONSE

State of the Art Report

The State of the Art Report
of the RESPONSE project
we also call SOTA.

This report wants to answer 3 questions:

- What is the situation of women with disabilities who are victims of gender-based violence?**
- What problems do people who support women victims of gender-based violence experience?**
- How can we improve support for women with disabilities?**

The report is based on a survey.

People who participated in the survey were:

- People from the health, social and judicial sectors who work with women with disabilities who suffered gender-based violence crimes.
- Women with disabilities from 6 European countries.

The SOTA report results were that:

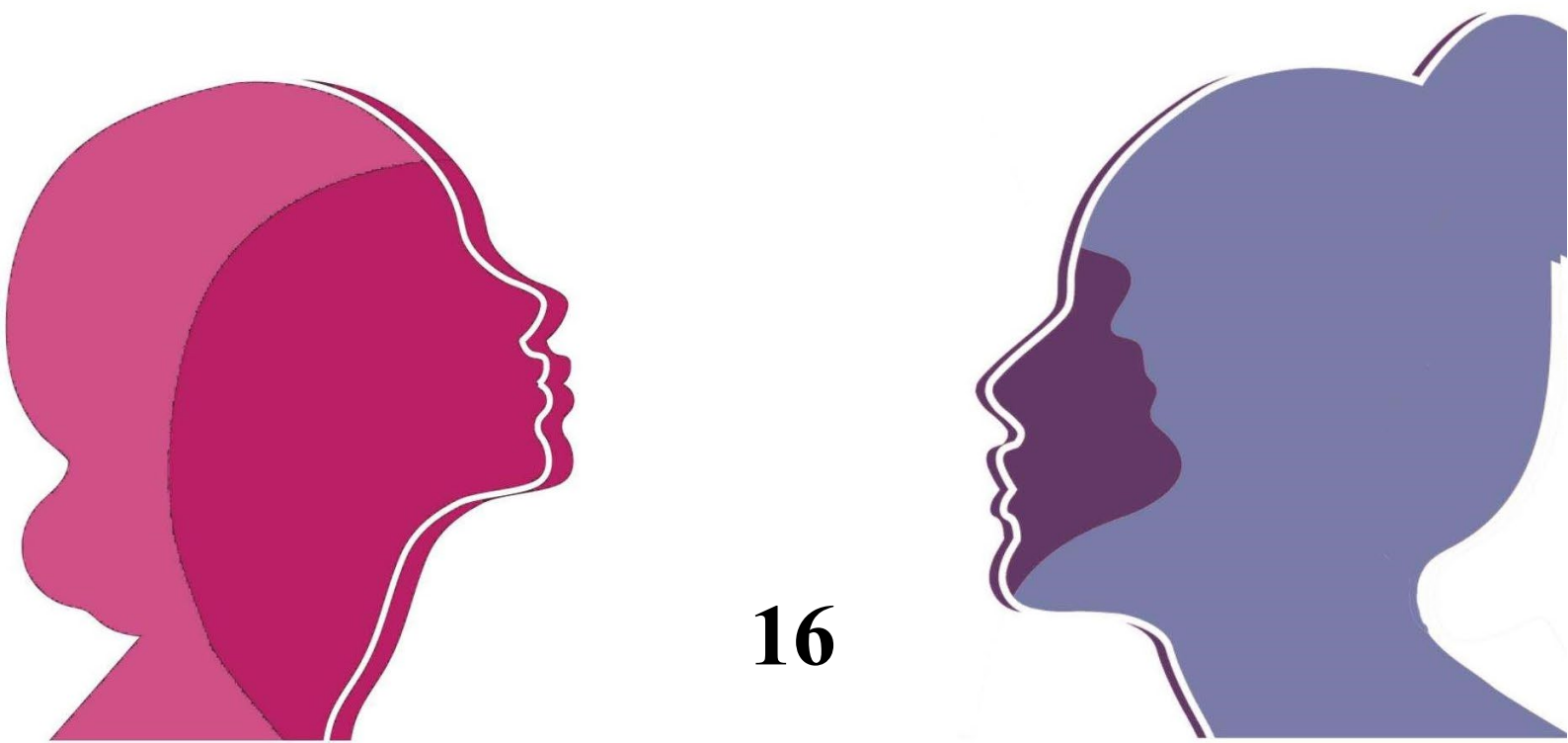
What is the situation of women who are victims of gender-based violence?

- 1.** The majority of women with disabilities who responded to the survey were victims of gender-based violence.
- 2.** Many women remained silent or took a long time to talk about the assault they suffered.



3. Women who talked about the assault had negative experiences such as humiliation, pain or fear.
4. In addition, there is no adequate follow-up and support for women after reporting the assault.
5. There is also a lack of information on how to act in case of an emergency.

But the majority of the women who participated in the survey were satisfied with the support they received from their family members or caregivers.



What problems do people who support women victims of gender-based violence experience?

People who support women with disabilities do not have the necessary training on how to support these women in a situation of gender-based violence.

They also often do not work in a coordinated way.

The specific services and resources that exist are not accessible to women with disabilities.

Legal proceedings are very slow.

And women with disabilities often cannot recognise that they are experiencing abuse.



How can we improve support for women with disabilities?

- Training courses for women with disabilities on gender, sexuality and disability.
- Training courses for relatives and professionals to help detect and support women who are victims of gender-based violence.
- Awareness-raising campaigns to avoid prejudice.
- Collaborative work among different institutions, such as police, public prosecutor's office and health centres.
- Accessible resources for support, on how to act in case of an emergency.





1.5. Accessibility and communication

Accessibility and communication are very important to improve support services for women with disabilities who are victims of gender-based violence.

Cognitive accessibility and Easy Reading.

Cognitive accessibility and Easy Reading are two tools that make information and environments easier to understand.

Women with disabilities need support and accommodations to access the same environments and situations as other people.

For example, women with disabilities need accommodations such as buildings without ramps, Braille writing, proper signs in spaces, information in easy-to-read language.

Women with disabilities who are victims of gender-based violence have more difficulties in accessing available resources. There are no accommodations for women with disabilities and the professionals who attend to them do not have adequate training.



The RESPONSE project intends to create services for women with disabilities who are victims of gender-based violence with all the accommodations and adaptations they need. These services will be accessible, without physical or communication barriers.

Communication with women with disabilities.

To improve communication with women with disabilities it is important to follow these guidelines:

- Treat women with disabilities as adults, and not as children.
- Speak directly to women with disabilities and not to the person who accompanies them.
- Give women with disabilities the time they need when they are speaking, do not interrupt or finish sentences for them.
- Speak slowly and clearly and use simple words.
- Ask women with disabilities if they understand the explanations that they receive.
- Adapt the explanations to the level of understanding of women with disabilities.



2. Women with disabilities and gender-based violence

The participation of women with disabilities is very important to create responsive and inclusive support services for victims of gender-based violence.

Women with disabilities know their needs and with the necessary support can express their needs and advocate for themselves.

But it is also necessary for women with disabilities to have comprehensive knowledge about gender-based violence and, for example, to know what their rights are, what services are available to them and how to access them.



2.1. Support services for victims of gender-based violence and the justice system

Support services for women who are victims of gender-based violence offer comprehensive care for women who are victims of gender-based violence and for the people they take care of, for example, their children.

The main support services for women who are victims of gender-based violence are:

- Accommodation:
Houses and centres for women where they can live in safety.
- Support:
Provide everything necessary for living, such as food and clothing.
- Psychosocial care:
Give psychological and social support for women who are victims of gender-based violence.

- Legal advice:

Advise women who are victims of gender-based violence of their rights and the decisions they can make.

- Career guidance:

Training and help in finding work

for women who are victims of gender-based violence.

Information and advice services

such as the 112 emergency hotline

or free legal advice are available for anyone

who needs information.

The 112 telephone number is free of charge,

and you can use it to report

any type of emergency,

for example an assault.

Free legal advice

allows you to receive information

and advice from a lawyer

free of charge.



Here you can find
different services for women
victims of gender violence
in the countries that are part of the project.

- **France**

National Helpline 3919

It is a number you can call
free of charge and anonymously.
This means that
you don't have to pay for it
and that no one will be able to know
what you talk about on the call.

You can call any day
and at any time.
It is accessible for deaf people.
A team of professionals
will give you information on what to do
if you suffer violence.



You can call this number
if you are a victim of violence
or if you are someone close to you
to a victim of violence,
for example:
if you are her friend, or her sister.

The "Écoute Violences Femmes Handicapées"

It is a telephone number you can call
to talk to the association
Femmes pour le Dire, Femmes pour Agir.
In this association there are people
who are dedicated to listening,
provide legal, social and psychological support
to victims of violence and abuse.

You can call this number
+ 33 1 40 47 06 06
on Mondays from 10.00 am to 1.00 pm
and from 2.30 to 5.30 pm,
and on Thursdays from 10.00 to 1.00 pm.



Mapping of shelters for women victims of violence

It is a map that allows you to see organisations that support women victims of violence in each department of France.

When you enter the map the associations in your department are shown in blue.

You can also tick the option to show you which services are accessible if you have a disability.

You can access it by clicking on the following link:

<http://orientationviolences.hubertine.fr>





- **Hungary**

Victim Support Services and Victim Support Centres

They are available in bigger cities
to help victims of violence.

You can find their contact on this website:

<https://vansegitseg.im.gov.hu/aldozatsegito-kozpontok/>

Crisis outpatient clinics

There are 9 clinics around the country.

They support victims of domestic violence,
and also support the victim's families.

You can find them online on this website:

<https://segelyszervezet.hu/szemelyes-tanacsadas-krizisambulanciakon/>

NANE and Patent Organisations

They are civil organisations
dedicated to support female victims of violence.
They have a help line and different services.

You can call them on +36 80 505 101.

Monday, Tuesday, Thursday, Friday between 18-22,
Tuesday 8-12, Wednesday 12-14.

Or chat on Wednesdays between 16-18, here:

<https://nane.hu/erintetteknek/chat-segely/>

Read about them on these websites:

NANE: <https://nane.hu/>

PATENT: <https://www.patent.org.hu/>





- **Lithuania**

Specialised Comprehensive Assistance Centre

8 700 55516

Specialised Comprehensive Assistance Centre provides free and confidential support for all victims of violence and abuse.

A specialist at the centre provides you information on psychological, legal and other assistance, and helps you to communicate with the police, social workers and other public authorities.



Women's helpline

8 800 66366

You can access this service
by calling to their free phone
any day and any time
or by email pagalba@moteriai.lt

Women's helpline
offers emotional support
free of charge,
this means that you don't have to pay anything.
Everything you talk to them
will be confidential,
that means that no one
will be able to find out what you talk about

Helpline

8 652 55286

You can access the following service
by calling to their free phone
or by email nukentejau@lygus.lt



The Helpline provides emotional support,
legal and counselling support
for victims of violence
or their relatives.

- **Poland**

Alert 112

Among other things,
the app allows you to call for help
when you cannot make a call.

It also allows you to add the addresses
where we are most likely to be.

When registering, you are required to agree
to access to the phone's location,
which allows the precise location of the event.





My Police Station

allows you to quickly contact
your district officer by phone or e-mail.

It can be downloaded on
Google Play and on the App Store.

Avon Alert

An app for victims and witnesses,
linking to the phone
Feminoteka's anti-violence phone.

The phone (888 88 33 88) is open
From Monday to Friday
from 8.00 a.m. to 8.00 p.m.,
It also has a chat room
that allows you to send a text message.
Is available 24 hours a day.



Your Umbrella

The application contains
contact details of organisations
offering assistance
to people affected by violence.

When you open it,
you can see weather
data on your phone screen.
But just double-click on the weather icon twice
to access hidden functions.
The app works in overt and hidden mode,
and it also allows you
to quickly dial an emergency phone.

National Emergency Service for Victims of Family Violence

It is also known as "Blue Line".
You can call
any day and any time
to this number 800 12 00 02.



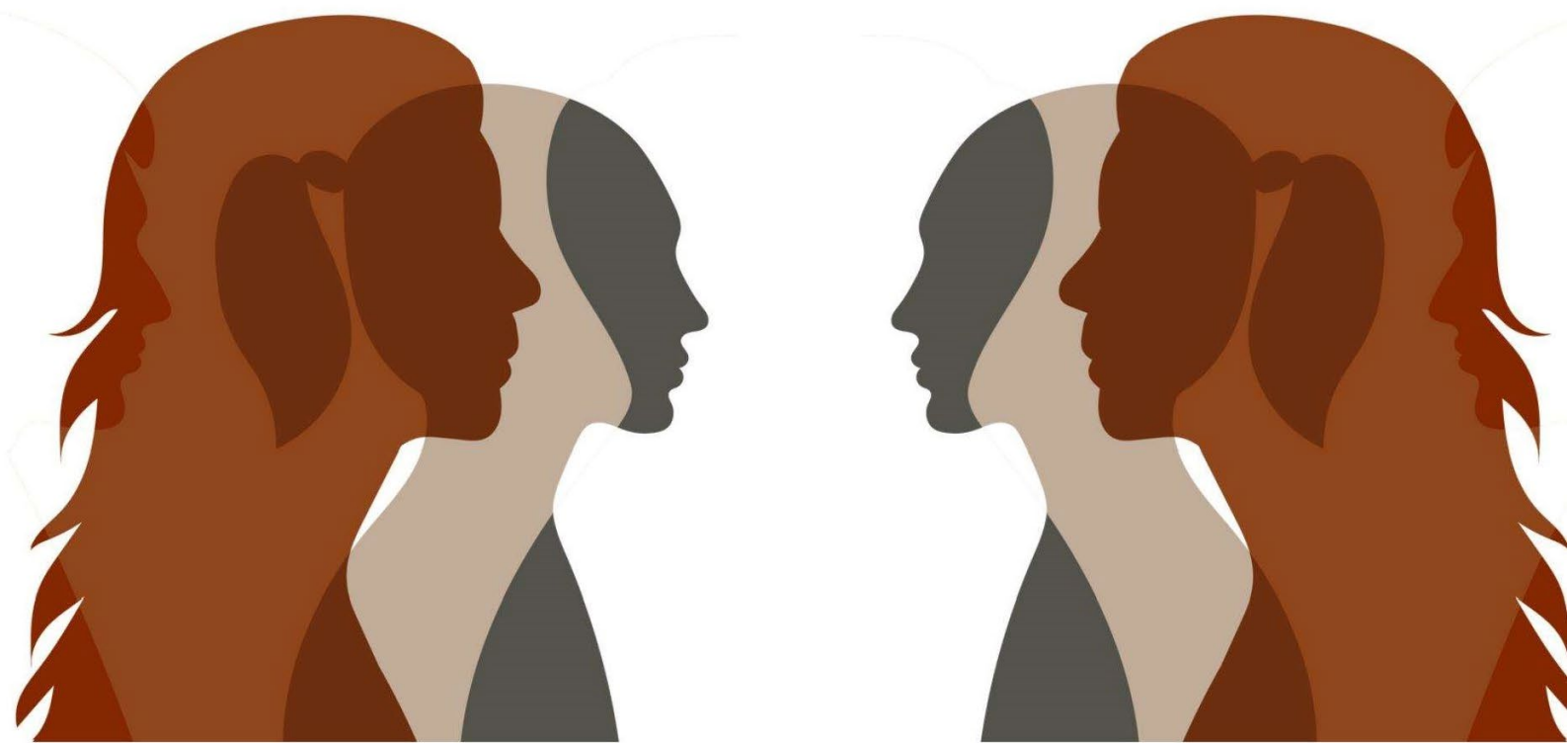
They give support for victims,
witnesses of crime,
and their closest one.

- **Portugal**

National Emergency Number

You can call
any day and any time
to this number 112.

It is free of charge,
this means that you don't have to pay anything.





Information Service for Victims of Domestic Violence:

It is an information telephone
to support people
who are victims of domestic violence.

You can call free of charge.

This means
you don't have to pay for it.

It is anonymous and confidential,
this means that you do not have to
give any personal information about yourself,
such as your name
and that no one will be able to know
what you talked about on the call.

You can call any day
and at any time.

You can call 800 202 148
or by text message to SMS 3060.

You can also ask for emotional care and support
by sending an email to violencia@cig.gov.pt.



Portuguese Victim Support Association

It is also known as APAV.

They supports people who have been victims of crime and violence, their family members and Friends.

You can call free of charge
on 116 006
Monday to Friday
from 8am to 10pm.

- **Spain**

016 service

The 016 service is dedicated to information and legal advice on gender violence.

Women can access this service by phone or by email and receive support from psychologists or social workers.



It operates 24 hours a day,
every day of the year.

It is free of charge and accessible to foreigners
and to persons with visual and hearing impairments.

The Care Unit for Victims with Intellectual Disabilities

The Care Unit for Victims with Intellectual Disabilities
in Spanish we also call it with the acronym UAVDI.

The UAVDI is a service for women
with intellectual disabilities who suffered sexual abuse.

It offers the woman who suffered sexual abuse
and her family

advice and support in the legal process
and psychological therapy.





Centres for victims of gender-based violence:

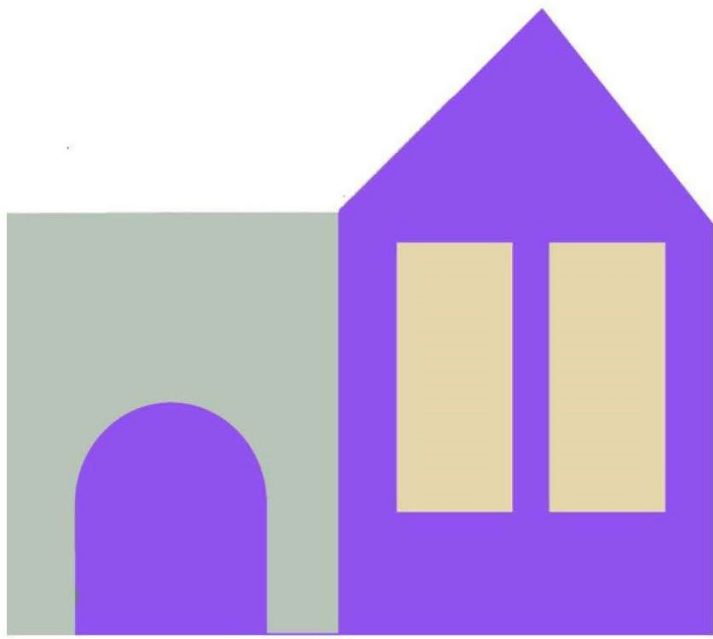
Centres for victims of gender-based violence can be of 2 types, residential and non-residential.

Residential centres provide temporary accommodation and support for women who are victims of gender-based violence and for their children.

For example, emergency centres, shelters or supervised flats.

Non-residential centres are centres for the recovery of victims of gender-based violence.

For example, psychosocial care centres or day centres.



3. Empowerment of women with disabilities

Women with disabilities who experienced and overcame gender-based violence have the necessary experience to support and train other women with disabilities.

Peer support and sisterhood allow for the empowerment of women with disabilities.

Peer support

Peer support is when people who have similar experiences can help each other as they can share advice about their experiences.





Women with disabilities who are victims of gender-based violence can participate in peer support when they get the training and support they need.

Benefits of peer support or peer learning for women with disabilities:

- Facilitates empowerment and communication.
- Improves self-esteem and self-confidence.
- Prevents social isolation.





Sisterhood

Sisterhood is about solidarity among women.

It allows women

to support and empower each other

and to fight together to eliminate gender-based violence.

Empowerment means giving a person

the power and confidence

to make decisions about her or his life.

The empowerment of women allows

women to participate in

all aspects of their personal and social lives.

As a result, they can decide about their lives

and participate in all areas of society.

The empowerment of women with disabilities

who are victims of gender-based violence happens when:

- We recognise, appreciate and develop the skills of the women.
- Women learn to identify situations of gender-based violence so that they can prevent and manage them.
- We create a social support network, based on sisterhood, inclusion and respect for diversity.

4. Glossary

Sexual abuse:

To force a person to perform sexual acts.

Sexual harassment:

It is sexual behaviour that one person does to offend and humiliate another person, such as teasing, sexual looks, groping or pinching.

Comprehensive care:

Comprehensive care, that covers all the needs of people.

Gender gap:

Difference that exists between women and men in terms of rights and opportunities.

For example, it is more difficult for women to access senior positions in companies than men.

**Climate change:**

It is an increase in the temperature of the earth caused by human activity or by natural factors.

Human rights and fundamental freedoms:

They are the rights of all people, such as freedom of opinion or religion.

Right to self-image:

The right of all people.

This right protects your image and prohibits other people from using your image without your permission. For example, a person cannot post your photograph on social media without your permission.

Discrimination:

When one person treats another person as if he or she is inferior.

Diversity:

Differences that exist between people.

Empowerment:

To give power or make a person strong so that he or she becomes independent.

**Gender stereotypes:**

Ideas that society has about how men and women should behave.

For example, men never cry or women take better care of children.

Sexual exploitation:

To violently force a person to participate in sexual activities without his or her consent and to earn money for such activities.

For example, prostitution.

Forced sterilisation:

The surgery on a person without his or her permission so that he or she cannot have children.

Prosecutor's office:

Institution that guarantees that the rights and freedoms of people are respected.

**Inclusion:**

A situation in which a person enjoys the same rights as another person and participates in society.

Forensic doctor:

Professional who uses medicine in the area of justice.

Forensic doctors help in court where they investigate and give evidence.

For example, they assess personal injuries or investigate the cause of death of a person.

Precautionary measures:

Measures that a judge establishes to guarantee a legal process and to guarantee that a sentence gets executed.

For example, to stop a person involved in a crime from escaping, the judge can order pre-trial detention, which means that the person is imprisoned until the trial takes place.

**Forensic psychologist:**

Psychologist who works in the area of justice.

Forensic psychologists produce reports to advise judges, for example in cases of domestic violence or abuse.

Prejudice:

To have negative ideas about something or someone for no reason and without having any knowledge of it.

For example, many people never met foreign people but reject them.

Such people are prejudiced against people from other countries.

Legal procedure:

The set of actions and steps that are taken to trial to decide who is responsible for a crime.

Breach of sentence:

To breach a sentence or precautionary measure ordered by a judge, such as a restraining order.

A restraining order prohibits a perpetrator from contacting or approaching his victim.

**Respect for diversity:**

To recognise and accept that all people are unique and different but have the same rights.

Criminal responsibility:

A person who commits a crime faces the legal consequences of his or her actions.
For example, imprisonment.

Responsive and inclusive services:

Services that allow all people to participate with the necessary supports.

Electronic system:

A system that includes electrical devices that can process information, for example, a computer.

Solidarity:

To help another person in need in a selfless way without expecting anything in return.

**Human trafficking:**

It involves deceiving, threatening
or using force
to exploit others for sexual
or labour purposes.

Domestic violence:

This is violence that happens in a family.
For example, when a child hits his or her parents,
or when a parent threatens and insults a child.

Judge:

Person who has the authority
to decide in a trial
whether the accused is guilty or not guilty.
In addition, he or she can impose punishment.

Public prosecutor:

It is the State's attorney
who accuses a person
or several persons
of a crime in a trial.

**Lawyer:**

A person who has studied law.

Gives advice to clients on legal matters.

He also defends his client
in court or speaks to the judge.

Court:

It is the place where trials are held
or hearings with the judge
or judges.

Witness:

A person who sees
or hears something happening
and which may be a crime.

For example:

A person who sees
a man hitting a woman.

This person has
to tell in a court case,
to the police or lawyers,
what he or she saw or heard.

**Public crime:**

A crime is doing something
that is outside the law.

A serious crime
is punishable by imprisonment,
when they are less serious
can be punished with other penalties
such as a fine, or community service.

Judgement:

It is the decision taken by
a judge or judges
at the end of a trial
to apply the law.

Complaint:

It is a complaint or claim
that a person files to a judge.

For example:

When a person
wants to separate from her husband
files a divorce petition
to the judge.



Victim:

Is a person who suffers harm
when someone commits a crime.

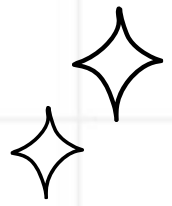
For example:

When a man hurts a woman
just because she is a woman,
the woman is a victim
of gender-based violence.





RESULTS OF THE REPORT



The RESPONSE report is based on a survey.

In the survey participated:

- People from the health, social and judicial sectors who work with women with disabilities who suffered gender-based violence crimes.
- Women with disabilities from 6 European countries.

The results of the survey on the status of the RESPONSE report aim to answer 3 questions:

1

What is the situation of women with disabilities who are victims of gender-based violence?

- The majority of women who participated in the survey were victims of gender-based violence.
- Many women waited a long time to tell of the assault they suffered.
- Women who talked about the assault had negative experiences such as humiliation, pain or fear.
- There is no adequate follow-up and support for women after reporting the assault.
- There is also a lack of information on how to act in case of an emergency.
- The majority of women are satisfied with the support they receive from their families and caregivers.

2

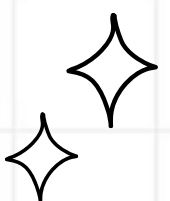
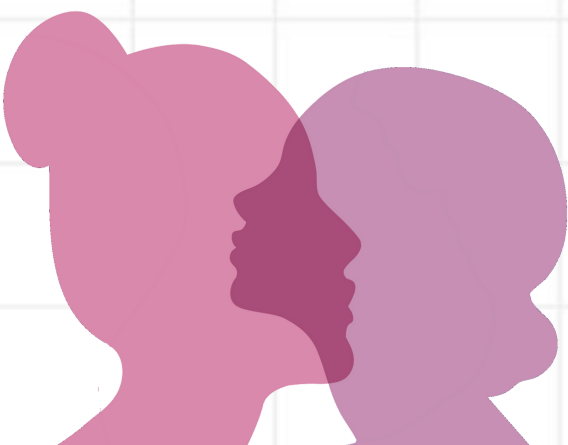
What problems do people who support women victims of gender-based violence experience?

- Lack of training on how to support women victims of gender-based violence.
- Lack of coordination in the work.
- Lack of accessibility to resources and services.
- Very slow legal procedures.
- Women with disabilities often experience difficulties in recognising that they experience abuse.

3

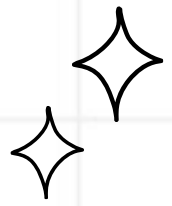
How can we improve support for women with disabilities?

- Training courses for women with disabilities on gender, sexuality and disability.
- Training courses for relatives and professionals to help detect and support women victims of gender-based violence.
- Awareness-raising campaigns to avoid prejudice.
- Collaborative work among different institutions, such as police, public prosecutor's office and health centres.
- Accessible resources for support, for example, on how to act in case of an emergency.





TO PROTECT THE RIGHTS OF WOMEN WITH DISABILITIES



United Nations Convention on the Rights for persons with disabilities

- This Convention is the most important international regulation on disability.
- This Convention states that persons with disabilities must enjoy all human rights and fundamental freedoms.
- This Convention recognises the importance of **accommodation** and **accessibility**.
- This Convention recognises that women and girls with disabilities experience various forms of **discrimination** and they are **more likely** to be victims of violence, abuse or mistreatment.



The Convention on the Elimination of All Forms of Discrimination against Women

- We also call it **CEDAW**.
- This Convention recognises that women with disabilities experience all forms of **discrimination** including economic, social and cultural discrimination
- This Convention does **not** mention gender-based violence against women with disabilities.

The Council of Europe Convention on preventing and combating violence against women and domestic violence

- We also call it the **Istanbul Convention**.
- This Convention establishes laws to **prevent violence against women** and **domestic violence**.
- This Convention also establishes laws to **protect victims** and **punish perpetrators**.
- This Convention recognises violence against women as a form of **discrimination**.



The European Strategy on the Rights of Persons with Disabilities 2021–2030

- This strategy recognises the **diversity within disability** and the **barriers in the environment**.
- This strategy recognises the right to **independent living**, **equal opportunities** and **protection against discrimination**.
- Women with disabilities are more likely to be victims of violence than women without disabilities.



The European Parliament Resolution on the situation of women with disabilities

- Women with disabilities are more likely to be victims of violence than women without disabilities.
- Many women with health problems or disabilities experienced physical or sexual violence at the hands of their partners.
- **Forced sterilisation** of women with disabilities is a **form of violence**.

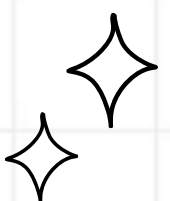
The Sustainable Development Goals

- We also call it **SDG**.
- These goals address major **global challenges** such as the fight against poverty or climate change.
- The SDG is the **empowerment** of the women and girls to end **discrimination** and eliminate all forms of violence.



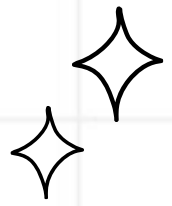
The European Strategy for Gender Equality 2020–2025

- This strategy wants to end gender-based violence, **gender stereotypes** and the **differences** between men and women in the **working environment**.
- Many women with health problems or disabilities are more likely to be victims of violence.
- This strategy proposes measures to fight against gender-based violence, sexual harassment and abuse of women.





PEER SUPPORT AND SISTERHOOD



Women with disabilities who experienced and overcame gender-based violence have the necessary experience to support and train other women with disabilities.

Peer support and sisterhood allow the **empowerment** of women with disabilities.



The **empowerment** means giving a person the power and confidence to make decisions about her or his life.

Peer support

Peer support is when **women who have similar experiences can help each other as they can share advice about their experiences.**

Women with disabilities who are victims of gender-based violence can participate in peer support when they get the training and support they need.

Benefits of peer support or peer learning for women with disabilities:

- Facilitates empowerment and communication.
- Improves self-esteem and self-confidence.
- Prevents social isolation



Sisterhood

Sisterhood is about solidarity among women.

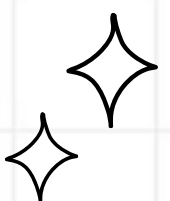
The sisterhood allows women to support and empower each other and to fight together to eliminate gender-based violence.

Empowerment means giving a person the power and confidence to make decisions about her or his life.

The empowerment of women allows women to participate in all aspects of their personal and social lives. As a result, they can decide about their lives and participate in all areas of society.

The empowerment of women with disabilities who are victims of gender-based violence happens when:

- We recognise, appreciate and develop the skills of the women.
- Women learn to identify situations of gender-based violence so that they can prevent and manage them.
- We create a social support network, based on sisterhood, inclusion and respect for diversity.





RESPONSE WORKSHOPS – AGENDA

WORK PLAN WORKSHOP 1

Key questions: To meet, to know each other and to work together.

Team of facilitator: 1 or 2 project managers and 1 woman with disability.

| Time | Issue /contents | Dynamics / methodology | Who does it |
|----------|--|--|--|
| 10:00 h. | Welcome and round of introductions | Skein dynamics: participants in circle; each participant says their name, organization, reason for participating in the workshop and then throws the ball to other participants. At the end a network will be formed. | Welcome: Director or representative of the host organization. Dynamics: team of facilitator |
| 10:30 h. | The Response project: assumptions, goals and expected outcomes. The Response Workshops: Explanation of the dynamics that the workshops will follow (work path). Presentation of the case study. <ul style="list-style-type: none"> • What is my role in this process? • Finding our common ground | Presentation of the case study . This case must offer a situation that shows violation of rights, intersectionality... It is about making the different agents aware of both their responsibility and shared responsibilities: What is my role in this process? From here the facilitators will be able to find common ground, where we need each other. | Dynamics: team of facilitator |
| 12:30 h. | BREAK TIME | | |
| 12:45 h. | What does “gender-responsive services” means? What does “gender-based violence” means? | Make 3 mixed groups (with WWD, SP and MSP) Ask them to look together for answers and proposals to the two questions. Pooling: share the work and build conclusions together. | Dynamics: team of facilitator |
| 14:15 h. | Farewell and end of the Workshop 1. Invitation to participate in the following workshops | | |



RESPONSE WORKSHOPS – AGENDA

WORK PLAN WORKSHOP 2

Key questions: Risk/vulnerability factors that may influence or be the cause of GBV against WWD, The importance of empowering WWD.

Team of facilitator: 1 or 2 project managers and 1 woman with disability.

| Time | Issue /contents | Dynamics / methodology | Who does it |
|----------|---|--|--|
| 10:00 h. | Welcome and round of introductions | Skein dynamics: We can use a tape where each participant can write his/her name, where he/she works and what he/she expects to get out of this workshop. | Welcome: Director or representative of the host organization. Dynamics: team of facilitator |
| 10:15 h. | <p>Presentation of Workshop 2: put in the context of the Response project and the other Workshops. Objectives of this workshop and with its recipients.</p> <p>Risk/vulnerability factors. Presentation of the topic according to the contents of the TAR Manual. Main ideas and conclusions</p> <p>Discussion on these issues:</p> <ul style="list-style-type: none"> - How to recognize, detect and prevent gender violence in services and care centers for women with disabilities: warning signs and indicators. - Possible ways to find out if a woman with a disability is or has been a victim of violence. | <p>In this exercise we will start with small group discussions where we will launch the questions.</p> <p>We will allow time to discuss the questions and then we will share them.</p> <p>The presentation of the topic can be done before or after the discussion of the contents, according to what is considered more convenient.</p> | Dynamics: team of facilitator |
| 11:30 h. | BREAK TIME | | |
| 11:45 h. | Empowerment of WWD. Presentation of topic according to the contents of the TAR Manual. Main ideas and conclusions. | In this exercise we will start with small group discussions where we will launch the questions. | Dynamics: team of facilitator |



RESPONSE WORKSHOPS – AGENDA

| | | | |
|----------|---|---|--|
| | <p>Discussion on these issues:</p> <ul style="list-style-type: none">- Opportunities for the empowerment of WWD and actions to promote it.- Obstacles to the empowerment of WWD. | <p>We will allow time to discuss the questions and then we will share them.</p> <p>The presentation of the topic can be done before or after the discussion of the contents, according to what is considered more convenient.</p> | |
| 14:15 h. | <p>Farewell and end of the Workshop 2.</p> <p>Invitation to participate in the following workshops</p> | | |



RESPONSE WORKSHOPS – AGENDA

WORK PLAN WORKSHOP 3

Key questions: Key issues in providing an appropriate response to women with disabilities who are victims of GBV. Sensitive and Inclusive Services for Women with Disabilities who are Victims of GBV. Tools for preventing gender-based violence against women with disabilities.

Team of facilitator: 1 or 2 project managers and 1 woman with disability.

| Time | Issue /contents | Dynamics / methodology | Who does it |
|----------|---|--|--|
| 10:00 h. | Welcome and round of introductions | Skein dynamics: We can use a tape where each participant can write his/her name, where he/she works and what he/she expects to get out of this workshop. | Welcome: Director or representative of the host organization. Dynamics: team of facilitator |
| 10:15 h. | <p>Presentation of Workshop 3: put in the context of the Response project and the other Workshops. Objectives of this workshop and with its recipients.</p> <p>Key issues in providing an appropriate response to women with disabilities who are victims of GBV. Presentation of the topic according to the contents of the TAR Manual. Main ideas and conclusions</p> <p>Discussion on these issues:</p> <ul style="list-style-type: none"> - Essential aspects of care for victims of GBV. How to support women with disabilities in an appropriate, non-stereotypical way: sensitive and inclusive services. The role of facilitators as a reasonable accommodation. Importance of having a facilitator. | <p>In this exercise we will start with small group discussions where we will launch the questions.</p> <p>We will allow time to discuss the questions and then we will share them.</p> <p>The presentation of the topic can be done before or after the discussion of the contents, according to what is considered more convenient.</p> | Dynamics: team of facilitator |
| 11:30 h. | BREAK TIME | | |



RESPONSE WORKSHOPS – AGENDA

| | | | |
|----------|--|--|-------------------------------|
| 11:45 h. | <p>Sensitive and Inclusive Services for Women with Disabilities who are Victims of GBV. Presentation of topic according to the contents of the TAR Manual. Main ideas and conclusions.</p> <p>Discussion on these issues:</p> <ul style="list-style-type: none">- What are responsive and inclusive services?- What are the key policies and strategies to be developed to deliver inclusive services? Cross-cutting coordination of actions.- Tools for the prevention of gender-based violence against women with disabilities. | <p>In this exercise we will start with small group discussions where we will launch the questions.</p> <p>We will allow time to discuss the questions and then we will share them.</p> <p>The presentation of the topic can be done before or after the discussion of the contents, according to what is considered more convenient.</p> | Dynamics: team of facilitator |
| 14:15 h. | <p>Farewell and end of the Workshop 3.</p> <p>Invitation to participate in the following workshops</p> | | |



RESPONSE WORKSHOPS – AGENDA

WORK PLAN WORKSHOP 4

Key questions: Knowing and defending our rights: support services for victims of GBV and the justice system. Decision support: what is it? Peer Support and Sisterhood: Empowering Women with Disabilities. It is important to plan the activities in a dynamic way and with materials adapted to easy reading. Dynamics such as riddles, locating examples in different concepts, word searches, etc. can be used.

Team of facilitator: 1 or 2 project managers and 1 woman with disability.

| Time | Issue /contents | Dynamics / methodology | Who does it |
|----------|--|---|--|
| 10:00 h. | Welcome and round of introductions | Skein dynamics: We can use a tape where each participant can write his/her name, where he/she works and what he/she expects to get out of this workshop. | Welcome: Director or representative of the host organization. Dynamics: team of facilitator |
| 10:15 h. | <p>Presentation of Workshop 4: put in the context of the Response project and the other Workshops. Objectives of this workshop and with its recipients.</p> <p>Knowing and defending our rights: support services for victims of GBV and the justice system. Presentation of the topic according to the contents of the TAR Manual. Main ideas and conclusions</p> <p>Discussion on these issues:</p> <ul style="list-style-type: none"> - What are support services for women victims of gender-based violence? - What is the justice system and who is in it? - How the support services for women victims of GBV and the justice system work | <p>In this exercise we will start with small group discussions where we will launch the questions. We will allow time to discuss the questions and then we will share them.</p> <p>The presentation of the topic can be done before or after the discussion of the contents, according to what is considered more convenient.</p> | Dynamics: team of facilitator |
| 11:30 h. | BREAK TIME | | |
| 11:45 h. | Decision support. Peer to Peer Support and Sisterhood: Empowering Women with | | Dynamics: team of facilitator |



RESPONSE WORKSHOPS – AGENDA

| | | | |
|----------|---|--|--|
| | <p>Disabilities. Presentation of topic according to the contents of the TAR Manual. Main ideas and conclusions.</p> <p>Discussion on these issues:</p> <ul style="list-style-type: none">- Decision support: what is it?- What does Sisterhood mean?- Peer to peer support and sisterhood are key to the empowerment of women with disabilities. | <p>In this exercise we will start with small group discussions where we will launch the questions.</p> <p>We will allow time to discuss the questions and then we will share them.</p> <p>The presentation of the topic can be done before or after the discussion of the contents, according to what is considered more convenient.</p> | |
| 14:15 h. | <p>Farewell and end of the Workshop 4.</p> <p>Invitation to participate in the last workshop</p> | | |



RESPONSE WORKSHOPS – AGENDA

WORK PLAN WORKSHOP 5

Key questions: Conclusions. What an ideal service for women with disabilities who are victims of gender-based violence would look like. The community of practice. How we can work together to promote the rights of women with disabilities.

Team of facilitator: 1 or 2 project managers and 1 woman with disability.

| Time | Issue /contents | Dynamics / methodology | Who does it |
|----------|--|--|---|
| 10:00 h. | Welcome and brief presentation of the project and what the workshops were | <p>Presentation of a facilitator</p> <p>We can hand out to the participants of the meeting: SOTA Report TAR in Easy-to-Read infographics</p> | It can be facilitated by a woman with a disability or a professional. |
| 10:15 h. | <p>First table. WWD and SP</p> <p>We will have one SP and one WWD.</p> <p>Ideally, we will be able to ask questions about what we learned in the workshops.</p> <p>The SP will be able to tell us about improvements in their service delivery that they have identified from participating in the workshop.</p> <p>The WWD can tell us if they now know what their rights are, and if they know where they can go tomorrow if they experience gender-based violence. We can also ask about the benefits of peer to peer support.</p> | We will do it as a question-and-answer table in conversation format. | It can be facilitated by a woman with a disability or a professional. |
| 11:30 h. | BREAK TIME | | |
| 11:45 h. | Second table: MSP | | Dynamics: ideally, a WWD |



RESPONSE WORKSHOPS – AGENDA

| | | | |
|----------|---|---|---|
| | <p>At this second table we can bring together three or four MSPs to tell us how they work with women with disabilities.</p> <p>It is also important to emphasise whether they have gained new knowledge from the workshops and whether this allows them to create a network to act jointly and comprehensively against gender-based violence against women with disabilities.</p> <p>We can count on: Police, someone from the government, procedural facilitators, lawyers, etc.</p> | <p>We will do it as a question-and-answer table in conversation format.</p> | |
| 13:15 h. | Conclusions and promotion of the community of practice | Presentation of a facilitator | It can be facilitated by a woman with a disability or a professional. |

CASE 1

Maria is 21 and is dating André, who is the same age. André is a hard-working and responsible guy, but he's very jealous. He doesn't like to see Maria talking to other people, never lets her go anywhere alone, touches her mobile phone without asking and often he's the one who chooses the clothes Maria can wear. André often tells Maria that she's nobody without him. Once, during a jealous scene, André threw Maria's mobile phone on the floor and slapped her. Maria doesn't like André's behavior, but she can't tell him that.

CASE 2

Inés is a 35-year-old girl with an intellectual disability, attends an Activity and Training Centre for Inclusion and does a socially useful activity at the library near her home.

Inés can read and write simple things,

can count money,

takes the bus by herself,

runs errands, helps with the housework

but everyone in the family says she's fool and can't do anything.

Inés' family manages her pension and the money she receives from her occupation.

Inés doesn't know how much money she has and

when she wants to buy something, she has to ask her parents.

Inés' dream is to have her own house and live on her own

but whenever she thinks about it

she remembers that she's always been told she's a fool.

CASE 3

Carmen is 23 years old, attends a gardening course and lives with António in his parents' house.

António's parents are retired and quite ill.

Carmen looks after the house, cooks meals and helps António's parents with hygiene.

António works for a delivery company and is the family's main earner.

Since Carmen moved in with António, she no longer visits her family.

Lately, Carmen has been missing gardening lessons, isolating herself, showing up with bruises on her face and wrists,

giving few explanations for her absences and not wanting to talk about the marks.

It's António who takes Carmen to and from training every day.

He manages her pension and occasionally gives her some money

to buy whatever she wants.

Last week Carmen was more nervous than usual.

One of the trainers asked Carmen if she needed help with anything.

Carmen got even more nervous and said she couldn't talk.

Carmen is afraid of António and doesn't know what to do.

CASE 4

A 23-year-old mother, who is blind and has an unknown genetic disorder, is raising her few months old baby with her husband.

She reports that her marriage has gone bad, but she can't really make any phone call to our legal aid service because due to her blindness she doesn't know when she is alone or if there is someone listening. She says that when someone is listening, she immediately receives it as psychological pressure.

She would like to ask for help because she has a few months old daughter and her mother-in-law threatened her that she is going to take the baby away from her.

In what cases can someone be taken away from their child because of a disability?

CASE 5

An unknown whistleblower drew the attention of our Legal Aid Service to the fact that a woman with disability known to the person is regularly abused by her family members in her home, and that the victim - in addition to the constant verbal aggression - sometimes suffers minor physical injuries.

According to the complainant, the victim's money and documents are taken away, her freedom is restricted, and she is not allowed to leave her home.

How can someone act, what are the steps if someone notices this?



CASE 6

A mother reported a series of events that she claims happened in a rehabilitation facility.

According to her, a staff member of the institution regularly molests, touches and caresses her daughter with intellectual disability in intimate places and threatens that if she tells anyone about this, she will not be allowed to participate in the activities with the other residents.

The mother has reported the carer to the police and would like to know the likely outcome of the proceedings and, if the criminal proceedings are unsuccessful, what further options are available to her to prosecute him and put an end to the abusive situation? He added that her child is 19 years old and not under guardianship.



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Respects your decisions and tastes

Accepts your friends and family

Trusts you

Is happy when you feel fulfilled

Gets your approval when making plans together

Ignores you on the days when he is angry

Blackmails you if you refuse to do something

Belittles your opinions and projects

Makes fun of you in public

Manipulates you

Is constantly jealous

Controls your outings, clothes, makeup

Goes through your texts, emails, apps

Insists that you send him intimate photos

Isolates you from your family and friends

Calls you crazy when you reproach him

"Blows a fuse" when he is unhappy about something

Pushes, pulls, slaps, shakes or hits you

Threatens suicide because of you

Touches you intimately without your consent

Threatens to circulate intimate photos of you

Forces you to watch porn

Forces you to have sex

ENJOY

Your relationship is healthy when he...

WARNING. SAY STOP!

There is violence when he...

PROTECT YOURSELF. GET HELP

You are in danger when he...