



**DIS-CONNECTED:
DISABILITY-BASED CONNECTED
FACILITIES AND PROGRAMMES
FOR PREVENTION OF VIOLENCE
AGAINST WOMEN AND CHILDREN
IN PORTUGAL**

101049690- DIS-CONNECTED

National Findings Report: PORTUGAL

DECEMBER 2023

FENACERCI – Federação Nacional de Cooperativas de Solidariedade Social

Acknowledgments

We would like to thank the support from, first of all, the persons with intellectual and psychosocial disabilities interviewees who accepted sharing their experiences.

Additionally, we would like to thank to all the entities which helped us to identify the interviewees and who were represented at the various focus groups held: Associação de Mulheres Contra a Violência (AMCV); Associação Portuguesa de Apoio à Vítima (APAV); Associação Portuguesa para o Direito dos Menores e da Família; Associação Portuguesa Voz do Autista; Comissão para a Cidadania e a Igualdade de Género (CIG); Comissão Nacional de Promoção e Proteção dos Direitos das Crianças e Jovens; Equipa de Prevenção da Violência no Adulto do Centro Hospitalar de S. João; Feministas em Movimento (FEM); FENACERCI affiliates (CECD, CERCIAG, CERCIBRAGA, CERCILISBOA and RUMO); Gabinete da Família, da Criança, do Jovem e do Idoso contra violência doméstica; Guarda Nacional Republicana (GNR); Ministério da Justiça; Ordem dos Advogados; Polícia de Segurança Pública (PSP); Programa de Prevenção da Violência no Ciclo de Vida; Subcomissão de Coordenação Regional do SNIPI da Região de Lisboa e Vale do Tejo; Subcomissão de Coordenação Regional do SNIPI da Região Alentejo; and UNICEF Portugal.

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Publication date

December 2023

Disclaimer



**Co-funded by
the European Union**

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Dis-Connected: Disability-based Connected Facilities and Programmes for Prevention of Violence against Women and Children

Gender-based violence and violence against children in vulnerable situations is both overlooked and under-reported, and the recent COVID-19 pandemic further aggravated these issues. The global report of the COVID-19 Disability Rights Monitor recorded numerous testimonies suggesting a dramatic increase in gender-based violence against women and girls with disabilities, including rape, sexual assault, and harassment at the hands of law enforcement authorities and family members.

This project focuses on improving ways that women and children can report violence and abuse, can access support services, and can move to a safer place. The project will create a multi-disciplinary cooperation and response protocol with law enforcement, service providers and victim support workers to enable prevention, early identification, and protection against violence that women and children with psychosocial and/or intellectual disabilities face.

Consortium Partners

Each participating country is represented in the consortium by an experienced NGO involved in the implementation of the project, as follows:

- Validity Foundation – Project coordinator, Hungary
- KERA Foundation, Bulgaria
- Mental Health Perspectives, Lithuania
- FENACERCI – Federação Nacional de Cooperativas de Solidariedade Social, Portugal
- Fórum pro lidská práva, Slovakia

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Aims of the DIS-CONNECTED project

This report presents the first outcome of the Disability-based Connected Facilities and Programmes for Prevention of Violence against Women and Children (DIS-CONNECTED) project, which aims to **prevent violence against women and children with intellectual and psychosocial disabilities in domestic, institutional, and community-based settings**; by developing a multi-disciplinary collaborative protocol involving law enforcement officers, victim support professionals and service providers to **enable prevention, early identification, and protection from violence** faced by women and children with intellectual and psychosocial disabilities.

National context

This research aims to **give voice and visibility to the experiences of women and children with disabilities who have been victims of violence**. It also intends to describe the current legal framework and the perspectives of justice professionals, victim support services, child support services, and disability organisations on the main challenges, areas for improvement, and promising practices in preventing, monitoring, and reporting violence. Thirty-five people participated in interviews and focus groups. Six of these were persons with a disability.

One of the main problems identified in this report is that **victims with disabilities are perceived as being 'invisible' because it is assumed that they are suffering violence, but generally do not report it**. Only three of the six participants in this study reported violence. Barriers to reporting could be difficulty in recognising that they are being victimised, fear of the aggressor, economic dependence on the aggressor, and lack of trust in institutions (police authorities, courts, etc.) to protect victims (although there were also positive experiences); the perception that

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cases are archived and justice is not served; societal culture of **acceptance of violence**, and lack of **information about (legal) support available to victims of violence**.

“I've been separated for 10 years and I'm still scared of him. Once I was at home, about to sign the divorce, and he pulled a gun on me. (...) I still have nightmares that he's after me, and that he's going to kill me (...). Yes [the violence], it went on for a long time. (...) I (...) didn't have any money, I didn't even have a place to live with my children. (...) At least until my daughter was about 18 (...), the physical aggression wasn't just towards me, it was towards my eldest son (...).” I06_ Woman with psychosocial disability

Victims who sought help reported a **lack of empathy in some victim support services**:

“I tried to ask for help, the first time with [name of the victim support organisations]. (...) I didn't feel welcomed. (...) When... a person is already in a fragile situation, and you don't feel empathy, welcome, understanding, that they believe in you, that they want to help... a person who is already like me closes up and that's it. (...) Isolate yourself from the world again, the world has nothing to give you.” I06_ Woman with psychosocial disability

According to the professionals interviewed, there is also a perception that violence is either **invisible (not reported) or reported by third parties**. **Victims** may be unaware of **support services or may not recognise that they are victims**. Other barriers identified were: **communication barriers** between victims and justice professionals (and difficulties in obtaining evidence); **lack of training on disability and victims with disabilities in all the areas considered here**; and the need to develop **strategies and support to assess the risk of violence between accompanied adult and companion** (family member or others) nominated by court (because of the Accompanied Adult Law); identifying situations of violence against children, especially children with disabilities, was described as extremely complex.

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Although Portugal has made positive progress in recent years in preventing violence and developing specific responses (e.g. Offices for the Support of Victims of Gender-based Violence), **the lack of accessible victim support services for persons with disabilities** (communication, information, and architectural barriers) **has been recognised**. This has led to the creation of specialised responses for victims with disabilities (e.g. shelters). However, these are temporary solutions and it is important to build capacity in mainstream victim support services.

Recommendations

- Monitoring tools for identifying and reporting violence in institutional settings and community-based services are in place but could be improved, and their effective implementation should be further monitored (e.g. mandatory training);
- Training and capacity building for all justice professionals;
- Protocols of cooperation between the justice sector, victim support services, and disability organisations to help to overcome communication and other barriers;
- Strengthening the capacity of victim support services to respond to victims with disabilities through training and participation with victims with disabilities;
- Specific training actions and campaigns should be targeted at persons with disabilities to promote violence literacy, including information on how to make a complaint;
- Regarding Adult Accompanied Law, courts could consider the support of multidisciplinary teams to assist legal professionals in assessing the family context (or others if the person does not have a close family) to prevent violence;
- Include persons with disabilities in the advisory bodies of the National Strategies;

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- To develop research that gives voice and visibility to testimonies of violence suffered in residential or community-based services. This study has shown that this is a very little discussed and known reality, and has not been able to identify specific cases of violence against persons with disabilities living in institutions;
- To change the political and legislative paradigm at the national level, from guaranteeing the protection of the rights of perpetrators, without prejudice to the principle of the presumption of innocence, to guaranteeing the integrity and defence of the human rights of victims;
- To improve coordination and communication between the Criminal Investigation Bodies and the Public Prosecutor's Office, and invest in training to understand better situations that can be considered flagrante delicto;
- Adopt, as a routine procedure, the request for future memory depositions from the victim, given the clear advantages of this type of advance diligence and its role in reducing the emotional impact, preserving memory and preventing secondary victimisation;
- Evaluate and monitor the impact and suitability of the programme for perpetrators of domestic violence;
- Collecting and publishing disaggregated data on victims of violence with disabilities.

The information gathered in this research has made it possible to identify some areas that need to be improved (e.g. current monitoring tools for identifying and reporting violence, and implementation strategies) to promote the rights of victims with intellectual and psychosocial disabilities.

01

INTRODUCTION

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Women experience gender-based violence (GBV) in any and all locations – in residential institutions including psychiatric hospitals, within community-based services, in the community including in the street and on public transport, and in domestic settings. The purpose of this project is to **find ways to identify and respond to violence wherever it has occurred and to help improve the systems and processes for prevention, reporting and responding.** In that sense, detecting and reporting abuse and violence may take place in a completely different setting to where it occurred. Community-based services, including healthcare and daycare facilities, may be particularly important for the identification of domestic abuse and violence.

Violence against women and children is often overlooked, and in many cases these violations are not recognised as crimes either by the authorities or the victims themselves. The intention is to help victims understand better what they are experiencing, what it means, and what their rights are. Similarly public authorities and services for women and children with intellectual and psychosocial disabilities will better understand the extent and forms of violence taking place, and will have the tools they need to prevent, detect, report and respond to violence, as well as provide support to the women and children.



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Portugal signed and **ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in July 2009**, thus making it legally binding. In its preamble, the Convention recognises disability as a multifaceted and evolving concept, stemming from the interaction between individuals with disabilities and the behavioural and environmental obstacles that limit their complete and efficient integration into society, their equal opportunity, and right to participate in society on an equal basis with others.

Recent data indicates that in Portugal **10,9% of the population live with disabilities** (N=1 085 472 persons with disabilities with 5 or more years)¹. **However, these data are underestimated.** Several social responses aim to promote the social inclusion of persons with disabilities, through community-based services, such as the **Centres for Activities and Capacitation for Inclusion** for persons who are unable to continue their education (around 16000 beneficiaries in 2022), or **personal assistance** (in September 2022, there were 1017 beneficiaries between 16 and 92 years)².

However, a residential home is also a widespread social response: in 2022, about **7448 adults with disabilities** lived in residential responses³, and **6347 children were in some kind of childcare response**⁴. In 2022, only 4% (N=227) of the children were in foster families. According to the report of the **Commission for the Protection of Children and Young People**, in 2022, **835 children and young people with a disability or incapacity received**

¹Census 2021: Instituto Nacional de Estatística - Censos 2021. O que nos dizem os Censos sobre as dificuldades sentidas pelas pessoas com incapacidades. Lisboa: INE, 2022. <https://www.ine.pt/xurl/pub/66200373>

In 2021 the answer to the disability indicator (Washington Group Short Set on Functioning, which included 6 basic domains) was optional; Data from the Census 2011 showed that 17,8% (1 792 719) of the population with 5 or more years had a disability [available at: https://censos.ine.pt/xportal/xmain?xpid=CENSOS&xpgid=censos_quadros_populacao]

²<http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/600-relatorio-oddh-2022>

³ Relatório ODDH 2022. Available at: <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/600-relatorio-oddh-2022> (Residential home (N=7025) and Autonomous Residence (N=423)).

⁴ Relatório CASA 2022. Available at <https://www.seg-social.pt/documents/10152/13200/Relat%C3%B3rio+CASA+2022/c1d7359c-0c75-4aae-b916-3980070d4471>

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assistance with promotion and protection measures⁵. The report provides a breakdown by type of disability, revealing that the **data on children and young people with intellectual or psychosocial disability or incapacity (N=240) is particularly notable**, followed by speech impairment or difficulty (N=103).

Despite the political discourse aligned with deinstitutionalisation guidelines, in practice, over the years, there has been **an increase in the capacity to accommodate persons with disabilities in institutions**: residential home capacity has increased by 6% between 2018 (N=6 660) and 2023 (N=7 091)⁶. In 2023, there are 239 Residential Homes. In contrast, the capacity of the **Autonomisation and Inclusion Residence is also residual**: 65 facilities with the capacity to receive **426 persons with disabilities** (Capacity in 2018: N=399).

Statistical indicators on domestic violence⁷ in 2022 indicate that there were 24 cases of homicide, almost 1,500 people supported by host institutions (victim support), and more than 30,000 situations reported to the security authorities. However, data on the **prevalence of violence against persons with disabilities in institutions, community-based services, or domestic contexts is scarce**. According to information provided by the Commission for Citizenship and Gender Equality (CIG) regarding the National Network of Support for Victims of Domestic Violence (RNAVVD), based on provisional data for 2022, **61 individuals with disabilities have been supported by assistance structures**. Furthermore, 81 individuals with disabilities have been accommodated in various responses, 7 women with disabilities have received a specialised response, and 103 children and young people with disabilities

⁵The CPCJ's Annual Activity Evaluation Report - <https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+Avalia%C3%A7%C3%A3o+da+Atividade+das+CPCJ+2022/daf5653e-86fc-421c-84be-9fc4f516a25b>

⁶Data was collected in Carta Social (<https://www.cartasocial.pt/inicio>) in August 2023; Data from 2018 was collected from "Persons with Disabilities in Portugal – Human Rights Indicators 2022" (Table 41, Page 67).

⁷Statistical indicators: <https://www.cig.gov.pt/area-portal-da-violencia/portal-violencia-domestica/indicadores-estatisticos/#title7>

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have received psychological support. However, **these figures only represent the visible face of a hidden reality**: those who asked for help.

A recent study, referencing the Portuguese context⁸ corroborates this concern: **8 out of 10 women with disabilities who participated in the study were victims of Gender-Based Violence**. The trauma they endure often leads them to remain silent or only speak out after a long period has passed. Those who have broken their silence have mainly reported **negative experiences about the support they received** following their attacks. The study revealed a lack of sufficient support and follow-up for victims who report assault, even when they report it to the police authorities. In addition to inadequate support services, there is a deficit of information and action available, with none of the respondents referencing the 112 Emergency Number.

During the SARS-COV-2 restrictions, official data shows that complaints decreased (e.g. - 9% in 2021 (N=26 511) than in 2019 (N=29 223). However, in 2022, there was an increase in the number of complaints (N=30 389): a 4% rise compared to 2019. The prevention of gender-based violence requires an approach focused on the multiple or intersectional discrimination to which women and girls are subjected, to understand and respond appropriately to the different situations and support needs of the victims, not forgetting that, in this area too, the factors of disadvantage are cumulative and require specific and specialised responses.

This study aims to **give voice and visibility to the experiences of women and children with disabilities who were victims of violence**. It also intends to describe the current legal framework and the perspectives of justice professionals, victim support services, child support

⁸RESPONSE State of the Art Report https://easpd.eu/fileadmin/user_upload/Projects/0_RESPONSE_State_of_the_Art_Report.pdf

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services, and disability organisations on the main challenges, areas of improvement, and promising practices in preventing, monitoring, and reporting violence. In the subsequent section, the research aims and methodology of the study are presented, followed by a summary of the principal findings extracted from the desk research, semi-structured interviews, and focus groups. Finally, the main conclusions and recommendations for improving the prevention of violence against women and children with intellectual and/or psychosocial disabilities in Portugal are presented.

02

RESEARCH AIMS AND
METHODOLOGY

RESEARCH AIMS AND METHODOLOGY

This report presents the first outcome of the DIS-CONNECTED project, which aims to **prevent violence against women and children with intellectual and psychosocial disabilities in domestic, institutional, and community-based settings**; by developing a multi-disciplinary collaborative protocol involving law enforcement officers, victim support professionals and service providers to **enable prevention, early identification, and protection from violence** faced by women and children with intellectual and psychosocial disabilities.

The research was designed to address the following aims:

- To gather **experiences from women and children with intellectual and psychosocial disabilities** on the effectiveness of existing monitoring, reporting, and support systems, and determine **what is needed for their rights to be fully respected and for violence to be identified and addressed**.
- To analyse **the national legal framework** regarding responses to gender-based and disability-based violence against women and children with intellectual and psychosocial disabilities.
- To identify types and estimated numbers of **victim support services** and community-based services that target or are accessible to women and children with intellectual and psychosocial disabilities.
- To make **recommendations** and directly inform the **development of a monitoring methodology and tools for identifying, reporting, and responding** to gender-based and disability-based violence in residential institutions, domestic settings, and community-based services.

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To achieve these goals, the methodological approach combined desk research and fieldwork. The desk research involved identifying and analysing relevant policy documentation (e.g. national legislation, policy, strategies, reports, and statistics). Areas of focus were: a) gender-based violence against women and children with intellectual and psychosocial disabilities; b) preventive and detective measures to monitor gender-based and disability-based violence; and c) measures to enable women and children with intellectual and psychosocial disabilities to report crimes and access remedies and reparations.

A total of 35 participants were involved in the fieldwork - semi-structured interviews (N=8) and focus groups (N=6 with 28 participants) - which were held between 5 July and 13 September 2023. A non-probability purposeful sampling technique was used to identify and recruit the participants of this project. The identification of the interviewees was possible with the help of the national partners of the project.

Six interviews have been carried out with persons with disabilities, comprising five women (one with autism spectrum disorder, two with intellectual disabilities, and two with psychosocial disabilities) and one man with intellectual and psychosocial disabilities (for detailed information please see Annex1). The **age range of participants was 27 and 65 years** old and the interviews lasted an average of 55 minutes. The situations of violence experienced involved physical, psychological, financial violence, and sexual abuse or harassment. Although the majority of the situations that occurred were experienced at home (domestic violence), some other experiences involved other contexts namely community-based services, such as schools, or hospitals, occurring during childhood or youth. In this research, children were not interviewed; however, some of the testimonies collected refer to this stage of the life cycle, which allowed a longitudinal analysis of the impact of this problem. Additionally, six focus group sessions were conducted with representatives of the following fields: **Justice Professionals** (N=7; Ministry of Justice professionals (N=2); Lawyers (N=2);

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Security Authorities (N=2); Public Prosecutor (N=1)); **Disability organisations** (N=5); **Child protection authority and services** (N=2); **Early Intervention Services** (N=3); **Victim Support Services** (N=7, including one participant from the **healthcare sector**) (See table 2). Furthermore, a semi-structured interview was carried out in the area of promoting children's rights. Each focus group lasted an average of two hours (for detailed information please see Annex2). The material was transcribed and the data was analysed using thematic analysis.

During this research, some limitations were noted that need to be mentioned. More specifically, it was not feasible to ascertain the impact of the SARS-COV-2 pandemic on the violence experiences reported by interviewees due to their occurrence before the pandemic dating back several years. Another limitation that must be highlighted is that the reported experiences are not recent. In addition, it has not been possible to gain an in-depth understanding of the reality of the situation of children with disabilities. Therefore, it is necessary to contextualise some aspects related to the support received, its evaluation, and the absence of potential reparative measures. Although the research team tried to identify experiences of violence in different contexts through contacts with various institutions in the field of disability, the main form of violence experienced in all interviews was domestic violence. It was therefore not possible to collect data on experiences of violence in an institutional context or in community-based services.

In the next section, we summarise the key findings of the desk research, semi-structured interviews, and focus groups.

03

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FRAMEWORK



3.1 Legal and policy obligations

National laws and policies on gender-based violence

In Portugal, the crime of **domestic violence** is foreseen and punished in article 152 of the **Penal Code**, approved by Decree-Law no. 48/95 (last amended by Law nº 57/2021)⁹. Domestic violence is a public crime since the year 2000. Criminal proceedings do not depend on the victim filing a complaint. Anyone can file a complaint. In addition, article 152-A on mistreatment states that whoever inflicts damage or any form of violence on “a minor or particularly defenceless person, due to age, disability, illness or pregnancy” shall be punished with a prison sentence of one to five years.

Decree-Law nº 112/2009 establishes the **legal framework for the prevention of domestic violence, protection, and assistance of its victims**, which has been subject to several amendments, with the most recent being Law 57/2021. In 2015, the **standing of victims was approved** (Law nº 130/2015¹⁰), **transposing Directive 2012/29/EU**. According to this law, victims have the right to access information (e.g. including available support; advice on how to file complaints, legal advice, etc.); right to

⁹https://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=3422&tabela=leis&so_miolo=

¹⁰<https://diariodarepublica.pt/dr/legislacao-consolidada/lei/2015-70200875-70200856>

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a hearing and presentation of evidence; specific assistance to the victim (e.g. benefit from free and confidential support services, before, during and after the criminal process); right to protection; victim expenses (exemption from legal costs through application or request reimbursement); right to compensation and restitution of assets; conditions to prevent secondary victimisation. All victims of domestic violence, regardless of age, are considered particularly vulnerable victims and have the right to provide **future memory depositions** (article 24, Law nº 130/2015).

According to the Decree-Law nº 112/2009, the **intervention of the criminal police** is based on the provision of self-protection guidelines, or an individual safety plan drawn up by the locally competent police authority, depending on the level of risk of re-victimisation, which guides the moment of reassessment of this risk. Only in cases where the safety and integrity of the victim and those living with them are at high risk, under imminent threat, will the removal of the victim be triggered. **Victims can only leave their homes with their consent.** In situations of **flagrante delicto**, it is possible for the criminal police to arrest the aggressor immediately. However, data analysed in the context of the Economic and Social Council's 2023 Report on Domestic Violence¹¹ suggests that there is **little intervention at the beginning of the procedure in the urgent implementation of measures to contain the aggressor**, which ends up leaving victims with a sense of distrust in the workings of the justice system and creating an idea of impunity for the aggressor that is still very present in the community. In this context, it will be important that there is a change in the political and legislative paradigm at the national level, from guaranteeing the protection of the rights of perpetrators, without prejudice to the principle of the presumption of innocence, to guaranteeing the integrity

¹¹<https://ces.pt/wp-content/uploads/2023/03/Parecer-VD-Aprovado-em-Plenario-3-marco.pdf>

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and defence of the human rights of victims. In addition, it is necessary to **improve coordination and communication** between the Criminal Investigation Bodies and the Public Prosecutor's Office¹², and invest in training to understand better situations that can be considered flagrante delicto.

The **Programme for Perpetrators of Domestic Violence**, on the other hand, is a structured response aimed at perpetrators of domestic violence, implemented by the Directorate-General for Reintegration and Prisons¹³, which aims to promote awareness and responsibility for violent behaviour and the use of alternative strategies, with the aim of reducing recidivism. The results of this programme have been described as positive and effective¹⁴, and an evaluation of its effectiveness and appropriateness is needed. Additionally, the **Commission for the Protection of Victims of Crimes** is an independent administrative body, responsible, itself or through its members, for granting advances of compensation from the State to victims of violent crimes and domestic violence.

As violence often arises within families, and family members are often appointed, by the court, as companions or guardians of persons with intellectual or psychosocial disabilities who are unable to exercise their rights, it is important to highlight the **Adult Accompanied Scheme** (Law N^o. 49/2018). It is essential to reflect on how the law's implementation practices can be changed to safeguard vulnerable persons with disabilities from violence. This topic will be further developed in sections 4.2.1 (Justice Professionals) and 4.2.3 (Disability Organisations).

¹²https://www.cig.gov.pt/wpcontent/uploads/2020/06/172-20_MANUAL_ATUACAO_FUNCIONAL_Final.pdf)

¹³ <https://dgrsp.justica.gov.pt/Justi%C3%A7a-de-adultos/Penas-e-medidas-privativas-de-liberdade/Programas-e-projetos/Programas-espec%C3%ADficos-de-reabilita%C3%A7%C3%A3o>

¹⁴ <https://observador.pt/2020/05/26/programa-para-agressores-de-violencia-domestica-e-eficaz/>

Regarding children and youngsters, the Law for the Protection of Endangered Children **and**
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Youth (Law nº 147/99), establishes that **in hearings “a child or young person has the right to be heard individually or accompanied by parents, legal representative, chosen lawyer or informal representative, or a trusted person”** (Article 84).

The **National Child Guarantee Action Plan (2022-2030)**¹⁵ aims to ensure access to a set of essential services for all children and young people in the most vulnerable situations. This also involves safeguarding children's rights, combating child poverty, and promoting equal opportunities. One of the priorities established is to promote the deinstitutionalisation of children. Aligned with the mentioned plan, the **Bases for the Qualification of the Child and Youth Care System, launched in 2023**, which aims to prevent poverty and social exclusion, and outlines a new approach for managing the child and youth care network, focused on avoiding institutionalisation. Among others, one of the aims is to "reduce, to no more than 1200, the number of children and young people in residential care by 2030¹⁶". The priority will be the integration of children in foster families.

Although deinstitutionalisation is seen as a priority, in practice, institutionalisation continues to be the reality of many adults and children with disabilities, and the theme of **institutional violence against persons and children with disabilities is a subject that has so far received little discussion**. However, a recent order from the Attorney General of the Republic (from March 2023) **acknowledges the significance of addressing mistreatment in institutional settings**. The order delegates the "Investigation and Criminal Action Departments" with the competence "to direct the investigation and to carry out criminal action

¹⁵ <https://www.garantiainfancia.gov.pt/homepage>

¹⁶ <https://www.portugal.gov.pt/pt/gc23/comunicacao/noticia?i=apresentadas-as-bases-para-a-qualificacao-do-sistema-de-acolhimento-de-criancas-e-juvenis>

in relation to processes that have as their object the commission of acts capable of constituting

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a crime of ill-treatment of users of residential care facilities for elderly people¹⁷". Although it is not explicitly stated, it could be assumed that this measure addresses situations of violence and abuse in all forms of residential institutionalisation.

International framework

Portugal has ratified the UN Conventions on the Elimination of All Forms of Discrimination against Women (**CEDAW**), on the Rights of the Child (**CRC**), and on the Rights of Persons with Disabilities (**CRPD**) in 1980, 1990 and 2009, respectively. Additionally, in 2013, the country ratified the Council of Europe's Convention on Preventing and Combating Violence against Women and Domestic Violence (**Istanbul Convention**).

The Committee on the Elimination of Discrimination against Women, in its Concluding Observations on the Tenth Periodic Report of Portugal (2022)¹⁸, expressed concern regarding legal support availability and suggested "that the State party **implement awareness-raising** campaigns targeting **disadvantaged groups of women, such as women with disabilities, (...) empowering them to submit complaints, to access free legal aid** and to **benefit from reparation to victims**" (p.13). Additionally, it was recommended, "that the State party specifically **criminalises forced sterilisation**, in line with article 39 of the Istanbul Convention" (p.7).

In turn, the Concluding Observations from the Committee of the Rights of the Child (2019)¹⁹ highlighted the following concerns: although the law defines "family foster care as the

¹⁷ <https://dciap.ministeriopublico.pt/pagina/maus-tratos-e-outros-crimes-cometidos-em-lares-de-idosos-buscas>

¹⁸ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FPRT%2FCO%2F10&Lang=en

¹⁹ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FPRT%2FCO%2F5-6&Lang=en

preferential measure for children up to 6 years old” (Law nº 142/2015) there is “the still **widespread**

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use of institutionalisation, including of children below the age of 3 and for reasons attributable to poverty and disability”; the importance to “take all necessary measures to **avoid out of home placement of all children**, including children with disabilities, inter alia by **granting adequate support to parents and vulnerable families** and fully implementing Law No. 142/2015 to guarantee that **children up to the age of 6 are placed in family foster care rather than in institutions**”. Furthermore, was recommended to “**collect data on children with disabilities, including on discrimination against them**, and develop an efficient system for diagnosing disability, which is necessary for putting in place appropriate policies and programmes for children with disabilities” and adopt “a new **comprehensive strategy for the inclusion of children with disabilities** in all areas of life and **allocate adequate human, financial and technical resources for its monitoring and implementation**”.

The Committee on the Rights of Persons with Disabilities, in its Concluding Observations (2016), considered that the “measures taken to protect persons with disabilities, and **especially women and children, from exploitation, violence and abuse, these have not been sufficient** (p.6)²⁰”. Therefore, recommended that Portugal should “explicitly **include the disability perspective in its legislation, strategies, and programs to prevent exploitation, violence and abuse, including the Law on domestic violence** (Law 112/2009), and step up intensifying measures to protect persons with disabilities, and

²⁰<http://oddh.iscsp.ulisboa.pt/index.php/pt/mediateca/eventos/item/263-22-04-2016-%7C-na%C3%A7%C3%B5es-unidas-fazem-recomenda%C3%A7%C3%B5es-a-portugal-sobre-os-direitos-das-pessoas-com-defici%C3%Aancia>

especially women and children, including the **continuation of police training, prosecutors and judges** in the implementation of a due diligence framework”.

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The Istanbul Convention²¹ is also an important tool to prevent violence against women, including all forms of gender-based violence. In 2019, the Group of Experts on Action Against Violence against Women and Domestic Violence (GREVIO) produced an evaluation report on Portugal. This report highlights the "extremely low rates of convictions in cases of violence against women. Out of a yearly average of 27,000 reports of domestic violence, fewer than 7% of cases resulted in a conviction" (p.54).²²

Strategies against violence

The Portuguese “**Action Plan to prevent and combat violence against women and domestic violence (2023-2026)**”²³ forms part of the National Strategy for Equality and Non-Discrimination (ENIND 2023-2026). Among other measures, the plan proposes **enlarging the number of offices for the Support of Victims of Gender-based Violence**, established in 2019 via a protocol signed by the Ministry of Justice, the Attorney General's Office²⁴, and victim support Non-Governmental Organisations. This particular measure intends to “**ensure, on an ongoing basis, care, information, support, and personalised referral for victims of domestic and gender-based violence, with a view to their protection**”²⁵.

²¹<https://www.coe.int/en/web/istanbul-convention/portugal>

²²<https://rm.coe.int/grevio-reprt-on-portugal/168091f16f>

²³<https://www.cig.gov.pt/2023/06/aprovados-os-planos-de-acao-2023-2026-da-estrategia-nacional-para-a-igualdade-e-a-nao-discriminacao-portugaligual/>

²⁴https://www.ministeriopublico.pt/sites/default/files/anexos/protocolos/protocolo_mj-pgr.pdf

²⁵<https://www.ministeriopublico.pt/pagina/gabinetes-de-atendimento-vitimas-de-violencia-de-genero>

On the other hand, the **National Strategy for the Inclusion of Persons with Disabilities (2021-2025)**²⁶ includes in its first strategic axis (Citizenship, Equality, and Non-discrimination), the aim to “promote inclusion, equality, and **prevention of violence in organisations and the community**”. This is achieved through the development of “**methodological guidelines that allow prevention, signalling, and intervention in situations of risk or violence against**

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persons with disabilities (of any age) aimed at law enforcement and civil protection agents, magistrates, professionals in the areas of education and health and technicians/ those of IPSS [private social solidarity institutions]”. The deadline for completing this measure was 2021. However, to date, the National Institute for Rehabilitation²⁷, responsible for the coordination of national policies aimed at promoting the rights of persons with disabilities, did not provide public information on the implementation of the strategy.

Other important measures of the same strategy are: (1) to “**create and implement an awareness programme, at the national level, to prevent violence against persons with disabilities**”; (2) to “promote **coordinated intervention in the areas of disability and the prevention and combat of violence against women and domestic violence**, particularly based on the specialised response to welcoming women with disabilities from the National Support Network for Victims of Domestic Violence”; (3) to “**promote awareness-raising actions among persons with disabilities to prevent violence and mistreatment**”; (4) to “train professionals and agents in the field of disability in the dimensions of multiple discrimination, the promotion of equality and intervention in matters of violence against persons with disabilities”²⁸.

²⁶<https://www.inr.pt/documents/11309/284924/ENIPD.pdf>

²⁷<https://www.inr.pt/inicio>

²⁸The implementation monitoring plan of the National Strategy for the Inclusion of Persons with Disabilities was not publicly available at the time of writing this report.

One of the main priorities of the **National Strategy for the Rights of Children** (2021-2024), coordinated by the National Commission for the Promotion and Protection of Children and Young People (CNPDPJC)²⁹ is to “**prevent and combat violence against children and young people**”, including activities such as to “**develop a special programme for the prevention of violence against children or young persons with disabilities**” for technicians

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working in **Commissions for the Protection of Children and Young People** (CPCJ)³⁰.

Another relevant strategy is the **National Life Cycle Violence Prevention Programme** (General Health Department)³¹ which aims to strengthen prevention, diagnosis, and intervention mechanisms within the realm of **health services** about interpersonal violence, specifically in cases of child and youth abuse, violence against women, domestic violence, and in populations with heightened vulnerability.

3.2 Strategies, plans and services at the national and local level

Regarding deinstitutionalisation guidelines, the National Strategy for the Inclusion of Persons with Disabilities (2021-2025) mentions that “**autonomous and independent life is always the first option and eventual institutionalisation, a solution of last resort**” (p.29)³². One of the strategy’s specific goals is “to develop guidelines and methodologies to support the consolidation of a policy of non-institutionalisation of persons with disabilities” (p.30).

²⁹ In the context of safeguarding children and young people, CNPDPCJ monitors, supports, supervises, and provides specialised training to technicians from the 311 Commissions for the Protection of Children and Young People (CPCJ) in the country.

³⁰ The CPCJ aims to promote the rights of children and young people and prevent or put an end to situations that could affect their safety, health, training, education, or overall development.

³¹ <https://www.dgs.pt/pns-e-programas/prevencao-da-violencia-no-ciclo-de-vida.aspx>

³² <https://www.inr.pt/documents/11309/284924/ENIPD.pdf>

In 2017, "the Independent Living Support Scheme" was established on a national level (Decree-Law nº 129/2017)³³ which "represents a paradigm shift in public policies for the inclusion of persons with disabilities, seeking to reverse the trend of institutionalisation and family dependence". The law foresees the provision of **personal assistance**, through the Centres of Independent Living, to persons with disabilities to carry out activities of daily living

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and mediation in different contexts. This policy was significantly influenced by the political activism of disability rights movements, notably the group "Disabled People Indignant" (Deficientes Indignados), who orchestrated debates and demonstrations.

Between 2007 and 2016, the National Mental Health Plan³⁴ has prioritised the role of community-based services and deinstitutionalisation. However, the evaluation report³⁵ highlighted implementation problems due to **lack of human and financial resources**. The new law of mental health was approved in August 2023 (Law nº 35/2023)³⁶, revoking previous legislation from 1998. The new law introduced changes regarding involuntary treatment; and prevention of internment measures (for people in prison who are not considered legally responsible) from having, in practice, an unlimited or even perpetual duration.

Facilities and programmes for adults and children with disabilities

The Ministry of Work, Solidarity, and Social Security oversees the **Network of Social Services and Facilities**³⁷. Generally, these crucial services are provided by **private social solidarity institutions**³⁸, with a range of options available for children and adults with

³³<https://diariodarepublica.pt/dr/detalhe/decreto-lei/129-2017-108265124>

³⁴<https://www.adeb.pt/files/upload/paginas/Plano%20Nacional%20de%20Saude%20Mental.pdf>

³⁵<https://www.sns.gov.pt/wp-content/uploads/2017/08/RelAvPNSM2017.pdf>

³⁶https://www.pgdlisboa.pt/leis/lei_mostra_articulado.php?nid=3679&tabela=leis&ficha=1&pagina=1&so_miolo=

³⁷<https://www.cartasocial.pt/inicio>

³⁸Not-for-profit organisations, established by private persons, which are independent of State administration; Service Providers in the field of disability, older adults, mental health, children, and family, among others. <https://www.seg-social.pt/ipss>

disabilities and mental health problems. The main facilities and programmes for **children with disabilities** are:³⁹ a) **Early Intervention** (Decree Law 281/2009): it is intended to provide support in the areas of education, health, and social action, focused on the needs of the child and their family (aged between **0-6 years old**; children with disabilities or at risk of severe

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developmental delay); b) **Support home**: temporary accommodation for children or young people with special educational needs who require to attend schools or other institutions far from home, or whose family situation advises home confinement (**6-18 years old**).

The main facilities for **adults with disabilities**⁴⁰ are: a) **Centre for Activities and Capacitation for Inclusion** (CACI): aims to develop occupational activities for persons with disabilities, to improve their quality of life and enable them to have greater access to the community. Beneficiaries: persons with disabilities, **aged 18 or over**, who are unable to continue their education or training path; or carry out a professional activity; or who are in the process of socio-professional inclusion, particularly between work experiences; b) **Residential home**: an establishment for the collective accommodation, on temporary or permanent basis, of persons with disabilities **aged 16 or over**, who are unable to live in their family environment; c) **Home Support Services**: provision of care and services to families and/or people living in their home; d) **Autonomisation and Inclusion Residence**⁴¹: temporary or permanent residential response, developed in an apartment, house, or another similar type of housing, inserted in residential areas in the community, intended for persons with disabilities, with the capacity to live independently, and aims to provide, through individualised support, conditions for the implementation of an autonomous and inclusive life project. Beneficiaries are persons with disabilities, **aged 18 or over** who, through support in their autonomy and inclusion project,

³⁹More information about the services is available at: https://www.seg-social.pt/documents/10152/14961/apoios_sociais_crianças_jovens_deficiencia/050914f5-bb3d-466f-94d4-ebf7935afdea/050914f5-bb3d-466f-94d4-ebf7935afdea

⁴⁰More information about the services is available at: <https://www.seg-social.pt/deficientes>

⁴¹<https://diariodarepublica.pt/dr/detalhe/portaria/77-2022-178602021>

can move, whenever possible, to alternative living solutions in the community. Capacity: **maximum of five persons with disabilities.**

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The main facilities and services for **adults who have experienced mental illness**⁴² are included in the **Network of Integrated Continued Care in Mental Health** (Decree-Law 8/2010⁴³). The beneficiaries of these services are adults, children, and young people. The services available include differentiated responses according to age groups: a) **residential homes** (four different types for adults and children according to disease gravity (severe, moderate, or low); 2) **socio-occupational units**; and 3) **Home support services**. The number of vacancies made available by these different services is currently very low⁴⁴.

Victim support services

In Portugal, the Commission for Citizenship and Gender Equality (CIG)⁴⁵ is the entity responsible for the national framework of prevention against gender-based violence. CIG coordinates the **National Network of Support for Victims of Domestic Violence** (RNAVVD) which integrates different responses, namely: a) **support/assistance centres** (multidisciplinary teams who provide, in person and over the phone, legal information, psychological support and social, free of charge; N=200); b) **Emergency shelters** (Residential units for reception urgent care of victims, accompanied or not of minor children,

⁴²More information about the services is available at: <https://www.seg-social.pt/doentes-do-foro-psiquiatrico>

⁴³<https://diariodarepublica.pt/dr/detalhe/decreto-lei/8-2010-616776>

⁴⁴<http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/600-relatorio-oddh-2022>

⁴⁵<https://www.cig.gov.pt/>

or dependent adults with disabilities) and c) **shelters** (reception of victims, up to 6 months, accompanied or not of minor children, or dependent adults with disabilities). There is **one shelter for persons with intellectual disabilities and one for persons with psychosocial disabilities**. CIG also coordinates a free, anonymous, and confidential telephone information service operating 24

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hours a day / 365 days a year to support victims of domestic violence on the number **800 202 148** or by message to the **SMS Line 3060**⁴⁶.

In Portugal, there are no specific organisations of women with disabilities that advocate for their rights. However, there are some women's rights organisations working on this issue⁴⁷. Although the 2023 State budget mentioned the intention to "allocate a specific budget for a national study on violence against girls and women with disabilities, in particular on the reality of forced sterilisation practices" (article 123; Law nº 24-D/2022), to date, this study was not carried out.

3.3 Monitoring and regulation of institutions and public services

All social services providers, including in the disability field, are supervised by Social Security Services, and have guidelines for a "zero-tolerance policy on ill-treatment and define clear procedures for detecting, assessing and referring cases"⁴⁸. The Social Security Institution has developed specific models for assessing the quality of different social responses (e.g.

⁴⁶<https://www.cig.gov.pt/area-portal-da-violencia/portal-violencia-domestica/servico-de-informacao-as-vitimas-de-violencia-domestica/>

⁴⁷<https://plataformamulheres.org.pt/artigos/temas/interseccionalidade/mulheres-com-deficiencia/>

⁴⁸MSSTS (2002) cited on page 16 https://www.fenacerci.pt/web/publicacoes/fenacerci/Roteiro_PrevenirInterven_Contexto_Institucional.pdf

residential home, Centre for Activities and Capacitation for Inclusion, among others), and has defined three levels of demand: high (A), medium (B) and low (C). Compliance with the minimum requirements corresponds to level C and is mandatory. The establishment of violence prevention plans in the social services they fund and regulate is part of level C (e.g. Table of indicators of violence in social responses; Annex 3 and 4).

In 2011, FENACERCI has developed specific guidelines for prevention and intervention in the **LEGAL AND POLICY FRAMEWORK**

institutional context for persons with disabilities, addressing the identified gaps, namely the fact "the vast majority of organisations do not have a formalised mechanism for preventing mistreatment, but they do follow the guidelines issued by the authorities"⁴⁹ (p.17). This gap was also mentioned in 2005, in a "Manual of Good practices regarding residential care homes for persons with disabilities"⁵⁰. As far as we know, at least in the disability field, to date, **there are no standardised procedures for the prevention of abuse or violence within institutions and community-based services**. However, each service provider develops their tools and instruments to prevent, monitor, and respond to violent situations.

On the other hand, the **healthcare sector has a coordinated strategy**⁵¹ and **specific protocols** for different situations (suspicious, risk, or imminent danger), and specific victimisation situations (such as sexual assault, female genital mutilation, and violence against health professionals, among others), including specific guidelines for adults⁵² and children. When there is a possible situation of mistreatment identified by the health professionals, the situation is reported to a multidisciplinary team - the Support Centres for Children and Young People at Risk and the Hospital Support Centres for Children and Young People at Risk. This

⁴⁹<https://www.fenacerci.pt/pdir/roteiro/pdf/roteiro.pdf>

⁵⁰Instituto da Segurança Social, I.P. (2005), Manual de Boas Práticas. Um guia para o acolhimento residencial das pessoas em situação de deficiência para dirigentes, profissionais, residentes e familiares.

⁵¹https://www.dgs.pt/accao-de-saude-para-criancas-e-jovens-em-risco/ficheiros-externos/violencia_interpessoal-pdf.aspx

⁵²<https://www.dgs.pt/normas-orientacoes-e-informacoes/orientacoes-e-circulares-informativas/orientacao-n-0012022-de-09022022-pdf.aspx> and <https://www.dgs.pt/documentos-e-publicacoes/registo-clinico-de-violencia-em-adultos-guia-pratico-pdf.aspx>

team will investigate in detail and determine the intervention necessary for the child/young person involved.⁵³

⁵³<https://www.dgs.pt/accao-de-saude-para-criancas-e-jovens-em-risco/rede-de-nucleos-da-ascjr/o-que-sao.aspx>.

3.4 Summary and assessment

- **Existing strategies** (e.g. disability, children, and violence prevention) could benefit from greater articulation on how **to prevent exploitation, violence, and abuse**.
- In addition, the **legal framework** should include **specific procedural accommodations** for persons with disabilities: easy-to-read information on victims' rights, and clarification of the role and type of assistance that the victim support technician could provide to the victim. Better articulation could be achieved by ensuring the participation of persons with disabilities (e.g. women with disabilities should be included in the Consultative Council of the Commission for Citizenship and Gender Equality, as proposed by CEDAW concluding observations in 2021⁵⁴).
- The **Adult Accompanied Scheme** is also a **concern because nominated companions could be aggressors**. Courts could consider the support of Offices for the Support of Victims of Gender-based Violence, or similar structures, to support justice professionals in assessing the family context.
- The legislative system that covers the crime of domestic violence needs to be reflected, from guaranteeing the protection of the rights of perpetrators, without prejudice to the principle of the presumption of innocence, to guaranteeing the integrity and defence of the human rights of victims. Other solutions should be discussed and considered, such as the adequacy of the Programme for Perpetrators of Domestic Violence.

⁵⁴ <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhss1YTn0qfX85YJz37palgUCPn4a8%2B5I9mmCPm3TJj2dvgwZ5frBOM06FC8NgoUavgp9ZNHTQ0cHVDLr%2FRgWlQjpDmBaLjqkkGKC%2FgRIZLdJA>

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- Portugal does not criminalise forced sterilisation, which is a human rights violation.
- **The National Strategy for the Inclusion of Persons with Disabilities (2021-2025)** foresees the development of **methodological guidelines** for prevention, signalling, and intervention in **situations of risk or violence** against persons with disabilities. There is **no information on the contexts of violence, including domestic, institutional, or community-based services**. Different contexts may require different approaches.
- Services and justice professionals should continue to be trained to use **simple and understandable language** with persons with disabilities.
- Personal assistance and independent living - the Personal Assistant training framework itself does not explicitly include issues related to the prevention of all forms of violence.
- **Monitoring systems for the prevention of abuse in institutions and community-based services should be strengthened to be more effective.** The Social Security System provides guidelines and service providers have internal tools to prevent and monitor violence, but **how are these tools implemented and adopted by professionals?** It would be useful to report incidents to Social Security so that there is better monitoring and statistical data. As far as we know, this reporting is not mandatory. It would also be important to develop the current instruments so that they can have different protocols of action according to situations (e.g. suspicion, risk, or danger, as happens in the health sector⁵⁵).

⁵⁵ <https://www.dgs.pt/normas-orientacoes-e-informacoes/orientacoes-e-circulares-informativas/orientacao-n-0012022-de-09022022-pdf.aspx>

04

**INTERVIEWS AND
FOCUS GROUPS –
RISK FACTORS AND
BARRIERS TO ACCESSING
SUPPORT AND JUSTICE**

INTERVIEWS AND FOCUS GROUPS - RISK FACTORS AND BARRIERS TO ACCESSING SUPPORT AND JUSTICE

4.1 Interviews with persons with disabilities

Regarding the way **abuse and violence are perceived and understood**, it is important to distinguish adults from children, who have more difficulty. In the cases where violence or abuse took place during childhood or youth (I01, I02, and I05), the victims did not report the situations due to difficulties in recognising them:

“But there wasn’t that thing (...) of thinking ... this is wrong [at the age of 4]. I’ll tell an adult and he’ll defend me. It never occurred to me. I didn’t, I really didn’t have that perception, I didn’t, I had it much, much later (...) For example, that thing with the doctor... [sexual harassment] I realised that it wasn’t right. I was at a much older age [11, 12 years old].”

I01_ Woman with autism spectrum disorder

“Most people don’t report bullying at that time.” I02_ Man with intellectual and psychosocial disability

Of the persons interviewed, all adults, although three of them had experienced violence in childhood or youth, **did not express any difficulty in perceiving or noticing violence**. Nevertheless, their life stories indicate a clear sense of **vulnerability and powerlessness**. Four of them changed cities (two of the women with both minor children) or lived hidden from the aggressor. Talking about the past was difficult, *“because it didn’t pass”* (I06). Their experiences caused trauma, and specific support was needed and not provided. Three attempted suicide after experiencing physical, psychological, or sexual abuse. Others live in constant fear and suffer recurring nightmares. **None of the aggressors was condemned by the court**. In four cases, the aggressors maintain their regular lives within their community and could potentially constitute a danger to the victims.

“I changed my name... I changed my city... I changed my friends... I radically cut everything back. The only part, unfortunately, that I can’t cut out... was with him, because it kept happening all these years later. Because I have 2 children.” I01_ Woman with autism spectrum disorder

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“He said to a friend of ours that the bullet, whether later or earlier, that bullet was mine. Wherever it was, that bullet was mine.” I06_ Woman with psychosocial disability

Regarding situations experienced by persons with disabilities or experiencing mental health problems, some **barriers have been identified that hinder the ability to report violence** to the authorities. These include (1) fear of the aggressor; (2) economic dependence on the aggressor; (3) lack of trust in institutions (police authorities, courts, etc.) to protect victims (although there were also positive experiences); (4) perception that cases are archived and justice is not served; (5) societal culture of acceptance of violence, and (6) lack of information about (legal) support available to victims of violence.

Violence not reported

Some interviewees reported that they did not report their experiences of violence because of fear, shame, or economic dependence on the perpetrator. These are also experiences of loneliness and social isolation, as fear prevents them from sharing their experiences even with their closest family members.

“I didn't ask anyone for help... I don't know... fear perhaps... how did you manage to get out of the situation? He died.” I04_ Woman with psychosocial disability

“I've been separated for 10 years and I'm still scared of him. Once I was at home, about to sign the divorce, and he pulled a gun on me. (...) I still have nightmares that he's after me, and that he's going to kill me (...). Yes [the violence], it went on for a long time. (...) I (...) didn't have any money, I didn't even have a place to live with my children, I had to put up with it on my own. At least until my daughter was about 18 (...) the physical aggression wasn't just towards me, it was towards my eldest son (...).” I06_ Woman with psychosocial disability

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Lack of trust in institutions to safeguard victims

In addition, some mentioned that they felt the **system was not able to protect them, so they were reluctant to complain to the authorities**. In other words, they don't trust the institutions, namely the police authorities – as some experiences were negative - and the judicial system, and they are also aware of the lack of social responses (e.g. lack of vacancies). The law was described as being on the side of the aggressor:

“A woman who has children, the aggressor stays at home and the woman goes out into the street with her children? Never, it should happen. Because then, you see, the man, the aggressor, is always right, not the woman. (...) Even if I were to report him, he could be in jail for a month or a month and a half. And then what? What would happen next? So most of the time people don't report it, because then there's the fear again.” I06_ Woman with psychosocial disability

“There were many, many, many, many, many. And it [violence] happened in front of the police and the police did nothing. (...) That's why I'm disgusted with the police. I don't believe in the system, I don't believe in the system at all. (...) [How did you get help?] It was through one of my daughter's teachers when she was in primary school. It was through her that I managed to get into a shelter.” I03_ Woman with psychosocial disability

“I got up the courage, and after so many times, thousands of times, I said, no, today I'm going to call, I called the police. And the police didn't want to know... you... but you've already spoken to him; I said. I've already spoken to him, this has happened thousands of times. And you said: ah, but maybe that's a misunderstanding. That's my experience with the police service - to belittle, a woman is never right. (...) Convincing me that I was wrong.” I01_ Woman with autism spectrum disorder

Although there were also positive experiences

“During my last suicide attempt, I phoned the police, before I attempted the last time, and when the police rescued me they asked why I was doing it and that's when I also reported my father to the police. (...) They helped me a lot.” I02_ Man with intellectual and psychosocial disability

The perception that cases are archived and justice is not served

Of the interviewees who filed a complaint and went to court, the two cases were archived and

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the aggressor was always free, in their community. Both went to a shelter and now live in another city (one of them with her two minor children). In other situations, the perception was that filling a complaint wouldn't produce results.

"It was all filed away... I had a lawyer at the shelter, (...) It went to trial and nothing came of it, no compensation, nothing, nothing, nothing... nothing. (...) He had witnesses, they were false witnesses. I had a sister, but she didn't know what was going on, because I didn't tell my family much." I03_ Woman with a psychosocial disability

"My family knew what was going on; if they had been witnesses, it would have been a different story. In other words, justice had been done. Without witnesses, I couldn't prove anything. (...) Yes, it was closed for lack of witnesses. And in these cases, the family shouldn't pretend that nothing is going on. (...) I received a letter saying that it was going to be closed. (...) the lawyer explained to me what the letter meant." I02_ Man with an Intellectual and psychosocial disability

In one of the cases, the person was advised not to file a complaint:

"I even consulted a lawyer here several years ago who also saw the case. She saw everything and told me the same thing again... look, you're not going to achieve anything, it's not going to come to anything, you're going to waste money, the courts, the courts themselves aren't sensitive - and I believe she was right - they're not sensitive to this, you're not going to achieve anything. That's it, devaluated." I01_ Woman with autism spectrum disorder

Societal culture of acceptance of violence

The normalisation and acceptance of violence in Portuguese society were identified by some interviewees as a serious problem. They regretted the lack of awareness in society in general (and even within the family), and in particular among professionals who work directly with this issue, such as police authorities, lawyers, and judges.

"Acceptance, passivity (...) It's normal for a husband to beat his wife. It's normal not to pay maintenance. I've never had alimony since I divorced my children. It was one of the wars. It's normal. It's normal for a mother to have to support her children on her own... it's normal in Portugal, that's normal." I01_ Woman with autism spectrum disorder

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“The family then ends up not getting involved. And that was the case with me, my brothers never got close to him, nor did any of my relatives. And I turned up loads of times with my nose all black, my eyes black, my arms black, and nobody ever came up to him and said: Oh man, either you stop or we'll report you somewhere. I never had anyone. Never, never.”
I06_Woman with psychosocial disability

Lack of information about the law and procedural issues

Victims sometimes don't know the law, their rights, or where to go for support.

“I should have domestic violence status. I don't know where I could get it either, because I never did. They never explained it to me.” I06_Woman with psychosocial disability

Ambivalence regarding victim support services

Regarding victim support services, interviewees expressed some ambivalence towards them. On the one hand, **the existence of specific support** is perceived as positive - namely, **non-profit organisations providing legal, social, or psychological support, or shelters**. However, some of the victims of violence interviewed also identified gaps, such as the **lack of financial and human resources and psychosocial responses** (e.g. housing, psychological support, and other social support services), which prevent these organisations from providing victims of violence with the support they need.

“I can't, on the one hand, criticise them too much, (...) the day I wanted to commit suicide and I phoned, (...) they helped me as best they could, otherwise I would have messed up that day. And yes, they tried to help as much as possible. (...) But then, when you really need things, they also feel like their hands are tied, because they don't have the resources to give the people they need and that they need so much to help [e.g. lack of places in shelters].”
I06_woman with psychosocial disability

In one case, living in a shelter home was a negative experience because the person experienced conflicts with other residents. Although she reported the situation to the person in charge, a resolution to the situation was not achieved.

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“The shelter wasn't a very good experience either. I left one hell and went to another hell. The experience wasn't very good either. (...) Yes, they even stole things from me. (...) There was everything in there. There were no rules, no education, nothing.” I03_ Woman with psychosocial disability

One of the interviewees considers that there is a lack of specialised psychological support for victims of violence and that the only solution offered by the health services is medication:

“The only solution I have [for the traumas] is to go to the psychiatrist, to fill myself up with medication. I take 15 pills a day. I take medication. In terms of support, no one has ever recommended anything to me. It's just medication, medication, medication after medication.”
I06_ Woman with psychosocial disability

The provision of housing solutions is very important in this context. Positive and negative experiences were also reported on this issue:

“They got me a house here through the Housing Institute. I've been here for 3 years now (...) The move at first, in the first few days... As it's a place I don't know. A place I didn't know... It was a bit difficult. Then I started to get used to it. Now I like it here.” I03_ Woman with psychosocial disability

“(...) I went to the Parish Council to apply for a house. (...) I'd rather be in a studio apartment than living in a room. (...) the lady said that someone would have to die first in the neighbourhood (...) for them to have a house for me. (...) Are these the answers you give to someone desperate, who has been through what you've been through? (...) often certain institutions don't know how to answer what people are looking for.” I06_ Woman with psychosocial disability

The feeling of lack of empathy in victim support services

Victims expressed that they were looking for some comfort and affection in their first contact with victim support services. Although active listening and empathy are recognised as important communication strategies with victims, in some cases victims report a lack of empathy.

“I tried to ask for help, the first time with [name of the victim support organisations]. (...) I didn't feel welcomed. (...) When ... a person is already in a fragile situation, and you don't feel empathy, welcome, understanding, that they believe in you, that they want to help... a person who is already like me closes up and that's it. (...) Isolate yourself from the world again, the world has nothing to give you.” I06_ Woman with psychosocial disability

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Recommendations

- **To promote zero tolerance to violence through training and awareness-raising**

"(...) many people think that this is normal, violence has become normalised and this type of situation... it's not normal... and if people realise that it's not normal, it's easier to defend themselves... many people don't feel it because they think it's normal. It's always been like that."

I01_ Woman with autism spectrum disorder

- **Disability and mental health training to develop better and more friendly services (self-advocacy)**

"There have to be people who know how to listen and understand what humiliation is (...). Sometimes, (...) I wanted someone to (...) hug me, to give me a little comfort. I've never had that in my life. (...) The problem is knowing how to listen, knowing how to understand. (...) "But didn't you go and report it?" Look, (...) I completely understand (...) why many women don't go and report it (...). They don't, because then it's worse." I06_ Woman with a psychosocial disability

"(...) I don't think the first line should be a specialist, so to speak, but someone who has been through the same thing. For people to feel confident." I01_ Woman with autism spectrum disorder

- **Encourage victims to speak out and seek support through a wider range of reporting channels**

"At first, it was difficult because of the fear I felt. But little by little I began to speak out. (...) If I kept quiet, it wouldn't help anything, I would just continue to suffer. (...) I appeal to people (...) not to remain silent." I02_ Man with intellectual and psychosocial disability

- **More resources are needed for the protection of victims, a protective legal system for victims of violence (with more financial resources)**

"I'd like the police, and the courts, to look more at the victims, help the victims more, and get the aggressors out of the house. It's not that the victims have to leave. In my mind, I think justice is more on the side of the aggressors than the victims." I03_ Woman with psychosocial disability

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- **Gathering data on disability/support needs to enhance support services**

"We have a page on the national health system that's supposed to have all the information... there's nothing there! If you look there, (...) my vaccinations are there! (...) Nothing else, there's not a single diagnosis. I have several permanent medications, none of which are there. (...) It's like we're in 20 countries! No. It's one." I01_ Woman with autism spectrum disorder



4.2 Interviews and Focus Groups with professionals

4.2.1 Justice professionals

The participants (N=7) mentioned that they had been in contact, although not very often, with different types of violence against persons with disabilities: physical, psychological (e.g. women under the Accompanied Adult law), financial, sexual (e.g. by relatives), and institutional violence. According to the criminal justice professionals interviewed, the main challenges faced in supporting victims (women and children) with intellectual or psychosocial disabilities are as follows:

Violence not reported (lack of literacy among victims)

All participants agreed that probably victims with disabilities do not report violence to the authorities. A possible reason for this could be the lack of literacy on violence among the victims with disabilities (awareness-raising activities about violence should be promoted).

“We certainly have a very large black figure in Portugal of violence suffered by these victims and not reported... (...) The victims themselves will certainly have some difficulties in realising whether they are victims or not, whether this is normal behaviour or not, and therefore this (...) literacy towards violence. ... The victims themselves will certainly have some difficulties in understanding whether or not they are victims, whether or not this is normal behaviour, and so this (...) literacy about violence is even more difficult with this type of victim.” FG01_05_ Ministry of Justice

“In any case, (...) in recent years there has been an awareness of (...) the community in general (...) both at the health level, at the school level, and also at the level of victim support structures, the institutions themselves.” FG01_03_ Public Prosecutor

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Although there are no official figures regarding who presented the complaint in cases of violence against persons with disabilities, participants considered, that it could be very likely that these cases involving persons with disabilities are among the ones with more **anonymous or third parties complaints**:

“Perhaps the greatest number of anonymous complaints come from this area, because, after all, we think that a husband who beats his wife is a problem between husband and wife, but a father who beats his child with a certain intellectual disability shocks the next-door neighbour more and that anonymous complaint comes in.” FG01_03_ Public Prosecutor

The proposed solution to the problems raised could be the **need to create new mechanisms for presenting complaints, providing specific accommodations (e.g. communication support)**, as the traditional ones (e.g. going to the police station, sending an email, electronic complaint, calling special lines⁵⁶) may not be sufficient for these victims of violence, who in some cases have communication difficulties.

“And why not think a little outside the box in this matter [filing complaints]? If we look at the comparative level, some countries have an online system where, depending on (...) the characteristics of the case, depending on the type of crime, the system itself directs the person to the legal, social, etc. responses that can be activated in the case (...).” FG01_04_ Ministry of Justice

Communication barriers between victims and justice professionals

Regarding the situations in which the cases of victims with disabilities are reported, one of the **main concerns** of justice professionals is the **communication difficulties between victims and judicial authorities. To address this issue, it may be important** to develop cooperation protocols with organisations in the disability field. On the other hand, the importance of **the**

⁵⁶E.g. 114 - National Social Emergency Line. More information is available at <https://eportugal.gov.pt/guias/cuidador-informal/linha-de-emergencia-social>

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victims having a companion person (e.g. such as an intermediary) was also highlighted.

The victim support technician is allowed to accompany the victim when they make future memory depositions. This measure is considered as a positive change. However, this support or accommodation could be more comprehensive for persons with disabilities.

“If these people are to be heard, they have to be heard well, and a policeman doesn't know how to listen to them... and a judge doesn't know how to listen to them... a prosecutor doesn't know how to listen to them... and this hearing has to be done through... Or through the intermediation of someone who knows how to communicate with these people, because I already have... (...) Maybe we need to think about actually changing the law to broaden the beneficiaries of this change [having third parties ask questions].” FG01_03_ Public Prosecutor

Lack of clear procedures (or knowledge about them) on how to report violence by the professionals who provide the services

Lack of clear or excessively bureaucratic procedures for reporting situations of violence or suspected violence detected by service providers, such as home support services, can lead to situations where professionals in institutions fail to report such incidents. One of the focus group participants described a specific situation where a woman with dementia was sexually and physically abused by her son. She was a beneficiary of the Home Support Service and the home support team was aware (or at least suspected) of the situation. However, they had no information on how to make a complaint. It was a lawyer who helped them.

“(...) people wanted to make the complaint, but there was a lot of resistance, even at a hierarchical level, about how to make the complaint, because people working in an institution had to respect a series of protocols and hierarchies that prevented them from making the complaint through the institution and then they tried to get concrete information, to do it anonymously, how they could make the complaint.” FG01_02_Lawyer

‘Adults accompanied’ should be more protected against violence

The citizens who are unable to exercise their rights have a companion nominated by the court

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(Accompanied Adult Law). The recently approved law, which has been in place since 2019, intends to comply with Article 12 (Equal Recognition before the Law) of the CRPD. However, concerns were expressed in the focus group that the **accompanying person (often family members) may also be the aggressor.**

“I think that when the legislator made the law, he forgot that violence comes from the family itself.”
FG01_01_Lawyer

Yet, this topic was not consensual. Other participants considered that the Accompanied Adult Law is well formulated (as allows to removal of the companion person), noting, however, that in his perspective the main problem relates to the lack of (effective) training of justice professionals regarding the law and consequently the **“lack of good functional practices”** (G01_03_ Public Prosecutor). He also added that the main difficulty related to this law is finding people available to assume the role of companion since sometimes family members do not want to assume this responsibility (highlighting discrimination faced by persons with disabilities within their own families). As a consequence, the institutions (Disability Organisations and even Victim Support Services, like shelters), sometimes have to assume, temporarily, the role of companion persons.

One possible solution proposed to this problem was the **intervention of multidisciplinary teams to better assess the individual’s context and better understand who is capable of ensuring the well-being of the person.**

“Perhaps a multidisciplinary team would have to be set up for these more complicated, less visible cases [related to the Law on the Larger Accompanied Person, in which the companion is the aggressor], where the violence isn’t physical, but is just as serious, if not more so because it often leads to suicide.” FG01_01_Lawyer

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It was also recommended the need to revise the **Accompanied Adult Law** to safeguard the victims, although there was no consensus on this issue.

Lack of lawyers specialised in domestic violence and vulnerable groups

It was also mentioned that it would be crucial to increase the number of lawyers with specialised training in domestic violence and violence against vulnerable groups, including persons with disabilities.

“And here we come to another problem, (...) the Bar Association doesn't have a pool of lawyers specialised in dealing with situations of domestic violence, let alone situations of domestic violence when vulnerabilities are increased due to disabilities. It's also a training.”

FG01_03_ Public Prosecutor

Lack of support services and social responses for victims of violence

Additionally, justice professionals expressed concern about the insufficient availability of support services and adequate social responses. So, it's not enough to provide training and empower victims to report. At the same time, there must be effective responses to support the victims, where the lack of social services is a major problem.

“Where do we put the victims? (...) It's a very serious problem at the national level. (...) I can tell you that we had to contact 34 institutions until we got a place that said it would accept [a victim] temporarily until another solution was found.” FG01_02_Lawyer

Lack of disaggregated data by disability

“We have already been able to characterise the phenomenon [of violence] between women and men and according to the age of each one, and even according to where the victims are, (...) it would be useful for us, even to direct our actions, to know if there are situations of disability in that family.” FG01_06_ Criminal Police Body

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Good practices

In what follows we will list a set of good practices that were mentioned by justice professionals:

- **Specialised training for security forces in cooperation with disability organisations**

The Public Security Policy (PSP - Polícia de Segurança Pública ⁵⁷) which has developed **specialised training courses regarding the prevention of domestic violence** (Proximity and Victim Support Teams) and currently have 16 structures specifically formed for attending victims of domestic violence. Additionally, since 2013, a specific programme (“Significativo Azul”⁵⁸) was created, resulting from a partnership between PSP and an organisation in the field of intellectual disability, which was considered important to train and build capacity among police authorities to intervene effectively with persons with intellectual disabilities.

The National Republican Guard (GNR - Guarda Nacional Republicana) has also had a **“Support Programme for Persons with Disabilities”** since 2014. It is aimed at supporting persons with disabilities, their caregivers, and people who interact with them. It includes awareness-raising activities to prevent risky behaviours, non-discrimination, and signalling situations of greater vulnerability, involving various partnerships.

- **Specific disability training for police authorities**

⁵⁷The complaint can also be presented using the email: violenciadomestica@psp.pt

⁵⁸Programme (<https://www.psp.pt/Pages/atividades/programa-significativo-azul.aspx>) was created in 2013; to date, it has 200 local protocols involving 120 police stations. Additionally, awareness-raising actions are developed “Equal in Security” (“IguaisnaSegurança”).

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As part of the community policing course organised by the police authorities (GNR⁵⁹ and PSP⁶⁰), covers issues such as domestic violence and human rights, and includes a specific module on disability taught by FENACERCI.

- **Cooperation between justice professionals and gender-based violence support services**

In 2023, there were eight “**Offices for the Support of Victims of Gender-based Violence**”⁶¹ created as a result of a cooperation protocol between the Ministry of Justice and the Public Prosecutor’s Office (started in 2019 with six offices). These support services are located in the Criminal Investigation and Action Departments: Braga, Coimbra, Lisboa-Oeste (Sintra), Lisboa-Norte (Loures), Lisboa (Margem-Sul), Faro, Aveiro and Porto-Este. These structures include victim support technicians from non-governmental organisations⁶². These offices, comprising integrated responses with multidisciplinary teams, have been deemed the most “effective” approach to addressing domestic violence in recent years.

“It is great that it is extended within the scope of its competencies in this articulation, given these special vulnerabilities [disability].” FG01_03_ Public Prosecutor

Another good practice mentioned was a pilot project called “**Espaço Júlia - Integrated Victim Support Response**”, created in 2015, by a cooperation protocol between the Public Security

⁵⁹ Crime Prevention, Community Policing, and Human Rights Course – GNR.

⁶⁰ Police Prevention and Intervention in Domestic Violence Course – PSP.

⁶¹ Protocol available at: https://www.ministeriopublico.pt/sites/default/files/anexos/protocolos/protocolo_mj-pgr.pdf

⁶² Additional protocols were created with, for instance, “Associação de Mulheres Contra a Violência (AMCV)”, “Associação Portuguesa de Apoio à Vítima (APAV)” and “União de Mulheres Alternativa e Resposta (UMAR)”.

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Police (PSP), the Central Lisbon Hospital Center, and a Lisbon Parish Council, creating more support responses for victims of violence⁶³.

The Prosecutor-General of the Republic assigned competencies to the Criminal Investigation and Action Departments, which are mainly focused on economic or financial crime, to further investigate mistreatment in institutions for older persons. This measure was described as something “*completely unprecedented in the history of the Public Ministry and Justice (...)*” (FG01_03_ Public Prosecutor), which means that this problem is being prioritised.

4.2.2 Victim support services

Participants in the focus group (N=8) with professionals working in victim support services did not have much contact with women with disabilities very frequently. However, their perception was that the majority of court cases end up archived. In some situations, contact with children with disabilities was more frequent (e.g., shelters for victims of domestic violence). Some participants felt that the reason for the lack of contact with persons with disabilities could be related to their **invisibility, and their lack of voice to contact services and ask for help**. This was seen as one of the main challenges to be addressed.

Violence not reported (invisible problem)

⁶³“Espaço Júlia”: the name is a tribute to a 77-year-old woman murdered by her husband, in 2011, who lived on the street where the space is located. <https://www.ifsantoantonio.pt/index.php/servicos/acao-social/espaco-julia>

It was considered that even public awareness campaigns on violence do not reach persons with intellectual or psychosocial disabilities. Only **recently information on disability it was included in official data collection on victims of violence** (the information is not disaggre-

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gated by disability type or activity limitation). Some participants mentioned that their perception was that complaints regarding these victims are made essentially by third parties or anonymous (e.g. neighbours, schools), and that's why the situations remained even more invisible during the pandemic.

“Most situations aren't flagged up by people themselves, they're flagged up by third parties (...) As soon as people are more closed off at home, there's no longer this third-party visibility of disabled situations.” FG4_02_ Victim Support Service

However, there are no official data available about who made the complaint in cases involving persons with disabilities.

Lack of support services and social responses for victims of violence

It was described by some victim support services professionals that it was very difficult to **identify appropriate responses in the community**. For example, schools with adequate resources for children:

“In a household whose two children are on the autism spectrum, one of whom is very profound (...) the mother ended up giving up having the children in school because the school couldn't integrate them, especially the youngest girl, whose autism was more pronounced. (...) We are perfectly aware that this lady will never integrate, if she continues to have this kind of response, she will never integrate into the labour market.” FG4_04_ Victim Support Service

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There were also reports of difficulties in the identification of vacancies in social services for persons with disabilities in the aftermath of the emergency. Sometimes the aggressor is the main carer and there is a situation of **dependency of the victim on the perpetrator**. In the case of a companion appointed by the judge (under the Accompanied Adult Law), the situation becomes even more complex.

Stigma, prejudice, and poor practices in the criminal justice system

Some interviewees mentioned that there is prejudice against women with experience of mental illness. The participants criticised the sometimes inappropriate way in which the police and judicial authorities deal with victims of violence.

"I think it's prejudice itself. Almost all the women who go to the Public Prosecutor's Office, to the police, are catalogued (...). "Here comes that crazy woman again, another complaint against the aggressor. Here comes that crazy woman". (...) Apart from the lack of training, there's a lot of ill will."

FG4_04_ Victim Support Service

To avoid the poor professional practices described above, some organisations accompany victims to testify:

"Our accompaniment is a bit of a container for the less than adequate way in which they address the ladies, (...) If there was training and knowledge in this area there would be no need to "burn", sorry to "burn", in inverted commas, resources, because we have so much work to do that everyone would do their own thing and then we would help each other." FG4_04_ Victim Support Service

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Communication barriers between victims and justice professionals

It was highlighted, as a positive aspect, that people can be accompanied to court (e.g. by a Victim Support Technician or another person) or when making statements, but it was considered that there were still many aspects that could be improved, namely in the way in which questions are formulated by justice professionals:

“If people move their arms and legs and sit in front of them, they function the same as anyone else. There was no ability to adapt the speech, even though I was next to her, I wasn't allowed to speak directly to her (...).” FG4_02_ Victim Support Service

But, some positive experiences were also described:

“We've had prosecutors who were extremely accessible in terms of statements for future memory, who allowed us to speak, to ask questions, to get to know people better, to ask questions in a way that was more easily understood by the person next to us. And we've had prosecutors who have been very intransigent in terms of the routine procedures within the courtroom or even in terms of taking statements for future memory.” FG4_02_ Victim Support Service

In addition to the need for language simplification, the importance of making other types of documents accessible and easy to read and understand was also highlighted.

“Most services have forms, regulations, and information displayed in very complex Portuguese, too complex to be easily understood by most persons with disabilities. In terms of service, if we go to a legal system, there is no adaptation of the existing system, even within a courtroom. It's all so rigid, so frighteningly inflexible, even for persons with disabilities who don't understand what's going on there.” FG4_02_ Victim Support Service

Getting to know the legal context (e.g. the audience room) was mentioned as important for some victims, but uncommon in practice.

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"We've managed to do it with an adult, but you can count them on your fingers, which is to allow victims to get to know the court, the courtroom 24 hours in advance, it's fundamental to be able to talk to the judges or to be able to understand what it's like. People all have an idea of what it's like."

FG4_03_ Victim Support Service

Lack of credibility of the victims/devaluation of testimonies

The lack of credibility of the testimony of the witnesses and the inaccessibility of some of the questions were also issues of concern.

"(...) Inadequacy, prejudice, but also naturalisation (...) devaluation. (...) a situation involving a woman with intellectual disabilities. (...) What's in the complaint? Is that you say you're a victim of domestic violence by your partner... what follows, (...) the woman doesn't know how to convey anything that she's saying, (...) so there were two options. Either to go back to the police with the lady to make an amendment. (...) We managed to do this in two days, (...) there's a discourse that says we're changing, but what we see every day in the courts isn't that yet."

FG4_05_ Victim Support Service

Lack of coordination between organisations

Participants mentioned a lack of coordination between organisations in terms of support services (e.g. local social action services have difficulties in dealing with situations of violence and rely on specialised services) and in terms of publicising existing resources (e.g. 112 Service for Deaf Citizens).

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4.2.3 Disability organisations

Participants mentioned sporadic **contact** with situations involving violence against children or adults with disabilities. The situations described occurred mainly in domestic contexts or during childhood, but there were also reports of situations within institutions (sometimes involving persons with double diagnosis, that is, intellectual disability and mental health problems). One of the participants reported the results of a study that revealed worrying information regarding persons with autism spectrum disorders: 78% suffered some form of violence as a child; 66.7% experience violence in a medical environment (e.g. psychiatric hospitalisation against their will, forced abortion, forced sterilisation); 86% of autistic women have suffered domestic violence; 8 out of 10 women will suffer sexual violence.

According to the representatives of disability organisations who participated in this study, the **main challenges** faced in supporting victims (women and children) with intellectual or psychosocial disabilities are as follows:

Violence not reported (invisible problem)

Focus group participants also agreed that violence against persons with disabilities is an invisible problem (including institutional violence).

“The phenomenon of violence against persons with some kind of disability is still very hidden and we need to work on several fronts in this regard. I think the issue of violence at an institutional level is even more hidden.” FG02_02_ Disability Organisation

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Lack of disability training and information in victim support services

The importance of the first contact when seeking help from a victim support service was also mentioned (as in the interviews with persons with disabilities). Services recognise the need for more training and awareness raising about disability and the importance of not undermining the credibility of victims so that they don't give up on seeking help and support.

“The first call you make, which is often the most important, because it's that call that will dictate whether or not the person will continue with a complaint, (...) and those people who are on the front line, yes, they have to be trained (...).” FG02_03_ Disability Organisation

“[Results of a study showed that] the worst experiences were with the police. The best experiences were reported to health professionals. The most common difficulties were: not believing me, blaming me, holding me responsible for the violence I suffered, and a lack of knowledge about autism and autistic traits.” FG02_05_ Disability Organisation

One of the participants mentioned the huge lack of accessibility and technical knowledge of victim support services in relation to people with disabilities and the need for differentiated responses temporarily. However, this was not seen as an ideal scenario. It stems from the huge lack of responses.

*“The ideal would be for all services to be prepared to receive and serve any type of population. (...) If this isn't possible and we don't see it happening in the short term, we have to invest in some differentiating services (...) because **we run the risk of these people [with disabilities] being left without any kind of support.** And of continuing to be discredited and not even going ahead with any kind of signalling process because they don't think it's worth it.”*
FG02_01_ Disability Organisation

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Communication barriers (important information not available in an accessible and easy-to-read format)

The importance of ensuring that relevant information, particularly from the justice system, is made accessible to persons with disabilities was also highlighted.

“The question of accessibility information, because even informed consent, which then goes on to forced sterilisation, only defines adaptations for persons with visual and hearing disabilities.” FG02_05_ Disability Organisation

“They can't interpret the documents, many of them can't even read. So we're the ones who have to dismantle all the information, everything the documents ask for so that they understand the work we're doing and what we're asking of them.” FG02_03_ Disability Organisation

Information about the services available to help victims was not considered accessible to persons with disabilities.

“I think that services and information [about victim support] are not even accessible to the majority of Portuguese, much less for persons with disabilities, (...) an ageing population, with low levels of education (...) persons with disabilities much, much less.”
FG02_03_ Disability Organisation

Monitoring the table of violence indicators in social responses (positive and negative experiences)

Regarding the procedures for identifying situations of violence, the participants reported that guidelines are defined as their existence as a mandatory requirement of Social Security. The organisations then have their internal procedures for disseminating information to all staff through training. However, the participants described both positive and negative experiences with inspections carried out by Social Security.

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“We are even asked for the protocol, we talk about the procedures and the situations that occurred or didn't occur.” FG02_04_ Disability Organisation

“I have the exact opposite experience, the follow-up visits follow a script and those who accompany us follow the script (...). This situation is not present in the script and that's why we've never been questioned or... Just like that, do they have procedures? Yes, but it's not in-depth. It's not a subject that's analysed in depth and it's not valued. Unfortunately, that's our experience.”
FG02_01_ Disability Organisation

“In my experience of Social Security, organisations, no, we've never been asked about the protocol, about performance, whether we have internal procedures or not.” FG02_03_ Disability Organisation

Interviewees reflected on the need to create self-regulatory mechanisms, as some people do not have a close family and organisations take on the role of protecting them (e.g. adult companion). It was argued that it is necessary to guarantee the protection of the person by creating regulations.

“I think that sometimes the person who benefits from a day centre, (...) benefits from the night centre, the residential unit, or the home, and yet the process of the adult accompanied person is within the institution itself. I don't think that self-monitoring mechanisms are created there, in other words, everything stays within the institution. (...) But the process of the adult accompanied person could even be carried out by another institution so that everything doesn't stay in-house.”
FG02_01_ Disability Organisation

Staff turnover in disability services

Staff turnover (due to low pay, high levels of responsibility, and sometimes the need to work shifts) was mentioned as a problem for some service providers and was seen as a critical factor in preventing teams from receiving adequate training on important issues such as violence prevention.

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“There have been significant changes in the way human resources are positioned, there are more departures and more new arrivals, and this means that sometimes it's not possible to provide the training or prepare people for all situations in good time, as is desirable.”

FG02_03_ Disability Organisation

However, the **empowerment of persons with disabilities, self-advocacy, and peer support** have also been identified as promising practices.

Disability organisations considered it was important to promote training and capacity building for persons with disabilities on issues of violence, and mentioned projects already underway, such as the "Átomo" project⁶⁴, which addresses the sexuality of persons with disabilities.

4.2.4 Children Support Services

Two focus groups and one semi-structured interview (N=6) were conducted to gather information about the experiences of children's support services in dealing with violence against children with disabilities and the challenges they faced. All participants had been in contact with children with disabilities who had been victims of different types of violence (e.g. sexual abuse, physical and psychological violence) during their professional careers. Based on their experience, the most common form of abuse is domestic violence. Some families were described as being extremely vulnerable, requiring training and capacity building for families. Although this work is being carried out, sometimes the only solution is to institutionalise children for their protection. This was seen as an issue that needed reflection and debate in order to develop more effective intervention strategies. Despite the difficulties described, it was considered essential that families maintain contact with institutionalised children.

⁶⁴<https://www.cerciag.pt/actividades/atomo>

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“Never disconnect from the parents of these children, helping them to keep an eye on what's going on, what the medication is, all this care has to be shared, all this is in fact what we have to help them do, not force them to comply, because I don't think anyone should force anyone, but help them to comply, and help them to know what they have to do if their child comes home (...) Parents can't do it alone, can they? And often the children have an intellectual disability and so do the parents, so it's much harder to support them.” FG03_02_Children support service

The hearing of the child was considered to be a **fundamental principle** to be respected by all the professionals in the study.

“A lot of work is done on the importance of listening to the child, giving feedback to the child, and what the child says counts.” FG03_01_Government entity

Concerning the main **challenges** described in supporting children with intellectual or psychosocial disabilities who are victims of violence, the following were highlighted:

Lack of appropriate training in the area of risk intervention and children with disabilities

Some interviewees felt that there was a lack of training on disability and the experience of mental illness in children and young people to respond appropriately to their needs.

“Or people have been trained themselves, they've sought out training or (...) Specific training on (...) children with intellectual and psychosocial disabilities, to my knowledge there has never been any training, at least in the last five years or so (...).”
FG03_01_Government entity

“I don't think there's really any training for these kinds of specific situations; mental health problems; or how to act. (...) I've been concerned to find out what's going on specifically in these situations (...) we've been looking a lot for supervision from people who can give us little tips on how to deal with very complex situations.” FG03_02_Children support service

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Monitoring the table of violence indicators in social responses (can be improved)

Participants explained that there are procedures in place in institutions to deal with cases of violence, but that these could be better communicated to all staff and that monitoring should be improved. The experience of a tutor who had never had any monitoring was reported in a statement below.

“There are. (...) We are monitored (...) by the procedures of both Social Security and other bodies that we also research and see good practices (...) as well as trying to ensure that that young person or that child has adequate treatment to help them improve their skills (...) we also have procedures within the homes so that all the elements - in foster homes, there are many carers, they work in shifts - (...) there have to be some procedures here (...) to deal with that situation, therefore minimising certain damage). (...) As the guardian (...) he is already 29 years old and look, I never had any monitoring in the sense of whether I was looking after him properly, whether I was managing her assets properly...” FG03_02_Children support service

However, important **promising practices** were also identified:

The project promoted by the National Commission for the Promotion and Protection of Children and Youth– ‘**Selo Protetor**’⁶⁵ based on the international model “The Blue Card System” aimed at helping **organisations working with children and young people to develop and implement a risk management strategy.**

Devaluation of testimonies/ Difficulty and slowness in obtaining evidence

It was pointed out that schools should increase teacher training on preventing victimisation and also have clear procedures on how to respond to a report.

⁶⁵<https://www.cnpdpcj.gov.pt/documents/10182/16901/Selo+Protetor+-+Modelo+Conceptual+2023/151b22e9-46d3-498f-a23c-4369986bf0b8>

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“In the school context. A child says they've been raped or abused in some way. (...) Teachers don't (...) feel empowered or trained to know what to do with this information (...) and often what they do is go to their superior. And then the superior (...) will try to confirm what the child has said. And we're exposing the child to telling their story over and over again, (...) and we're climbing a ladder here where people, not feeling adequately empowered, are questioning the complaint and keeping it in an institutional environment that doesn't favour the child and their protection. (...) these procedures, although they exist, aren't either clear enough or shared in a sufficiently incisive way for all those involved to take ownership of them and put them into practice.” E07_children rights protection

Early intervention professionals emphasised the difficulty of obtaining evidence on children up to the age of 6 and the enormous complexity and demands of the work carried out by teams.

“The degree of victimisation to which they are exposed is much higher because then the whole system is designed so that the evidence is based on real elements... And if there is no physical mark, if there is no report that remains in time.” FG05_03_Health sector

Staff turnover in children's services

The same arguments used by disability professionals were mentioned by children and youth service providers to justify staff turnover: low salaries, high levels of responsibility, and sometimes the need to work shifts. It was also mentioned that these professions need to be more valued.

“The big problem, (...) faced by the institutions, is the lack of staff. They earn very little and don't want to go through such violent situations because working with these kids with intellectual disabilities requires great strength, and great preparation so that the next day you come back wanting to work, because some days are really, really violent, even with the parents. (...) We should also take a different look at the mental health of our carers. I'm always worried about those who work in these areas because it's extremely stressful.”
FG03_02_Children support service

INTERVIEWS AND FOCUS GROUPS - RISK FACTORS AND BARRIERS TO ACCESSING SUPPORT AND JUSTICE

Lack of mental health care for children

There are many gaps in mental health care in Portugal, including care for children and young people. Interviewees also pointed out that they sometimes don't have adequate responses to young people's mental health problems, including psychotic episodes.

Professionals' recommendations

Some common and specific recommendations were made by the different professionals. The common recommendations were as follows:

- **Cooperation among justice professionals, victims' support services, police, and disability organisations**

"When we talk about networks, I insist that we need a network, not just an institutional and protocol network, but a network that does this." FG01_03_ Public Prosecutor

"It seems to us [police] that it would be a real asset if we had this support [victim support technicians working in police stations] to break down this barrier that we sometimes have in terms of communication difficulties with persons with disabilities, so I agree with everything that has been said." FG01_06_ Criminal Police Body

"There needs to be a better articulation of services and, if, as a general rule, persons with disabilities have priority in many things, and rightly so, and victims of violence also have priority in a series of services, and rightly so, it has to be realised that, perhaps, a situation of a disabled person who is a victim of violence has to be prioritised." FG4_02_ Victim Support Service

- **Training and capacity-building (for all professionals)**

"But if we look at the reference in terms of what the Victim Support Technician's training is, there is very little or almost nothing, (...) as far as I can remember, I also did it in 2013, but I don't remember it in a way that had to do with intervention with people with disabilities." FG02_02_ Disability Organisation

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“What kind of training? (...) above all, including all those who work in these areas to have joint training and dialogue to get to know each other and, above all, for everyone to understand their weaknesses and what they want to learn. (...) As long as we can't train, to train well, to train with specificity, we are going to have gaps in functional performance, both in terms of quality and, above all, in terms of what is required for an effective response to the support and protection needs of these victims.” FG01_03_ Public Prosecutor

“Starting with training and seeing what we can do to get more and more into early intervention.”
FG03_02_ Children support service

- **Making services more accessible for persons with disabilities (e.g. change the legislation to create an intermediary or facilitator)**

“Maybe we should think about...(…) changing the legal norm or legal designation to talk about a person they trust, as exists in other legal systems and as the victim's directive itself also talks about.” FG01_03_ Public Prosecutor

“I think that many of the associations [in the field of disability] are perhaps the people who can play an important role in this matter.”

FG01_05_ Ministry of Justice

“There are no lifts, there are no adapted baths, and there are no professionals who understand, so there has to be a responsibility, also on the part of those who finance this equipment, to change the cooperation agreements so that the organisations can also adapt to what it is, and I believe it is. I think we all believe it's a challenge that's coming because we can't keep talking about it, sending persons with disabilities to work, but then everything stays the same.”

FG4_03_ Victim Support Service

- **To promote the empowerment of persons with disabilities, self-advocacy and violence literacy**

“Is that the victim can't self-identify as a victim because that has always been their context, and so this literacy for victimhood seems essential here.”

FG01_04_ Ministry of Justice

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- **Allocating further human and financial resources to create more victim support services**

“Because we can’t just encourage complaints. We have to look at this in an integrated way, (...) we even have dramatic cases (...) we have no solution. (...) what resources and what can be done to effectively enable these people (...) when they are removed from the context of victimisation, not to be placed in new contexts that will create here a victimisation perpetuated over time, in new contexts.” FG01_02_Lawyer

- **More disaggregated data on victims with disabilities**

*“We don’t have data on violence, so even the police, when there are issues of domestic violence, for example, there is no centralised information that, for example, the victim was a disabled person. We have so many databases of (...) different bodies that are not centralised... and then when we go to see how many persons with disabilities there are in Portugal who have suffered domestic violence or any kind of violence, **there is absolutely nothing**. Now the government has approved a study in this area and I’m looking forward to seeing it (...) because there’s really so little transparency of information and data.”*
FG02_05_Disability organisation

Specific recommendations of justice professionals:

- **Create more offices for the support of victims of gender-based violence and enhance cooperation protocols to disability organisations**

“If public policies want to bet on this [integrated intervention], they have to finance it, and they have to extend it to the country. (...) We can’t have a country at different speeds, because victims exist everywhere and victims with special vulnerabilities also exist everywhere.”
FG01_03_Public Prosecutor

“I think it might now be time (...) to make cooperation agreements with organisations [in the field of disability] so that when (...) we’re dealing with this type of victim, they can provide enlightening support and the ability to understand how (...) the victim can or can’t (...) collaborate in achieving justice.” FG01_05_Ministry of Justice

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Specific recommendations of Disability Organisations:

- **To develop self-regulatory mechanisms and processes (outside the organisations) to ensure the best interests of persons with disabilities**

“A very strong concern that I have at the moment, which is that there are families that are not only single-parent families (...), There are no other people around. What's it going to be like? And we're increasingly feeling the possibility of taking on this responsibility [being appointed by the judges to be adult companions under Adult Accompanied Scheme], with some of the people who are there, our clients. And where is the exemption, so that we can ensure that someone supervises so that the supreme interest of this person is guaranteed. And if the organisation does everything, who guarantees this supreme interest? And this is a concern that organisations have been debating over time.” FG02_04_ Disability Organisation



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5.1 Conclusions

One of the aims of this report was firstly to give a voice to victims of violence with disabilities and to learn about their experiences. The victims with intellectual and/or psychosocial disabilities who participated in this research (N=6) shared **experiences of fear, isolation, dependency, mental health problems, and lack of trust in institutions** (although some had positive experiences of support). Three of the participants attempted suicide, and **only three reported the violence experienced to the police authorities**. Two people have lived in a shelter for victims of domestic violence (one experience was positive and the other negative, reporting conflicts and aggression between residents during her time there). However, **all, except one, sought help from victim support services**. They also expressed a feeling that the system is on the side of the perpetrators - who mostly stayed at home and did not go to prison -, and a **sense of injustice and devaluation of their experiences**, perhaps partly explained by the perceived culture of acceptance of violence and the **perception that cases are archived and justice is not served**. They also described a **system without sufficient support for victims** (legal, social (e.g. housing), and psychological). Additionally, when they seek help from support services, **they report a lack of empathy** in some cases.

The **Social Security System, which is responsible for monitoring social responses, provides general guidelines for the prevention of violence in institutional settings as well as in community-based services** (see annexes 3 and 4). Service providers then develop internal tools to prevent and monitor violence, using those guidelines. **But how are these tools implemented and adopted by professionals?** One participant of the study described a situation of lack of knowledge of professionals working in a Home Support Service

on how to report violence. **All staff working in disability service providers received mandatory**

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training in violence prevention. As far as we know there is no mandatory training regarding this topic.

Can the implementation of these guidelines be improved? Are there **different action protocols depending on the situation** (e.g. suspicion, risk, or danger, as happens in the health sector)? Organisations also **described different experiences with the (more or less attentive) inspections carried out by Social Security to monitor the existing tools** for preventing and reporting violence. It would be useful to report incidents to Social Security to have better monitoring and, at the same time, statistical data on violence in institutions and community-based services. **As far as we know, reporting to Social Security is not mandatory.**

In sum, monitoring systems for the prevention of abuse in institutions and community-based services should be strengthened to be more effective. Many children and adults with disabilities live in institutions or benefit from community-based services. Procedures for reporting violence should be clear and transparent to all actors. Although the **National Strategy for the Inclusion of Persons with Disabilities (2021-2025) foresees the elaboration of methodological guidelines** for the prevention, signalling, and intervention in situations of risk or violence against persons with disabilities, there is, currently, no public information on its development or implementation.

The findings from the focus groups with justice professionals, representatives of disability organisations, Victim Support Services, and Child Protection Services (N=29) revealed some common patterns:

- The **general perception** of the majority of the participants was that **victims with disabilities do not report their situation to the authorities or victim support services.**

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According to their experience, **violence is either invisible (not reported) or reported by third parties** (e.g. neighbours, schools). This may indicate that persons with disabilities **do not know about support services** or are **not aware that they are victims**. Only three persons with disabilities interviewed sought help, and in two cases the situation was very urgent: both went to a shelter home and are now living in a different place. It was argued that there is a **lack of literacy on violence among victims with disabilities. There is also a need to reflect on the adequacy of existing complaint channels for victims with disabilities.**

- **Communication barriers between victims and justice professionals were another concern raised** by justice professionals, victim support services, and disability organisations. To facilitate access to information for persons with disabilities, special accommodations should be made (e.g. communication intermediaries, easy-to-read information).
- The need for **specific training and capacity building regarding victims with disabilities** was mentioned by the majority of participants consulted in this project (e.g. victim support technicians, lawyers, child protection professionals, early intervention).

- In addition, it may be important to consider the possible **development of self-monitoring strategies within institutions**, particularly because of the **Accompanied Adult Law**. In the absence of family members/significant others, the leaders of the organisations may be appointed by the court as companions. These nominated companions (family members, directors of organisations, or others) could be aggressors, and it was considered that there was a need to reflect on mechanisms to monitor this situation.

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- Professionals working in child support and protection services described the **identification of situations of violence against children, and in particular children with disabilities, as extremely complex**. Obtaining evidence was seen as very difficult (for example due to communication difficulties). They also mentioned the important role **of schools in preventing violence and urged all professionals working with children and young people not to discount testimonies or signs of neglect**. Staff turnover in institutions, especially children's homes, was seen as a risk factor for child protection as it prevents professionals from being properly trained to monitor and prevent violence. The lack of mental health services for children and young people was also highlighted.
- The lack of physical accessibility to victim support services was also a concern.

In summary, this project has analysed the legal framework for responding to gender and disability-based violence, described the main social responses in the field of disability and victim support services, and collected recommendations - from persons with disabilities and professionals – on areas for improvement in the protection of these victims. The **lack of accessible victim support services for persons with disabilities was recognised**. The existing gaps led to the creation of specific responses: **one shelter for persons with**

intellectual disabilities and one for persons with psychosocial disabilities. However, this was not considered an ideal scenario.

It is also important to emphasise that **Portugal has made positive legislative advances in recent years** (e.g. future memory depositions, the possibility for victims to be accompanied to court by technicians whose role is also to defend the victim's interests). In addition, specialised responses for persons with disabilities have been created: **one shelter**

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for persons with intellectual disabilities and one for persons with psychosocial disabilities. However, the appropriation and implementation of these laws and policies - by institutions and professionals - takes time, and therefore practices are still discrepant (e.g. some negative but also positive experiences as described in the data collected). Finally, it is important to highlight an initiative resulting from the cooperation between different organisations (justice sector and victim support) - the **Office for the Support of Victims of Gender Violence** - which was highlighted as one of the measures that have improved the quality of the response to victims. Based on the results of this study, several recommendations have been made.

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5.2 Recommendations

- Although monitoring tools for identification and reporting of violence are in place they could be improved, and their effective implementation should be further monitored in line with the United Nations Guidelines on Deinstitutionalization.
 - To ensure the effective use of these tools is that, all staff working in disability service providers should receive mandatory training in violence prevention and the use of available tools.
 - Incidents of violence in institutions and community-based services should be reported to Social Security (or other official body) so that there is better monitoring and, at the same time, statistical data on these situations, in order to get to know these currently invisible situations.
 - Other guidelines could be developed, such as different action protocols for different risk situations.
- **Training and capacity building for all justice professionals – human rights and disability perspective, promoting respect and dignity as there is stigma and prejudice against victims with disabilities.** It was also mentioned that it would be crucial to increase the number of lawyers with specialised training in domestic violence and violence against vulnerable groups, including persons with disabilities. As in some cases, there are poor practices of devaluing testimonies due to stigma and prejudice by police authorities and justice professionals, it is important to consider promoting training (lecture format should be avoided; alternatively, training should focus on case discussions, problem-based sessions).

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- Creation of **cooperation protocols** between victim service providers, justice professionals, and disability organisations (e.g. broadening the Offices for the Support of Victims of Gender-based Violence) to be responsive to victims with disabilities, helping to overcome communication or other barriers.
- **Strengthen the capacity of victim support services to respond to victims with disabilities.**
 - In training **Victim Support Technicians**, although the intersectionality dimension for people with specific vulnerabilities already includes references to persons with disabilities, **consideration could be given to strengthening this content.** The need for regular updating of this training was also mentioned. These experts have the role of defending the victim's interests and can also act as facilitators in contact with the judicial system. In practice, however, this is not always the case. Good practices in the role of these professionals should be promoted.
 - Training actions should include the participation of persons with disabilities who have been victims of violence. **Persons with disabilities have an important role to play in improving victim support services.** For example, by being consulted or even trained to become co-trainers, peer supporters, or counsellors for prevention.
- **Specific training actions and campaigns should be targeted at persons with disabilities to promote violence literacy,** including information on how to make a complaint. The data suggested a common view that persons with disabilities do not report violence (due to a lack of knowledge about complaint channels, and identification of

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what constitutes violence). Persons with disabilities should be included as **targets in national campaigns against violence. Information on prevention and victims' rights should be available in an easy-to-read format that is accessible** to persons with intellectual and/or psychosocial disabilities.

- Educational community and child support services (including early intervention), should receive specific training on the human rights of children with disabilities and the prevention of violence against children and young people with disabilities. It is important that professionals have a "careful eye" on children and young people, and that procedures on how to report specific situations of violence are clearly communicated to them. Those working in children's support services should also receive mandatory training in violence prevention and the use of available tools.
- Regarding **Adult Accompanied Law**:
 - Courts could consider the support of multidisciplinary teams (such as Offices for the Support of Victims of Gender-Based Violence, or others) to assist judicial professionals in assessing the family context (or others if the person does not have a close family), in order to prevent violence.
 - As institutions sometimes assume the role of companion persons (e.g. the director of the institution) under the Adult Accompanied Law (in relation to persons considered unable to exercise their rights), they need to **develop self-monitoring strategies to safeguard the best interests of the person.**

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- Inclusion of persons with disabilities in the advisory bodies of the National Strategies (Persons with disabilities, children, and violence prevention) in order to include a more comprehensive disability perspective.
- To develop research that gives voice and visibility to testimonies of violence suffered in residential or community-based services. This study has shown that this is a very little discussed and known reality, and has not been able to identify specific cases of violence against persons with disabilities living in institutions.
- To change in the political and legislative paradigm at the national level, from guaranteeing the protection of the rights of perpetrators, without prejudice to the principle of the presumption of innocence, to guaranteeing the integrity and defence of the human rights of victims.
- To improve coordination and communication between the Criminal Investigation Bodies and the Public Prosecutor's Office, and invest in training to understand better situations that can be considered flagrante delicto.
- Adopt, as a routine procedure, the request for future memory depositions from the victim, given the clear advantages of this type of advance diligence and its role in reducing the emotional impact, preserving memory and preventing secondary victimisation.

- Evaluate and monitor the impact and suitability of the programme for perpetrators of domestic violence.

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- Collect and publish data on victims of violence of victims with disabilities, disaggregated by gender. As mentioned above, Social Security could be one of the bodies involved, but the health sector also has monitoring tools, an early intervention system, education, and victim support services. This data is fundamental to understanding this "invisible" reality.



ANNEXES

Annex 1. Profile of the interviewees with disabilities

ID	Age	Sex	Disability	Lives in...	Violence type	When occurred violence	Context	Complaint (Y/N)	Police contact	Victim Support services	Court decision	Other relevant info.
11	49	F	Autism spectrum disorder	Own home	Physical, psychological; and sexual harassment	Childhood ; youth and adulthood (divorced for 13 years)	Community-based services; Domestic;	No	Yes	Yes (victim support organisations)	-	Advised not to proceed with a formal complaint, claiming that it would be archived; new town after divorce.
12	30	M	Intellectual; psychosocial disability	Residential home for persons with disabilities	Physical; Psychological; financial	Childhood and adulthood (entered the shelter in 2018)	Domestic; Community-based services;	Yes	Yes	Shelter house (2 years) and others	Case filed for lack of evidence	Helped through National Social Emergency Line (number 144); Suicide attempt; Dad had alcohol problems; lives in a new town after the shelter.
13	50	F	Psychosocial disability	Social housing	Physical; Psychological	Adulthood (husband)	Domestic	Yes	Yes	Shelter house (2 years; with her 2 children)	Case filed for lack of evidence	Suicide attempt; supported by the primary school teacher of her daughter who gave her information on how to get help from social security services (as complaints to the police were not successful); lives in a new town after the shelter.
14	65	F	Psychosocial disability	Own home	Physical; Psychological	Adulthood	Domestic	No	No	No	-	Never asked for support; the violence ended after her husband's death.
15	27	F	Intellectual disability	Foster family (lived in a children's home for 17 years)	Physical Psychological	Childhood (situation occurred 23 years ago)	Domestic	Yes	-	Yes	No information about the outcome of the process	Residential care facility reported to authorities (violence was identified when she was 9-10).
16	58	F	Psychosocial disability	rented room	Physical; Psychological; sexual abuse	Adulthood (has been divorced for 10 years)	Domestic	No	No	Yes; other supports are not available, although asked	-	Suicide attempt; ex-husband/ aggressor is a police officer; lives hidden from her ex-husband.

Annex 2. Focus Group participants (N=29)

Date	Data collection technique	Code_Identification	Participants	Duration
11-Jul-23	Focus Group with justice professionals	FG01_01_Lawyer FG01_02_Lawyer FG01_03_Public Prosecutor FG01_04_Ministry of Justice FG01_05_Ministry of Justice FG01_06_Criminal Police Body FG01_07_Criminal Police Body	7	2:00
5-Jul-23	Focus Group With Disability Organisations	FG02_01_Disability Organisation FG02_02_Disability Organisation FG02_03_Disability Organisation FG02_04_Disability Organisation FG02_05_Disability Organisation	5	2:00
6-Jul-23	Focus Group With children's support services	FG03_01_Government entity FG03_02_Children support service	2	1:53
7-Jul-23	Focus Group with Victim Support services	FG4_01_Governmental entity FG4_02_Victim Support Service FG4_03_Victim Support Service FG4_04_Victim Support Service FG4_05_Victim Support Service FG4_06_health sector FG4_07_Governmental entity FG4_08_Victim Support Service	8	2:22
21-Jul-23	Focus Group with health sector	FG06_01_Psychiatrist FG06_02_Psychologist FG06_03_Nurse	3	0:42
19-Jul-23	Semi-structured interview	I07_Children Rights Protection	1	0:49
7-Sep-23	Focus Group with early intervention professionals	FG05_01_Education FG05_02_Social Security FG05_03_Health Sector	3	2:12

Annex 3. Program to guarantee the prevention and control of neglect, abuse, mistreatment, and discrimination and a Table of indicators of violence in social responses

ANNEX B

PROGRAMME TO GUARANTEE THE PREVENTION AND CONTROL OF NEGLECT, ABUSE, MISTREATMENT AND DISCRIMINATION⁶⁶

The emergence of an informed professional practice focused on quality in the provision of services for persons with disabilities has led to concern about the issues of neglect, abuse, mistreatment, and discrimination, as well as the need to adopt provisions, rules, and organisational dynamics that ensure the promotion of quality of life for clients within a framework of absolute respect for their rights. In this regard, reference should be made to the various normative and regulatory instruments that clearly establish a framework of reference for organisations. The Occupational Activities Centre⁶⁷ therefore assumes responsibility for ensuring that there are guarantee and control mechanisms in place to reduce the associated risks, so it must have implemented a program to guarantee the prevention and control of negligence, abuse, mistreatment, and discrimination against clients, by way of example:

- clients, relatives, and professionals have access to a written document containing the CAO's policy on the rules and forms of action in situations of negligence, abuse, mistreatment, and discrimination against clients (e.g. Code of Ethics, Internal Regulations);
- rules and forms of action must be defined for any situations in which negligence, abuse, mistreatment, or discrimination against clients occurs, whether on the part of professionals or their relatives;
- there is a rigorous analysis and an immediate response once signs or evidence of a situation such as these are detected;
- communication spaces should be created for clients and relatives to inform those responsible for the organisation of the existence of situations of negligence, abuse of rights, mistreatment, and discrimination against professionals;
- there should be a periodic internal evaluation of the behavior of professionals and the functioning of the management system, to verify and correct situations of negligence, abuse of rights, mistreatment, and discrimination against persons with disabilities;

Depending on the results, the following actions could be developed, among others:

- to assess the sensitivity of professionals to this issue;
- identifying professionals' training needs and promoting their participation in training activities;
- promoting multidisciplinary meetings to discuss cases;
- carry out projects that improve services;
- identify good practices that prevent situations of institutional violence and disseminate them to professionals and management processes;
- ensure a regular rotation of professionals with heavier or more difficult tasks to reduce the risk of burnout;
- encourage professionals to take 5-minute breaks when they feel tense or tired, which can affect the professional way they deal with clients;
- provide all professionals with the ability to manage conflict and adopt appropriate attitudes in crisis situations;
- whenever situations of negligence, abuse of rights, mistreatment, and discrimination of clients by professionals are detected, those responsible for the service must listen to all the parties involved, ensure that the client's rights are not jeopardised in this process, and activate the sanction mechanisms provided for each situation with the professionals;
- whenever situations of negligence, abuse of rights, mistreatment, or discrimination against clients on the part of significant others are detected, professionals must inform those responsible for the organisation. They should assess the situation by listening to the client and their relatives. Depending on the situation, those responsible

⁶⁶ Source: text adapted from IDS (2002), *Prevenção da Violência Institucional perante pessoas idosas e pessoas em situação de dependência*, pp.47-50, IDS, Lisbon.

⁶⁷ Is currently defined as the Activity and Training Centre for Inclusion (CACI in Portuguese).

should inform, train, and support the client and their relatives to overcome the situation or, in extreme cases, use the legal means at their disposal to safeguard the client's integrity, safety, and non-discrimination.

- the existence of mechanisms for recording and monitoring the occurrences identified, with the appointment of a person responsible for supervising them;
- establish monitoring and evaluation moments for the existing program, in which all interested parties (management, professionals, clients, stakeholders, etc.) should participate.

Table of indicators of violence in social responses ⁶⁸

Dimensions	Indicators
Amenities	<ul style="list-style-type: none"> - Cold or excessively hot rooms - Unventilated rooms - Dirty and/or dilapidated decoration and furnishings - Internal and external architectural barriers to the building - Inadequate lighting and/or restriction of natural light
Confinement	<ul style="list-style-type: none"> - Closing clients outside and inside divisions - Close the establishment to the outside, preventing clients from leaving - Unjustified use of immobilising objects (e.g. straps, bandages, etc.) - Unjustifiably tying clients to chairs, armchairs, etc
Restriction	<ul style="list-style-type: none"> - Leaving clients with mobilisation difficulties, sitting or lying down, sensory for long periods - Not providing spaces/occupancy time for clients - Not providing means of participation and expression - Not allowing privacy - Not opening the establishment to the community
Privacy	<ul style="list-style-type: none"> - Reporting details of the client's life - Allowing or forcing the violation or secrecy of social and medical processes - Rushing the client to satisfy their physiological needs - Not guaranteeing the privacy of the space during the personal hygiene of clients
Personal hygiene	<ul style="list-style-type: none"> - Opening sterile material other than immediately before care - Leaving clients dirty (faeces and urine) for long periods - Use of towels, toothbrushes, and ordinary combs - Not paying attention to the customer's modesty
Supervision/Staff	<ul style="list-style-type: none"> - Not providing enough professionals with the right skills - Not facilitating training opportunities for professionals - Failure to ensure the integrity and professional references of professionals - Allow unqualified people to accompany persons with disabilities - Failure to ensure the permanent existence of professionals to deal with emergencies
Nutrition	<ul style="list-style-type: none"> - Not offering a variety of food and drink - Using food restriction as a form of punishment - Mixing different types of food that are unattractive to the taste - Serving food that is undercooked or not at the right temperature - Serving stale and/or expired food - Poor presentation and hygiene of food supports - Not respecting diets or diabetic needs - Use food substitutes instead of food - Not respecting the way clients eat food
Health	<ul style="list-style-type: none"> - Not seeking medical help for clients whenever necessary - Not informing the clinical staff and/or person(s) close to the client about changes in health status - Failure to provide, facilitate, or warn of the need for technical aids - Failure to provide preventive care, e.g. skin care for incontinent people - Ignoring situations where clients complain of pain - Do not clean the client's glasses or other external prostheses
Medication	<ul style="list-style-type: none"> - Administering sedatives or other medication without a doctor's order - Withholding medication - Giving medication from one client to another - Not respecting prescribed medication

⁶⁸Source: op.cit adapted from IDS (2002), *Prevenção da Violência Institucional perante pessoas idosas e pessoas sem situação de dependência*, pp.47-50, IDS, Lisboa

Source: Manual de Processos Chave - Centro de Atividades Ocupacionais: Available at: https://www.seg-social.pt/documents/10152/13337/gqrs_cao_processos-chave/4b052a99-b321-494f-9735-16332f7d1a41/4b052a99-b321-494f-9735-16332f7d1a41

	- Not giving medication on time or in the correct doses
Sexuality	- Sexual harassment - Making homophobic comments - Lack of respect for clients' sexuality, particularly their sexual orientation
Physical Aspects	- Beating and pushing clients - Dragging people out of chairs - Negligence in food aid - Failure to satisfy requests for physiological needs
Communication	- Swearing at clients - Calling clients inappropriate names - Making sexist comments - Making racist comments - Shouting and threatening clients - Conversations between professionals about clients, especially in front of them and ignoring them - Lying and intrigue between clients and those close to them
Asset management	- Withholding money from clients without their request - Charging extra money for actions or tasks associated with paid services - Taking money, valuables, and objects from clients without their consent - Being complicit when significant others manage clients' financial resources without a court order - Encourage clients to give gifts and other rewards to professionals for being treated well - Take full control of your client's money
Security	- Use of equipment in poor condition - Existence of barriers to accessibility - Inadequate and outdated safety, prevention, and fire-fighting equipment - Not providing alarm systems accessible to clients - No information and clarification sessions on safety for clients

1. Violence Incident Report Form

Previous Reports: No Yes (If yes, attach previous reports)

Client Name: _____

Date of Birth: _____

Gender: Male Female

1. Others involved:

Name: _____

Relationship with the Client: Professional Client Relative Other

Name: _____

Relationship with the Client: Professional Client Relative Other

Name: _____

Relationship with the Client: Professional Client Relative Other

Name: _____

Relationship with the Client: Professional Client Relative Other

Description of the client's injuries or condition and the reasons why abuse/neglect is suspected
It must include all the elements that can contribute to clarifying what happened.

2. Measures taken or to be taken in social response:

Police notification

Medical Exam

Communication with the Relatives

Internal Communication to: _____

Remarks: _____

3. Accident Category (Check all that apply)

Date of incident: _____

Client/Professional: _____

Time: _____

Location: _____

Surname: _____ Name: _____

1. Physical aggression towards:

Professional

Other Clients

Yourself

Property (goods)

Estimated damage in _____ €

Other (please specify) _____

2. Physical intervention:

Escort

Partial containment

Containment in crisis

Duration: _____ minutes

3. Absence without communication:

Location unknown

Located, but not yet returned

Return to the organisation

Duration: _____ minutes

4. Physical aggression towards:

Accident

Yourself

Another client

Professional of the organisation

Other (please specify)

5. Medication:

Attack/domination

Medication error

Emergency for illness or violence

Refusal to take medication

6. Suicide:

Verbal conceptualisation

Verbal threat

Attempt or physical gesture

7. Substance intake:

Suspected or observed

Admitted by Client
Documented medication

8. Negative social behavior:

Threat
Police contact
Verbal threats
Other (please specify) _____

9. Sexual abuse/inappropriate behavior towards:

Client
Professionals
Other (please specify) _____

10. Allegations of abuse towards:

Professionals
Client
Relatives
Other (please specify) _____

11. Type of claim:

Physical
Sexual
Negligence
Other (please specify) _____

12. Occurrence form sent:

Not being investigated
Pending investigation decision
It will be under investigation

13. Negative actions by professionals:

Verbal against client
Physical against client
Other (please specify) _____

14. Hurt professionals:

During the containment process
Inflicted by the Client
Other (please specify) _____

15. Source of observation:

Observed by professionals
Client
Other (please specify) _____

Signatures

Professional

Signature: _____ Date: _____

Technical Direction

Signature: _____ Date: _____

Client

Signature: _____ Date: _____

3. Violence Incident Assessment Form

1. BACKGROUND

Describe the background or conditions in which the incident happened.

2. BEHAVIOR

Describe the behavior of the client, professionals, and relatives.

Describe all immediate interventions and their consequences.

3. MEASURES TAKEN OR TO BE TAKEN IN RESPONSE TO THE INCIDENT

Describe the background or conditions in which the incident happened.

Police notification

Medical Exam

Meaningful Communication

This form was filled by: _____

Function/Role: _____

Information collected or witnessed by: _____

If you are a professional, please indicate your role: _____

Remarks:

Annex 4. Model for Evaluating the Quality of Social Responses

3. Model for Evaluating the Quality of Social Responses⁶⁹

3.5. Security

	Qualification Level ⁷⁰	Yes	No	Partial	Not Applicable	Observations
e) Operational plans for prevention and control are in place: - Outbreaks of infection - Violence - Escape	C					

3.5.1. Situations of Neglect, Abuse and Mistreatment

	Qualification Level	Yes	No	Partial	Not Applicable	Observations
a) Is there a defined policy for managing customer behavior that promotes their well-being and overall development?	C					
b) Has a methodology been defined for managing and preventing situations of neglect, abuse, and mistreatment? The methodology contemplates how to act, namely: <ul style="list-style-type: none"> • When the client is the victim of negligence, physical, psychological, or verbal violence on the part of employees • Managing conflict situations between clients • When it is detected that clients are being mistreated by family members or others • When the employee is the victim of physical, psychological, and/or verbal violence from clients and/or significant others 	C					
c) Has a methodology been defined for informing the competent authorities of situations of neglect, abuse, and mistreatment?	C					

⁶⁹ Source: Occupational Activities Centre Quality Assessment Model - 2007

⁷⁰ The proposed Model was based on a philosophy of continuous quality improvement, so for each criterion, three levels of demand were established for the fulfilment of requirements - Level C, B, and A - allowing their gradual implementation over a given period. Level C - fulfilment of the requirements marked in the Model in the "Qualification Level" column with C; Level B - fulfilment of the requirements marked in the Model in the "Qualification Level" column with C and B; Level A - fulfilment of the requirements marked in the Model in the "Qualification Level" column with C, B, and A.

The fulfilment of minimum requirements corresponds to level C and is mandatory. Level B and A requirements are voluntary and are seen as elements of positive differentiation.