

PREVENTING AND RESPONDING TO SEXUAL VIOLENCE AGAINST WOMEN WITH DISABILITIES: STATE OF THE ART AND RECOMMENDATIONS IN FIVE EU COUNTRIES



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COMPARATIVE REPORT

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1. Introduction

ANZIANI E NON SOLO SOCIETA COOPERATIVA SOCIALE (ANS) in Italy, in cooperation with KINONIKES SINETERISTIKES DRASTIRIOTITES EFPATHON OMADON (EDRA), in Greece, FUNDACION INTRAS (INTRA), in Spain, SAFE SPACE ASSOCIAÇÃO SAÚDE PSYCHO-SOCIAL PORTUGAL (SAFE SPACE), in Portugal, European Association Working for Carers (EUROCARERS in Belgium), SOCIALINIU INOVACIJU FONDAS (SIF), in Lithuania, and UNIVERSIDADE DO PORTO (UP), in Portugal, is implementing the two-years project titled: "Stay Safe: preventing and responding to sexual violence against women with disabilities".

The project aims at:

1. Develop and test a training model based on creative drama technique targeting women with psycho-social disabilities (110) and professionals (220) to recognize, react and report to sexual harassment episodes (both online and offline)
2. Raise awareness among professionals (psychologists, social workers, medical staff, carers, etc.), working in the disability field of the risk of sexual harassment to which psycho-socially disabled women are exposed and to provide them with instruments to replicate the training programme.

The project is funded by the EU Rights, Equality and Citizenship (REC) [programme 2014-2020](#) and lasts from April 1st, 2020 until March 31, 2022.

The structure of the project, as initially envisaged in the application and accepted in the grant agreement, includes 5 coherent Work Packages (WPs), three horizontal (WP1, WP2 & WP5) and two core (WP3 & WP4):

WP1: Project management & coordination

WP2: Evaluation

WP3: Development of the Stay Safe Training Tools

WP4: Pilot and Assessment of the Stay Safe training tools

WP5: Awareness-raising campaign, dissemination & exploitation

The present summary report is the third deliverable of the task D3.4 "Drafting of national and summary reports; drafting of comparative analysis report". The aim of the Stay Safe Comparative Report is the analysis (overview) of the current incidents and forms of sexual harassment and sexual violence against women with disabilities within the participant countries, by examining the desk research outcomes and the fieldwork outcomes within the participating countries.

Full reports are available in national languages from the website <https://staysafeproject.eu/download/1590>

2. The methodology of the report

The methodology of the comparative report of the Stay Safe project is based on the findings of the research teams that participated in the project, in Greece, Italy, Lithuania, Portugal and Spain. The research teams agreed that the project targets primarily women with psychosocial disabilities but its outcomes might to some extent be suitable to women with intellectual disabilities. The research was conducted under a common decided framework and it was divided into two levels: desk research and fieldwork research.

At the first stage, all the partners conducted an investigation through the national languages regarding the sections of a) the recent socio-political situation in their countries, b) the national definitions of the gender-based violence, c) the current statistics provided in the field, d) the national prevention framework, e) specific data representing the gender-based violence against women with psycho-social disabilities, f) the national rates of gender based equality in relation to the EU28 average rates and among the consortium countries.

At the second stage, the research teams conducted fieldwork research both with women with psychosocial and mild intellectual disabilities and professionals in the field of psycho-social disability and GBV prevention, investigating perceptions, intentions, hidden or identified needs, gaps and omissions, and professional experience in order to have a well-captured view of the field and a strong basis for creating the educational tools. Pictures representing potential harassments were shown to participants and they were asked to discuss the meaning of the photos.

The present document constitutes a summary of all the national contributions presented both in the deliverables D3.2 State Safe STATE-OF-THE-ART ANALYSIS AND FIELDWORK and D3.3 EXECUTIVE SUMMARIES Stay Safe STATE-OF-THE-ART ANALYSIS AND FIELDWORK. All the research teams conducted the aforementioned research by ensuring that nature, purpose, results, duration, conclusions and sharing of the research are clearly explained so that people participating in the interviews understood fully to what they were agreeing to. In addition, regarding the interviews with women with psycho-social disabilities, the research framed and conducted with full sensitivity and respect for the human rights of the individuals concerned

and by close consideration of the UN Convention’s human rights principles as respect for the inherent dignity, individual autonomy — including the freedom to make one’s own choices — and independence of persons, equality, full and effective participation and inclusion in society, respect for difference and accessibility.

3.Key findings from the desk research

3.1 Socio-political background analysis

Conducting the past decade's background socio-political analysis of the participating countries, it emerged as an apparent conclusion that it was a period characterized by many challenges impacting the quality of welfare provisions and services. This outcome was quite apparent through the partners of the south European context.

In 2009 **Greece** entered in a period of prolonged recession and austerity with broad socio-economic, demographic and political implications and this was particularly felt in unemployment rates, the overwhelming loss of income, and the shrinking of the welfare state. At the same time, the statistics on gender-based violence in Greece reflected the increased dimension of domestic violence revealing that the exacerbation of the social problems of poverty, unemployment, and insecurity generally affect women, making them more vulnerable to all forms of violence and more difficult to disengage from it.

The socio-economic context of **Italy** in the last decade (2010-2018) was characterized by persisting uncertainties on short-term economic developments and structural problems which impacted on the potential for growth and clearly impacted also on the availability of public services.

The socio-economic situation in **Lithuania** after the Global Financial crisis of 2008 was getting better continuously, with constantly decreasing unemployment rates, increasing pensions and gross domestic product. It would be important to mention that, in 2011 the Law on Protection against Domestic Violence was adopted which has led to a more active solution of GBV problems in the country. Specialized Comprehensive Assistance Centers and municipal crisis centers for temporary accommodation were established. The COVID-19 had an impact on Lithuanian economy but not as huge as could be expected so far. Media sources also inform about an increased number of reports of domestic violence during the coronavirus pandemic in Lithuania.

Portugal has been slowly recovering from an unstable economy caused partly by the Global Financial crisis of 2008, however due to the COVID-19 pandemic it is, like most countries, facing an economic downfall once again. The social and economic instability has influenced the response ability to address important issues, including action programmes towards violence, sexual or otherwise, against women with, and without, psychosocial disabilities.

In **Spain** the financial crisis that started in 2007 has affected the economic development and led to unemployment (youth unemployment rate reaches 30%), job insecurity and unequal qualifications. These conditions affected more to people who were already in a vulnerable situation. Additionally, the current situation with the new health crisis due to COVID-19

increases the number of people at risk of poverty in Spain and one more time, it will impact to the most vulnerable: women with disabilities

3.2 Definition of Gender Based Violence

A second step in our research had to do with the research of the national definitions regarding GBV within the partner's countries.

It became visible that all the countries of the consortium are following the lines of the Istanbul Convention and other international treaties.

The Istanbul Convention defines that the:

A.- "violence against women" is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life

B.- "domestic violence" shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim;

C.- "gender" shall mean the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men;

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

E.- "victim" shall mean any natural person who is subject to the conduct specified in points a and b;

As of November 2019, all EU Member States have signed the Convention, and 21 (BE, DK, DE, EL, EE, ES, FR, HR, IE, IT, CY, LU, MT, NL, AT, PL, PT, RO, SI, FI, SE) have ratified it.

Regarding the ratification of the Istanbul Convention in **Lithuania** the UN Committee on Elimination of Discrimination against Women pointed out that various factors impeded the ratification of the Istanbul Convention, including a wariness of the introduction of non-stereotypical gender roles as well as the fear that such non-stereotypical gender roles would lead to the introduction of same-sex marriage. While the Istanbul Convention had been submitted for ratification in 2018, there was no political will to ratify it. The Parliament's Human Rights Committee was therefore seeking to enact parts of it by putting forward motions to transpose some of its provisions in domestic legislation, as separate pieces of

legislation. For instance, a law criminalizing stalking was before Parliament, where it had gone through the first adoption steps¹.

According to European parliament, what makes the Istanbul Convention effective for fighting gender-based violence is that it identifies the gaps in legislation and finds the best practices – covers a broad range of measures, including obligations ranging from awareness-raising and data collection to legal measures on criminalizing different forms of violence. It also provides for the implementation of comprehensive and coordinated policies between national and governmental bodies involved in prevention, prosecution, and protection activities.²

3.3 Statistics

The current analysis of the gender violence-based statistics within the countries of the consortium reveals a worrying situation as the phenomenon of GBV remains as threatening dimension growing in times of crisis as the recent COVID-19.

In **Greece** the statistics of domestic violence for the period 2012-2017, shows an escalation of 49%, while the analysis of the data reveals that the vast majority of GBV cases involve incidents of domestic violence.

According to statistics in **Italy** (ISTAT, 2019) the 31,5% of women aged 16-70 has been a victim of physical or sexual violence during their life-course vs. *36,6% of women with serious limitations in activities of daily living.*

According to the **Lithuanian** Department of Statistics, 9,265 victims of domestic violence have been registered in 2019. The majority (80.2%) of adult victims were women, of whom 79.2% suffered from an intimate partner. Crimes registered due to domestic violence accounted for 16.2% of all registered crimes (Statistics Lithuania, 2020).

According to **Portuguese** statistics, in 2019 a total of 29 473 complaints on domestic violence were registered, determining an increase of 14,4% from the previous year (RASI, 2019, p. 19). This does not specify violence or victims by typology. Other data shows us that most of sexual crimes are committed by family members (22,1%) or acquaintances (35,9%) and that the main victims are women between the ages of 21-30 and that the aggressors are mainly men of ages between 31 and 40 (RASI, 2019, pp. 44-46). Statistic data collected and released annually by NGO APAV (Portuguese Association of Victim Support), shows that between 2013-2018

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<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25246&LangID=E>

2

[https://www.europarl.europa.eu/RegData/etudes/ATAG/2019/644183/EPRS_ATA\(2019\)644183_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/ATAG/2019/644183/EPRS_ATA(2019)644183_EN.pdf)

the total number of sexual violence victims was 4 761, being that the last year had the biggest increase in numbers and that of those, 23,6% were children and 76,4% were adults, all female.

In **Spain** the 13.2% of women have suffered some type of gender violence and crimes against freedom and sexual indemnity increased by 11.3% in 2019. The incidence of GBV in women with disabilities is much higher, reaching 35.1% and more than 50% if we talk about women with psychosocial disabilities.

3.4 Legal framework against gender-based violence

All countries maintain similar laws and, in all countries, the necessary legal system is in place to condemn cases of violence.

In **Greece** according to the National Secretariat for Family Policy and Gender Equality resources, the forms of domestic/sexual violence are divided into rape, harassment, trafficking, and stalking. Domestic violence is a crime that is prosecuted ex officio and is punished by the provisions of Law 3500/2006. Following the signing and ratification of the Istanbul Convention, its incorporation into national law, and the subsequent ratification of the new Penalty Code (Law 4619/2019), there are legally 4 cases of rape, all of a criminal nature. Over the last decade, regulations have been introduced in the national legal order, aimed at increased protection and assistance to victims. In this context, government agencies have been set up to provide services to vulnerable social groups. Indicatively the art. 21 of Law 3500/2006 on dealing with domestic violence recognizes that victims have the right to moral support and the necessary material assistance from Legal Entities under Public Law or Legal Entities under Private Law, which are under the supervision of the Ministry of Health, such as also from social services of Local Government Organizations. When filing a lawsuit, victims are also exempt from paying the relevant fee. Based on the provision of art. 22, those victims who apply for precautionary measures aimed at the temporary settlement of a situation caused by domestic violence and are unable to pay the amount of money required, have the possibility of legal aid.

In **Italy** a National anti-violence plan was approved in 2017 as a result of a joint work of Ministries, Law Enforcement Bodies, Regions, Municipalities, trade unions and NGOs working in the field of gender-based violence. According to the principles of the Istanbul Convention, the Plan foresees three lines of actions: preventing violence, protect and support victims and prosecute and punish. The Strategic National Plan 2017-2020 makes a specific reference to the need to prioritize support services specialized to victims with specific vulnerabilities, included disabled women. To date nevertheless, as foreseen by art. 36, law 104/92, (Framework law for assistance, social integration and the rights of handicapped people), for sexual offenses committed to "damage a person with a physical, psycho-social or sensory impairment, the penalty is increased from one third to half".

In **Lithuania**, sexual violence, such as rape, sexual rape, sexual harassment, including discrimination based on nationality, race, sex, origin, religion or other group affiliation are considered crimes and are singled out in the Criminal Code of the Republic of Lithuania.

Moreover, 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) also aims to ensure the implementation of equal rights and to prohibit any discrimination, including based on gender. In 2011, the Parliament of the Republic of Lithuania adopted the Law on Protection against Domestic Violence. All of the aforementioned legal means are applicable to women with disabilities as well.

The **Portuguese** law integrates clauses for sexual violence crimes of multiple types although sexual harassment is not autonomously criminalized but can be partly gathered to crimes of sexual intimidation. After the Istanbul Convention, Portugal changed its legal framework by adjusting it to the demands of the Convention, namely through the Law n. ° 83/2015 of 5th August, autonomizing the crime of female genital mutilation and making it punishable by imprisonment from 2 to 10 years. It also started contemplating new criminal offenses, namely the crime of persecution with imprisonment of up to 3 years or fine, and of forced marriage with penalty of up to 5 years. This amendment, along with the amendment 59/2007 of 4th September; 19/2013 of 21st February; 44/2018 of 9th August; 19/2 and 101/2019 of 6th of September, also introduced important changes for sexual criminalization, always in compliance with the provisions of the Istanbul Convention, including the following typologies: offense to basic physical integrity (143.º); domestic violence (art. 152); sexual coercion (art. 163); rape (art. 164); sexual intimidation (art. 170). However, these laws are generalized, and fail to be enforced effectively sometimes and to address specific issues and victim groups.

In **Spain**, Civil Code articles 42 to 107 regulate marriage and its dissolution, especially when it comes to GBV cases. They regulate the criteria regarding child custody, alimony and benefit of habitual residence. Penal Code has been evolving and now includes the modification of the following laws: Organic Law 11/2003 on the fight against domestic violence and Organic Law 1/2004 on Comprehensive Protection Measures against GBV. Integral Law against GBV and “National Plan for Awareness and Prevention of GBV”, which creates a commission that, involves people, institutions, professionals and experts in GBV. This National Plan is built upon prevention (before the conflict, during, and before the process of victim protection) and awareness-raising (to increase recognition of violence by the Spanish society).

3.5 National prevention framework

All participating countries have established national prevention frameworks which are developed according to national specializations. Common framework of the aforementioned activities is the occurrence of national plans, graduation of services in political, managerial and geographical levels, the existence of nationwide hotlines, and awareness activities and programmes.

In **Greece** the National Gender Equality Mechanism includes all services and bodies at central, regional, and local level responsible for the design and implementation of policies, measures and actions to promote gender equality and equal treatment for women and men, monitoring and addressing gender discrimination. Under the central supervision of the General

Secretariat for Gender Equality there is a nationwide network of 42 Counselling Centres and 20 hostels for abused women all around Greece, while at the same time the 24-hour Hotline 15900 SOS operates all year around.

Furthermore, as the exercise of any form of violence or abuse: psychological, physical, sexual, and emotional, is prosecuted ex officio by the Law, the Greek Police encourage victims of domestic violence and individuals who can identify these cases to contact the nearest Police Department, or call the emergency number 100 for immediate police intervention. There are a number of organizations (legal entities under public and private law and NGOs), which work in the field of supporting gender equality, preventing and combating gender-based violence, and consequently domestic violence, but it seems that there is not a single service/provision specialized for victims with psycho-social disabilities.

In **Italy** preventive measures foreseen in the National *Plan* are implemented by a range of organizations and services. At *local* level key actors are the community social services, the local health care services and organizations supporting victims of gender-based violence. At *national* level, the Department for Equal Opportunities has established a hot-line number 1522 that victims can contact to report and seek help in case of gender-based violence. In addition, a variety of services is offered at local level by NGOs such as peer-education and media-education for youth. However, it appears that there is no specialisation in these services relatively to women with psychosocial disabilities, such that it has been possible to identify in the territory only 3 projects specifically dedicated to contrast sexual violence against disabled women.

In **Lithuania** at the national level, the State program for the prevention of domestic violence and the provision of assistance to victims for 2014–2020 and the State program for equal opportunities for women and men for 2015–2021 are being implemented. In 2016 the United Nations Committee on the Rights of Persons with Disabilities called for a review of the National Action Plan for Equal Opportunities for Women and Men for 2015-2021 for improving the situation of people with disabilities and recommended to focus on preventing and eliminating discrimination against women and girls with disabilities. Since 2018 the Lithuanian Women's Rights Enforcement Association unites 17 women's non-governmental organizations in various regions that perform the functions of Specialized Comprehensive Assistance Centres and provide assistance to victims of domestic violence covering all 60 municipalities. In some municipalities victims of domestic violence can also stay at municipal crisis centres for temporary accommodation for mothers and children. In 2017 there were 49 crisis centres in Lithuania with 790 places to stay in case of violence (Sixth Report on the Implementation of the United Nations Convention on the Elimination of All Forms of Discrimination against Women in Lithuania, 2018). There is a free 24-hour "Helpline for Women", which provides emotional support in case of violence and other issues. The Office of the Equal Opportunities Ombudsman is an independent institution accountable to the Parliament. It provides consultations, receives complaints related to discrimination, conducts their investigations, etc.

In **Portugal**, CIG (Commission for Citizenship and Gender Equality) is the entity responsible for the national prevention framework against GBV and is regulated by the Council of

Ministers and the Secretariat of State for Equality. In 2018, a National Strategy for Equality and Non-Discrimination was approved in Portugal and it was the first time that a reference framework for long-term prevention and equality was approved, even though requiring additional specific Action Plans to be implemented, evaluated and readjusted in the medium term. This National Strategy (2018-2021) includes prevention and combat measures for GBV and domestic violence using primary, secondary and tertiary intervention methods. The implementation of these Action Plans are however, fragile and its effectiveness is yet unclear. NGO APAV runs 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. NGO AMCV also offers shelter houses, and an Anti-Violence Centre, where victims can seek psychological, legal, health and employment support, as well as help for reporting to the authorities. NGO UMAR also runs 2 shelter houses and focuses mainly on the dissemination of prevention measures. Portugal has 1 specialized shelter house for women with disabilities in the city of Águeda, run by CERCI, a private solidarity institution. Regional support depends on the Law Enforcement or on the National Republican Guard emergency channels in order to file a complaint or seek immediate intervention, however these entities undoubtedly receive special training to help women with psychosocial disabilities.

In **Spain**, as in other countries, there are services available to victims of GBV at local and national level: (1) free telephone number (016) where information and legal advice is provided; (2) shelters for women victims of violence; (3) emergency centres; (4) attention services for families; (5) Prevention, Assistance and Protection Units and (6) Teams for Women and Minors both managed by the police forces. There are also non-profit associations such as (1) <https://asociacionmum.org> which supports women and carries out awareness-raising campaigns; (2) <https://www.mujeeresparalasalud.org> which offers psychological care services and organizes training courses; (3) <https://malostos.org> which fights to eradicate all forms of violence against women; (4) <https://feminicidio.net> which is an observatory to document GBV and (5) the website of the Spanish government <https://wrap.igualdad.mpr.gob.es/recursos-vgd/search/Search.action> with information, resources and guidelines.

3.6 Gender-based violence against women with disabilities

Common assumption among the participating research teams was the absence of coherent policies and programmes regarding individuals with disabilities suffering or there is serious danger to be exposed in circumstances of GBV, as the women with psychosocial disabilities who are the focus group of the Stay Safe Project.

The systematic review of the **Greek** literature did not bring specific results regarding the gender / sexual violence against women with psychosocial disabilities, other than reports on the multiple discriminations that victims can suffer when factors such as disability, education, age, poverty, immigration, unemployment, etc., are added to them. All stakeholders agree on the need for greater support on the field.

A specific research conducted in **Italy** by the NGO FISH (Fish Onlus, 2019) on 519 women with different forms of disability shows that 33% of respondents has been / currently is victim of a *form of violence*, predominantly psychological (54%) but also sexual (37%), physical (24%) and economical (7%). Concerning the *perpetrator*, in the 72% of cases is a family member, a partner or an acquaintance and in the 8% of cases is a professional. Among respondents, the 82% of those with an intellectual or cognitive disability and the 85% of those with a psychiatric disease declares to have been victim of at least one kind of violence. Finally, only the 37% of victims said they have somehow reacted to the abuse.

In **Lithuania** officially published statistics on violence against women with disabilities is almost non-existent, so only data from previous fragmentary surveys can be used to review the situation. However, the studies and statistics include women with any form of disability (complex, intellectual, psycho-social, hearing, movement, etc.). Based on the survey, which involved 801 women and 150 girls with disabilities, mostly women (32.1%) and girls (39.3%) reported experiencing psychological violence. The experience of physical violence was reported by 20.9% women and 23.4% girls. 5.9 % women and about 4% of girls also reported experiencing sexual violence. 17.9% women could not or did not want to answer the question, of sexual violence experience (Lithuanian Society of the Disabled, 2018). Researches also suggest that women and girls with disabilities face double discrimination and are more vulnerable both by having a disability and by being female (Lithuanian Society of the Disabled, 2018).

In **Portugal**, scientific studies and overall GBV data focuses on domestic violence which serves as the only guidance for any typology of violence against women. Specific studies on sexual violence, or other type, against women with psychosocial disabilities are therefore not available. There are however some scarce scholarly works on violence against people with disabilities.

In **Spain**, when we talk about national services to assist women with psychosocial disability who suffer GBV, we have to admit that public services are not adapted to their needs, professionals do not have the necessary skills to treat them yet and there are not interdisciplinary teams that work in coordination to offer them a suitable solution. In fact, most of the GBV cases suffered by women with psychosocial disability are not detected. There are three main problems: (1) Lack of opportunities and spaces for women with psychosocial disability to talk about the issue, (2) lack of credibility in the victims and (3) the judgment they receive when they talk about a situation of violence.

4. Comparison of national findings and their further analysis within the EU Gender Equality Index

A comparison with what has been achieved by the European Union and the project states highlights the progress and challenges that they have achieved and will have to face on this issue. Specifically, the European Institute for Gender Equality through the Gender Equality

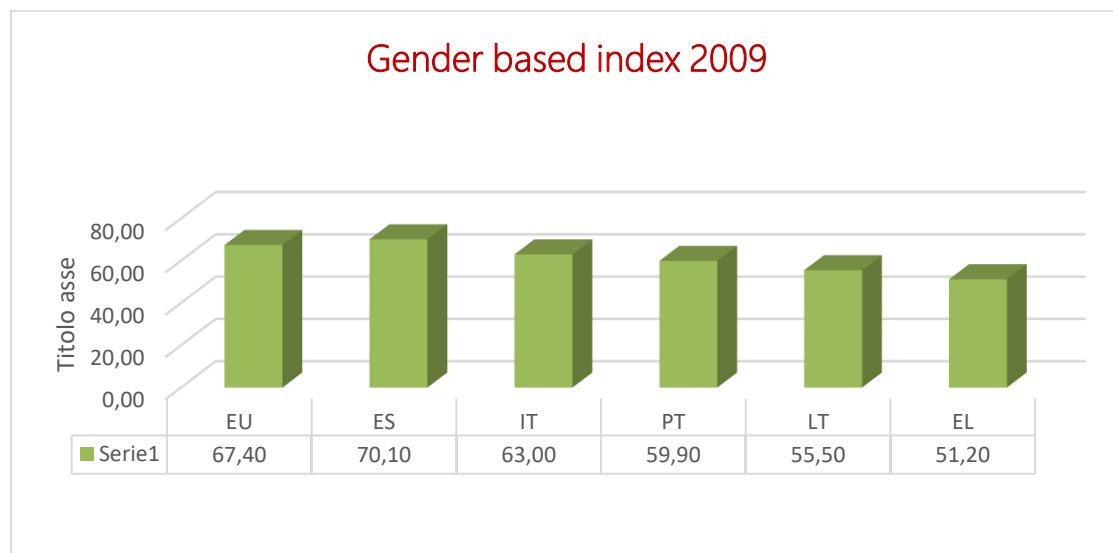
Index measures the progress of gender equality in the EU, giving greater visibility to areas in need of improvement.

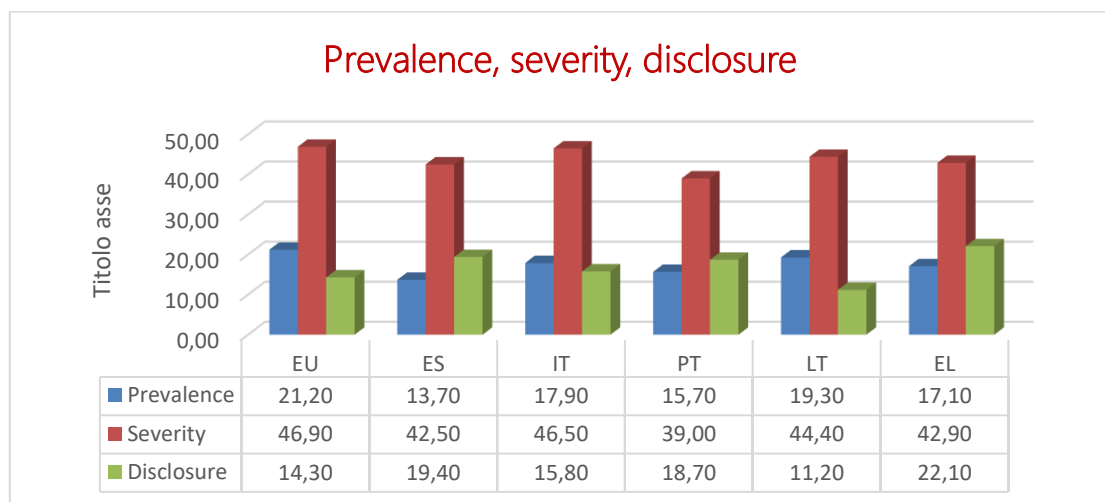
A high score in the Gender Equality Index means that a country is close to achieving a gender equality society. On the contrary, in the field of Violence, a specific domain of the index, the higher the score, the more serious is the phenomenon of violence against women in the country.

According to the statistics of the European Institute for Gender Equality 2019, the average score in Europe is 67.4. Among the consortium countries, only Spain scores better than that, followed by Italy which scores second while Greece is in the last place of the 28 countries with a percentage of 51.2.

Comparing violence scores, the average score in Europe is 27.5, and Greece and Italy score the highest rates, below the European average, while Portugal, Lithuania, and Spain score the lower rates, without significant difference.

In addition, the category of Violence consists of three sub-domains: Prevalence, which measures the frequency of violence against women; Severity, which measures the health consequences of violence; and Disclosure, which measures the reporting of violence. Prevalence again all participating countries score below the Europe 28 average with Lithuania scoring the highest rates and Spain and Portugal scoring significantly lower rates. In Severity, all five countries are below the EU-28 46,9 average while Italy scores the highest and Portugal at the lowest rate. In the field of Disclosure, four countries are above the EU-28 14,3 average and Greece scores first while Lithuania is in the last position below the EU-28 average rate.





5. Key findings from the fieldwork research

5.1 The interviews with women with disabilities

Although at different extents, all the 19 interviewed women have experienced some form of sexual abuse or harassment at some point in their life, showing how widespread the phenomenon is. In all cases, researchers underlined challenges in identification and reporting of cases.

In **Greece** the participants were three women over the age of 50 with psychosocial disabilities. Two out of three participants had to communicate incidents of domestic violence in their previous lives and expressed feelings of fear and depression. They all would react with complain in future possible incidents and felt, beyond the stress that this difficult topic produces, thankful that they were helpful in this study aimed at raising awareness and better addressing GBV cases.

In **Italy** participated two women with mild intellectual and psycho-social disabilities hosted in a sheltered flat. Violence perpetrated to women by men is clearly recognised by participants

but it is perceived as something natural and unavoidable. One of the participants seems to consider “violence” and “sex” as two equivalent words. Under this perspective, It would be necessary to help them to develop their capacity to recognize risky situations as such. Also, it is observed that two participants seemed to find it difficult to express their opinions: this capacity should be reinforced, both to promote critical thinking and to encourage the tell of situations which might be dangerous. From a methodological point of view, the use of pictures as enabler of further discussion seemed in the Italian research team a bit critical as they do not immediately understand the images and they need other props and clarification to move on in the discussion.

In **Lithuania**, summarizing the analysis of the interviews with the three women with mild intellectual disabilities, the informants needed encouraging words while recognizing the cases in the photographs, they did not used a definition of violence themselves but confirmed that it is violence when asked. However, all the informants recognize the photos as misbehaviour and negative feelings. Examples of identical situations are hardly experienced, they did not name any incidents of violence/abuse, they answered that they either did not experience such situations, or they did exist, but they do not remember them. However, they have experienced various situations of resentment, some of which took place in public, on the basis of bullying, when there has been certain harassment in trolleybuses, bus stops, schools visited (although this is also not singled out as a common experience). However, nothing of a sexual nature was singled out.

In **Portugal**, four women were interviewed between the ages of 23 and 65. The summary of their answers concluded that they all fear being alone and isolated and feel ashamed of being victims of any kind of violence. They also fear talking about their abuses or reporting them to any authority because they believe it will worsen the situation, as it is clearly expressed by all of them that they do not feel safe doing it because the authorities do not act as they should, allowing the abusers to know that they have been reported on, enabling them to react to it towards the abused. Often the authorities dismiss women’s worries and ignore their abuses because of preconceptions due to their psycho-social health. The interviewees also don’t feel truly supported by NGOs arguing they are not prepared to help women with psychosocial disabilities. Most said that the most effective way to overcome trauma was through artistic expression vehicles like dancing, which made them more confident and feel that the only trustworthy support they have is from the professionals within the Psychiatric Hospital. The ones that are mothers also shared a constant fear for their children. The interviewees would like to have access to new and practical tools and resources in order to become more independent and knowledgeable on how to deal with such situations, commending the work of Stay Safe which, they claim, is extremely needed.

In **Spain** ten women aged 32-60 with psychosocial disability were engaged in focus groups and interviews. All women who participated in the interview, have recognized forms of gender violence. However, some of them show greater difficulties in identifying violence related to new technologies and subtle forms of violence, such as sexual harassment in the workplace. Besides, there was a lot of talk about psycho-social and behavioural block as the responses to an abusive situation. All participants acknowledge the feeling of discomfort, dissatisfaction,

and rejection toward any situation of violence or abuse. Some women admit that they would avoid reacting or creating conflict in a situation of violence. There is one important point that makes them do nothing: fear of revenge from the aggressor. Given the possibility of reporting, they surely would do it in a high intensity situation like physical or verbal violence. They would react differently in situation that they consider as more delicate or subtle, such as sexual assault or harassment. Yet, they do consider asking for professional help in order to help them overcome the situation and manage their discomfort. By having psycho-social health problems, they also consider themselves having more disadvantages when it comes to being taken seriously. They believe that other people would highly question and even blame them if they report abusive situations. The authorities also often discriminate them when they want to report the case. As the consequence, those kinds of treatment make them doubt themselves in reporting it.

5.2 The survey of the professionals

In all countries interviewed professionals identified violence against women with disabilities as an existing problem while at the same time mentioning a lack of training opportunities in the field as well as a lack of knowledge about practical procedures to prevent and react to cases of violence.

In **Greece** the six professionals in the field of psycho-social health confirmed that the incidence of GBV is higher in women with disabilities but the majority of them have never faced as professionals a GBV incident. The majority of them also confirmed that they do not possess the skills and competencies which are adequate to recognize, support, and prevent similar incidents. They state also that the ability of the women to recognize the incidences has to do with the level of their psycho-social health, previous family conditions, their functionality, level of sex education, fear of victims to be able to trust to others similar issues.

The professionals focused their difficulties on their lack of knowledge for a reporting system, insufficient knowledge of the GBV field, their fear for involvement responsibilities, lack of knowledge about respective prevention and treatment protocols. They all agreed that women with psycho-social disabilities can get better skills necessary to identify, prevent or report cases about GBV/ Domestic Violence, by participating in training activities, life coaching sessions face to face or in groups, experiential workshops. Furthermore, they all agree that innovative training tools that can offer support and improve their professional competencies would be useful, by approving the topics given and by providing their suggestions

In **Italy** the six respondents agreed that there must be serious concerns about the risk of sexual violence towards disabled women and they recognize that the issue is often under-estimated. Sexuality is often still a big taboo for disabled persons and this does not help them acquiring knowledge in this field and thus discovering a safe and consensual expression of their sexuality. As a consequence, victims do not often recognize themselves as such and therefore they don't seek help in services dedicated to GBV. GBV and disability services are rarely interconnected. While all respondents have been, directly or indirectly, in touch with cases of sexual abuse or harassment towards disabled women, they also underline the lack of a

standardised methodology or protocol to follow, claiming that they currently act mostly based on their common sense and sensitivity, which causes of distress and frustration, as they don't feel competent to manage the situation. This is true both for professionals working in disability and those working in GBV-prevention: none of them feel skilled enough and a lack of cooperation between these two types of services is repeatedly mentioned. In addition, professionals working in GBV-services also mention as an obstacle the lack of recognition of being a victim which is usually the starting point for any support path they initiate with women.

The main challenges identified are the incapacity of disabled women to recognize violence together with difficulties in understanding the concept of "consent". To help them acquiring these skills, professionals suggest the use of discussion groups / workshops where they can share ideas about the concept of boundaries, consent, meaning of violence, experiences from other women etc. The importance of involving parents / families in this process is also mentioned.

Professionals complain a lack of training opportunities (although some of them recently had the chance to attend courses about disability and sexuality) and they would welcome them. They would like to receive a very practical training, providing them with tools and skills that they could immediately apply in their working context and methodologies like role playing or Theatre of the Oppressed are suggested. The training should also be an opportunity to combine experiences coming from social work with people with disabilities and strategies used in the field of GBV. All respondents would rather participate to a face-to-face training instead of an e-learning course.

In **Lithuania** eight specialists on the field of psycho-social disabilities have confirmed the need to develop the skills of women with disabilities for recognizing violence. The continuity of such and any other practices is important, as people with intellectual disabilities tend to forget information more quickly and find it more difficult to absorb it. As a result, the methods must be attractive, interesting, not too much theoretical or long-term sessions - it is recommended to do activities simple, with clear examples, involving bodily sensations (such as physical activity, drinking coffee, drawing, handicrafts, etc.). It was discussed that sexuality education is also important for understanding sexuality issues and the violence that may arise on this basis. It was mentioned that there is a lack of effective social advertising informing about violence and help in its case. Activities as cartoon, film or book reading therapies with story discussions, puzzles, games with acting elements, analysing situations, analysis of icons (drawings), *easy read* etc. were named as examples to implement. However, as mentioned, elements of the game can sometimes be understood as disrespect (a woman may be offended that she is treated like a child), so the activities need to be well thought out and adapted. The proposed duration of classes with the disabled women is up to 1 hour, divided into sessions in days or other.

The main challenge identified by all specialists is the lack of information on how to behave, identify and solve such problems, lack of awareness of the legal basis and not knowing whom to approach in case of violence, lack of material for working with the disabled (visual material, explanatory videos, training programs, sexuality education programs, prevention programs...).

In **Portugal**, seven professionals with different lines of work were interviewed: 2 psychiatrists, 1 social worker, 2 psychologists, 1 carer at a psychiatric hospital and 1 psychologist and dance therapist. The professionals pointed out the following: women tend to be diligent in their treatment; there are barely any awareness and communication materials and resources, being them physical or through media channels not only for women but also for the general public; women feel they don't have the right tools to protect themselves, being that they are an especially vulnerable group which results in them feeling extremely frustrated, sad and scared; the authorities such as the Police do not work well and are not equipped to deal with especially vulnerable groups; even though there has been advancements in legislations in relation to domestic violence, these do not contemplate important measures for the most vulnerable rendering themselves often useless for women with psychosocial disabilities, highlighting that a law that protects these women and is correctly enforced is one of the main steps to be taken. Additionally, these professionals strongly believe that alternative therapies of artistic expression are one of the most efficient tools to help these women. They claim that women who are hospitalized or within institutions tend to be well taken care of and protected but say this is a small number compared to the ones that are not. Professionals strongly suggest that without changing the policies and the way they are applied, as well as increasing the awareness level in the country and general public, the paradigm will not change.

In **Spain**, professionals in the field of psycho-social health confirmed that the incidence of GBV is higher in women with psychosocial disability. According to their point of view, women with psychosocial disability have more difficulties in identifying, preventing or reporting situations of violence, which depends also on the chronicity of the illness. However, there are very few programmes that address it in a coordinated way and finally women with psychosocial disabilities victims of GBV do not receive specialized intervention in most of the cases. They also noted the lack of: necessary skills and competencies, specialized programs and coordination between services to recognize, support, and prevent situations of GBV against women with psychosocial disability.

6. Next steps and key recommendations

The systematic review of all national literatures did not bring specific results regarding the gender / sexual violence against women with psycho-social disabilities, showing a generalized lack of knowledge and attention on the phenomenon together with a lack of training opportunities in the field. There is a general agreement that all involved countries would benefit of dedicated training programmes for women and professionals in the field and that more research would be needed on this topic.

However, in **Greece** all the policy documents and the involved organizations and professionals, agree that many steps need to be taken towards the direction of special measures or positive actions for the prevention, elimination, and responding to sexual violence against women with disabilities.

The same goes with all the participating countries as in **Italy** the violence against women with disabilities seems still is a phenomenon neglected by research and not well known by professionals. These results coming from literature review are echoed by interviewed professionals who, while recognizing the importance of this topic in their daily practice, highlight a lack of knowledge and skills to face the phenomenon of violence against disabled women and the lack of connection between services working in the field of GBV and disability. These obstacles are confirmed by disabled women involved in the study who have difficulties to recognize cases of abuse and harassment shown to them.

It seems therefore necessary: (1) to invest more in research and in development of operational guidelines; (2) promote training opportunities for both targets (professionals working in the fields of disability / GBV and women themselves); 3) ensure that women can find information and support services which are accessible (in all meaning) to them; 4) adopt in every service professional practices that support the unveil of violence: remove taboos concerning sexuality of disabled women; adopt a non-judgmental-social approach; believe in what women says; offering opportunity to speak in private; 5) ensuring independent control on care services (including residential and semi-residential facilities).

In **Lithuanian** research it became more than evident that the problem of violence against women with disabilities is not only pervasive but also often invisible, undisclosed or underestimated. The existing taboo to talk about sexuality of the disabled, their stigmatization, the inability to recognize and help those experiencing violence are just a few of the problems of Lithuanian society that make it difficult to reduce violence and sexual violence against women with disabilities. Both theoretical and empirical parts of the study revealed that professionals have too little training, material, and information to improve competencies for working with women with mild intellectual impairments and psycho-social disabilities. There is a great need for trained professionals who know how to communicate and help this group of women, as also specialized centres, having in mind various disability types and frequent communication difficulties within the survivors of GBV.

The **Portuguese** recommendations based on all the interviews and desk research undertaken, confirmed that awareness materials and media communication resources need to be made more often and available to both specialized facilities and the general public, in order to reduce stigmatization and unfounded preconceptions. Specialized workshops, training models and tools for authorities who deal directly with these issues such as the police should be made obligatory creating a specific task force to act on such situations. A call for the legislation that is already in place to be accurately enforced is a crucial step, as well as to include new legislations that are more inclusive, highlighting different approaches for different GBV typologies and vulnerable groups.

In **Spain** the field research highlighted the existing prevalence of the phenomenon of domestic violence and the need for greater awareness on gender-based violence against women with psycho-social disabilities, while awareness, training, and educational tools for both women with psycho-social disabilities and employees in the sector considered highly welcomed. There are four major difficulties in caring for women victims of GBV with psychosocial disabilities both at the European and national levels:

- Low case detection
- Lack of adequate care and multidisciplinary teams
- Lack of data that allow knowing the phenomenon (incidence, impact, etc.)
- Lack of training of professionals in GBV and women with disabilities such as: epidemiology, approach and communication with victims, empathic response, coercive control, gender approach, stereotypes and social barriers.

The Stay Safe consortium strongly wishes that the research conducted as also the training tools that will be created accordingly, will have a positive impact in the life of women with psychosocial disabilities and the professionals in the field of psycho-social health, hoping that it will be of importance in the fight of GBV in the European context.

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