



State of the Art Report





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

Project acronym: RESPONSE

Call: ERASMUS-EDU-2021-PCOOP-ENGO

Deliverable 2.1 - State of the Art (SOTA) Report

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Summary

The aim of this report is to provide a general overview of the support needs of women with disabilities victims of gender-based violence. The RESPONSE State of the Art Report (SOTA 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, this report also presents existing good practices at global, European and national levels (France, Hungary, Lithuania, Poland, Portugal and Spain).

The information gathered in the SOTA report will be used as a basis to produce a training and awareness-raising manual (TAR manual) and a Massive Online Open Course (MOOC) targeting the above-mentioned groups.





Foreword

This report is part 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 people 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 project starts with the production of this State of the Art report on existing tools for supporting women with disabilities victims of violence. Secondly, we will produce a training and awareness raising manual in four languages and a series of capacity building workshops. Finally, to build on the potential of the RESPONSE project, (a) the partners will conduct an awareness raising campaign, (b) the manual will be transformed into a massive open online course (MOOC) that will be freely available on the EASPD e-learning centre and (c) a final European event will be organised to disseminate the policy recommendations and mark the establishment of an informal collaborative network.

The RESPONSE project is supported by the European Association of Service providers for Persons with Disabilities (Belgium) and service providers supporting people with disabilities from 6 different countries: Centre de la Gabrielle (France), Kézenfogva Alapítvány (Hungary), Jaunuoliu Dienos Centras (Lithuania), Fundacja Eudajmonia (Poland), FENACERCI - Federação Nacional de Cooperativas de Solidariedade Social (Portugal) and Confederación Plena Inclusión España (Spain).

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Acronyms

CEDAW - Convention on the Elimination of All Forms of Discrimination against Women

EDF - European Disability Forum

EU - European Union

GBV - Gender-based violence

MSP - Mainstream Service Providers¹

SP - Service Providers²

PWD - People with disabilities

UN - United Nations

UNCRPD - United Nations Convention on the Rights of Persons with Disabilities

UNFPA - United Nations Population Fund

WHO - World Health Organization

WWD - Women with disabilities

¹ By Mainstream Service Providers (MSP) we refer to all service providers, mainly from health, social care and judicial sectors, that can encounter women with disabilities victims of crime.

² By Service Providers (SP) we refer to service providers from the disability field.



Introduction

According to UN Women³, it is estimated that in 2020 around 81,000 women were killed worldwide; around 58% of them killed by intimate partners or family members, which is equivalent to a woman or girl being killed every 11 minutes in her home. More generally, 1 in 3 women worldwide is subject to violence according to the World Health Organisation⁴. Given the high levels of stigma and under-reporting of sexual abuse, the actual number is likely to be much higher. These figures show us that violence against women is simultaneously flagrant and invisible. Indeed, this violence is omnipresent across the globe, transcending spaces and cultures, but very often remains silent and unpunished. Less than 40% of women affected by violence seek help⁵. This paradox is a harsh reality for women with disabilities (WWD), who are particularly overexposed to violence. According to a report by the United Nations Population Fund (2018)⁶, it is estimated that 40% to 68% of young WWD will experience sexual violence before the age of 18.

In this context, service providers for people with disabilities (PWD) conduct this study to address gender-based violence (GBV) against WWD and provide an overview of the issue at the global, European and national levels (in 6 partner countries: France, Hungary, Lithuania, Poland, Portugal and Spain). For this purpose, the research team set the following questions to guide the research: What are the challenges faced by women with disabilities victims of GBV? What are the tools available to the professionals who support them? What are the existing institutional responses and good practices proposed by society to better support WWD in case of GBV?

These questions are explored from a double perspective: through the eyes of WWD and through the eyes of professionals who accompany them. Among the professionals, a distinction is made between service providers from the disability community (SP) and those from the mainstream community (MSP). In order to gather their

³ 'Facts and Figures: Ending Violence against Women' (UN Women, 2022), <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>.

⁴ 'Violence against Women Prevalence Estimates' (World Health Organization, 2018), <https://www.who.int/publications-detail-redirect/9789240022256>.

⁵ *Op. cit.* (UN Women, 2022)

⁶ 'Women and Young Persons with Disabilities - Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights' (United Nations Population Fund (UNFPA), 2018), https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf.





perspective, we conducted a survey involving 270 people (WWD, SP and MSP) in 6 different countries within the member organisations of the RESPONSE project and their network of partners.

The report is divided into three Chapters. First, we will present the methodology of the report (Chapter 1). Then, we will share the results of our survey (Chapter 2). Lastly, we will focus on the tools identified at global, European and national (FR/HU/LT/PL/PT/ES) levels (Chapter 3).

Before starting the analysis, we will outline in this introduction the conceptual framework of our report. We will first define what is GBV before exploring the importance of intersectionality when addressing GBV against WWD.

○ **Definition of gender-based violence**

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)⁷, adopted in 1979 by the United Nations (UN) General Assembly⁸, provided for the first time a definition of discrimination against women and set out a programme of action to address it.

The CEDAW General Recommendation 19 (1992)⁹ went beyond the discrimination against women and included the notion of GBV by stating that discrimination *"includes gender-based violence, that is, 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 breach specific provisions of the Convention, regardless of whether those provisions expressly mention violence."*

⁷ 'Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)' (United Nations (UN) General Assembly, 1979), <https://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>.

⁸ Signature: 18 December 1979. Entry into force: 3 September 1981.

⁹ 'General Recommendation No. 19: Violence against Women' (UN Committee on the Elimination of Discrimination Against Women, 1992), https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_3731_E.pdf.



Furthermore, the CEDAW General Recommendation 35 (2017)¹⁰ adopted 25 years later, emphasises the societal dimension GBV. The term "*gender-based violence against women*" is used throughout the recommendation to emphasise that the causes and consequences of violence against women are gender determined. According to the Recommendation, this "*further strengthens the understanding of this violence as a social - rather than an individual - problem, requiring comprehensive responses, beyond specific events, individual perpetrators and victims/survivors.*"

At the European level, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence¹¹, commonly known as the Istanbul Convention, was signed in 2011 and aims at the elimination of all forms of violence against women in the signatory countries.

The Istanbul Convention aligns with the definitions in CEDAW. The term used is "*gender-based violence against women*" and refers to "*violence that is directed against a woman because she is a woman or that affects women disproportionately.*"¹²

At the European Union (EU) level, Directive 2012/29/EU of 25 October 2012¹³, also known as "Victims' Rights Directive" is different in that it considers the consequences of GBV on victims and explicitly associates the notion of discrimination:

"Violence that is directed against a person because of that person's gender, gender identity or gender expression or that affects persons of a particular gender disproportionately, is understood as gender-based violence. It may result in physical, sexual, emotional or psychological harm, or economic loss, to the victim. Gender-based violence is understood to be a form of discrimination and a violation of the fundamental freedoms of the victim and includes violence in close relationships, sexual violence (including rape, sexual assault and harassment), trafficking in human beings, slavery, and different forms of harmful practices, such as forced marriages, female genital mutilation and so-called 'honour crimes'".

¹⁰ 'General Recommendation No. 35 on Gender-Based Violence against Women, Updating General Recommendation No. 19' (UN Committee on the Elimination of Discrimination Against Women, 2017), https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf.

¹¹ 'Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence' (Council of Europe, 2011), https://doi.org/10.1163/2210-7975_HRD-9953-2014005.

¹² *Ibid.*

¹³ 'Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 Establishing Minimum Standards on the Rights, Support and Protection of Victims of Crime, and Replacing Council Framework Decision 2001/220/JHA' (European Parliament, Council of the European Union, 2012), <http://data.europa.eu/eli/dir/2012/29/oj/eng>.



According to a report by the European Commission (Directorate General for Justice and Consumers)¹⁴, GBV is not defined by any binding EU instrument, although the declaration annexed to the Lisbon Treaty expresses a commitment to adopt policies to combat all forms of domestic violence, which it links to gender inequality. It is also important to note that, according to the same report, most EU Member States have not incorporated a definition of GBV in their national jurisdictions. However, several of them have transposed the definition of GBV from the Victims' Rights Directive, either in law or in policy. This transposition is most often done in neutral terms. Some States Parties to the Istanbul Convention have adopted or refer to the definitions of the Convention. Only a few states have explicitly recognised the link between violence and discrimination, and this is mainly in policy rather than in law. Most states have not recognised any form of intersectional discrimination in relation to violence against women.

Lastly, the report states that only five states implicitly refer to the intersection of factors in certain situations or have addressed the particular vulnerability of certain groups of women.

In the third chapter of this report, we will explore in particular the different tools that exist at the level of the countries of the RESPONSE project consortium members, namely: France, Hungary, Lithuania, Poland, Portugal and Spain. In this context, we will see how GBV is addressed in each of these countries.

It is difficult to categorise GBV, as violence is a complex concept. The forms of violence mentioned by the Istanbul Convention can be retained, namely:

- Psychological violence (Art. 33);
- Stalking (Art. 34);
- Physical violence (Art. 35);
- Sexual violence, including rape (Art. 36);
- Forced marriages (Art. 37);
- Female genital mutilation (Art. 38);
- Forced abortion and forced sterilisation (Art. 39);
- Sexual harassment (Art. 40);
- Aiding or abetting and attempt (Art. 41);

¹⁴ 'Criminalisation of Gender-Based Violence against Women in European States, Including ICT-Facilitated Violence: A Special Report.' (European Commission. Directorate General for Justice and Consumers., 2021), <https://data.europa.eu/doi/10.2838/960650>.



- Unacceptable justifications for crimes, including crimes committed in the name of so-called honour (Art. 42).

On this basis, the Council of Europe distinguishes 5 types of violence¹⁵ :

- Physical violence;
- Verbal abuse (including hate speech);
- Psychological violence;
- Sexual violence;
- Socio-economic violence.

It is stated that there are also two other categories of violence: domestic violence and (sexual) harassment, both of which can be a combination of the five types of violence mentioned above. It should also be noted that some or several forms of violence may be present at the same time, especially in abusive relationships. All forms can occur both in the private sphere (in families and intimate relationships) and in the public sphere, committed by (unknown) individuals in the public space, or by organisations, institutions and states.

According to the World Health Organisation (WHO), intimate partner violence is the most common form of violence against women worldwide (affecting approximately 641 million people)¹⁶ .

As this review focuses on violence against WWD, the following section explores intersectionality in relation to this group of women.

○ **Intersectionality and gender-based violence against women with disabilities**

The concept of intersectionality introduced by Kimberle Crenshaw in 1989¹⁷ recognises that people's lives are shaped by identity, relational and social factors. Combined, these factors create intersecting forms of privilege

¹⁵Frequently Asked Questions: Types of Violence against Women and Girls' (UN Women, n.d.), <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>.

¹⁶'Devastatingly Pervasive: 1 in 3 Women Globally Experience Violence' (World Health Organisation, 2021), <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>.

¹⁷ Kimberle Crenshaw, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics", in *Feminist Legal Theory* (Routledge, 1989).

and oppression depending on a person's individual context and existing power structures such as patriarchy, ableism, colonialism, imperialism, homophobia and racism¹⁸.

The diagram below, produced by the Canadian Research Institute for the Advancement of Women (CRIAW-ICREF)¹⁹, illustrates the concept:

Figure 1: Canadian Research Institute for the Advancement of Women’s Intersectionality wheel



Source: ‘Everyone Belongs: A Toolkit for Applying Intersectionality’ (CRIAW-ICREF, 2009), Joanna Simpson, <https://www.criaw-icref.ca/publications/everyone-belongs-a-toolkit-for-applying-intersectionality/>.

¹⁸ ‘Intersectionality Resource Guide and Toolkit’ (UN Women, 2021), <https://www.unwomen.org/en/digital-library/publications/2022/01/intersectionality-resource-guide-and-toolkit>.

¹⁹ ‘Everyone Belongs: A Toolkit for Applying Intersectionality’ (CRIAW-ICREF, 2009), Joanna Simpson, <https://www.criaw-icref.ca/publications/everyone-belongs-a-toolkit-for-applying-intersectionality/>.



This wheel can be read as follows:

- The first (central) circle represents the unique circumstances of an individual;
- The second circle refers to identity;
- The third circle describes the different types of discrimination/isms/attitudes that have an impact on identity;
- The fourth circle represents the wider forces and structures that work together to strengthen exclusion.

This wheel of intersectionality allows us to understand how different forms of oppression intersect, creating plural and unique forms of discrimination. UN Women²⁰ emphasises the importance of such an intersectional reading insofar as it helps to highlight the structural obstacles and to understand the individual dimension of each experience, even within under-represented groups. It is necessary to achieve, among other things, more inclusive and responsive policies and service provision, and better collaboration between stakeholders to better understand the context and provide more appropriate services.

The subtlety of the intersectional approach places the concept at the heart of this SOTA report insofar as WWD are affected by different forms of violence. Indeed, in addition to the different forms of violence they may experience as women as described in the previous section, they may be victims of violence based on disability. **Disability-based violence** is related to the social stigma associated with disability and based on the power imbalance between Persons with Disabilities (PWD) and the rest of the population. This violence can be both direct (physical, psychological, economic violence) and indirect (structural violence, characterised by norms, attitudes and stereotypes about disability)²¹.

The intersection of disability makes Women with Disabilities (WWD) vulnerable to additional forms of violence. According to a thematic study by the Office of the United Nations High Commissioner for Human

²⁰ *Op. cit.* (UN Women, 2021)

²¹ 'Brief on Violence against Women and Girls with Disabilities' (The World Bank, December 2019), <https://documents1.worldbank.org/curated/en/864511600841231218/pdf/Brief-on-Violence-Against-Women-and-Girls-with-Disabilities.pdf>.





Rights on the issue of violence against women and girls with disabilities²², violence against women and girls with disabilities can include the following²³ :

- Retention of medication and assistive devices (such as wheelchairs);
- Removal of a ramp or mobility devices;
- Refusal by a carer to assist with daily living (such as washing, dressing and eating);
- Refusal of food or water, or the threat to commit any of these acts;
- Verbal abuse and ridicule related to disability;
- Removal or control of communication aids;
- Fear-mongering through intimidation;
- Harm or threaten to harm, take or kill pets or support animals, or destroy objects;
- Psychological manipulation ;
- Controlling behaviours involving restricting access to family, friends or phone calls;
- Forced sterilisation and medical treatment, including the administration of drugs and electric shocks.

Available data shows that at EU level, women and girls with disabilities are more exposed to violence than the rest of women. According to the European Disability Forum (EDF)²⁴ :

- WWD are 2-5 times more likely to experience violence than other women;
- 34% of WWD or women with a health problem have experienced physical or sexual violence by a partner in their lifetime (compared to 19% of women without disabilities);
- 61% of WWD or women with a health problem have been sexually harassed since the age of 15 (compared to 54% of women without disabilities).

A study produced by the Center for Women Policy Studies highlights the different risk factors for violence against WWD²⁵ :

²² 'Thematic study on the issue of violence against women and girls and disability' (UN Office of the High Commissioner for Human Rights, 2012), <https://digitallibrary.un.org/record/724782>.

²³ This list is a synthesis. It is taken from the following document « Brief on violence against women and girls with disabilities ».

²⁴ 'EDF Position Paper on Violence against Women and Girls with Disabilities in the European Union' (European Disability Forum, 2021), <https://www.edf-feph.org/publications/edf-position-paper-on-violence-against-women-and-girls-with-disabilities-in-the-european-union/>.

²⁵ 'Violence against Women with Disabilities' (Barbara Faye Waxman Fiduccia papers on women and girls with disabilities - Center for Women Policy Studies, 2011),



- The conditions resulting from the disability itself expose women to an increased risk of violence (mistreatment, abuse...). For women with psychosocial disabilities, certain acts may even be permitted under domestic law, such as forced psychiatric interventions using psychotropic drugs, electroshock or psychosurgery, institutionalization, restraint and isolation;
- Lack of access to information on how to protect oneself from violence and rape;
- Physical vulnerability weakening the means of self-defence;
- Perpetrators are more likely to believe that their actions will not be discovered, as WWD are not always seen as credible reporters;
- Dependence of WWD on others for care, physically and/or financially. Fear in these circumstances of reporting abuse, as this could lead to a breakdown in relationships and loss of the care they may need. Fear also of being institutionalised.

It must be stressed, however, that there is still little accessible data on disability-specific violence, on violence in closed environments (institutions, asylum centres or psychiatric hospitals), on the relationship between the victim and the perpetrator(s), and on the barriers to reporting violence that keep women and girls with disabilities silent and invisible as underlined the European Disability Forum (EDF)²⁶.

The aim of this SOTA report is to explore more precisely the existing responses in terms of victim support in the contexts of the countries that are part of the partnership of the RESPONSE project. The methodology of the report will be explained in more detail in the next section.

https://www.peacewomen.org/assets/file/Resources/Academic/therightsofwomenwithdisabilitiesinafrica_doestheprotocolontherightsofwomeninafric.pdf.

²⁶ *Op. cit. (European Disability Forum, 2021)*



1 Methodology

This report constitutes one of the deliverables of the EU-funded RESPONSE project, coordinated by several service providers for Persons with Disabilities across Europe. The objective of the project is to support professionals to provide better support to WWD victims of GBV by enabling the dissemination of knowledge from the disability to the victim rights sector and vice versa, and by creating a common space for learning and cooperation.

In this context, the main objective of this study is to present the state of the art in terms of support tools for WWD victims of GBV in each partner country: France, Hungary, Lithuania, Poland, Portugal and Spain. To this end, a survey was conducted between July and October 2022. This survey forms the core of our study (Chapter 2). Our report is based on 3 questionnaires²⁷. These questionnaires are intended for:

- **Women with disabilities:** 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)²⁸: *“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:** NGOs, social workers, support services, social care professionals;
- **Mainstream service providers:** anti-discrimination/gender equality/healthcare professionals, judicial staff, victim support services.

The questionnaire intended for the WWD is of particular importance in the context of this study insofar as it places the voice of the victims at the heart of the reflection. The idea is to be able to understand, in concrete terms, by whom their response is received and how it is processed. Were they satisfied with their support? How do they wish to be supported? These are questions that require a certain delicacy in the way they are asked, as they deal with personal and sensitive issues.

²⁷ See Annexes 1 and 2

²⁸ ‘Convention on the Rights of Persons with Disabilities (CRPD)’ (United Nations, 2006), <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>.





To design this questionnaire, we were inspired by the "Violentometer" tool²⁹ developed by the following organisations based in France: the Centre Hubertine Auclert, the association En avant toutes, Paris City Hall, the Observatory of violence against women of the Departmental Council of Seine-Saint-Denis and the Paris Observatory on Violence Against Women. This tool makes it possible to assess whether one's love relationship is based on consent and involves violence. We have adapted some of the questions by extending the violence beyond the love circle and by including questions specific to disability-based violence. It is essential to stress that our objective is not to analyse the violence experienced but rather the practices that exist to support victims of such violence. For this reason, respondents are not specifically asked to describe the violence they have experienced, although this is often done spontaneously during the interview. The focus is more specifically on the support received. Insofar as the issues addressed by the WWD questionnaires are of an intimate nature, our priority was to guarantee a favourable framework for users so that they could feel as safe as possible. In some cases, partners organised info meetings and/or video screenings on the issue of GBV before responding to the questionnaires. The questionnaires were designed in an easy to read and understand format. If respondents needed help in answering, interviews were conducted individually to allow for confidentiality. To ensure data protection, an easy-to-read and understand consent document was produced and signed by each participant.

As far as professionals are concerned, the same questionnaire was distributed to both SP and MSP. Indeed, for both groups, the leading question is identical: are professionals sufficiently trained to support WWD victims of violence? More broadly, the question is whether they are trained to provide WWD victims of GBV the support that they need and to identify what types of initiatives exist within their organisations or services to support victims.

The questionnaires were carried out at the level of the partnership network of the following organisations that are members of the RESPONSE project consortium: Centre de la Gabrielle (France), Kezenfogva Osszefogas A Fogyatekosokert Alapitvany (Hungary), Jaunuoliu Dienos Centras (Lithuania), Fundacja Eudajmonia (Poland), FENACERCI (Portugal) and Confederación Plena Inclusión España (Spain). The sample defined by the consortium was composed of 15 people per target group per country, for an objective of reaching 90 people per group across the partner countries. A total of 270 people were interviewed between July and October 2022. The number of respondents per target group by country is shown below:

²⁹ Centre Hubertine Auclert et al., 'Le Violentomètre', 2018, <https://m.centre-hubertine-auclert.fr/article/outil-de-prevention-des-violences-le-violentometre>.



Figure 2: Survey distribution

	Women with disabilities	Service providers (disability field)	Mainstream service providers	TOTAL
FRANCE	15	15	12	42
HUNGARY	15	15	17	47
LITHUANIA	15	15	16	46
POLAND	15	17	18	50
PORTUGAL	16	14	15	45
SPAIN	15	14	11	40
TOTAL	91	90	89	270

Source: Internal investigation (RESPONSE project)

The questionnaires sent to WWD enabled us to clearly identify the actors they tend to turn to in case of GBV. These questionnaires also allowed us to highlight the concrete challenges encountered by WWD victims of GBV in their judicial, care and personal reconstruction process. The questionnaires for professionals, both from the disability and mainstream sectors, enabled us to identify the tools they have at their disposal when they receive the testimony of a victim of GBV in a disability situation or when they have to support them. From the analysis of these data, barriers and opportunities in the area of support have emerged. They conclude Chapter 2. It is important to recall that our study is based on a small sample and that the data cannot be extrapolated to the national and European levels.

Chapter 3 will explore the tools and good practices that exist at the global, European and partner country levels to combat violence against women (FR/HU/LT/PL/PT/ES). Our focus will be on GBV against Women with Disabilities. The tools mentioned in Chapter 3 are partly extracted from the answers given by the professionals interviewed.



2 Field perspective: survey on the prevalence of gender-based violence suffered by women with disabilities and on the quality of the support received

This chapter is the core of our overview of the state of the art. It is based on the analysis of surveys conducted among the different partners in order to explore how the support of WWD victims of GBV is provided, both in the disability field and in the mainstream environment. This chapter is divided into two parts. We will firstly present the results (2.1) before identifying the resulting needs (2.2).

2.1 Results of the survey

We will explore the results group by group using thematic reading keys related to the specificities of each questionnaire. These will be described as we go along in the analysis. Thus, this section is purely descriptive. The results will be analysed from a critical perspective in the third section.

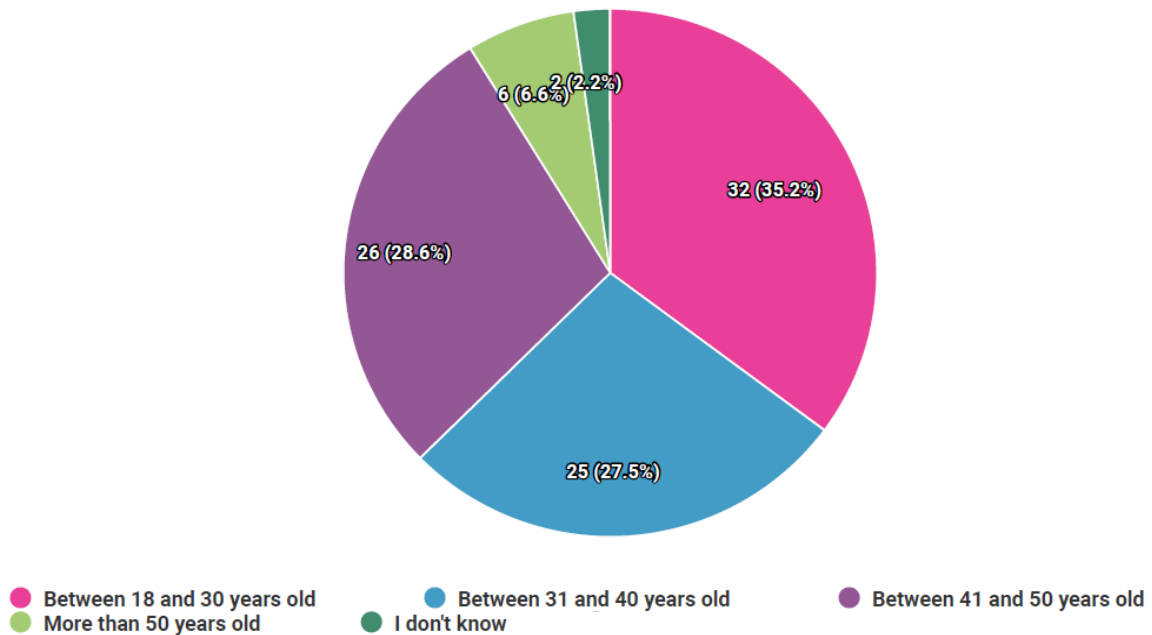
2.1.1 Results: women with disabilities

In total, we collected 91 responses from PWD. An overview of the results by theme is provided below..

- **Gender & age**

Participants have been asked to indicate if they accept, which gender they identify with.. Around 97.8 % of the respondents to the survey identified themselves as women, while one person identified as non-binary and one person did not respond. Below, the distribution of respondents by age:

Figure 3: Distribution of respondents by age



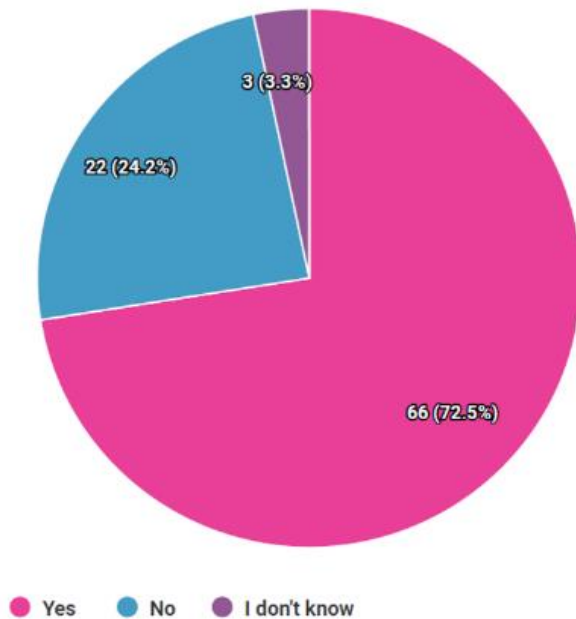
Source: Internal investigation (RESPONSE project)

Overall, around 91.2 % of the respondents were aged 50 or below, while 6.6% were aged 50 or above. Women between 18 and 30 years represented around 35.2% of the respondents, being the biggest age group on this survey.

- **Support needs**

For the second question the intention was to gather data that would allow the researchers to evaluate the correlation between disability needs and the support received. Thus, we asked respondents whether they needed support to carry out daily tasks (e.g. eating, travelling, administrative tasks, etc.):

Figure 4: Distribution of respondents by support needs



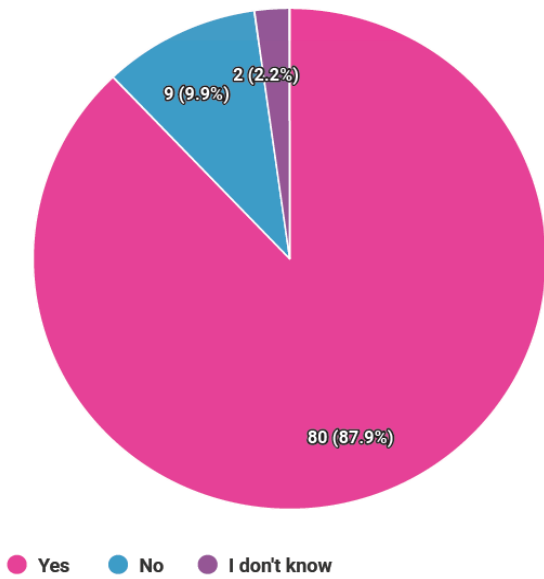
Source: Internal investigation (RESPONSE project)

Thus, we can confirm that most respondents, 72.5%, consider that they have needs for support to carry out daily tasks.

- **Experience of gender-based violence**

The survey focuses on violence experienced by WWD. This is the most sensitive part of the questionnaire as participants are asked if they have ever experienced any form of GBV. Different cases are presented. The choice of examples was made according to the methodology outlined in the previous section. The aim is not to determine what type of violence the victims have experienced, but to find out whether the respondents have been exposed to GBV. Once the different examples presented, we asked the respondents if they have ever been related to at least one of these situations, without necessarily specifying which one. Below, the distribution of respondents by experience of GBV:

Figure 5: Distribution of respondents by experience of GBV



Source: Internal investigation (RESPONSE project)

According to the results, 87,9% of the respondents, have been victims of GBV. This represents 8 out of 10 WWD. The victims are then asked what happened after they experienced the violence. The idea is not to study the forms of violence experienced but rather to explore the responses made. Thus, we distinguish: the first instinctive actions of the victims, the reactions of the actors approached and finally the victims' feelings. The word cloud below illustrates the different actions taken by victims after the violence they experienced:

Figure 6: Word cloud reporting the first actions of the victims

FIRST ACTIONS OF THE VICTIMS



Source: Internal investigation (RESPONSE project)

We can see a diversity of actions when facing violence, which is experienced in a unique way by each of the victims. However, certain dynamics recur in the participants' speeches. Some women, under the weight of the trauma, remain silent or speak out only after a certain time as expressed in the word cloud with *"I did not tell"*; *"I never report"*; *"remained silent"*; etc. Moreover, the expression *"I didn't have proofs"* denotes fear of not being believed and/or supported if the victim reported the incident and this most likely would lead to the person staying quiet. In other cases, some women turn to people close to them (family, friends, colleagues, social workers etc.) or decide to file a complaint. On the other hand, it is interesting to note certain expressions such as *"I didn't ask for help again"*, which suggest that the first experience shared did not go well and therefore discouraged the victim from speaking out again in the event of another attack. Sometimes the victim defends herself, as two respondents said: *"I demobilised the man"* and *"I hit back"*. These reactions only appear twice in the collected data, thus representing a minority. In other cases, the victim decides to change her living environment by moving away, as shown by two statements, *"I have moved away"* and *"I went to live elsewhere"*: a minority as well.

The second word cloud below crystallises the actions undertaken by actors who enter any formal and/or informal support circuit:

Figure 7: Word cloud reporting the follow-up actions of the victims

FOLLOW-UP ACTIONS



Source: Internal investigation (RESPONSE project)

The second cloud confirms the trend, underlined above, that participants find a support system in their close circle (“*support from church*”; “*my mother helped me*”, “*teacher intervened*”, etc.). However, it reveals that very often there is no follow-up nor appropriate support when the person reports an aggression, even when the incident is reported to the police.

Indeed, we can identify:

- Non-assistance: “*police did almost nothing*”, “*police left me there*”, “*my mother could not react*”;
- Minimisation of the facts: “*no action because no rape*”;
- Lack of follow-up: “*situation not resolved*”;
- Complaint not addressed: “*refused to take complaint*”, “*only issued a warning*”.

There are also virulent reactions, including:

- Humiliation: “*teacher humiliated me*”;
- Questioning the veracity of the statements: “*she didn’t believe me*”;
- The victim being kicked out: “*my father kicked me out*”.

According to this word cloud, there are only two cases where the problem encountered by the victims seems to be solved. This suggests that the GBV towards WWD mostly goes unpunished.

Lastly, the word cloud below describes the feelings expressed by victims:

Figure 8: Word cloud reporting the perceptions of the victims

PERCEPTIONS OF THE VICTIMS



Source: Internal investigation (RESPONSE project)

The data illustrates the painful experience for the respondents that have been victims of violence. This is obviously linked to the violence experienced, but it also echoes the support issues identified in the previous word cloud. The following notions appear in the figure:

- Fear: “I got scared”, “fear extremely paralyzing”;
- Suffering: “I cannot forget”, “I suffered”;
- Stigma related to disability: “not considered mature”, “not taken seriously”, “sense of stigma”;
- Insecurity: “it can happen again”;
- Betrayal: “feeling betrayed”.

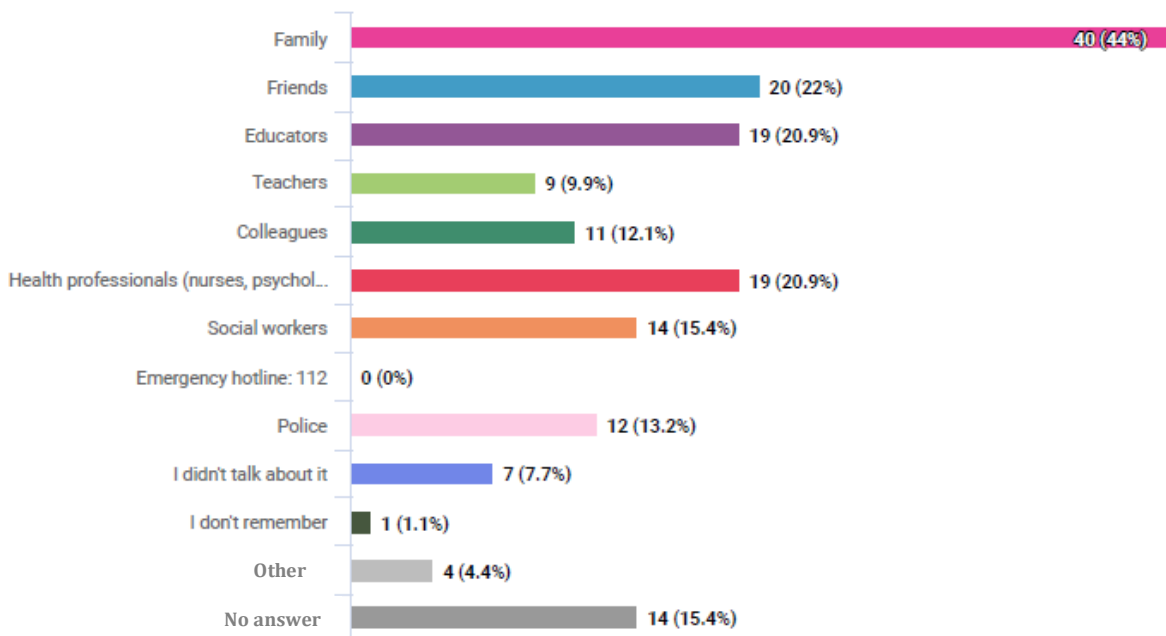
Thus, overall, the participants are disappointed by the lack of support.

However, when the support is effective, some victims feel relieved in sharing. This demonstrates the importance of sharing experiences and therapy in the healing process.

- **Informed persons**

Respondents were asked to identify the actors they had contacted after GBV. Below are the results:

Figure 9: Distribution of persons contacted by victims



Source: Internal investigation (RESPONSE project)



There is a diversity of actors approached. The family constitutes the most important part: 44% of the victims interviewed confided their experience to the family circle. Friends, educators, and health professionals are approached in more or less equal shares, respectively 22%, 20.9% and 20.9%. To a lesser extent, the police (13.2%), colleagues (12.1%) and school teachers (9.9%) are also involved. An important fact to note is that 112 emergency helpline was not mentioned by any of the respondents. This suggests that either the participants do not know about the emergency helpline or do not have access to it. Finally, 7.7% of the victims indicated that they did not talk about the violence they had experienced. This can reflect the silence that victims may show as a result of assault. We can also note that 15.4% of participants did not answer the question, which was complex to assess and may have generated difficulty in answering. Then, it is asked to identify which of the actors mentioned were contacted first. Almost 4 times out of 10, it is the family that is informed first (30.8% of cases). This reflects the importance of training and capacity building work. It must be done continuously with families as prevention actors.

● **Accompaniment received**

As the aim of our survey is to explore the support received by victims with disabilities in cases of GBV, we ask them to describe, if they wish, the events that followed the reports described above.

We find both support dynamics that have a positive impact on victims and dynamics that have the opposite effect. This directly reflects the feedback from the word clouds inserted earlier in the analysis.

It is interesting to note that very often there are warning loops that are set up. Below are some examples of this dynamic:

- The educators informed the management who informed the curator;
- The family alerted the management who informed the police;
- The colleagues informed the supervisors. The supervisors made a report and passed it on to the management.

This shows that medical and/or legal care is not spontaneously initiated by the WWD. In most cases, it happens through their family and relatives. Respondents were asked whether they were satisfied with their support. In the majority of cases (68.1%), they were. Beyond the barriers that victims may encounter in their journey (frustration, lack of information, difficulties in perceiving abusive acts, fear in asking for help...), it can be deduced that this figure underlines the importance of support systems for victims. These systems include the close circle of friends and family and the information loops mentioned above (including victim support services, disability organisations and other mainstream services familiar to WWD).



2.1.2 Results: service providers from the disability field

Regarding the data collected from service providers, there were 90 responses from the various partner countries.

- **Type of structures and public supported**

All of the organisations interviewed in this section are service providers for PWD based in France, Hungary, Lithuania, Poland, Portugal and Spain, that encompass several types of services such as:

- Non-governmental organisations;
- Medical and social services;
- Residential institutions;
- Day care centres;
- Sheltered workshops;
- Adapted companies;
- Social cooperatives;
- Associations of families and friends of PWD.

All of the organisations supported work in the field of disability. Some of them directly support PWD, others carry out representation work. The smallest entity accompanies 2 people per year, the largest accompanies more than 6000 per year. More than half of the organisations surveyed believe that they support more men than women (58.9%). This figure should be qualified carefully as a large proportion of the organisations were unable to provide exact statistics.

- **Participants' occupations**

The respondents have a wide range of occupations. These include:

- Special educators;
- Workshop instructors;
- Workshop leaders;
- Directors;
- Social workers;
- Gender specialists;
- Psychologists.

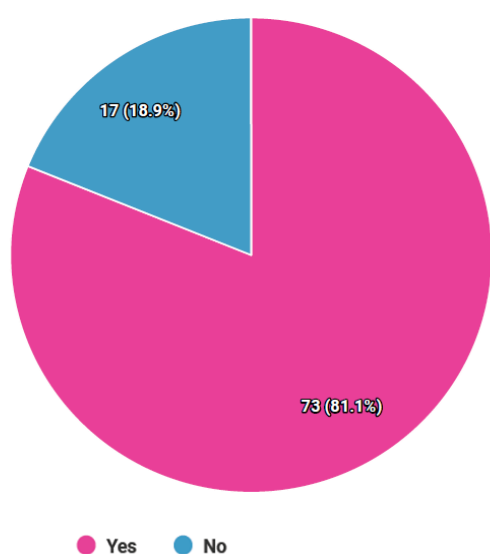


This diversity of professions is interesting in the context of our study as it allows us to have an overview of the knowledge on GBV within different professional bodies. This could therefore offer us a wide range of support practices.

- **Knowledge on gender-based violence (general population and women with disabilities)**

Participants are asked to determine whether they have any knowledge about GBV:

Figure 10: Distribution of service providers for persons with disabilities by their knowledge about gender-based violence

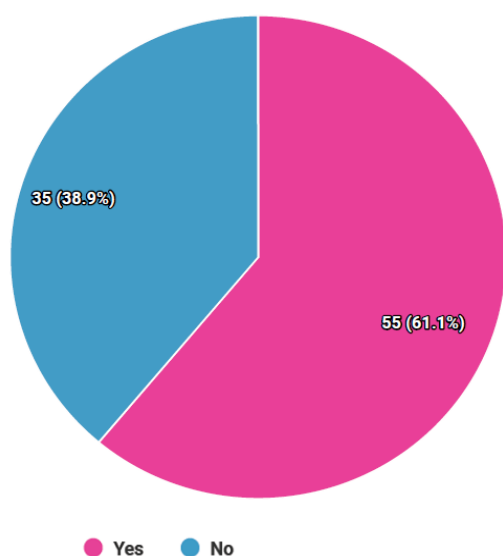


Source: Internal investigation (RESPONSE project)

According to the data, 81.1% of respondents consider that they have knowledge about GBV, which represents 8 out of 10 professionals.

Participants are also asked if they have any knowledge about GBV against WWD:

Figure 11: Distribution of service providers for persons with disabilities by their knowledge about gender-based violence against women with disabilities



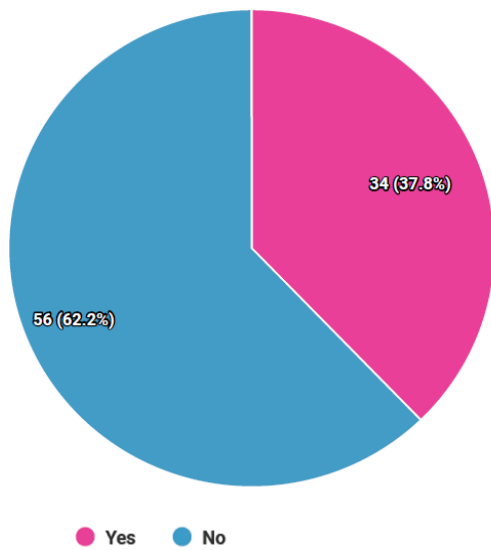
Source: Internal investigation (RESPONSE project)

The results show that 61,1% of the respondents, the majority, claim to have such knowledge. However, the proportion is lower than in the previous question (only 6 out of 10 people). This implies that the scope of knowledge about GBV against WWD remains limited, even within specialised disability structures.

- **Training on support for victims of gender-based violence**

We asked professionals if they have been trained to support victims of GBV. As showed in Figure 12, according to the data, 62,2% of respondents have not been trained to support victims of GBV. Only 4 out of 10 professionals have received this kind of training. Thus, the knowledge acquired by the respondents regarding GBV seems to be acquired informally.

Figure 12: Distribution of service providers for persons with disabilities by training received to support victims of gender-based violence

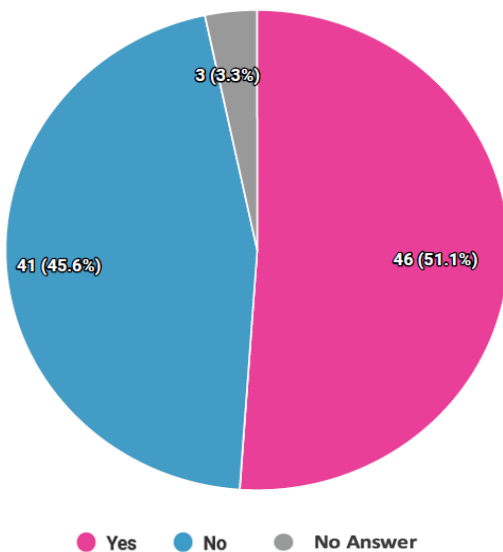


Source: Internal investigation (RESPONSE project)

- **Experience in supporting victims of gender-based violence (general population and women with disabilities)**

Professionals are asked if they have ever supported a woman victim of violence:

Figure 13: Distribution of service providers for persons with disabilities by experience in supporting victims of gender-based violence





Source: Internal investigation (RESPONSE project)

The data shows that 51.1% of respondents already supported a women victim of violence. Knowing that only 4 out of 10 professionals are trained to do so³⁰, we can say that the majority of professionals seem to support the service users with the means at hand. In fact, they are called upon to support women victims of violence without necessarily being trained to provide this type of support.

- **Description of existing procedures and practices in the field of accompaniment within organisations**

The following procedures and practices are in place in the organisations approached:

- Internal reporting procedures;
- Internal protocols for the protection of victims (e.g. "Roadmap for the prevention of abuse of persons with disabilities" - FENACERCI (Portugal));
- Internal protocols for detecting situations of abuse;
- Institutional positioning of the organisation on gender equality;
- Gathering the testimony and then linking with the hierarchy;
- Reporting to families, guardianship and competent public authorities;
- Contacts with the families of victims and the alleged perpetrator;
- Link with the different services/housing supporting the persons;
- Accompanying potential witnesses with disabilities by professionals at the police station;
- Letter to the Prosecutor;
- Teams of professionals dedicated to supporting victims of violence with disabilities;
- Psychological, medical, social and legal support;
- Integration of victims into an adapted care pathway;
- Follow-up of reported situations;
- Permanent availability of professionals;
- 24-hour crisis centre for comprehensive care of women victims of sexual violence;
- Confidential relationship established between professionals and service users;
- Setting up discussion groups;
- Setting up listening devices;
- Dismissal of the alleged perpetrator;

³⁰ See previous question



-
- Validating the victims' stories;
 - Encouraging positively the measures undertaken by the victim;
 - Informing service users of their rights in a clear and simple way;
 - Helping victims to put words to their emotions and situations;
 - Provide support to carers outside the professional circle (e.g. family) ;
 - Sex education and intimate life lessons;
 - Family therapy service;
 - Raising awareness among service users;
 - Raising awareness among families;
 - Raising awareness among professionals;
 - Accessibility of information on victims' rights (filing of complaints, statements of offence, leaving the house, domiciliation, security etc.);
 - Training to explain what to do if there are indications of a violent situation;
 - Annual awareness campaigns for the general population;
 - Production of awareness-raising tools in easy-to-read and easy-to-understand language;
 - Development of studies on GBV;
 - Participation in a project for the implementation of the facilitator mechanism in judicial processes;
 - Cooperation with external organisations involved in victim care.

It should be noted that this list is a synthesis of the practices identified by all participants. Not all service providers have established protocols. Some improvise their action according to the given situation due to lack of tools.

The majority of participants, 62.2%, were satisfied with the procedures in place.

2.1.3 Results: mainstream service providers

In total, 89 responses were received (98.89% of the expected number of responses). Below is an overview of the results by theme.

- **Type of structures and public supported**

While in the previous section we focused on structures specialised in the support of PWD, the objective is now to explore the responses of MSP.



The idea is to target structures that are likely to receive the testimony of a victim of GBV. We also approached structures that are interested in the issue, that could have innovative solutions in terms of support (e.g. universities) and that are responsible for public policies in this field (e.g.: Commission of citizenship and Gender Equality in Portugal).

Among the organisations approached were:

- Law enforcement (police);
- Town halls and municipal services;
- Victim support services;
- Legal protection services;
- Courts (judges);
- Prosecutors' offices;
- Commission for Citizenship and Gender Equality;
- Research centres and universities;
- Various foundations;
- Medical institutions;
- Psychologists' offices;
- Occupational therapy workshops;
- Specialised addiction centres;
- Women's rights activist associations;
- Human Rights Association;
- Associations for artistic inclusion;
- Homelessness organisations;
- Transition house;
- Businesses.

According to the data collected, 8 out of 10 structures accompany, among others, PWD. However, it is difficult to estimate the average number of PWD, as many organisations provided approximate figures or said they had no data on this subject. As an indication, the figures reported vary between 1 and 2.5 million (for the structures with a national resonance). 42.7% of professionals claim to support more women than others and 47.2% vice versa: that is, almost as many women as men accompanied. However, this finding must be considered carefully, as the figures given are often approximate.



- **Participants' occupations**

The occupations of the respondents are as diverse as the organisations identified. These include:

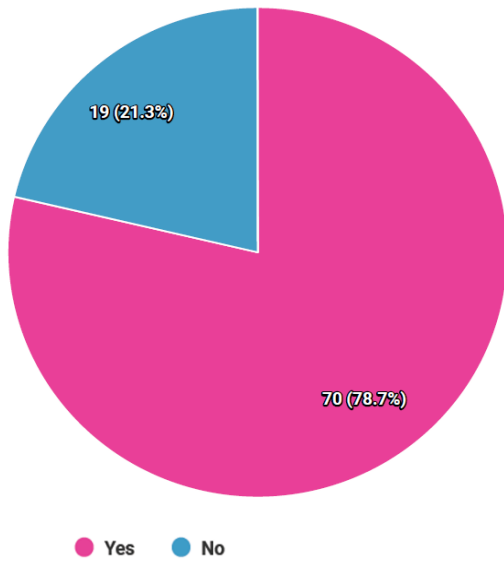
- Police officers;
- Judges;
- Prosecutors;
- Lawyers;
- Lawyers / legal experts;
- Legal representative for the protection of adults;
- Hotline / chat operators;
- Victim support officers;
- Nurses;
- Clinical psychologists / psychotherapists;
- Sexologists;
- University teachers / Researchers;
- Sociologists;
- Project officers / Project managers;
- Human Resources Officers.

This diversity in the represented professions is particularly interesting in the context of our study because it will allow us to see if the practices and challenges existing in ordinary settings are similar to those encountered in the field of disability.

- **Knowledge on gender-based violence (general population and women with disabilities)**

In the same way as we did with SP, we asked MSP if they had any knowledge about GBV. According to the answers obtained (Figure 14), we can verify that 78.8% of the respondents have knowledge on GBV, as opposed to 21.3% who refer not having knowledge at this level.

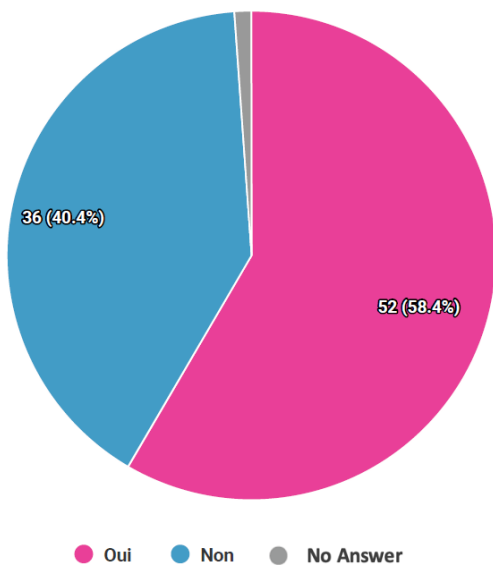
Figure 14: Distribution of mainstream service providers by their knowledge about gender-based violence



Source: Internal investigation (RESPONSE project)

More specifically, it was also asked whether they have knowledge about GBV against WWD:

Figure 15: Distribution of mainstream service providers by their knowledge about gender-based violence against women with disabilities



Source: Internal investigation (RESPONSE project)

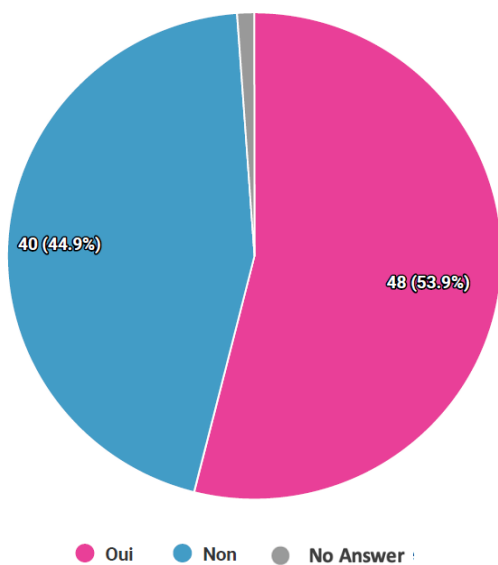
An analysis of these two graphs shows that 8 out of 10 respondents have general knowledge about GBV. Furthermore, professionals also declared that they had knowledge of violence against WWD. However, this is to a lesser extent than the previous question, with only 6 out of 10 people answering in the affirmative. It is important to note that these trends are exactly the same as for SP outlined in the previous section.

- **Training on support for victims of gender-based violence**

We asked MSP if they had been trained to accompany GBV victims.

As showed in Figure 16, although MSP seem to have as much knowledge about GBV as SP, more of them are trained to support victims (53.9% versus 37.8%, i.e. a 16.1 point difference). This reinforces the importance of networking between SP and MSP, more specifically regarding training and qualification of services.

Figure 16: Distribution of mainstream service providers by training to support victims of gender-based violence



Source: Internal investigation (RESPONSE project)

- **Experience in supporting victims of gender-based violence (general population and women with disabilities)**

The majority of the respondents, 65% of the professionals interviewed, had already supported a woman who had been a victim of violence and 55% said they had already supported WWD who had been a victim of violence.



Given that 53.9% of professionals have been trained in the issue, i.e. slightly more than half, it can be said that there is still progress to be made, but that the contrast is less than among SP, where the difference between accompanying professionals and trained professionals is greater.

- **Description of existing procedures and practices in the field of accompaniment within organisations**

The following procedures and practices are found in the accounts of the professionals interviewed:

- Referral to appropriate and specialised GBV facilities;
- Psychological, legal, administrative and social services;
- Appointment of a GBV referent and a disability referent;
- Internal harassment reporting system;
- Filing a complaint and/or reporting to the prosecutor;
- Providing legal advice;
- Use of sign language translators;
- Accompanying professionals or family members in finding information to support victims;
- Preparing for trials with victim support services to reduce secondary victimisation;
- Referral to victim support services;
- Legal empowerment of WWD;
- Interdisciplinary work;
- Prevention through digital platforms;
- Discrimination reporting procedure;
- Clinical interview: listening in all benevolence and confidentiality, respecting the rhythm and temporality of the person, not rushing the victim, supporting the person in his or her status as victim;
- Psychological therapy and psycho-educational actions on sexuality;
- Unique and individualized support (no difference between WWD and the rest of the general population);
- Identifying the problem, defining the limits of competence, involving other services and support persons, helping to take steps to solve the problem;
- Trauma-sensitive gynaecological care;
- Wellness workshops;
- Helpline;
- Anonymous online chat;





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- Self-help groups, creation of "safe spaces";
 - Awareness raising and communication on GBV;
 - Inform victims of what GBV is and make them feel less guilty;
 - Expert training;
 - Training in schools;
 - Translation and publication of books on GBV;
 - Advocacy activities at national and international forums;
 - Production of a wide range of studies on gender-based violence;
 - Use of international conventions, laws and ordinances;
 - Sex education;
 - Questionnaire to detect situations of violence;
 - Exemplification: talking regularly about the violence one may have experienced and/or witnessed in order to highlight the continued presence of understanding, support and action.

Professionals were asked whether they consider the measures within their organisations to be adequate: 64% of the surveyed professionals consider the procedures and practices within their organisations to be adequate, which is the majority. This level of satisfaction is very similar to that of the SP.

2.2 Identification of needs

We asked both WWD and the professionals (both SP and MSP) what their concrete needs are in terms of training and other kind of support in order to provide better services to WWD experiencing GBV. It is essential to note that the challenges and areas for improvement are intertwined for all these actors.

2.2.1 Challenges

In the questionnaires distributed, victims with disabilities reported different challenges in the support they received:

- No follow-up: perpetrator not tried;
- Disparaging remarks such as "*you are disabled*";
- Feeling of fear;
- Sense of shame;
- Inaction;
- Unresolved problem: the aggression continues.





As for the professionals, both SP and MSP, they face common challenges. Indeed, the difficulties encountered converge around two central themes:

- Challenges in the recognition of violence.
- Challenges in providing quality victim support service;

a) Challenges in providing quality victim support service

The professionals interviewed face challenges in 5 main areas of support: tools and skills of professionals to deal with WWD victims of GBV, tools and skills of victims with disabilities on gender-based violence and their rights, networking, monitoring, and personal feelings.

● ***Tools and skills of professionals***

- Lack of skills to communicate with a PWD with cognitive difficulties;
- Lack of information on GBV against WWD;
- It is not enough to rely solely on basic sensitivity and empathy to accompany;
- Lack of structured solutions and critical thinking;
- Difficulty in providing alternatives to abusive relationships, as the victim often lives with their partner;
- Lack of rooms where it's possible to exchange privately;
- Bureaucratic difficulties;
- The training offered is often incomplete (only a few sessions);
- Lack of knowledge about interdisciplinary cooperation;
- Difficulty in providing online support;
- Some professionals remain subjective.

● ***Tools and skills for victims with disabilities***

- Service users lack information about their rights and what not to do;
- Lack of universal accessibility of services and resources;
- Lack of support groups for victims;
- Constant referrals to other institutions, refusal to take responsibility, unwillingness to help;
- Lack of sharing space for WWD. They often find themselves alone among others in the spaces that exist;
- The means of communication are very different from one PWD to another and can be a barrier to care.





- **Networking**

- Logistically complicated to coordinate a joint action with different services;
- It is difficult to find professionals who can provide complex help free of charge in the vicinity;
- It is difficult to find support for victims coming from very isolated areas or with severe disabilities;
- Lack of a family support network;
- No cooperation between interdisciplinary teams and the police (time issue).

- **Monitoring**

- Difficulty in maintaining court-imposed measures;
- Follow-up of victims with disabilities in inadequate support structures.
- Lengthy legal procedures.

- **Personal feelings**

- Emotional difficulties of the professionals when supporting WWD victims of violence;
- Feeling of powerlessness;
- Anger due to negative attitudes towards victims.

b) Challenges in the recognition of violence

Lastly, the professionals report various obstacles to the recognition of the violence experienced, both by the victim and by her personal, family and institutional caregivers.

- **By the victim**

- Silence;
- Difficulties in changing the woman's perception that the abusive behaviour towards her is wrong, unacceptable and should not be so (the action is temporary for the victim who can then find excuses for the abusive partners);
- Victims' difficulty in making decisions;
- Difficulty in proving a case of violence.

- **By the personal and institutional environment**

- Invisibilisation of violence;
- Failure to take into account the seriousness of the situation when reporting to the police;



-
- Negative attitudes in the victim's environment (questioning the veracity of the testimony or pressure for a "pact of silence").

2.2.2 Areas for improvement

The prospects for improvement mentioned by all stakeholders directly echo the challenges highlighted.

a) Perspectives highlighted by women with disabilities

WWD demand improvements in their support in the following areas: empowerment of WWD, training of professionals, follow-up of the case, awareness raising and general recommendations on the support system.

- **Empowerment of women with disabilities**

- Exchange with people who have experienced similar situations;
- To have preventive information to avoid ending up in a violent situation;
- Learn self-defence techniques;
- Be equipped with a telephone to reach the police;
- Obtaining tools to manage emotions (e.g. not showing "the fear of the aggressor");
- Have a contact for immediate help in case of a violent situation;
- Learning to fight for a personal opinion;
- Do not be afraid to speak out;
- Moving beyond shame and guilt;
- Learning to deal with a violent situation;
- Be alert to the first signs of violence;
- Adapt all information documents (e.g. awareness-raising flyers) and administrative documents (e.g. complaints) into easy-to-read and easy-to-understand language;
- That the victim can take charge of his or her life;
- Receiving mental health care;
- To have a support network (friend, family...);
- Practice sports activities to let off steam.

- **Training of professionals**

- Need for mandatory training for law enforcement. This training should be renewed every year so that it is not forgotten;
- Have the support of specialised professionals who understand the issues of GBV.





- **Follow-up of the case**

- Have a report on what the perpetrator said, so that he or she does not deny what happened;
- Do not drop the case until the perpetrator is tried;
- That the aggressor leaves the facility;
- That the family cuts ties with the abuser;
- That the aggressor apologises.

- **Awareness raising**

- Raising awareness among perpetrators;
- Talk more about street harassment by strangers;
- Sharing information about women with intellectual disabilities with the general population;
- Talk more about scams;
- Talk more about bullying ;
- Sharing information on consent ;
- Training for service users and professionals addressing: the prevention of GBV, the means of protection in a situation of danger and a better understanding of how the body reacts in case of aggression/violence (physical and mental consequences of GBV).

- **General recommendations on the support system**

- That people understand that the person has been abused;
- Being supported by friends;
- Not to be alone when filing a complaint at the police station in order to be better understood;
- That people give value to the words of victims and do not encourage them to ignore the aggression;
- Let the victim be believed.

b) Perspectives highlighted by professionals

On the professionals' side, there are various ways of improving support, both in the disability sector and in the mainstream sector. It is important to note that the issues are very similar to those raised by the victims.

Indeed, empowerment of WWD, training of professionals, monitoring of the case and awareness-raising are equally addressed.



Additional themes are networking and the implementation of structural actions:

- ***Empowerment of women with disabilities***

- Training PWD on relationships, setting boundaries, etc. ;
- Establish sex education and self-defence courses for service users;
- Referral of victims only to professionals trained in GBV;
- More specified self-help groups for WWD;
- Empowerment training for WWD;
- There should be a fund to help victims and donations of material goods and/or facilitate access to rights.

- ***Skills and tools of professionals***

We will distinguish 4 actions of reflection in the improvement of professional practices: when facing the situation of violence, when facing the victim, regarding available resources and regarding security measures.

1. *Facing the situation of violence*

- Learn to recognise the violent situation, state it and articulate the problem;
- Helping the person to realise that they are a victim of violence;
- Overcoming cultural barriers that trivialise GBV.

2. *Facing the victim*

- To enable the person to be heard, as their disability is often a barrier to understanding;
- Knowing how to put the victim at ease;
- To be able to rephrase to make oneself understood by victims with mental disabilities;
- Respect the victim's pace and decisions;
- Learn how to support victims when they refuse to report violence;
- Helping victims to identify the type of support and protection they need;
- Improving cognitive and spatial accessibility in police and judicial environments;
- Permanences in anonymous places;
- Establish a procedure with a clear communication channel that guarantees the victim's anonymity and support and promotes the prevention of GBV;
- The aim of any intervention should be to: increase the safety of the abused woman; reduce or eliminate her symptoms; increase her self-esteem; learn and improve problem-solving and



decision-making skills; foster appropriate communication and social skills; and change traditional beliefs about gender roles and sexist attitudes.

3. Available resources

- Covering all the existing demands and needs of women with the scarce resources and services available;
- To have support tools for people after they have testified: both for victims and alleged perpetrators;
- Have a directory of useful resources (helplines, prevention centres, etc.);
- Mobilise several support teams;
- Training both professionals in the field and supervisors;
- Questioning: how to protect people when they are in the same accommodation/structure as the abuser? What position should be adopted with the victim and the aggressor?
- Set up call-back systems because there are turnovers;
- Developing a culture of prevention;
- To have continuous raising-awareness actions;
- Drafting of an intervention guide for victims of violence;
- Establish dedicated budgets to address GBV;
- Need for continuous training of professionals in the various fields concerned (law, psychology, social work, health, state security forces, etc.);
- Need for more effective redirection networks.

4. Security measures

- Check if the professionals recruited are not registered in the file of perpetrators of violent and/or sexual offences or if they have a certificate of good conduct.

● **Follow-up of the case**

- Obtaining a restraining order for the abuser;
- Speed up support processes.

● **Awareness raising**

- More communication on how to support victims;





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- More visibility of the problem on a national scale;
 - Raising awareness of GBV in schools;
 - Awareness raising through credible communication at different levels but especially for frontline professionals (police and health care professionals);
 - Institutional campaign on GBV against WWD in the mass media.

- **Networking**

- Need for local coordination mechanisms between frontline institutions;
- Encourage inter-professional meetings to discuss cases of encountered violence;
- Networking with expert organisations on gender issues;
- Need for trained disability officers and psychologists in police stations;
- Promote/ensure a relationship of partnership and trust with families.

- **Structural actions**

- Establishment of a comprehensive state policy at national and regional levels for the prevention and eradication of GBV, with sufficient technical, human and financial resources and conducted through an intersectional and human rights-based approach;
- Need for serious research on the real needs of victims;
- Implement compulsory sex education at different educational levels and, in particular, starting at pre-school age;
- The need for an audit of the accessibility of information, resources and services of the entire public and private network for the care of women victims of GBV;
- Need for a macro survey on the prevalence of GBV against WWD;
- Need for public policy on prevention, detection and attention to cases of GBV with an intersectional approach that specifically takes into account the diverse realities of WWD;
- Development of material accessible to all, free of charge;
- Creation of a good practice evaluation system: use of quality scales and communication channels with victims and associations, then dissemination of the schemes and creation of reference systems.



3 Identified regulatory frameworks and good practices

Our survey has enabled us to identify the challenges and prospects for improvement in the area of victims support. In this section, we will explore the legislative tools and key initiatives at global, European and national (FR/HU/LT/PL/PT/ES) levels that exist today to address the issues outlined.

3.1 Global level

Various measures have been identified at the global level to combat GBV³¹. As mentioned in the first part of this report, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)³² adopted on 18 December 1979 by the UN General Assembly is a pioneer in this field. The initiative was subsequently reinforced by General Recommendations 12³³ (1989) and 19³⁴ (1992) of the Committee on the Elimination of Discrimination against Women.

Recommendation 12 states that Articles 2, 5, 11, 12 and 16 of CEDAW require States Parties to take action to protect women from all forms of violence within the family, in the workplace or in any other area of social life. General Recommendation No. 19 integrates violence against women into a framework of discrimination and human rights violations. The responsibility of the State to act to eliminate violence against women is reiterated in both recommendations.

Various international initiatives have followed CEDAW. The Declaration and Programme of Action of the 1993³⁵ UN World Conference on Human Rights in Vienna presented GBV as a structural and universal issue. In the same year, the Declaration was adopted by the UN General Assembly. It defines violence against women,

³¹ 'International Regulations' (European Institute for Gender Equality, n.d.), <https://eige.europa.eu/gender-based-violence/regulatory-and-legal-framework/international-regulations>.

³² *Op. cit.* (UN General Assembly, 1979)

³³ 'General Recommendation No. 12: Violence against Women' (UN Committee on the Elimination of Discrimination Against Women, 1989), https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_5831_E.pdf.

³⁴ *Op. cit.* (UN Committee on the Elimination of Discrimination Against Women, 1992)

³⁵ 'Vienna Declaration and Programme of Action' (United Nations, 1993), <https://digitallibrary.un.org/record/183139?ln=fr>.



specifies measures to end it and establishes the relationship between intersecting inequalities and violence. The Office of the High Commissioner for Human Rights was created by the admission of this Declaration in the UN General Assembly (resolution 48/121).

Four women-specific world conferences have been organised by the United Nations. They were held in Mexico City (1975), Copenhagen (1980), Nairobi (1985) and Beijing (1995). The Beijing conference was a turning point. The Conference Declaration³⁶ recognises, among other things, that fear of violence is a continuing constraint on women's mobility, limiting their access to basic resources and activities. It also recognises the additional barriers that women face due to factors such as race, age, language, ethnicity, culture, religion, disability, etc. Furthermore, the Programme of Action that emerged from the conference is a real agenda for women's empowerment. Adopted by 189 countries, it is considered a global leader in gender equality. Strategic objectives and actions have been defined in 12 key areas³⁷ :

- Women and poverty;
- Women's education and training;
- Women and health;
- Violence against women;
- Women and Armed Conflict;
- Women and the economy;
- Women and decision-making;
- Institutional mechanisms for the advancement of women;
- Women's human rights;
- Women and the media;
- Women and the environment;
- Young girls.

The Beijing conference was followed by a series of five-year reviews.

In terms of global regulations on combating violence against WWD, the following articles of the UNCRPD³⁸ are of particular note:

³⁶'Fourth World Conference on Women Beijing Declaration' (United Nations, 1995), <https://www.un.org/womenwatch/daw/beijing/platform/declar.htm>.

³⁷ 'Conférences mondiales sur les femmes', ONU Femmes, n.d., <https://www.unwomen.org/fr/how-we-work/intergovernmental-support/world-conferences-on-women>.

³⁸ *Op. cit.* (United Nations, 2006)



- Article 6 affirms the lack of recognition of the rights of women and girls with disabilities:
“1. States Parties recognize 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.”

- Article 12 recognises the right of all PWD to equality before the law:
“[...] 2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life. [...]”

The Committee on the Rights of Persons with Disabilities warns against the denial of legal capacity to persons with disabilities, as this can lead to the deprivation of many basic rights, including the right to vote, the right to marry and found a family, reproductive rights, parental rights, and the right to consent to intimate relationships or medical treatment³⁹ .

³⁹ ‘Young Persons with Disabilities: Global Study on Ending Gender-Based Violence, and Realising Sexual and Reproductive Health and Rights’ (United Nations Population Fund, 2018), <https://www.unfpa.org/publications/young-persons-disabilities>.



3.2 European level

In this section, a distinction is made between measures undertaken by the Council of Europe and actions undertaken by the European Union.

3.2.1 Council of Europe's fight against gender-based violence: the Istanbul Convention

Three key instruments to address violence against women have been identified at Council of Europe level:

- The Recommendation on Protection of Women against Violence (2002);
- The Convention on Action against Trafficking in Human Beings (2005);
- The Convention on Preventing and Combating Violence against Women and Domestic Violence, or Istanbul Convention (2011).

Adopted in May 2011 and entered into force in August 2014, the Istanbul Convention⁴⁰ has been recognised as the most powerful set of legally binding global standards to prevent and combat violence against women in Europe and beyond. It is based on 4 pillars, which in turn are broken down into different measures⁴¹ :

- **Prevention**

The countries that have ratified the Convention commit themselves to :

- Encourage the media and the private sector to set standards that help eliminate gender stereotypes and challenge attitudes that condone violence against women;
- To raise awareness of the different forms of violence, their devastating nature and the impact they have on women and children;
- Include educational material on gender equality, GBV, non-violent conflict resolution and the right to personal integrity in the official curriculum at all levels of education;
- Promote changes in the social and cultural behaviour patterns of women and men;
- Introduce programmes and activities for the empowerment of women, and address the specific needs of people in vulnerable human rights situations;

⁴⁰ *Op. cit.* (Council of Europe, 2011)

⁴¹ 'Les Quatre Piliers de La Convention d'Istanbul' (Conseil de l'Europe, n.d.), <https://rm.coe.int/coe-istanbulconvention-brochure-fr-r03-v01/1680a06d50>.



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- Establish programmes to teach perpetrators of domestic violence to adopt non-violent behaviour and sex offenders to avoid re-offending;
 - Encourage the active engagement and contribution of men and boys in the prevention of violence;
 - Train professionals working with victims or perpetrators of violence to recognise and respond to violence and to refer appropriately.

- **Protection**

Countries that have ratified the Convention commit to protecting the safety and needs of victims and witnesses. The following facilities must be available:

- Information on rights;
- Support services;
- Regional and international complaint mechanisms;
- Shelters;
- Centres for victims of rape or sexual violence;
- Reporting violence to the authorities;
- Emergency prohibition orders;
- Protection or injunction orders;
- Free telephone hotlines 24 hours a day, 7 days a week.

- **Lawsuits**

Countries that have ratified the Convention should focus on:

- Law enforcement and judicial procedures: dissuasive sanctions for perpetrators, effective prosecution, consideration of aggravating circumstances, legislation criminalising violence against women, effective police investigation;
- On victims' rights: protection of child victims and witnesses, coordinated risk assessment, no victim blaming, victims' right to privacy, victims' right to information and support, protection of victims during investigation and court proceedings.

- **Coordinated policies**

Countries that have ratified the Convention should undertake the following actions:



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- Ensure that appropriate mechanisms are in place for effective cooperation between the judiciary, prosecution services, law enforcement agencies, local and regional authorities and NGOs;
 - Support and work with civil society and NGOs;
 - Establish or designate a state body to oversee the coordination, implementation, monitoring and evaluation of the Istanbul Convention;
 - Put in place victim-centred laws to prevent and combat all forms of violence against women;
 - Provide a comprehensive societal response: everyone must understand that violence against women and domestic violence will not be tolerated;
 - Adequately fund all partners involved in the implementation of the Istanbul Convention, including non-governmental organisations;
 - Introduce laws and support measures to prevent all types of violence covered by this Convention;
 - Collect and collate data and conduct research on the prevalence of all forms of violence against women and the effectiveness of their measures.

All RESPONSE focus countries signed the Istanbul Convention. However, it is important to highlight that Hungary and Lithuania did not ratify it, therefore the treaty did not enter into force.

The Istanbul Convention entered into force on 1 August 2014. Although provided for in Article 75(1), its ratification by the EU has not yet taken place.

3.2.2 Fight against gender-based violence in the European Union

Adopted in December 2000, the EU Charter of Fundamental Rights⁴² sets out in a single text all the civil and social rights of European citizens. The following articles are important in the fight against violence against women⁴³ :

- Article 1: states that human dignity is inviolable. It must be respected and protected;
- Article 2: guarantees the right to life ;
- Article 4: Prohibits torture and inhuman or degrading treatment or punishment;

⁴² 'Charter of Fundamental Rights of the European Union' (European Parliament, Council of the European Union and the European Commission, 2012), http://data.europa.eu/eli/treaty/char_2012/oj/eng.

⁴³ '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>.



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- Article 21: recognizes the right to be free from discrimination, including on the basis of sex;
 - Article 47: ensures the right of access to justice.

In terms of actions, the following EU directives, strategies, programmes and external actions to combat GBV can be distinguished:

- **Guidelines**

Adopted in 2012, the EU Victims Directive (2012/29/EU)⁴⁴, known as the Victims' Rights Directive, sets minimum standards for the rights, protection and support of victims of crime in the EU.

This directive covers the following points :

- Ensure that victims of crime receive adequate information, support and protection and can participate in criminal proceedings once the crime has been committed in the EU;
- Recognise and treat victims of crime with respect, sensitivity and professionalism according to their needs and without discrimination;
- Minimum standards for all victims of crime, regardless of their nationality or residence status.

The Directive provides for the following rights for victims:

- To be heard by a court;
- To request a review of a decision not to prosecute;
- To obtain reimbursement of their expenses;
- To benefit from legal aid;
- To have their stolen goods returned to them.

Finally, national authorities should minimise the difficulties encountered when the victim is resident in a Member State other than the one where the criminal offence was committed.

On 8 March 2022, the European Commission adopted a proposal for a directive to combat violence against women and domestic violence⁴⁵. The proposal aims to ensure that the most serious forms of violence against women are criminalised across the EU, such as rape, female genital mutilation and gender-based cyber-

⁴⁴ *Op. cit.* (European Parliament & Council of the European Union, 2012)

⁴⁵ 'Proposal for a Directive of the European Parliament and of the Council on Combating Violence against Women and Domestic Violence' (European Commission, 2022), <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022PC0105>.



violence, including cyber-bullying and non-consensual sharing of intimate images. The proposal highlights the increased risk of violence for women with disabilities, and it states that Member States should a) ensure that all support services offered to victims of GBV are accessible for WWD and take into account their needs (Art. 27; Art 35), b) issue guidelines and protocols for healthcare and social service professionals on identifying and providing appropriate support to victims, and those guidelines should address the specific needs of victims who are at an increased risk of violence (Art. 27; Art 37). This proposal still needs to be amended and approved by both the Council and the Parliament.

- **Strategies**

A gender equality strategy has been put in place by the European Commission⁴⁶. Policy objectives and key actions have been defined for the period 2020-2025.

The strategy includes 4 key areas of focus, which are broken down into different actions :

- Combating violence against women and stereotypes.

Actions: accession to the Istanbul Convention, Europe-wide communication campaign against gender stereotypes;

- A prosperous and gender-equal economy by tackling issues such as the gender pay gap.

Actions: ensure implementation of the Work-Life Balance Directive (EU) 2019/1158⁴⁷, proposal to revise the Barcelona objectives on early childhood education and care to ensure greater upward convergence between Member States;

- Equal opportunities in decision-making and politics.

Actions: lobby for the adoption of a directive on improving gender equality on company boards, facilitate the exchange of good practice on gender equality in board and management positions;

- Strengthening the EU's external gender policy.

Actions: launch of the third action plan for gender equality and women's empowerment in external relations, adoption of the action plan for human rights and democracy (2020-2024).

⁴⁶ 'Communication de la Commission au Parlement européen, au Conseil, au Comité économique et social européen et au Comité des régions - Une Union de l'égalité: stratégie en faveur de l'égalité entre les hommes et les femmes 2020-2025' (Commission européenne, 2020), dire, <https://eur-lex.europa.eu/legal-content/FR/TXT/?uri=COM%3A2020%3A152%3AFIN>.

⁴⁷ 'Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on Work-Life Balance for Parents and Carers and Repealing Council Directive 2010/18/EU' (European Parliament, Council of the European Union, 2019), <http://data.europa.eu/eli/dir/2019/1158/oj/eng>.



- **Programmes**

The programme "Citizens, Equality, Rights and Values" (CERV)⁴⁸ covers the period 2021-2027. It aims to protect and promote the values and rights enshrined in the EU Treaties, the Charter of Fundamental Rights and in the international human rights conventions in force.

One of the 4 strands covered by the programme is the "Daphne" strand, which aims to combat violence, including gender-based violence.

The CERV programme has a budget of EUR 1.55 billion for the period 2021-2027.

- **External actions**

The Spotlight initiative is interesting to highlight in terms of the EU's external action. Carried out in partnership with the United Nations, it is the largest global initiative in terms of combating violence against women and girls (500 million euros). Implementation has been ongoing in 26 countries since 2021⁴⁹.

Furthermore, the EU is an active member of the global initiative "Call to action for protection from gender-based violence in emergencies " bringing together more than 90 partners on the issue of GBV in global humanitarian crises.

3.3 National levels

In this last section, the objective is to explore the existing measures and initiatives to fight GBV in the countries represented by the respondents of our survey. An overview will be given in France, Hungary, Lithuania, Poland, Portugal and Spain. We will also describe the legislative arsenals in this area, the main initiatives against GBV and, more specifically, the main initiatives to better support WWD victims of GBV.

⁴⁸ 'Programme «Citoyens, Égalité, Droits et Valeurs» (2021-2027)', 2021, <https://eur-lex.europa.eu/FR/legal-content/summary/citizens-equality-rights-and-values-programme-2021-2027.html>.

⁴⁹ '2022 Report on Gender Equality in the EU' (European Commission, 2022), https://ec.europa.eu/info/sites/default/files/aid_development_cooperation_fundamental_rights/annual_report_ge_2022_printable_en.pdf.





3.3.1 France

- **Legislative Arsenal**

In 1980, rape became a crime punishable by 15 to 20 years imprisonment in France. Since 1990, rape between spouses has been recognised by the courts.

Some laws stand out in the 2000s in the fight against violence against women. Indeed, the law of 26 May 2004 on divorce allows the victim to refer the matter to the judge to organise the couple's separate residence even before any petition for divorce. We also note the law of 9 July 2010, which creates an offence of harassment within the couple. It also authorises a three-year trial of electronic bracelets to keep violent ex-spouses at a distance.

At the end of the 2010s, the legislative arsenal was strengthened. The law of 7 October 2016 for a digital Republic severely punishes the practice of "revenge porn".

The law of 27 February 2017 extends the limitation periods: between 6 and 20 years depending on the offence or crime. The statute of limitations for sexual crimes committed against minors from the age of majority of the victim is extended to 30 years with the law of 3 August 2018. This law strengthens the provisions of the criminal code designed to punish sexual offences against minors and creates an offence of sexist contempt to punish so-called 'street harassment' and broaden the definition of online harassment.

The law of 28 December 2019 allows the judge to put in place emergency measures without waiting for the victim to file a complaint. The law also provides for the allocation of financial assistance to victims who wish to change their accommodation and extends the wearing of the electronic anti-repulsion bracelet and the conditions for the allocation of a serious danger telephone.

Since 2020, other measures have been added to the legislative framework. The law of 30 July 2020 provides, among other things, for the lifting of medical confidentiality when the violence puts the life of an adult under the influence of the perpetrator in immediate danger.

Following high-profile criminal cases in which the victims were young girls, the law of 21 April 2021 creates new sexual offences to protect minors from sexual violence and incest. In addition, the text completes the definition of rape by mentioning oral acts.

- **Flagship initiatives against gender-based violence**

Below are some relevant initiatives to combat GBV:



- Creation in 2013 of the Interministerial Mission for the Protection of Women against Violence and the Fight against Human Trafficking (MIPROF). It gathers, analyses and disseminates information on violence against women;
 - There have been 5 inter-ministerial plans to combat violence against women. The most recent one covered the period 2017-2019 and aimed to combat sexism and the culture of violence and rape;
 - 6 measures were announced in September 2021: deployment of 3,000 additional "Grave Danger" telephones; increased use of anti-repulsion bracelets; control of weapons acquisition and possession; creation of a file of perpetrators of domestic violence; reinforcement of local governance of the policy to combat domestic violence; reinforcement of the inter-ministerial mission to protect women victims of violence;
 - Organisation in 2019 of the first Grenelle against domestic violence. Outcome: national strategy to combat domestic violence with 30 key measures⁵⁰;
 - National helpline: 3919;
 - Mapping of shelters for women victims of violence (nearly 400 shelters listed)⁵¹ : <http://orientationviolences.hubertine.fr>;
 - Free, anonymous and secure chat for young people who want to discuss violence in their relationship or family: <https://commentonsaime.fr/>;
 - "Violentometer" tool: 23 questions to identify violent behaviour in couples⁵² .
- **Flagship initiatives to better support women with disabilities victims of violence**

Below are some French tools to better support WWD victims of violence:

- Training guide developed by MIPROF for professionals working with WWD to improve their intervention with victims of domestic violence and/or sexual violence⁵³ ;

⁵⁰ 'Clôture Du Grenelle Contre Les Violences Conjugales - Dossier de Presse' (Gouvernement, November 2019), https://www.gouvernement.fr/sites/default/files/document/document/2019/11/dossier_de_presse_-_cloture_du_grenelle_contre_les_violences_conjugales_-_25.11.2019.pdf.

⁵¹ Tool developed by the Centre Hubertine Auclert

⁵² Tool developed by the Centre Hubertine Auclert, the association En avant toute(s), the Paris City Council, the Observatory of Violence against Women of the Seine-Saint-Denis Departmental Council and the Parisian Observatory of Violence against Women.

⁵³ <https://arretonslesviolences.gouv.fr/je-suis-professionnel/femmes-en-situation-de-handicap>



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- Free online training from the Association Francophone de Femmes Autistes (AFFA) for professionals and families to detect, report and prevent sexual violence;
 - The "Écoute Violences Femmes Handicapées - + 33 1 40 47 06 06" hotline of the association Femmes pour le Dire, Femmes pour Agir: the first hotline in France dedicated to listening to and providing legal, social and psychological support to WWD victims of violence (of all kinds) and abuse. Volunteer counsellors are available on Mondays from 10am to 1pm and from 2.30pm to 5.30pm and on Thursdays from 10am to 1pm.

3.3.2 Hungary

- **Legislative Arsenal**

Article III of the Constitution (Hungary's basic law) adopted in 2011, and amended in 2013, includes the following provisions on violence against women:

(1) No one shall be subjected to torture, inhuman or degrading treatment or punishment, or held in servitude.

Trafficking in human beings is prohibited.

(2) It is prohibited to carry out medical or scientific experiments on human beings without their informed and voluntary consent.

Since then, there has been no further detailed legislation or new laws on this issue.

Some grassroots NGOs question the effectiveness of the current law. Dr. Júlia SPRONZ states that "*For battered women, the justice system in Hungary does not provide justice at the moment.*"⁵⁴ "

- **Flagship initiatives against gender-based violence**

A key initiative is the NANE Women's Rights Association booklet and related training entitled "Lessons learned: Adapting and using the WAVE Training Programme on Combating Violence Against Women Sensitisation and training of professionals on violence against women"⁵⁵ published in 2006.

In the framework of this programme, NANE, using the expertise and experience of the European network Women Against Violence Europe (WAVE) as well as the local expertise of a Hungarian judge, a psychotherapist,

⁵⁴ 'System Failure: Male Violence against Women and Children as Treated by the Legal System in Hungary Today - A One Year Research and Strategic Litigation Program by NANE and Patent' (NANE Women's Rights Association – PATENT Association Against Patriarchy, 2011).

⁵⁵ https://nane.hu/wp-content/uploads/lessons_learned_nane.pdf



a social worker and a police officer, translated, adapted and used the WAVE training programme in Hungary. The project itself consisted of three main parts: the translation and adaptation of the manual created during the WAVE training programme on combating violence against women in 2000 with the support of the European Commission's first Daphne programme. In the second phase, trainings were organised with the double objective of testing the manual and creating a pool of collaborators from different professions to work as co-trainers with NANE's own trainers in different trainings for professionals on violence against women. In the third phase, the results of the training and the experiences of the adaptation process were compiled in a booklet in English that will be disseminated both in print and on the Internet for other countries considering using the manual.

The European Commission's Daphne II programme ran from 2004 to 2008 with a budget of EUR 50 million. It aimed to support organisations that develop measures and actions to prevent or combat all types of violence against children, young people and women and to protect victims and groups at risk. NANE association offers different training opportunities for professionals, targeting different groups (e.g. psychologists, teachers, social workers, youth workers, etc.).

It is interesting to highlight some of the law enforcement initiatives taken by the National Police Chief's Headquarters (ORFK), namely:

- "Don't leave, don't do it!" campaign against human trafficking" in cooperation with the International Organization for Migration (IOM);
- "There is Help!" campaign against relationship violence by the National Crisis Management and Information Helpline;
- "Going Home" crime prevention programme;
- Educational guide for police officers;

Other initiatives were highlighted in our questionnaire at civil society level, namely:

- "I stand up for you" theatre performance to prevent human trafficking and sexual exploitation⁵⁶ ;
- "Love never hurts" and "Take notice" campaigns of the Hungarian Interchurch Aid Organisation;
- Training on Post Traumatic Stress Disorder and trauma-informed gynaecological practices, provided by the association EMMA;

⁵⁶ <http://www.studiokszinhaz.hu/eloadasok/kiallok-erted/>



- PIE4shelters (Erasmus + project) to improve the capacity of homeless services to support homeless women victims of violence;

- **Flagship initiatives to better support women with disabilities victims of violence**

The Hungarian government has approved a programme on disability (2020-2022). Some of the actions target DSFs. For example, the plan covers the following topics:

- Sex education courses should be provided for PWD and their families;
- Programmes should be launched - with the help of NGOs - to help PWD have their own children;
- WWD should be supported to improve access to gynaecological screening tests;
- Need to conduct an awareness-raising campaign on the issue of violence against women and children with disabilities to prevent violence.

In an online article, a well-known expert⁵⁷ in the field of disability questions whether the programme is being implemented properly. The article was written in 2020. We could not find any information on the current status of the programme. There is also a free legal aid service for PWD⁵⁸.

In addition, the Hand in Hand Foundation has been working on prevention against abuse since 1998. In 2006, the complex programme "To live, not abuse" was set up so that abuse, relationship and sexuality issues, as well as basic care responsibilities could be dealt with in a unified approach in institutions providing basic and specialised care, respecting, of course, the self-determination and autonomy of the PWD. The main outcome of the project was a protocol to help prevent and deal with abuse in social institutions for PWD and child protection. The programme involved: 1. development of an institutional framework; 2. training of specialists; 3. introduction of the abuse protocol in the institution; 4. training of service users; 5. networking and 6. evaluation.

Lastly, the National Center for Disability and Social Police delivered a guide for service providers⁵⁹ and a conference⁶⁰ on violence against DSPs in 2015.

⁵⁷ Erzsébet Földesi, 'A fogyatékos nők láthatatlanok a magyar jogi szabályozásban', 2020, <https://merce.hu/2020/12/10/a-fogyatekos-nok-lathatatlansaga-a-magyar-jogi-szabalyozasban/>.

⁵⁸ <http://www.kezenfogva.hu/jogsegely-szolgalat>

⁵⁹ 'Beszéljünk Az Abúzusró' (és Szociálpolitikai Központ, 2015), <https://fszk.hu/kiadvany/fogyatekossag-es-abuzus-utmutato-szolgaltatok-szamara/>.

⁶⁰ 'Beszéljünk Az Abúzusró'.



3.3.3 Lithuania⁶¹

- **Legislative Arsenal**

Lithuania has four key legislative initiatives on violence against women:

- Sexual violence, such as rape, sexual rape, sexual harassment, including discrimination on the basis of nationality, race, sex, origin, religion or membership of another group, is considered a crime in the Criminal Code of the Republic of Lithuania;
- Implementation of equal rights and prohibition of any form of discrimination by the Law on Equal Opportunities for Women and Men of the Republic of Lithuania (1998) and the Law on Equal Opportunities of the Republic of Lithuania (2003);
- Adoption of the Law on Protection against Domestic Violence (2011).

- **Flagship initiatives against gender-based violence**

Lithuania has carried out various initiatives at national level to combat violence against women:

- Implementation of the State Programme for the Prevention of Domestic Violence and Provision of Assistance to Victims (2014-2020) and the State Programme for Equal Opportunities for Women and Men (2015-2021);
- As of 2018, the Lithuanian Association for the Implementation of Women's Rights brings together 17 women's non-governmental organisations in various regions that perform the functions of specialised comprehensive assistance centres and provide assistance to victims of domestic violence covering 60 municipalities;
- There is a free 24-hour women's helpline that provides emotional support in cases of violence and other problems;
- The Office of the Equal Opportunities Ombudsman investigates individual complaints about discrimination or harassment on the grounds of age, sexual orientation, disability, racial or ethnic origin, religion or belief in the workplace, in educational institutions or in the provision of services. In terms of protecting and ensuring the rights of PWD, it is the most important institution to which

⁶¹ In the framework of the European Stay Safe project, a mapping of violence against women with disabilities was carried out. The issues are very similar to those addressed in this report and the project's case studies include Lithuania, Portugal and Spain. Therefore, for these countries we have included some of the research undertaken by Stay Safe in order to best describe the national contexts. For more information on the Stay Safe project, see: <https://staysafeproject.eu/>.



representatives of this social group turn in matters of discrimination and the institution fully authorised to investigate complaints;

- Moterų informacijos centras (English - Women's Information Centre) provides the following services: training, lectures, seminars, organisation of social actions, projects, research on gender equality issues, compilation of a database, free legal advice for women, a library, a database of women's NGOs, a database of women's groups;
- Lygių galimybių plėtros centras carries out information campaigns, advocacy, training, articles and publications, and provide expertise on gender equality issues;
- Dingusių žmonių šeimų paramos centras (English - Family Support Centre for Missing People) aims to reduce the number of missing people and victims of human trafficking in Lithuania, and to ensure that all victims receive comprehensive assistance and support;
- Įveirovės ir edukacijos namai (English - House of Introduction and Education) aims to increase access to science-based sexuality education; to ensure the right to reproductive and sexual health; to strengthen the prevention of violence; to develop critical thinking and media literacy; to promote the development of competences for building equal relationships and self-esteem; to fostering competence in diversity;

- **Flagship initiatives to better support women with disabilities victims of violence**

There are no separate legal acts protecting WWD in Lithuania. Their rights are protected in accordance with general law and the Law on PWD. There is also no special assistance for PWD who are victims of sexual or domestic violence. In Lithuania, the issue of WWD has not received sufficient attention for a long time, with only one in-depth study analysing the situation of this group, commissioned by the Office of the Equal Opportunities Ombudsman in 2014.

3.3.4 Poland

- **Legislative Arsenal**

The Act of 10 June 2010 amending the Act on Combating Domestic Violence and 6 other Acts (Journal of Laws No. 125, item 842), in addition to many changes, introduced into the remit of local authorities a new task - the establishment and operation of interdisciplinary teams on violence.



Domestic violence is a criminal offence. This crime is known in the Polish Penal Code as the crime of domestic violence, as defined in Article 207.

(1) Anyone who physically or mentally abuses a person in his or her entourage or any other person who is in a permanent or transitory relationship of dependence on the perpetrator shall be punished by deprivation of liberty for a period of 3 months to 5 years.

1a. Anyone who physically or mentally abuses a person who is incapacitated by reason of age, mental or physical condition, shall be punished by deprivation of liberty for a period of 6 months to 8 years.

(2) If the act specified in § 1 or 1a is combined with the use of special cruelty, the perpetrator shall be punished by deprivation of liberty for a term of one to ten years.

(3) If the consequence of the act referred to in § 1-2 is that the injured person attempts to end his or her life, the perpetrator shall be punished by deprivation of liberty for a period of 2 to 12 years.

- **Flagship initiatives against gender-based violence**

The main initiative in Poland to combat GBV is the "Blue Line" initiative. The Polish National Hotline for Victims of Domestic Violence was established in 1995 as a branch of the Institute of Psychological Health under the aegis of the Association of Polish Psychologists. Its services include: counselling, a legal clinic, a nationwide e-mail hotline, a nationwide telephone hotline, a centre for victims of domestic violence, training courses and counselling activities for national organisations (such as counties, police, etc.) as well as for individuals, and the publication of the magazine "Blue Line".

- **Flagship initiatives to better support women with disabilities victims of violence**

The following initiatives stand out with regard to GBV:

- Ombudsman Bulletin 2013⁶² - Analysis and recommendations on the principle of equal treatment: law and practice to address violence against women, including older women and WWD.
- Strategy for PWD (2021-2030). On 25.02.2021, Resolution No. 27 of the Council of Ministers of 16 February 2021 was published in the Official Gazette of the Republic of Poland "Monitor Polski" under item 218.

⁶² Rzecznik Praw Obywatelskich, 'Przeciwdziałanie przemocy wobec kobiet, w tym kobiet starszych i kobiet z niepełnosprawnościami', 2013, https://bip.brpo.gov.pl/sites/default/files/Biuletyn_Rzecznika_Praw_Obywatelskich_2013_Nr_7.pdf.



- Project "NO MEANS NO"⁶³ to combat violence against WWD by providing information and training in self-defence. Main results: video to learn self-defence techniques; publication of a manual on how women with disabilities can defend themselves against violence; "Times ups" conference⁶⁴. Thanks to this project, trainers with different types of disabilities, among others, participated in the trainings. More than 200 women from Poland (a total of 800 in Europe) participated in empowerment trainings on self-defence, more than 1,000 women had access to safety guides adapted to their needs (brochures, video material (also with audio descriptors). Educational, informative and networking events were organised throughout the EU on this topic.
- The topic of violence against PWD is not fully researched or monitored in Poland. Following the ratification of the UNCRPD, this issue was raised by the Ombudsman. According to the Polish National Emergency Service for Victims of Domestic Violence, women with hearing and visual impairments do not receive any legal or psychological advice. The situation is further complicated by the fact that some forms of violence against women with disabilities are legalised, including: the obligation to take medication in psychiatric hospitals, the prohibition of marriage for people with mental or intellectual disabilities, forced sterilisations, etc.

3.3.5 Portugal⁶⁵

- **Legislative Arsenal**

Portuguese law, on the issue of the crime of sexual violence, has adjusted its legal framework to adjusting the demands of the Istanbul Convention. For example, Law nº 83/2015 of 5 August autonomizing the crime of female genital mutilation and makes it punishable by imprisonment from 2 to 10 years.

⁶³ <https://www.nomeansno.eu/>

⁶⁴ The conference "Time's up - in solidarity against violence against girls and women with disabilities" took place in Krakow on 20 September 2021. The meeting was organised by the Autonomia Foundation in partnership with the Faculty of Humanities of the University of Science and Technology. The interventions focused on the diagnosis of the situation, the problems and the necessary changes.

⁶⁵ In the framework of the European Stay Safe project, a mapping of violence against women with disabilities was carried out. The issues are very similar to those addressed in this report and the project's case studies include Lithuania, Portugal and Spain. Therefore, for these countries we have included some of the research undertaken by Stay Safe in order to best describe the national contexts. For more information on the Stay Safe project, see: <https://staysafeproject.eu/>.



Other legal accommodations are reflected on:

- The crime of persecution with a prison sentence of up to 3 years or a fine, and forced marriage with a sentence of up to 5 years;
- Inclusion of the following typologies of crime: violation of fundamental physical integrity (art.143); domestic violence (art.152); sexual coercion (art.163); rape (art.164) and sexual intimidation (art.170)

- **Flagship initiatives against gender-based violence**

The following initiatives can be highlighted in the fight against GBV in Portugal:

- The Commission for Citizenship and Gender Equality (CIG) is the entity responsible for the national framework of prevention against GBV and is regulated by the Council of Ministers and the Secretariat of State for Equality. In 1999, the first National Plan against Domestic Violence was approved, aiming at implementing strategic measures to prevent violence against women in its multiple typologies;
- The National Strategy for Equality and Non-Discrimination 2018-2030 "Portugal + Equal", approved by the XXI Constitutional Government on 8 March of 2018. Strategic axes and guidelines were defined until 2030, common to the three National Action Plans included in the Strategy, which in turn define concrete four-year measures, namely: a) National action plan for equality between women and men; b) National Plan of Action to prevent and combat violence against women and domestic violence; c) National Action Plan to combat discrimination on grounds of sexual orientation, gender identity and sexual characteristics;
- The III National Plan of Action for the Implementation of the United Nations Security Council Resolution Security Council Resolution 1325 (2000) on Women, Peace and Security 2019 -2022 (III PNA) defines how Portugal continues to promote the objectives of that resolution, at the national, regional and international levels;
- National Network of Support for Victims of Domestic Violence, consisting of a set of services and responses aimed at supporting victims, namely: Support services (200); Emergency shelter (17); Shelter Homes (37). The technical supervision is the responsibility of the CIG, in articulation with the Institute of Social Security;





- Information Service for Victims of Domestic Violence - 800 202 148 (free telephone line, operates 7 days a week, 24 hours a day; contact via email and free and unregistered SMS line, so that victims can send written requests for help);
- In 2017, the Domestic Violence Homicide Retrospective Analysis Team was established;
- Psychological Support for Children and Young People Victims of Domestic Violence Services;
- Teleassistance for Victims of Domestic Violence (protection measure in paragraphs 4 and 5 of Article 20, Law No. 112/2009 of 16 September). It is a specific form of protection, organized around a technological system that integrates a range of responses/interventions ranging from psychosocial support to police protection, for a period not exceeding 6 months, unless the judiciary entity decides for its extension;
- The Platform for Vacancy Management of the National Network of Support to Victims of Domestic Violence (RNAVVD) allows to know, in real time, the availability of the shelters, as well as to enable direct communication between entities;
- The Transport Service for Victims of Domestic Violence and Trafficking in Human Beings aims to ensure the safe and free road transport of victims of domestic violence and their dependents, to Shelters or emergency shelters, as well as of victims of trafficking in human beings, for the necessary procedural steps and to and from the Shelter and Protection Centres;
- Resource Guide that allows geo-referenced information on all the services supporting situations of domestic violence (available through the website <http://www.guiaderecursosvd.cig.gov.pt/> and the APP VD);
- Portuguese Association for Victim Support (APAV) has a Victim Support Line, a national network of 18 offices including a Video Sign Language Interpreter Service and 2 shelter houses for domestic violence victims and their dependents and one foster centre for women victims of human trafficking;
- The NGO, Women's association against violence (AMCV) offers shelters and an Anti-Violence Centre, where victims can find psychological, legal, health and professional support, as well as help for reporting to the authorities;
- The NGO, Women's Alternative and Response Union (UMAR) has been developing consistent and publicly recognised work in the fight against GBV, particularly violence in intimate relationships. It runs 2 shelters and focuses mainly on disseminating prevention measures. They also have an emergency service for women victims of domestic violence. In 2002, it launched the Murdered Women's Observatory (OMA) whose objectives are to deepen the study on the incidence of femicide in Portugal, making known the human, social, economic





and family consequences of this crime, valuing women and proposing measures to help in its prevention. Since March 2015, a new response emerged facilitating and enabling the social integration of victims of domestic violence;

- The NGO, Being a Woman Association (ASM) has developed awareness campaigns in schools and kindergartens, where GBV issues have been discussed with children from the first cycle;
- The NGO, Feminists on the Move Association (FEM) promotes the project Lisboa + Igualdade - Space for Service to Victims of Domestic and Gender Violence - (2021-2022), where different services are provided: specialised assistance and support for victims of domestic and gender-based violence; Psychosocial and psychological support and legal information.

- **Flagship initiatives to better support women with disabilities victims of violence**

In Portugal, the following initiatives are specifically aimed to prevent violence against PWD and some of them specific directly with prevention of violence against WWD:

- The National Strategy for the Inclusion of People with Disabilities (2021 – 2025) is the first to address an intersectionality perspective with regard to the introduction of GBV-related measures. The general objective nº 2 of this Strategy is to promote inclusion, equality and the prevention of violence in organisations and in the community, through the following specific objectives: To deepen the action of public administrations in the effectuation of equality and Inclusion; Prevent violence against people with disabilities and qualify intervention;
- Portugal has a specialised shelter for WWD in the city of Águeda, managed by CERCIAAG, a social solidarity cooperative. The Shelter for Women with Disabilities has ability to 7 persons and provides support for women with disabilities who are victims of violence, including physical or psychological abuse, neglect, and sexual crimes;
- Project "Fórum da Economia Social para a Igualdade" promoted by the Association Questão de Igualdade and FENACERCI. The objective is to train social economy organisations in the integration of measures promoting equality between women and men;
- With the aim of promoting the rights of victims of crime, the website Infovítimas Inclusivo, promoted by Portuguese Association for Victim Support (APAV), arises in a logic of inclusion and pursuit of equality in access to relevant information. <https://infovitimas.pt/inclusivo/>;
- FENACERCI developed two tolls on prevention abuse, maltreatment and discrimination of people with intellectual and multiple disabilities, namely: "Roadmap for the Prevention of





Maltreatment of Persons with Intellectual and/or multiple Disabilities” (2010); “Roadmap for the Prevention and Action in Institutional Context” (2011);

- FENACERCI through its training area promotes annual training addressed to different stakeholders (professionals in the field of disability and rehabilitation, health and security; people with intellectual disabilities) on issues related to GBV;
- FENACERCI is working (2022-2023) on the adaptation in easy to read version of Council of Europe Convention on preventing and combating violence against women and domestic violence;
- 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.

Recently there have been seminars of reflection, awareness-raising and training activities, as well as national and European projects that have sought to explore the issue of violence against WWD and GBV. The following information is a summary of some relevant initiatives:

NAME	DESCRIPTION	TARGET GROUPS	RESOURCES
Training on Domestic Violence and Intervention with PWD as victims (promoted by FENACERCI in 2017)	Specialized Training	Different Stakeholders (in the field of disability, rehabilitation education, health, security, justice and victim support)	https://www.fenacerci.pt/2017/10/06/formacao-de-publicos-estrategicos-violencia-domestica-e-intervencao-com-peopleiras-com-deficiencia-enquanto-vitimas-em-particular-





			situacao-de-vulnerabilidade/
Flyer about Domestic Violence and WWD	Flyer in easy to read	PWD, WWD	https://www.fenacerci.pt/docs/LF-ViolenciaDomestica_COVID-19.pdf
Police Action on Domestic Violence Training Course	Specialized Training promoted by PSP with a specific module regarding prevention and intervention with people with disabilities	Police Officers	N/A
Course on Crime Prevention, Community Policing and Human Rights	Specialized Training promoted by GNR with a specific module regarding prevention and intervention with PWD	Police Officers from the Criminal Prevention and Community Policing Sections of all the National Republican Guard (GNR) Territorial Commands	N/A
Domestic Violence Forum: The most invisible of the invisible	This event aimed to raise awareness and alert the population about the problem of domestic violence, addressing the issue of children and young people, particularly children with disabilities.	All Stakeholders	https://www.inr.pt/noticias/-/journal_content/56/11309/715160
Training action on prevention of maltreatment of PWD	Annual training promoted by National Institute of Rehabilitation and FENACERCI, since 2013	All Stakeholders	N/A
1st Forum Portugal Against Violence (17, 18.11.2021)	The aim was to promote discussion and reflection around the new instruments of multi-sectoral intervention produced, as well as their impacts on the ground.	All Stakeholders	https://www.cig.gov.pt/2021/11/i-forum-portugal-contra-a-violencia-17-e-18-de-novembro/



	This forum had a painel specific about victims in particular vulnerability situation.		
2nd Forum Portugal Against Violence (24, 25.11.2022)	The theme of this forum focused on the role of the media in combating violence against women and gender-based violence.	All Stakholders	https://www.cig.gov.pt/iniciativas-nacionais/2-forum-portugal-contra-a-violencia/
VI Meeting - Observatory on Disability and Human Rights (13.12.2022)	Meeting dedicated to the theme "Breaking the invisibility: Talking about human rights of girls and WWD".	All Stakeholders	http://oddh.iscsp.ulisboa.pt/index.php/pt/media-teca/eventos/item/590-inscricoes_vi_encontro
National Raising Awareness Campaigns (since 2005 until now, 29 campaigns was promoted)	CIG has been promoting National Campaigns aiming at reaching different audiences and different issues associated to the prevention and combat of domestic and gender violence.	General population and stakeholders	https://www.cig.gov.pt/area-portal-da-violencia/violencia-contra-as-mulheres-e-violencia-domestica/campanhas/

3.3.6 Spain⁶⁶

- **Legislative Arsenal**

The following legislative measures have been identified in Spain as part of the fight against GBV:

- Articles 9.2, 14 and 15 of the Spanish Constitution, respectively on the obligation of the State to fight against inequalities between individuals, on equality before the law (no discrimination) and on the physical and moral integrity of persons;
- Articles 42-107 of the Civil Code regulate marriage and its dissolution, including cases of GBV;

⁶⁶ In the framework of the European Stay Safe project, a mapping of violence against women with disabilities was carried out. The issues are very similar to those addressed in this report and the project's case studies include Lithuania, Portugal and Spain. Therefore, for these countries we have included some of the research undertaken by Stay Safe in order to best describe the national contexts. For more information on the Stay Safe project, see: <https://staysafeproject.eu/>.



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- Organic Law 11/2003 on the fight against domestic violence;
 - Constitutional Law 1/2004 of 28 December, on integrated protection measures against GBV.

- **Flagship initiatives against gender-based violence**

Below are the main initiatives against GBV in Spain:

- Creation of the National Plan for GBV Awareness and Prevention within the framework of the Comprehensive Law against GBV. It is based on prevention (before the conflict, during the conflict and before the victim protection process) and awareness. The measures are identified at several levels: judicial, security, health, social, informational, educational and communicational;
- The National Strategy for the Eradication of Violence against Women 2013-2016: 284 measures to combat GBV. A new strategy will be approved for 2022-2025;
- In 2017, the different parliamentary groups, autonomous communities and local entities represented in the Spanish Federation of Municipalities and Provinces ratified the State Pact against Gender Violence. This State Pact involves the union of a large number of institutions, organisations and experts in the formulation of measures for the eradication of violence against women. The Pact involves influencing all spheres of society and is structured in 11 work areas;
- The Ministry of Equality, through the Government Delegation against Gender Violence, provides the telephone service for information, legal advice and immediate psychosocial care by specialised personnel for all forms of violence against women, through the short-dial telephone number 016; through WhatsApp at 600 000 016; through an online chat on the website of the Government Delegation against Gender Violence and through email at the online service 016: 016-online@igualdad.gob.es ;
- The Commission of Inquiry into Abuse (<https://malostratos.org>);
- Femicidio.net Observatory.

- **Flagship initiatives to better support women with disabilities victims of violence**

The following initiatives are specifically designed to address GBV:

- The National Plan for Awareness and Prevention of GBV pays special attention to the needs of WWD (although it does not mention those with psychosocial disabilities);





- A guide developed by the Women's Foundation (CERMI) to provide women and girls with disabilities, mothers and caregivers with practical advice on how to report situations of GBV and seek help or refer to available support resources⁶⁷.

In the case of Spain, different tools were highlighted by the respondents to our survey. Below is the list:

NAME	DESCRIPTION	TARGET GROUPS	RESOURCES
Victimisation course	Workshop on victimisation, theory and practice	Educators and technical staff	N/A
Training of professionals on gender issues and prevention of abuse of PWD, as well as workshops on prevention	How to detect possible abuse and masculinities	PWD and professionals	N/A
Prevention campaign of the Mossos d'Esquadra of Catalonia	Training workshops on the different situations of abuse, so that people can identify when they may be in an abusive situation and how to act	PWD	https://dixit.blog.gencat.cat/2018/03/29/project-e-dels-mossosper-ajudar-les-persones-amb-discapacitat-intellectual-a-prevenir-i-detectar-abusos/
I, II, III Conference on the prevention of GBV among women with	Technical conferences to raise awareness and visibility	Law enforcement agencies, primary health care professionals,	https://plenainclusionextremadura.org/plenaincl

⁶⁷ 'Orientaciones Prácticas de Denuncia de La Violencia de Género Sobre Mujeres y Niñas Con Discapacidad En La Situación de Emergencia Por El Coronavirus' (Fundación CERMI Mujeres, 2020), https://violenciagenero.igualdad.gob.es/informacionUtil/recursos/estadoAlarma/docs/orientaciones_coronavirus_fcm_24981.pdf.



intellectual and/or developmental disabilities		support persons from disability entities and families	usion/queofrecemos/mujer
Research on the different types of trafficking - Training on how to detect and intervene in trafficking	Awareness and training sessions	Justice operators, law enforcement agencies, professional associations	https://www.proyectoesperanza.org/
Breaking down the myths of sexual violence	Preventing sexual violence, by breaking down the myths associated with this form of sexual violence	General population, with a special focus on young people	N/A
Training on EAVDID (Victim Support Team with Intellectual and Developmental Disabilities) and the figure of the facilitator + Training on how to file a complaint Training on how to file a complaint	Explanation of how to file a complaint or take action in cases where a situation of violence is detected. It is explained what this team is, what its functions are, what kind of support it can provide to the PWD	People with intellectual disabilities and their families. Also personnel involved in these processes (lawyers, prosecutors, judges, police, civil guards)	N/A
GBV training and awareness	Training of PWDs to be GBV detectors	People with intellectual disabilities	N/A
Because I am a woman	Training on guidelines, tools and skill development in	Women with intellectual disabilities	N/A



	managing the couple relationship		
Tertulia coffee for women	Emotional support space where, among other things, the topic of abuse and GBV is discussed	Women with intellectual disabilities	N/A
Participation in the environment	Building alliances with other community entities and celebrating 25N	People with intellectual disabilities	N/A
Me Relaciono" (I tell) workshops	Abuse prevention training where the vulnerability of the group to abuse is addressed.	People with intellectual disabilities	N/A
Talleres Salir Adelante (Workshops to move forward)	It is a space of encounter, personal growth and sisterhood for women with intellectual or developmental disabilities or mental health problems, survivors of GBV where, through empowerment techniques, they can build their self-esteem and self-confidence and regain control over their	Women with intellectual disabilities and survivors of GBV	N/A



	lives, dreams and desires.		
Responsible Sexuality Plan for people with disabilities	This plan is a programme of work for the centres in the development of a responsible sexuality in accordance with the rights of PWD	PWD	https://blogs.uned.es/protedis/el-manual-del-plan-de-sexualidad-responsable-pcdi/
Conference on Sexual Consent	The organisation PROTEDIS organised a training day on sexual consent for PWD	PWD	https://blogs.uned.es/protedis/resumen-de-la-i-jornada-sobre-consentimiento-sexual/
NEEDUCASEX PROGRAMME - Good practice in the emotional-sexual and socio-relational support of students with special educational needs	The programme aims to provide keys, guidance and appropriate teaching resources to teachers in the network of state-level educational centres. Establishment of minimum standards of care, education and support for the emotional and sexual development of students with special educational needs.	Pupils with special educational needs (formal early childhood education, primary, secondary, transition to adult life). In 2023, the programme will be published in other languages	https://www.needucasex.com





<p>Guide to Sexual and Reproductive Rights for WWD</p>	<p>The aim is to help WWD: to know more about their sexuality. Know how to manage their bodies. Choose and make autonomous and responsible decisions. Know what their sexual and reproductive rights are. Identify when their rights are respected and when they are violated. Defend and claim their rights. To feel that they are protagonists of their lives, that they have control over their bodies and their sexuality...</p>	<p>WWD and their immediate environment. International dissemination (future publication in several languages)</p>	<p>N/A</p>
<p>Workshops on equality relations</p>	<p>Training workshops, to address personal relationships, bonding, emotional management, personal boundaries and, finally, to learn to live together in respect and equality, trying to avoid situations of inequality and GBV</p>	<p>PWD</p>	<p>N/A</p>
<p>Celebration and awareness raising on "Women's Day"</p>	<p>Editing video material to celebrate and give visibility to women with</p>	<p>PWD</p>	<p>Link to an example video celebrating "Women's Day" at APCA:</p>



	cerebral palsy and their rights		https://www.youtube.com/watch?v=5PAfUJ5JH2w&t=67s .
Punts Liles	Workshops and the creation of meeting points at concerts, events or nightlife in local venues or on the street act as information and support points for victims of male violence	Young people	https://centrejove.org/femnoslanit/
Exit from violence project	Intermediation project for WWD victims of violence	WWD	https://www.fundacioncermimujeres.es/asistencialegal
Guide to GBV and Sexual and Reproductive Rights Services	Guide to provide guidelines on how to support women with disabilities who use these services, so that they are accessible and inclusive	Service providers	https://womenenabled.org/reports/wei-and-unfpa-guidelinesdisability-gbv/



Conclusions

Through this study the RESPONSE consortium wanted to investigate the existing challenges faced by women with disabilities victims of gender-based violence; the tools available to the professionals who support them; the existing institutional responses and good practices proposed by society to better support WWD in case of GBV.

This study is based on a network-wide survey mobilising 270 participants (WWD, SP and MSP) in partnership networks of PWD service providers in 6 different countries (France, Hungary, Lithuania, Poland, Portugal and Spain). It is important to highlight that the study is based on the inputs of a limited sample of target groups' representatives. Therefore, the data cannot be extrapolated to national and European levels. However, as this field of research is very little explored, we were able to collect useful information from WWD about their needs in terms of support, and from professionals who support them (SP and MSP) about the tools they have at their disposal, system flaws and areas for improvement. It is crucial to stress the importance of the notion of intersectionality in our research. It is through this approach that we felt it was relevant to address such a complex and specific topic as GBV against WWD.

The data confirms the prevalence of GBV against WWD: 8 WWD out of 10 participating in the study have been victims of GBV. Under the weight of the trauma, many remain silent or speak out only after some time. For those who did speak out, their narratives mainly illustrate negative feelings about the way they were supported following their attacks. They report, for example, humiliation, pain and fear. Some of them are not believed by their social circle when they share what they have experienced. Very often, there is no follow-up nor appropriate support when the person reports an aggression, even when the incident is reported to the police. The stigma related to disability is very present. There is also a lack of information and means of action: 112 emergency helpline was not mentioned by any of the respondents.

That being said, the data also underlines the importance of support systems for the victims. Beyond the barriers that victims may encounter in their journey (frustration, lack of information, difficulties in perceiving abusive acts, fear in asking for help...), the majority of the respondents is satisfied with the given support, mostly given by close caregivers. Indeed, 44% of the victims interviewed confided their experience to the family circle versus 13,2% to the police.



As for the professionals, both SP and MSP, they face common challenges. Firstly, there are difficulties in supporting victims in the following areas:

- Tools and skills of professionals (ex: lack of training on GBV against WWD);
- Tools and skills for victims with disabilities (ex: lack of universal accessibility of services and resources related to GBV)
- Networking (ex: lack of cooperation between service providers and the police)
- Monitoring (ex: lengthy legal procedures);
- Management of personal feelings (emotional difficulties of the professionals when supporting WWD victims of violence).

Furthermore, professionals also face challenges related to the lack of recognition of violence: both by the victim herself (ex: helping her change perception that the abusive behaviour towards her is wrong, unacceptable and should not be so) and by her personal and institutional environment (ex: invisibilization of violence).

In view of all these challenges, prospects for improvement were also suggested by all the target groups. Emphasis was placed on empowerment of WWD and on the call for more means in terms of training, available resources, awareness raising and structural actions.

The following actions can be implemented to address these issues:

- Training professionals (SP & MSP) in the detection and support of GBV against WWD on an ongoing basis rather than on an ad hoc basis;
- Facilitating cooperation and knowledge exchange between MSP and SP;
- Providing adequate access to support services by ensuring that WWD can reach support and protection services, such as victim support centres or hotlines;
- Providing training opportunities to WWD for them to develop GBV knowledge and empowerment skills;
- Promoting the participation of WWD in decision-making processes that concern them. This can be done, for example, by organising discussion groups or by offering them the opportunity to represent themselves in different institutions.

On the other hand, desk research allowed us to highlight the institutional instruments that exist to improve support practices at three levels: global, European and national (France, Hungary, Lithuania, Poland, Portugal and Spain). Although the legislative arsenals and tools available to fight GBV are not negligible, there is a void in terms of measures addressing the specific needs of WWD.





Our state of the art thus paints a picture that has been started but is far from being completed. It will serve as a basis to produce a training and awareness-raising manual as well as policy recommendations to improve the conditions of support for WWD victims of GBV at our level.



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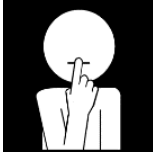


4 Appendix

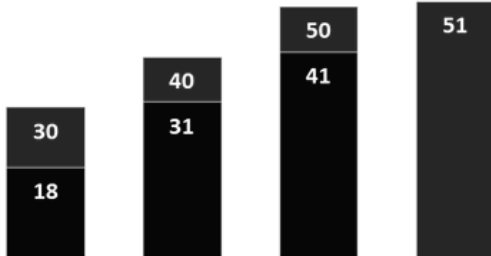
Annex 1: Questionnaire template for women with disabilities

QUESTIONNAIRE TO BETTER IDENTIFY SUPPORT TOOLS FOR VICTIMS OF GENDER-BASED VIOLENCE

1) I IDENTIFY MYSELF AS:	
	<input type="checkbox"/> A woman
	<input type="checkbox"/> A man
	<input type="checkbox"/> I feel neither male nor female: I am a non-binary person
	<input type="checkbox"/> Other
	<input type="checkbox"/> I don't want to answer



2) MY AGE:



- Between 18 and 30 years old**
- Between 31 and 40 years old**
- Between 41 and 50 years old**
- More than 50 years old**



- I do not know**

3) DO YOU HAVE SUPPORT NEEDS IN YOUR DAILY LIFE? FOR EXAMPLE:



I need help for eating



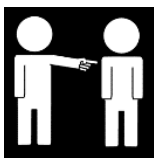



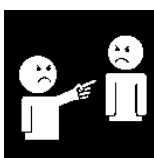
I need help for cooking



I need help for traveling



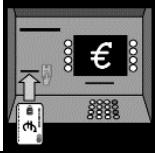

- Yes**
- No**
- I do not know**

4) HAVE YOU EVER BEEN RELATED TO AT LEAST ONE OF THESE SITUATIONS⁶⁸ (WITHOUT NECESSARILY SPECIFYING WHICH SITUATION (S))

	<p>Someone has been violent with me because I am a person with disabilities OR I am a woman / a man / a non-binary</p>
	<p>Someone has touched me or tried to touch me without my consent</p>
	<p>Someone has said or done things to me that were inappropriate and that I did not like (e.g., whistled at me)</p>
	<p>Someone belittled my opinions and plans</p>
	<p>Someone has been controlling your outings, clothes, make-up</p>

⁶⁸ These scenarios were largely inspired by the « Violentomètre en Facile à Lire et à Comprendre (FALC) » produced by the Observatoires des violences faites aux femmes de Seine-Saint-Denis et Paris, the association En Avant Toute(s) and the Mairie de Paris (2018).

They were supplemented by situations imagined by the RESPONSE consortium specific to the field of disability and are not an exhaustive list of violent situations. These are just examples.



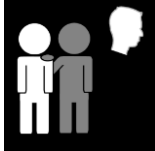
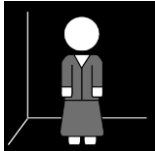
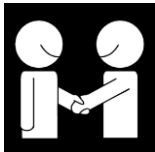
	<p>Someone pushed, pulled, slapped, shook, hit you</p>
	<p>Someone has been hiding or removing support products (e.g. wheelchair)</p>
	<p>Someone has been controlling your finances</p>
	<p>Someone has been controlling your medication and/or under medicates you</p>
<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know </p>	






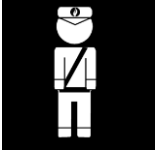

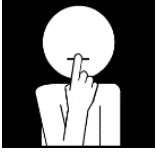

5) IF YES, WHAT HAPPENED NEXT?





6) IN CASE YOU INFORMED SOMEONE, WHO DID YOU TELL?		7) WHO WAS INFORMED FIRST? PLEASE CHECK ONE BOX ONLY.
<input type="checkbox"/> Family		<input type="checkbox"/>
<input type="checkbox"/> Friends		<input type="checkbox"/>
<input type="checkbox"/> Educators		<input type="checkbox"/>
<input type="checkbox"/> Teachers		<input type="checkbox"/>
<input type="checkbox"/> Colleagues		<input type="checkbox"/>
<input type="checkbox"/> Health professionals		<input type="checkbox"/>



<p>(nurses, psychologists, doctors...)</p>		
<p><input type="checkbox"/> Social workers</p>		<input type="checkbox"/>
<p><input type="checkbox"/> Emergency hotline: 112</p>		<input type="checkbox"/>
<p><input type="checkbox"/> Police</p>		<input type="checkbox"/>
<p><input type="checkbox"/> Other:</p>		<input type="checkbox"/>
<p><input type="checkbox"/> I did not talk about it</p>		<input type="checkbox"/>
<p><input type="checkbox"/> I don't remember</p>		<input type="checkbox"/>



8)

WHAT HAPPENED NEXT?

9)

WAS THIS HELPFUL?

- Yes
- No
- I do not know





10)

IF NO, WHY?

11)

HOW WOULD YOU LIKE TO BE SUPPORTED?





12)



OTHER COMMENTS?

EXAMPLES OF TOPICS:

- **DO YOU KNOW WHAT TO DO IN A SITUATION OF RISK/DANGER? WHAT PROTECTION MECHANISMS DO YOU KNOW? DO YOU CONSIDER THEM ACCESSIBLE?**

Annex 2: Questionnaire format for SP and MSP

QUESTIONNAIRE TO BETTER IDENTIFY SUPPORT TOOLS FOR VICTIMS OF GENDER-BASED VIOLENCE



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1) What is your organization?

- Name of the organization:
- Country:
- Type of organization:

a) Does your organization support people with disabilities?

- Yes
- No

b) If yes, how many people with disabilities are supported within your organization?

c) Do you support more women than men?

- Yes
- No

d) If yes, can you specify the percentage?

2) What is your job?

3) Please describe your main responsibilities.

4) Do you have any knowledge about gender-based violence?

- Yes
- No

5) Do you have any knowledge about gender-based violence directed towards women with disabilities?

- Yes
- No

6) Have you ever been trained to support women victims of gender-based violence?

- Yes
- No



7) Have you ever supported a woman victim of gender-based violence? If no, please go straight to question 10.

- Yes
- No

8) Have you ever supported a woman with a disability victim of gender-based violence?

- Yes
- No

9) How did you support this/these person(s)? Please tell us what was felt as most challenging and what could be improved.

10) What procedures exist within your organization to prevent gender-based violence and to support victims?

11) According to you, are these procedures adequate?

- Yes
- No

12) If no, which improvement do they need?

13) List examples of projects, trainings or awareness campaigns conducted by your organization around gender violence. Please briefly describe each of these initiatives.

NAME OF THE INITIATIVE	DESCRIPTION	TARGET GROUPS	RESOURCES (e.g. links)



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14) Other comments?

Example of topic: which aspects do you consider to be in need of improvement?



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