ENDING VIOLENCE, ENSURING INCLUSION: STRENGTHENING PROTECTIONS AGAINST GENDER- AND DISABILITY-BASED VIOLENCE

DIS-CONNECTED

International Synthesis Report

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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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01

INTRODUCTION

INTRODUCTION

In 2023 it was estimated that around 1 in 4 or 101 million people in the EU have some form of disability, with on average, 29.2% of the total female population having a disability, compared to 24.3% of the total male population. People with disabilities face systemic discrimination and a higher probability of experiencing violence, with 17% being victims of violence compared with 8% of people without disabilities.[1] However, women with disabilities, who experience both gender and disability discrimination, face even higher risks of violence.

- Women with disabilities are 2 to 5 times more likely to face violence than other women.[2]
- 34 % of women with a health problem or a disability have experienced physical or sexual violence by a partner in their lifetime (comparing to 19% of women without disabilities), while 61% have experienced sexual harassment (comparing to 54% of women without disabilities).[3]

Women with disabilities are at greater risk of severe forms of violence at a higher rate, for longer and more frequently and by more perpetrators than women without disabilities. They are less likely to report experiences of violence and find less opportunities to report and to access support.[4] They also face specific types of violence and harmful practices, such as forced sterilisation or abortion, restraint, sexual abuse during daily hygiene routines or during medical treatments, overmedication or withholding of medication. Women and children institutionalised in closed settings, such as residential institutions, psychiatric facilities and other segregated environments are especially in a more vulnerable situation.[5]

[1] Disability in the EU: facts and figures (2025).
[2] European Parliament resolution of 29 November 2018 on the situation of women with disabilities (2018/2685(RSP)).
[3] European Union Agency for Fundamental Rights (2014). Survey on violence against women.
[4] UN Office of the United Nations Commissioner for Human Rights (2012). Thematic study on the issue of violence against women and girls and disability, UN Doc. A/HRC.20/5.
[5] European Disability Forum Position paper (2021) Violence against women and girls with disabilities in the European Union.

Although there has been a global push for deinstitutionalisation, a 2024 Eurofound study estimated that institutionalisation increased in many EU Member States over the last 10 years, with an estimate of 1.4 million children and adults with disabilities under the age of 65 being institutionalised in these settings.[6] A study published by Inclusion Europe highlights the many forms of violence faced by women and girls with intellectual disabilities in institutions, including practices that might not always been considered as violence but for their "own protection", such as having decisions made for them about their life and living situation, incarceration, being medicated against their will or without being informed, isolation, being undressed without permission, being prevented from having a family, neglect, financial abuse and others. The isolation from the general community and the power imbalance which arises from the dependency that women with disabilities have on staff members leads to additional barriers to the reporting of violence inside institutions. [7]

Children with disabilities are almost four times more likely to experience violence than children without disabilities. Children with psychosocial and intellectual disabilities are some of the most vulnerable, with 4.6 times the risk of sexual violence compared with their peers without disabilities.[8] Although there has been improvement in international safeguarding practices of children with disabilities, they are still exposed to violence in institutional settings and school, including through restraint and seclusion.[9]

However, there are no mechanisms to ensure that with the increase on vulnerability to violence, specific support and report pathways are built and implemented across Europe. When women with disabilities attempt to report and find support and protection from violence, their experiences are often negative. A study of the European Council of Autistic People showed that autistic victims of violence rated the police as the authorities with the

[6] Eurofound (2024), *Paths towards independent living and social inclusion in Europe*, Publications Office of the European Union, Luxembourg.
[7] Inclusion Europe (2018) Life after violence.
[8] Jones, L. et al (2012). Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet (London, England)*, *380*(9845), 899–907. https://doi.org/10.1016/S0140-6736(12)60692-8.
[9] International Coalition Against Restraint and Seclusion (2023). The ICARS Report England.

worse ratings for reporting violence, compared with healthcare providers, teachers and disability support workers. Only 30% of participants accessed support services and 93.5% indicating they found difficulties trying to access them.[10]

The COVID-19 pandemic brought a devastating toll to many people with disabilities with higher infection and mortality rates, decrease in access to essential services, increase isolation during lockdowns, and several different instances of human rights violations in several countries. Although we do not know the proportion of women and girls with disabilities victims of violence during the pandemic, violence against women and domestic violence has intensified, with recommended isolation during lockdowns and lack of access to services, made it even harder to identify them and report them.[11,12] The COVID-19 Disability Rights Monitor's Global Report highlighted a significant increase in violence against women and girls with disabilities, including rape, sexual assault, and harassment by authorities and family members. Social and health care services, provided in the community or in-home had been suspended during the pandemic, leaving many persons with disabilities without access to essential services.[13]

The Recovery and Resilience Facility (RRF) is the EU's main funding mechanism to mitigate the social and economic impacts of the COVID-19 pandemic, providing €672.5 billion to support Member States with the consequences of the pandemic. Although people with disabilities in institutions had the highest death toll and impact of the pandemic, with a study suggesting people in institutions were 46% of the COVID-19 deaths[14], there are no provisions to mandate Member States to use the fund for deinstitutionalisation or improving accessibility of victim support services.

[10] European Council of Autistic People (2023). EUCAP Factsheet. Project on violence against autistic people.
[11] UN OHCHR (2020). COVID-19 and the rights of persons with disabilities: Guidance.
[12] UNFPA and Women Enabled International (2021). The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-based Violence and Related Rights.
[13] COVID-19 Disability Rights Monitor's Global Report (2020).
[14] Comas-Herrera A et al. (2020) Mortality associated with COVID-19 in care homes: international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 14 October.

Disaggregated accurate data on violence against people with disabilities is very limited, due to the lack of data collection disaggregated by disability, including on violence taking place in closed settings (for example in institutions, asylum centres or psychiatric hospitals), on disability specific violence (including forced sterilisation), on the relationship of the victim with the perpetrator(s) of the violence, and on the barriers in reporting violence that keep women and girls with disabilities silenced and invisible before the law.

Each national report offers an overview of their national legislation, strategies and policies that are applicable in their countries. However, it is important to recognise the international treaties and mechanisms are also applicable.

At the UN level, there are several international mechanisms and treaties that deal with violence against people with disabilities in a broad sense. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) requires State Parties to take all necessary measures to protect women from all forms of violence and has specific points on women with disabilities.

Article 15 of the UN Convention on the Rights of Persons with Disabilities (CRPD) defines the right to freedom of torture or cruel, inhuman or degrading treatment or punishment, while Article 16 requires Member States to take special measures for the prevention and protection against violence targeting people with disabilities, including gender-based violence, and that all facilities and programmes are effectively monitored by independent entities. General comment No.5 on Article 19 underlines the right to live independently, stating the urgency of deinstitutionalisation and to prevent people with disabilities to be institutionalised, by being provided

with independent living and community-based services. Also relevant to this report, is the General Comment No. 1 from Article 12, that details the provisions State Members should implement to ensure that persons with disabilities are able to exercise their legal capacity in equal ways than others, by ensuring a supported decision-making process, instead of its substitution by third parties, such as legal guardians.[15]

Article 19 UN Convention on the Rights of the Child also requires State Parties to take all necessary legislative, administrative, social, and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual offenses, while under the care of their parents or one of the parents, legal guardians, or any other person to whom the child is entrusted. Effective procedures of social programmes and other forms of prevention, identification and reporting of child maltreatment need to be implemented, including for access to justice.
The United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) prohibits torture and other cruel, inhuman, or degrading acts. This includes the deprivation of liberty and ill-treatment of people with disabilities in closed institutions, a practice which especially impacts persons with intellectual and/or psychosocial disabilities.[16]

In addition, several international guidelines have been developed that are relevant for the topics covered in this report. The UN International Principles and guidelines on access to justice for persons with disabilities[17] supports Member States in designing and implementing justice systems that provide equal access to justice for persons with disabilities and the UN CRPD/C/5: Guidelines on deinstitutionalisation, including in emergencies (2022)[18] provides guidelines on how to prevent institutionalisation and to plan deinstitutionalisation.

[15] See General comments on the UN Convention on the Rights of Persons with Disabilities (CRPD).
[16] See General comment No. 1 (2024) on article 4 of the Optional Protocol (places of deprivation of liberty).
[17] Special Rapporteur on the rights of persons with disabilities (2019). UN International Principles and guidelines on access to justice for persons with disabilities.
[18] CRPD/C/5: Guidelines on deinstitutionalization, including in emergencies (2022).

At the regional level, the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)[19] was adopted in 2011 and ratified by the European Union in 2023. It requires countries to develop policies, legislation and support services to prevent and combat violence against women and provides an independent expert monitoring body and country evaluation of their progress in implementing the convention.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment also organises visits to any places where there are deprivation of freedom by a public entity, such as in the case of institutions.

The Victims' Rights Directive[20] was adopted in 2012 and it establishes minimum standards on the rights, support and protection of victims of crime, to replace the Council Framework Decision 2001/220/JHA. However, it addresses the needs of victims of crime in general, without specifying on gender-based violence. In terms of disability, this Directive defines that victims of crime shouldn't be discriminated based on their disability and intersectional characteristics and that victims with disabilities should "be able to benefit fully from the rights set out in this Directive, on an equal basis with others, including by facilitating the accessibility to premises where criminal proceedings are conducted and access to information." The Directive defines that information, and communication should be provided in an accessible way considering disabilities and other characteristics of the victim of violence, and that disability can increase probability of revictimization and retaliation where special protection measures should be considered.

In 2024, in order to implement more comprehensive legislation at the EU level on gender-based violence, the Directive 2024/1385 on Combating Violence against Women and Domestic Violence[21] was approved, that establishes minimum standards for criminalising

[19] Council of Europe Convention on preventing and combating violence against women and domestic violence or Istanbul Convention (2011).
[20] Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012
[21] https://eur-lex.europa.eu/eli/dir/2024/1385/oj/eng

violence against women and provisions that should be implemented to prevent and support victims of violence. Some important advancements were made, such as:

- Creating aggravating circumstances for offences committed against a person with disabilities.

- Ensuring accessible victim support services with specialist support services, including a fully accessible one-stop online access to inform on what services are available and facilitate access to them.

- Preventive measures, including awareness campaigns and education should consider and target women and heightened risk of violence, such as women with disabilities.

- Member States should issue guidelines for cases concerning violence against women or domestic violence for the competent authorities acting in criminal proceedings, with guidance on how to treat victims in a trauma-, gender-, disability- and child-sensitive manner.

- Helplines should be fully accessible to people with disabilities, including easy to understand language.

- Specialist support services and shelters should be accessible and with capacity for people with disabilities, including by providing personal assistance.

- General and specialist human-rights based, victim-centred, and gender, disability and child sensitive training should be provided for judges, prosecutors and lawyers involved in criminal proceedings and investigations.

Further to the rights during criminal proceedings, it is also worth to mention the 5 'Roadmap Directives' adopted further to the Stockholm Programme.[22]

[22] Directive 2010/64/EU of the European Parliament and of the Council of 22 May 2012 on the right to interpretation and translation in criminal proceedings (OJ 2010 L 280/1); Directive 2012/13/EU of the European Parliament and of the Council of 22 May 2012 on the right to information in criminal proceedings (OJ 2012 L 142/1); Directive 2013/48/EU of the European Parliament and of the Council of 22 October 2013 on the right of access to a lawyer in criminal proceedings and in European arrest warrant proceedings, and on the right to have a third party informed upon deprivation of liberty and to communicate with third persons and with consular authorities while deprived of liberty (OJ 2013 L 294/1); Directive (EU) 2016/343 of the European Parliament and of the Council of 9 March 2016 on the strengthening of certain aspects of the presumption of innocence and of the right to be present at the trial in criminal proceedings (OJ 2016 L 65/1); Directive (EU) 2016/800 of the European Parliament and of the Council of 11 May 2016 on procedural safeguards for children who are suspects or accused persons in criminal proceedings (OJ 2016 L 132/1).

02

METHODOLOGY

METHODOLOGY

The DIS-CONNECTED: Disability-based Connected Facilities and Programmes for Prevention of Violence against Women and Children (101049690) is an EU co-funded project with five partners from five countries: Validity Foundation (Project coordinator) in Hungary, KERA Foundation in Bulgaria, Mental Health Perspectives in Lithuania, Federação Nacional de Cooperativas de Solidariedade Social (FENACERCI) in Portugal, and Fórum pro lidská práva in Slovakia. The project ran from March 2023 to February 2025. It focuses on improving the prevention, early identification, reporting and responses to gender-based violence that women and children with mental health conditions, psychosocial and/or intellectual disabilities experience. The project produced 5 national reports that collected experiences of people with disabilities and professionals with violence and what monitoring mechanisms, processes and protocols exist to prevent, identify and report instances of violence against people with disabilities.

This project aimed to identify the main needs and barriers faced by victims of violence with psychosocial and intellectual disabilities in accessing support services in the national context. To this end, the research aims were:

- To collect women and children with disabilities experiences with existing monitoring, reporting and support systems,
- To analyse the legal framework of each country regarding responses to gender and disability-based violence,
- To identify existing victim support services and community-based services which target or are accessible to women and children with disabilities.
- To make recommendations and directly inform the development of a monitoring method, monitoring tools and cross-disciplinary protocols for identifying, reporting and responding to gender-based and disability-based violence in residential institutions, community-based services and domestic settings.

The national reports were based on semi-structured interviews of people with disabilities and professionals in contact with victims with disabilities, such as police, justice, social, and mental health professionals, and others, using a qualitative explorative methodology. The interviews took place between June 2023 and January 2024. Desk research on applicable laws, policies, strategies and practices was performed to complement the findings from the interviews.

Countries	Participants interviewed
Bulgaria	• 6 interviews with women with disabilities • 7 interviews with NGOs, 11 with police and justice professionals • 2 focus groups with 14 social workers/psychologists/directors from the social assistance directorates.
Hungary	• 2 semi-structured interviews with women with psychosocial and/or intellectual disabilities • 20 semi-structured interviews with criminal justice professionals, service providers, social workers, victim support professionals, and others with support roles.
Lithuania	• 10 semi-structured interviews with women with mental health conditions, psychosocial and intellectual disabilities survivors of domestic violence and users of mental health services, • 5 semi-structured interviews with a lawyer, representative of the State Guaranteed Legal Aid Service; police officer; a representative of the State Children's Rights Protection and Adoption Service; and a representative of a Complex Specialised Support Centre. • 2 focus groups with 15 professionals of psychiatric hospitals and units.
Portugal	• 8 semi-structured interviews with people with disabilities (one autistic, two with intellectual disabilities, two with psychosocial disabilities) • 6 focus groups with 28 professionals (14 justice professionals, 5

	disability organisations, 2 child protection authorities, 2 Early intervention services and 7 victim support services).
Slovakia	• 2 focus groups with 12 women with disabilities who were institutionalised and were victims of violence (6 with intellectual disabilities, 3 with psychosocial disabilities, and 3 with both), • 2 focus groups with 12 professionals (social and healthcare workers, and a caretaker).

After the findings from the national reports, a Monitoring Methodology and a Training Handbook and Monitoring Kit was developed in order to create a monitoring methodology to detect and report domestic violence and violence in facilities and programmes that focus on persons with intellectual and psychosocial disabilities. This monitoring methodology was used by several countries to carry out pilot monitoring visits to institutions to prevent, early identify and address violence against women and children with disabilities.

This report will compile and summarise the main barriers and challenges found by women with disabilities and professionals working with them, to report violence and to find support when they are victims of violence. It will not include every detail, legislation or quoted experiences of the national reports, and the five national reports can be reviewed for more national details.[23]

[23] See DIS-CONNECTED National Reports – Bulgaria, Hungary, Lithuania, Portugal, Slovakia (2024).

03

KEY FINDINGS

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- Women and children with disabilities are particularly vulnerable to all types of gender-based violence. They suffer specific types of violence due to their disabilities, which often goes unnoticed and underreported. Examples of these specific types of violence include denial of their sexual and reproductive rights, overmedication, lack of informed consent, and overall denial of agency over their own bodies and decision-making processes.

- Victims with disabilities struggled to identify abuse due to a lack of accessible information and resources and are more likely to experience dependency on the abuser, especially if it's a carer.

- Women with disabilities and professionals presented a general distrust in authorities and the justice system due to negative experiences, and facing discrimination, stereotypes and ableism when attempting to report violence.

- Intersectional identities such as ethnicity and sexual orientation lead to even higher levels violence and compound the barriers to report it.

- Existing legal and institutional frameworks and regulations exhibit shortcomings in effectively preventing, identifying, and reporting gender-based violence in all participating countries.

- There are no specific methods in place for monitoring social and health services in order to identify gender-based violence against persons with intellectual and psychosocial disabilities, which is being perpetrated in those settings.

- Victims with psychosocial and intellectual disabilities face numerous barriers to accessing the justice system. These include communication difficulties, lack of accessible information on their legal procedures and rights, inadequate training of professionals, legal capacity restrictions, and an absence of procedures to assess and provide procedural accommodations to victims with disabilities.

- Situations of violence against children with disabilities are complex and it is difficult to obtain evidence, especially regarding younger children. Schools were identified as particularly important to identify cases of violence.

- Appropriate trauma-informed mental health care was often absent, and psychiatric care was based on providing medication, with many victims not receiving psychological support for their trauma and experiences of violence.

- Support services for victims of gender-based violence are inaccessible for victims with disabilities and there are limited or no specialised or adapted community-based services. This often leads to institutionalisation as the only option for women and children with disabilities who are victims of violence, which is considered a protective measure. Where specialised services did exist, they were temporary services managed by non-governmental organisations (NGOs) who are underfunded and lack capacity.

- Legal definitions of “witness capacity” often mean that victims are not allowed to testify about the violence perpetrated against them on the ground of their psychosocial or intellectual disability. This can have serious impacts on their ability to pursue a case against their perpetrators. Legal capacity and guardianship laws can also hinder their ability to participate directly in their case. They are instead represented by a legal guardian, who can often be an abuser themselves.

- There is little intersectoral collaboration between the different services such as social, legal and victim support services, which impacts the capacity to provide a timely and holistic care and support to victims.

- Violence is common in institutional settings, although they are often normalised, concealed and unreported, due to inadequate staff training, staff shortages, lack of appropriate complaint procedures and overcrowding. There is limited external oversight of these institutions, and the over isolation and control faced by people with disabilities in closed settings and the lack of external complaint and monitoring mechanisms makes it difficult for violence to be identified. NGOs dedicated to human rights are not guaranteed access to the health and social services system for efficient external monitoring and people with disabilities are not always aware of Ombudsperson or other complaint mechanisms.

- The impact of the COVID-19 pandemic has strained support services, made them more inaccessible and has exacerbated the isolation of people with disabilities in institutions, making it more challenging to report violence.

- Although some countries did show improvements in legislation and policies to provide support to victims with disabilities, the implementation of these laws and policies and practical systems to uphold them are mainly absent.

04

FINDINGS

FINDINGS

In this section, you will find the comparison of results from the five national reports developed by each of the project partner.

Several different types of violence were identified across countries. Cases in Bulgaria of domestic, physical, psychological, economic, financial and sexual violence were identified, as well as human trafficking for sexual exploitation, forced prostitution, segregation and complete isolation, being shackled, neglect and abuse, coercion and exploitation into illegal drugs. Cases of physical, psychological, financial, domestic and institutional violence, and sexual abuse were experienced by people with disabilities or identified by professionals interviewed in Portugal.

In Slovakia, physical, emotional, and sexual abuse, neglect, financial exploitation, and coercion were reported, as well as discrimination and stigmatisation, which exacerbates the experience of violence.

Lithuania focused on experiences of domestic violence in adulthood and/or childhood but mention several cases of medical and institutional abuse throughout the report. Finally, women and children with disabilities in Hungary experienced several instances of gender-based violence, such as physical, verbal and sexual abuse, which extends to several settings, including institutions and public spaces.

Barriers to reporting violence against women with disabilities

Challenges in people with disabilities recognising violence

Women with disabilities who directly experienced domestic violence or witnessed it during their childhood reflected on how it was the only reality they knew at the time and the **difficulty in recognising their experiences as violence**. They also spoke of their need for external support to recognise that they were suffering from abuse. This was especially the case for emotional and psychological abuse.

"As far as I remember, I experienced psychological violence at the age of 12 from my mother, she mostly used psychological violence on me, she hit me in the face a few times. (…) This made it very difficult to overcome the recent events because the lawyer had to explain to me that when you are pushed, you fight, but when you are not hit, it is also violence. Because I didn't realise that, because I was like, if you don't get hit in the face, it's not physical abuse, it was very scary. Perhaps now I also think that simply because I was used to psychological violence, a coping mechanism was formed and my brain considered disrespectful, humiliating behaviour as acceptable." – Woman with a psychosocial disability, Portugal

"Maybe in general, that there is violence against my mother, and the like, I already understood, I don't know, maybe when I was in the second grade, in the sense that it was violence, I already understood. But that it was also against me, I didn't understand until I was a teenager, maybe, until I started having psychological problems, and I realised that this was a consequence. (...) I was about 15, around 15-16 years old." – Woman with a psychosocial disability, Lithuania

"And I asked her 'What violence?' and then she understood that I wasn't realising that I was being sexually assaulted." – Woman with disability who experienced multiple forms of violence, Bulgaria

Professionals working with women with disabilities in most countries also identified the lack of recognition of violence, some mentioning the limited awareness and literacy on violence, which results from the lack of accessible education and information about violence.

"So I think they have little knowledge, little confidence, and they are more dependent on those who might be hurting them. And this is just as true in adulthood, whether it's in an institution or at home." – *Special education teacher, Hungary*

"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." – *Ministry of Justice, Portugal*

"They don't identify it as violence, they don't name it as violence, they don't know the forms of violence. These are people who are first not adequately treated, and not adequately supported in both their illness and their parenting capacity. So I think one of the reasons it's not named as domestic violence is because they just think it's the norm that's what it is. They're so used to being rejected, stigmatised, insulted, that somehow it's now the norm rather than some normal treatment and support. "Manager of social services, Bulgaria
"Here we had such a girl, she was abused by her stepfather, and from the age of eleven to sixteen, she didn't even communicate with anyone, because she didn't understand that her stepfather was treating her like that. (...) Because when she eventually realised and understood it, she said, "I thought that this just happens in families" – and he was raping her." – *Psychiatrist, female, Lithuania*

In Lithuania, a considerable amount of time and external support was identified for women with disabilities to become aware they are being victims of violence, especially if that

violence is experienced during childhood and/or psychological violence. However, women with disabilities expressed the lack of support from professionals to help them recognise past experiences or ongoing instances of violence as constituting violence. Professionals also identify the lack of recognition of violence as one of the main issues to report it.

"I had two psychologists and neither of them seemed to understand my problems. It was just the same with one and the other, that they said, "But you're young, you can still study, you're beautiful, everything is in front of you, so what's that so bad happened to you." And somehow at that time I didn't even think that something bad had happened to me, I just didn't understand myself what was happening to me." – *Woman with a psychosocial disability, Lithuania*

"Later, much later [I recognised such behaviour as violence]. I first went to psychiatrists at the age of 16 because I just couldn't get out of bed, I couldn't study anymore, even though I used to be a very good student. I was just crying, thinking about suicide, absolutely just hating myself. I started to self-harm, and literally, I approached psychiatrists at 16, although my mother strongly discouraged me, because she is very much against psychiatrists. So, I did it myself, although my mother's consent was needed, she did eventually give me that consent, and then they just gave me treatment, and said, it's depression, they gave me medicine. Then I started seeing psychologists." – *Woman with a psychosocial disability, Lithuania*

The identified cases of victims with disabilities in Portugal were often reported anonymously or through third parties, again suggesting an underreporting of violence by women and children with disabilities directly.

"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." – *Public Prosecutor, Portugal*

In Portugal, one of the reasons the participants identified as being difficulty to recognising violence by women with disabilities is the **normalisation of violence against women** in Portuguese society and general lack of awareness of society and professionals about victims with disabilities.

"(...) 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." – *Woman with autism spectrum disorder, Portugal*

"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." – *Woman with psychosocial disability, Portugal*

Intersectionality was an important factor increasing cumulative barriers to access support. The intersection of being a woman and person with disabilities leads to a double disadvantage, but women with disabilities with more intersectional identities, such as ethnicity or part of a sexual minority, experience even more discrimination. Specific cases of discrimination against Roma women with disabilities in Hungary and elderly people with disability in Bulgaria being identified.

"And first, we are women, so even if we get a job we don't get paid the same as men. And we get rated lower socially. What's bad too, is that we are people with intellectual disabilities, so we start from a double disadvantage." Women with disability, Hungary
"In our experience, whether we are talking about the criminal justice system or the social care system, it is enough that someone is a woman, and a double standard is instantly activated." – *Worker at a victim support organisation, Hungary*

„[elderly] who were left alone, they have no relatives and people to depend on and to take care of them, and no arrangements have been made for said persons to be enrolled at care homes or another type of specialised facility, where they will be taken care of. – "Investigating officer, Bulgaria

Ableism and stereotypes around the sexuality of people with disabilities in society also contributed to further discrimination, with women in Hungary reporting infantilisation and the impact it has on limiting capacity for decision-making.

"Yes, and what I really, really don't like is my adult peer being kept in a child's role. I really, really do not like that. Being coddled, being talked to like a child. […] being pigeonholed. And my peer can't even break out of it, because she doesn't know what she's allowed to do. She only knows of the information that her parents tell her. But I don't think that's good, I think she should be supported in her decision-making. And that's also important in human life, to support people's decisions. Even if she makes a bad decision, in my opinion. Because she can decide what's good for her. Of course we try to lead her to the right thing but we don't tell her what to do." – Woman with intellectual disabilities, Hungary

In Bulgaria, an important point was uncovered on how the ableist assumptions also extend to women with disabilities who are mothers. The lack of support for mothers with disabilities, their stigmatisation, and psychological abuse within the family leads to cases where their parental capacity is diminished or denied, potentially leading to them losing their children's custody. However, the response of the family and the authorities is not focused on supporting the mother, but on 'safeguarding' the child and the family.

"[...] An awful lot of women with psychosocial and intellectual disabilities are appearing in [child] protection order cases recently [...] these are cases where she is not supported in her parenting role, she is not developing parenting capacity, her mental health is not being sufficiently cared for. [...] We have seen cases of mothers predominantly who have mental

disorders, particularly postnatal depression, who have been left for an awfully long time in that state. We had one woman who was anorexic and was brought to a very, very severe state. She almost couldn't move, she couldn't walk anymore [...]. But her husband didn't recognise this condition as critical. Quite often [...] they are guilty of being sick, of being lazy, of being bad people because of their mental illness." Manager of social services, Bulgaria
„Something that was stopping me was that, he would always threaten me that he would take away my children." – Woman with disability who experienced domestic violence, Bulgaria

Other common reasons given by women with disabilities for the lack of reporting are feelings of **fear and dependency on their abuser for care**. Shame, self-blame and lack of confidence are also commonly described.

"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." – Woman with psychosocial disability, Portugal.

"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 (...)." – Woman with psychosocial disability, Portugal.

Professionals in Hungary, Lithuania and Bulgaria mentioned the isolation and overcontrol of victims with disabilities, that makes it harder to reach them. They identified situations where family members or carers were the aggressor, creating a situation of fear, dependency and additional barriers to reporting violence, especially if the aggressor is the legal guardian appointed by law. Further, sometimes the abuser is the interpreter of the person with disabilities or a staff member for the institution they are in, decreasing the possibility of that person being alone or directly communicate with an external person to whom they could

report violence.

"It's a very strong dependency situation. They're more afraid of the uncertainty of, if I report and say I'm out of this family or I'm out of this institution, what's in store for me? Or they are afraid of retaliation." – *Special education teacher and researcher, Hungary*

"[…] If there is a mental health difficulty, it's absolutely impossible [the reporting] because they have both physical and psychological dependency on the abuser. It's a matter of survival. Our people are terribly poor, they depend on the perpetrator, sometimes they are not able to articulate what is happening to them. […] When they are subjected to violence, there is no independent mechanism to check whether there is violence, especially when the victim and the abuser are living together." – *Manager of social services, Bulgaria*

"[...]They also find it much more difficult to enter the labour market and are therefore economically dependent. Very often they live in partnership with someone who gives them a roof, and food. Let's say it's some pseudo-care, but instead, they physically abuse them. They are subjected to domestic violence, they have nowhere to go, therefore they stay there. If they are temporarily removed from this system, they are placed, let's say, in a crisis centre. Then they have nowhere to go to a safer and more secure place. And somehow it seems to them that this violent environment is the only option to stay safe, you know, no matter how unsafe and threatening it is." – *Manager of NGO provider for victims, Bulgaria*

"In some cases, the patients do not really understand that this violence is being used against them. If there are economic aspects, it's just that it's deeper there, and those verbal expressions or financial control. In reality people don't understand that it is violence that they are experiencing." – *Psychologist-psychotherapist, female, Lithuania*

Summarise the nature and extent of the problem: for women and children who experience gender-based violence. As much as possible, use the voice of women and children to express what they think and feel.

To what extent do existing monitoring frameworks and regulations support the prevention, identification and reporting of gender-based violence in institutions and community-based services? What are the main shortcomings and risks in the existing system?

What are they key principles or guidelines informing the development of monitoring mechanisms, based on the experiences of women and children?

What are the strengths and weaknesses of existing support services? In terms of accessibility, national coverage, types of services provided, etc.

Violence during institutionalisation

Another of the most common topics raised by both victims and professionals was violence against people with disabilities in institutions, the lack of recognition and concealment of violence and the difficulty in identifying and reporting it.

„I've heard about very poor treatment in terms of attitude: yelling, screaming, offending, negligence, compromising dignity, including slapping, literally, some forms of physical abuse." – Lawyer, Bulgaria

"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." – Disability Organisation, Portugal

The role of staff as perpetrators or support systems

Victims in Slovakia identified staff workers and families as the people they would report violence and look for to complain, which means they play an important role in ensuring that

the victim has access to appropriate reporting methods and support. However, it also shows the dependency and isolation of people with disabilities in institutions, and their inability to directly contact outside entities to make formal complaints, particularly when that violence is perpetrated by an institution staff member. The power dynamic in place and dependency on the workers for care can put people with disabilities in particularly vulnerable situations and make them hesitant to disclose cases of violence. Some professionals also mentioned the lack of accessibility of reporting procedures, which makes victims who are institutionalised even more dependent of institution staff.

"Well, they're here for that," – Woman with psychosocial disability, Slovakia

"And well, the whole institutional atmosphere is such that the residents are so vulnerable that everyone says they are afraid that if they do anything, not even taking legal action, but if they just speak up or make a complaint, they won't be cared for. That it will have a negative consequence on them." – Disability expert at human rights NGO, Hungary

Even though institution staff are essential to support reporting of instances of violence, victims with disabilities also indicated the **lack of processes and protocols to identify and report violence**, including when they were hospitalised due to domestic violence.

„Somebody asked me […] if I was going to sue the one who did this to me […] They were going to throw me out, because I have a psychiatric diagnosis. My mother came in to see me and they told her "You either stay with her [in the hospital] to look after her, like the others, or you take her home." – Woman with disability victim of violence, Bulgaria.

In Hungary, there was an absence in unified protocols for dealing with violence and complaint mechanisms for residents against staff were inefficient, which makes accountability unclear and hinders appropriate actions. Small group homes were also reported to lack procedures for addressing abuse including complaint mechanisms with clear protocols where and how to ask for help. This often leads to failures in recognising violence,

knowing the appropriate procedures to report violence and provide support to the victim. A lack of clear or excessively bureaucratic procedures on how to report violence detected by service providers, including home support services, can lead to failure to report incidents, such as a case of sexual and physical abuse identified by a home support team in Portugal that had no information on how to proceed with a report of the case to authorities.

"(...) 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." – Lawyer, Portugal

Professionals interviewed also identified a **lack of adequate training**, with more comprehensive training being often expensive and non-mandatory. Instead, some had only training on how to deal with aggression from the person with disabilities, and none about when they are the victims. Communication barriers was identified in Slovakia as a significant challenge to report violence within social care institutions, together with insufficient training for staff to recognise and respond to signs of abuse.

"The trainings – yes, and it would have been good to retrain, but now those trainings are also financially demanding, so we try to participate for free online, but it is not so. Here, we needed it, and we did it here so everyone could participate. We had this aggression training and more special grips and holds. (…) and if something happens, it must be written to the ministry. Like that plan. Managing a crisis ... that is it." – Professional working with people with disabilities, Slovakia

High staff turnover driven by low pay, heavy responsibilities and shift work in Portugal hinders teams from receiving adequate training on critical issues such as violence prevention and recognition.

"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." – *Disability Organisation, Portugal*

Several of the interviewed professionals agreed that large, closed institutions were fertile grounds for violence and abuse, due to being **understaffed and overcrowded**, leading residents to become bored and aggressive, with a staff lacking skills to manage it. Some cases of staff not reporting were also identified due to lack of human resources capacity. However, even if the reporting is effectively made, perpetrators often face no formal or informal consequences. If the perpetrators are fellow residents, they are often moved to another institution. If they are staff, some cases were mentioned where they have been dismissed, but no police complaints were filed.

"Typically, those who are hit are those who can't report it, and those who have some kind of noticeable behaviour or challenging behaviour are more likely to be hit. For example, those who wander around or interfere with other people's space are more often tied up. And I think that it's not necessarily out of malice, but out of a lack of tools or a lack of methodological knowledge of what else to do." – *Special education teacher and researcher, Hungary*
"[Within large institutions] they are not properly staffed, they get bored, et cetera., et cetera, they become aggressive and then the disabled people in residential institutions become aggressive towards each other." – *Disability expert at national human rights institution, Hungary*

One of the specific types of violence observed by the interviewed professionals that is important to highlight is the **violations of sexual and reproductive rights**. None of the countries of the partners participating in this project criminalises forced sterilisation, with only 10 countries in the EU with legislation regarding this practice, and both Hungary, Chechia

and Portugal allowing it also in minors.[24]

In Hungary, guardianship is closely connected to violent reproductive practices, such as forced sterilisation. Professionals report forced contraception as a common practice in institutions, and if that option is not available, institutions resort to forced sterilisation. Many women received regular birth control injections without formal documentation or their consent, while those exempted for medical reasons are provided with IUDs. An interview participant who used to carry out monitoring visits to social care institutions revealed instances where female residents expressed a desire to have children, not aware that it would be impossible within the institutional setting. Infantilisation can make institutions restrict couples' relationships in institutions and access to private rooms only after a long period together, depriving them of enjoying their sexual and romantic relationship. Cases of sexual abuse by staff were suspected, but the victim was not provided with a medical examination in time and evidence was not collected.

"For women, again as I see it, what they do is they give these long-term contraceptive injections, which are effective for about a month. Now, there have been examples that they don't know what they're getting, what injection they're getting and that it's a contraceptive injection […] So, there have been several interviews in these institutions where the residents say, yes, they want to have a baby, they want to have children, but so the reaction or what they add to that is often, that you can't have a baby here, it is going to be scraped here. I remember this word, scraping, that they'll take it anyway, and so it was reinforced." – *Lawyer at disability rights NGO, Hungary*

The **concealment of violence in institutions** was also mentioned, especially by Bulgaria, in cases of physical and sexual violence, segregation and complete isolation, being shackled, neglect and abuse. Victims with disabilities reported difficulties in gathering evidence when violence is perpetrated by staff and institutions and the fear of retributions if they make a

[24] European Disability Forum Report on forced sterilisation in the European Union (2022).

complaint against staff members, since they depend on their care.

„We have witnessed the staff slap and even beat the residents. Regrettably, we have no evidence for this and we haven't found a way to be of help […] I tried to make a complaint. However, the director of the institution turned against me. She had called a group meeting for all staff members as well as my friend [states the name] and me and as a result it was established that according to her I have not been keeping up with the regime in the house." – *Woman with disability living in an institution, Bulgaria*

„I ran away, they brought me back in approximately two months and took me to another isolator [locked in full isolation without human contact with others] where I was kept with my hands tied, handcuffs on and I was mistreated and abused" [a man who repeatedly escaped from institutions for people with disabilities where he was held in inhumane conditions]" – *Man with disabilities who lived in an institution, Bulgaria*

Some of the women with disabilities who reported violence to the institution faced accusations, threats and denials of care, including from management, with nothing being done on the violence itself. Instead, the victim who complained was relocated or threatened to be moved to another institution. In one case, the condition of the woman got worse, and she attempted suicide, but institution staff still refused to help her.

„Well, what am I supposed to do? It is your fault. Deal with it yourself, [the director of the institution] is already finding you a place, but we can't help you." – *Response to a woman living in an institution by the staff after reporting domestic violence, Bulgaria.*

„I received threats from the director, her attitude was scary. She told me how I was crazy for thinking that someone would pay attention to me. It was really difficult." – *Parent of a child with disabilities victim of sexual violence, Bulgaria*

„You have a little more left. [director's name] is searching for a place for you. You shouldn't

worry, you are going to feel better in the place they are moving you to […]. On my birthday instead of a gift I received a report to sign and give consent to leave […]. She [staff member] stands next to me and tells me what to write and and I do it because I wasn't feeling like myself." – *Woman with a disability living in an institution who experienced domestic violence, Bulgaria*

Professionals working with victims of violence highlighting the additional barriers for people with disabilities deprived of or with limited access to the outside institutions to report, with cases within the care system often concealed and rarely reported. The public report of cases of violence in institutions can bring accountability to management itself, increasing the incentive to keeping it within the institution. Failure to recognise violence by institution staff, fear of sanctions and difficulties in case management were also reported. Reporting was more common when the violence was committed outside the institution or in a previous one. However, when identified and reported to relevant authorities, there was no response.

"[…] [when people with disabilities] are in a domestic environment, they have some minor chance to find a way to contact, at least by phone, let's say, someone outside the family, e.g., organisations, services, institutions, or at least they could call 112. Whereas, if they stay in various facilities and institutions, it's common for such cases to be covered up. Very few such cases reach to us, which means that, either everything is perfect and wonderful, which I just cannot imagine being the case, taking into account what services we offer and what the conditions are in taking care of such children, for instance, or the elderly care homes, so, it seems to me that, receiving help when in institution or a facility is harder to reach. No one complains there, everyone is trying to keep their job before anything else." – *Lawyer, Bulgaria*

"I'm just assuming that it happens systematically. It just doesn't get reported because the director of the institution has to take pretty serious action and they don't have a lot of options for interventions [...]. I suspect that's a million arguments that could lead to this being restricted from being reported and if it is reported, investigations will certainly begin. There's

a big risk of the director or the manager coming under fire from any social services quality agency." – Manager of social services, Bulgaria

In Hungary, two of the professionals interviewed were aware of instances where the management of residential institutions decided not to investigate the violence reported by staff, who were also motivated to hiding the problem, due to fear of losing their job.

"Obviously a big part of it is that people who work there have their livelihoods completely tied to this. Well, if it is a place with few job opportunities in a small settlement, the difficulty is that because it is a highly underfunded and not well cared for situation, the employees do not have the necessary support, and professional and personal supportive environment to be able to get into these situations." – Representative of victim support NGO, Hungary

The procedures and form of institutionalisation within **mental health and psychiatric institutions** are different than residential care, but violence was also common in these settings, including by mental health professionals.

"Nobody ever told me why am I diagnosed and on what grounds was it [the diagnosis] given to me […] but I also remember that the second time I was afraid they are going to take my children away from me. The medications were very strong. […] I was not feeling well, they were yelling, they were screaming, there were new patients arriving constantly, they were screaming, yelling. And all of them women, harassed by men […]. It was disgusting, there are no good conditions […] in these hospitals. And there is no respect, they treat you like cattle." – Women with disability about psychiatric care, Bulgaria

"The main thing is that the male doctors would not sexually harass and stare, because there was a lot of that. And anyway, now I think that I (…) I shared [my experience] in group therapy sessions there, there were also such provocations. There were really very, very unprofessional comments where they would say, "You were raped, now you want it to happen again". Well, just like that, where, I don't really understand that it can be therapy; in

group therapy they just spoke like that in a very insulting tone, it would just be better if there was just a little sensitivity." – *Woman with a psychosocial disability, Lithuania*

When hospitalised in psychiatric care or needed mental health support, victims reported not being provided with specialised psychological support, having their trauma of abusive experiences not acknowledged or addressed, and instead being only offered medication, sometimes excessively.

"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." – *Woman with psychosocial disability, Portugal*

„You spend the first two weeks or at least 10 days on injections, on extremely strong medications and you go into a semi-comatose state. It's a similar feeling. That is the first two weeks, until the drugs accumulate in your system […]. You get a 10-minute visitation in the morning and that's it. After that, you do nothing, you cry, you walk the hallways and cry […]." – *Woman with disability, Bulgaria*

Cases of psychiatric hospitals not taking the violence victims experienced were found in Bulgaria, even when women were hospitalised because of the violence. In another case, the mental health care providers did not recognised signs of violence, and she was not offered any additional support besides medication. Another woman victim of violence went through 48 hospitalisations in psychiatric hospitals, but she never received support for the violence she experienced in early childhood. Inadequate medical treatment such as overmedication was also reported by victims with disabilities.

"I experienced cruel beating from him and because of that I was hospitalised […] they would come in, ask what my condition is and leave […] They simply come in, give you your medicine, ask how you are feeling." Woman with disability about psychiatric care, Bulgaria

“Yes, when I was in Sofia, I started mentioning the sexual [violence], I don’t think they really believed me. That is something that happens too - you tell them. They think that everything is caused by the psychosis. They don’t feel like dealing with it.” – Woman with disability, Bulgaria

Professionals from Bulgaria also identified the neglect of mental health needs and restriction of rights due to diagnosis in victims, and even cases of sexual assault.

“[...] She was diagnosed from an early age with this diagnosis, which is not given to children in order for her mother to control her [...]. The appalling thing was that, in addition to being forced to take medication, she had to periodically stay in a psychiatric clinic - something the girl did not want [...]” – Psychologist-psychotherapist, Bulgaria

“[...] a case was originally filed for obligatory treatment of a woman who came out in the course of the case that she was in fact the subject of domestic violence [...]. And her husband because he was litigating custody cases, had made such a proceeding for obligatory treatment, which failed in court [...]. This algorithm that couples follow, where one of the persons has a mental disorder or intellectual disability - either the person is put under guardianship and remains totally dependent on the abuser, or some kind of mandatory treatment case is filed on the grounds that they are dangerous to others [...]” – Manager of social services, Bulgaria

"We have had cases of sexual assault in a psychiatric hospital [...]. She was in psychiatry, she reported sexual assault by an orderly while she was on psychiatric treatment. We released a letter to the head of the ward [...]. They did not initiate pre-trial proceedings, an internal inspection was ordered - it was a psychotic production.” – Manager of social services, Bulgaria

In Lithuania, the lack of acknowledgment and addressing of the trauma from abusive experiences in mental health care services was also an issue, even psychotherapy, making

women with disabilities feel they were not being heard and their experiences dismissed as irrelevant for their care. There were some differences between experiences with public and private mental health care, with more time, attention and effort by professionals dedicated in private cases.

"[What is the most needed] it is time, first of all, to give you time. Attention to details, listening, because it was more like the doctor had already had her preconception: I come crying – it's depression. We only talked for maybe 10 minutes. Simple attentiveness [is needed], time, listening and I would even say professionalism. Because it seems like, well, I understand that psychiatrists have to graduate to become psychiatrists, but it seems like most people don't even know certain things, where I know better, and I'm telling my symptoms and I'm like, yeah, I'm here I have been learning about this condition for a long time, (...) for me it is this way and that way, and they keep asking me questions (...) as if they hadn't heard of it before. It just seems that some doctors, especially the older generation, have outdated knowledge." – *Woman with a psychosocial disability, Lithuania*

"I was very satisfied with a private doctor, unlike in the public sector, which just seems to combine a lot of things. But here [in the private sector] we went deeper, and we didn't talk just for 5 minutes, but for several hours, I did various tests, we talked about my childhood. This was one such occasion. And the other one was also a few years ago, where it also helped much more and prescribed better medicines. So, these are really very positive experiences in the private sector. (...) And I remember that [at the psychiatric hospital] there was more of a "drug party" that they tried to prescribe various medications to me, then others (…). Then the second time around, when I was (...) there in a unit that I would never go to again (...). These were very unpleasant experiences, and I also don't remember that they would have helped in any way." – *Woman with a psychosocial disability, Lithuania*

Specialised trauma-informed training on the needs and barriers of people with disabilities, about domestic and gender-based violence, and how to recognise and support reporting of violence are needed among professionals working with people with disabilities, including

mental health professionals. Healthcare professionals in Lithuania are not taught on how to recognise violence since it is seen as a social issue, not a medical one, and training is not always available, not systemic or mandatory and not a part of general professional training.

"I think that the general perception is that everyone still thinks that 'doctors do the treatment, nurses do the nursing' and that's it. And because of that, maybe it doesn't happen that violence is recognised or understood. I think that such trainings are necessary, because our duty is not to turn away from what I've possibly heard, but to be able to evaluate it, recognise that it is violence, and then check everything." – *Nursing administrator, female, Lithuania*

"We do a lot of digging ourselves, as much as we can, but we would really like that kind of knowledge, those types of conversations, information on how to say certain words properly, suitably. Because you know, with two words I might direct the patient in the opposite direction, or incline her to my side, you know. There are those certain types of phrases that it would be really good to remember and use that to appropriately approach the patient. A training, a methodology, it would be very good." – *Mental health nurse, female, Lithuania*

Mental health professionals in Lithuania mentioned feeling limited in the support they can provide to survivors and how much they can help them, especially after discharge.

" (…) We are very limited in the provision of information, because it is a medical facility, which is so sensitive with mental health. And we have it (…) defined by law, very specific: the police, pre-trial investigations, child rights, mental health centres and other medical facilities that also provide services to the patient, meaning primary care centres and all. We cannot subordinate those mechanisms or initiate some mobile teams to go [to homes of patients] to look." – *Social worker at a psychiatric hospital, Lithuania*

"We can only help while the person is in the hospital, here, in the facility. Here we can, for example, control it somewhat, limit the visits of such a husband who you know, you can see

visually, that he is violent. (…) When the person leaves the medical institution – that's it. (…) A person leaves the hospital and all that stops, al that help." – Mental health nurse, Lithuania

"We can only provide [help] as long as they are in the hospital. (..) It is good if we pass it on to someone and there is continuity afterwards. What if not? It is then that the person who returns home, realises they are being abused, but they do not know what to do. They continue being afraid and they stay. Of course, it is not an option not to bring up such a fact, but there is no continuity, it does not go all the way." – Social worker at a psychiatric unit in general hospital, Lithuania.

"Well, it's still hard when you let someone go [discharge from hospital] and you know they're going back to the abuser. You yourself really understand that you cannot go together with her and live next to her and protect her. All services are definitely informed. Well, for me it's really, like that, all the time, I say – it's a feeling of disappointment. You do everything you can, but in the end. (..) Well, it's always such a disappointment. Well, I don't know, it's really scary for me to watch, in some cases we can't do anything. After the patient leaves the hospital, our hands become only "civic hands". – Nursing administrator, Lithuania

"There is a lack of state system. A different approach to the patient. For example, when there has been violence, various professions would arrive, they would start working immediately, instead of us writing and sending letter after letter, but we usually don't get any answers. We just let them out [of the hospital], we know that lets say a man is violent, we inform all the services, but he even comes to take her home, and according to the law, we have no right not to allow that, because we are a medical institution, we don't have a police warrant, in that sense, not to let him go home with her. (…) I say, I miss a different attitude from the state itself, because even though we work, there is a lot of everything, we have something, but there is no unity. Everyone does their own thing, puts papers in a drawer, ticks some boxes and that's it. (...) There is no common system, (...) such a system is missing." – Nursing administrator, Lithuania

There is also a lack of continuity of support in the community after discharge, and that there is a lack of collaboration and coordination between different professionals, services and sectors to follow-up, including a lack of community services available. Intersectoral collaboration among services and training to ensure mental health providers are aware of victim support services available in the community are important to guarantee support after discharge from in-patient mental health services.

"Anyway, there should be a lot of these things, and such a policy imposed on primary care centres. We send an epicrisis, after each stay, where the doctor describes the entire psychosocial situation really extensively. A mental health centre's social worker, a team, manager or something should react and refer to those authorities. This link has always been missing, it doesn't work. Or so it seems to us. (...) And there is a lack of such direct collaboration with relevant institutions to take over that supervision, to follow-up [in the community] here and now." – *Social worker at a psychiatric hospital, Lithuania*

"For me, this lacks the attitude of the state itself, the state itself, because we are working, there is a lot of everything, we have everything, but there is no unity. Everyone does their own thing, puts papers in a drawer, sticks something and that's it. (...) There is no general system for us to click on how to say hello, the patient is lying down, we clicked and we see how to say hello, what she was treated for, where she visited, whether she took medicine or not, but there is no such general system here that you after clicking, entering the personal code, let's say some employees, obviously with some kind of password, they would see: the police were called, there were some meetings, children's rights, there is a preventive measure for the man (...). Such a system is lacking." – *Nursing administrator, Lithuania*

"It seems to us that if we had those mobile teams and were also able to ensure that you go to the house not only to give the medicine or to have a little talk, but also to draw your attention to whether there are some things happening that shouldn't be happening. (...) And such mutual collaboration [is missing], so that it would not be like "this is the view from my

garden, there is a view from your garden", common table and communicate about that.“ – Mental health nurse, Lithuania

Institutionalisation and guardianship as a form of violence

More concerningly is the fact in Bulgaria, Hungary, Slovakia and Portugal, **institutionalisation and guardianship of victims with disabilities was often the only available option**, for both adults and children with disabilities, in residential and psychiatric institutions. This violates the UN CRPD and the most recent Guidelines on Deinstitutionalization, including in emergencies and it is extremely problematic, considering that the abuser often remains in their home with no legal consequences, while the victim is the one deprived of their freedom and capacity for decision-making.

“They could get a guardian and moved to an institution as the only form of help available.” – Lawyer, Hungary

"We placed her in a home near the city. [...] A home for people with intellectual disabilities." – NGO worker providing services to victims, Bulgaria

"There are no services in the community for people with intellectual disabilities and psychosocial disabilities. Only residential services - nothing else. There's nothing on prevention either - 90% of the National Map is for residential services - it's outrageous! The crisis centres can be used for 6 months but after that there is nothing like support services, no signposting to services.” – Social worker, Bulgaria

Interestingly, institutionalisation and guardianship were often not seen as a form of violence or harm, which society often sees as a protection measure and a highly favourable result, but a Bulgarian professional highlighted that institutionalisation can often expose people with disabilities to violence and trauma.

"I think it's a phenomenon that's related to deinstitutionalisation that none of us reflect it fully well - globally. I think that nobody recognises and works with the trauma that is inflicted by institutions to the persons that lived there - trauma by negligence, physical, sexual violence, etc. [...] because this is violence at its most inhumane[...]. That trauma has been inflicted on thousands of people in Bulgaria, but nobody is reflecting it, nobody. And if deinstitutionalisation is going to fail, it is because they started sending them back to the psychiatric wards, the staff members of social services are absolutely unprepared for this whole trauma, and they became defensive. They don't recognise it as trauma, they recognise it as a bad person, a bad disease, schizophrenia, everything." – Manager of social services, Bulgaria

According to the recent EDF report on legal capacity, Bulgaria and Hungary have full guardianship authorised, Lithuania and Slovakia have partial guardianship, while Portugal is the only country that almost fully abolished guardianship. In Portugal, however, specifically there was some concern about the legal capacity law or Accompanied Adult Law[25], that although it includes the possibility of changing the legal guardian if they are abusers themselves, it is not always being properly implemented. It was recommended a revision of the law to safeguard the victim, although there was no full consensus. There is a lack of independent mechanisms to recognise violence in these cases and lack of coordination to act when such cases are identified.

"[on the Larger Accompanied Adults Law] I think that when the legislator made the law, he forgot that violence comes from the family itself." – Lawyer, Portugal

"[typical attitude at the Guardianship Authority] is that if a person has disabilities or lives in an institution, they should be put under guardianship in order to protect them. Placing them in institution is [viewed as] protection." – Lawyer, Hungary

[25] Law number 49/2018, of August 14, Accompanied Adult Law, Portugal.

"[...] We had one boy with severe intellectual disability who was definitely a victim of domestic violence. The boy was 18 years old [...]. And after he was discharged from the hospital, they put him under guardianship, his mother became the guardian, the one who neglected him. We wrote letters to the prosecutor's office, but the prosecutor's office did not initiate pre-trial proceedings [...] That is, he remained in extremely serious dependency. She is his guardian, she is his personal assistant [...] We wrote to the ombudsman, we wrote to the Ministry of Labour and Social Policy, we wrote to the municipality, to the prosecutor's office, the court... I have never seen a bigger nightmare in my life [...]. Well, I wonder if he hasn't passed away, really, but we did everything we could." – Manager of social services, Bulgaria

Monitoring of institutions

Although violence is documented as common during institutionalisation, victims and professionals reported a lack of appropriate monitoring of institutions, increasing vulnerability and barriers to reporting. Visits are often having scheduled with time for the institution to prepare, and with no time scheduled to talk individually with residents without a staff member present.

„Well, they tell them a day or two before the inspection that there is going to be [an inspection] on this certain date. The house gets cleaned, it should be tidy. They bring us in, praise us, they also say how much they care for us, that we are like their own children. In most of the cases we, the residents, aren't given the opportunity to speak. Another thing is – the last inspection I had – I was not given the opportunity to spend time alone with the inspector. There was another person there, because they didn't want me to say something against them." – Woman with disability, Bulgaria

In Portugal, guidelines with procedures to identify situations of violence are mandatory requirement, and each organisation have their internal procedures to disseminate information and trained all staff, but procedures could be better communicated to staff and

monitoring should be improved. Professionals had both positive and negative experiences regarding inspections.

"We are even asked for the protocol, we talk about the procedures and the situations that occurred or didn't occur." – *Disability Organisation, Portugal*

"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." – *Disability Organisation, Portugal*

"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." – *Disability Organisation, Portugal*

"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…" – *Children support services, Portugal*

There is a need for external supervision as a preventive measure, as well as to identify violence in closed institutions. Self-regulatory mechanisms and regulations need to be implemented to guarantee the safety of people with disabilities without family and organisations to protect them.

"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." – *Disability Organisation, Portugal*

When external supervision exists, supervisors often lack skills to communicate with non-verbal people with disabilities, while persons with disabilities are unsure if they can trust them as people outside of the institution, creating a gap of communication between both.

„I'm aware that I'm having difficulties in communicating with non-verbal people, I have no special skills, I haven't completed training in order to reach out to them. „[…] We enter such homes entirely by accident. We have no permanent contacts with those children and adults. We haven't built a relationship of trust, because, in my opinion, this is the most important aspect – for trust to have been developed; instead of appearing in the course of a random day and wanting to detect what the child had suffered for months on end […] And really, if we don't open those homes for, I'd rather say a child representative, instead of continuous civic control, the said representative having a real long-term engagement towards that child, and said engagement being professional." – *Ombudsman's Office expert, Bulgaria*

In Bulgaria specifically, an Ombudsman's expert confirmed cases of abuse in closed institutions, which are investigated based on filed reports, during audits, including of the National Preventive Mechanism bodies.[26] However, experts were not aware of special methods to detect gender-based violence against people with disabilities.

"[…] there's always this lingering feeling that, whenever you work with people, who grew up

[26] See more on the role of National Preventive Mechanisms bodies.

in an institutional environment that, once in a while they may have been the object of something, not necessarily a crime, maybe some type of abuse, which never was approved as an act of violence." – *District judge, Bulgaria.*

Although in Slovakia, persons with disabilities had positive experiences reporting to police and health care professionals, people with disabilities were not aware of the ombudsman bodies, monitoring bodies and other reporting mechanisms to provide comprehensive support.

In Lithuania, the lack of available data and statistics makes it difficult to establish if the current monitoring mechanisms work and to assess effectiveness of prevention mechanisms, especially in mental health services.

For Hungary, the CRPD concluding observations of 2022 reported systematic abuse of people with disabilities, particularly children, within institutional care and the lack of independent monitoring of residential care and psychiatric institutions.

The monitoring and prevention of violence by staff workers should also extend to community-services, considering there were also reports of abuse by personal care assistants in Bulgaria.

Lack of trust in authorities and lack of accountability and justice

Negative experiences with the police

The lack of trust in the police and justice system was pervasive both in women with disabilities and professionals, with negative experiences being common. Women with disabilities reported police not doing enough to protect them, displaying victim-blaming behaviour, with the law being often on the side of the aggressor.

"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." – *Woman with psychosocial disability, Portugal*

"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." – *Woman with autism spectrum disorder, Portugal*

At least one woman in Portugal was advised not to file a complaint at all.

"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." – *Woman with autism spectrum disorder, Portugal*

The process of reaching out to support in Bulgaria is affected by the victim's age, their relationship with the perpetrator, support network, availability of support services, societal stigma and the reaction of institutions to the reporting. However, victims rarely reach out to authorities directly due to fear of disability-based discrimination, shame and mistrust in authorities. Victims with disabilities felt they have not always received support and have not been properly listened to, with only one woman reporting she felt heard by the police. In some cases, victims received neither support nor protection against the perpetrator of violence. Victims are also often excluded from the process of collecting evidence, with the

police questioning their family or professionals working with them.

„They didn't ask me to testify […] „They didn't explain anything to me. […] They asked me very briefly how I know him […] and that was all. They wanted more information from the staff than they did from me. When I called [the police] the second time one of the police officers said to me: "Well you call him and then you complain." […] Every time I filed a report against him, they [the police officers] went to the ladies in the office and not to me. As if they are the ones who know what happened, not I. They have called me in the office. However, they [the staff] have spoken instead of me. And all I do is listening […], they didn't ask me „is this true?" – *Woman with disabilities, Bulgaria*

„The system was completely indifferent […] In fact, there is no system, they don't know how to react when there is a case of violence against a person with a disability. They have no idea, not a single institution knows how to proceed in such situations. That's a fact." – *Parent of a child with disabilities, Bulgaria*

The women with disabilities in Lithuania also experienced dismissive and victim-blaming behaviours by authorities, even when they experienced violence as children by professionals.

"Unfortunately, this was not the first time, but this was the last time with law enforcement, and it was painful. (…) I hoped that I would come in, they would lay it out for me and tell me what's what, and how it would be. It's really not like that, really not. I got scared, I really never thought that an officer could attack anyone like that. Every time you say something, they go "Do you have proof? Do you have proof?" And she repeated it so rudely that I cried so much. I left after an hour and a half leaning on walls. (…) I don't know, I vomited for two days, two days after the first interview I vomited. And I couldn't go home because I was afraid that he [the abuser] would come, and I went to the toilet every 10 minutes for those two days. When I remember it, I don't know..." – *Woman with a psychosocial disability, Lithuania*

"[The police who came] just, well, didn't pay much attention to me. They used to come there, say there was violence, something like that, then they would ask my mother, "Are you writing a statement? You are not writing it. If you don't write it, we can't take him away." (...) It used to be like that, but that was so unprofessional, the police. (...) There were also such cases that our whole situation and all that, how to say, the physical and verbal fights became an object of ridicule. (...) I hope that this has changed [by now], because that attitude, it was very bad." – Woman with a psychosocial disability, Lithuania

Service providers who were interviewed also identified cases of discrimination by the police. Their perception was mainly that the cases were archived, that authorities were inefficient and unable to provide sufficient protection to victims, and that the police interrogated the victim more than the abuser. Professionals also shared that they often stumble upon lack of professionalism, including refusal to apply international human rights standards, as well as lack of coordination between various institutions.

Victim support services in Portugal perception was mainly that the cases were archived, there was a lack of credibility of the witness testimony if they had a disability, the questions were inaccessible, and that police and judicial authorities were often inappropriate in how they dealt with victims with disabilities, especially psychosocial disabilities, due to prejudice. Some accompanied the victim to testify to protect victims from unprofessional practices.

"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." – Victim Support Service, Portugal

"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." – *Victim Support Service, Portugal*

"[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." – *Disability Organisation, Portugal*

"(...) 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." – *Victim Support Service, Portugal*

Professionals in Bulgaria blamed the lack of ability of authorities to recognise violence, but also prejudice.

"So because in their perceptions and attitudes what she is doing is consensual and what she has experienced is not a rape." – *Manager of NGO providing services to victims, Bulgaria*

In Hungary, professionals raised concerns regarding the ability of the police to protect victims with disabilities, their tendencies to interrogate victims more than perpetrators, and hat cases rarely get further than the investigation phase. One interviewed participant argued that a criminal report can even increase danger to the victim, due to limited application of restraining orders, and another participant, a social worker, was even discouraged to report a case of sexual violence in a residential institution by the police, despite having evidence. Even though negative experiences were common among participants, cases of training to the police on how to work with persons with disabilities were identified.

“The abusers are not so much interrogated, rather the abused are. I am not saying that there is victim-blaming, somehow the whole protocol is simply inefficient.” – Social worker at family advisory and child protection centre, Hungary

Slovakia was the only exception, with people with disabilities generally having a positive view of police and the legal system, indicating some level of trust. Portugal also presented one positive experience with the police.

“I’d say both the police and the doctor were there, there’s no problem with it.“
Q: And did the police do the right thing then?
„Yes. “
Q: Okay, and they also talked to you, so you felt unconcerned?
„Safely, but they spotted that I was under so much stress, so they immediately stopped. “ – Woman with psychosocial disability, Slovakia

“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.” – Man with intellectual and psychosocial disability, Portugal

Lack of accountability and justice

A common problem raised by the interviewed participants was the lack of accountability and legal consequences for the perpetrators of violence. When reports were filed and the cases went to court, they were generally archived and no accountability came from the process, with some women having to leave their homes and change cities or access shelters, which only intensified their mistrust of authorities.

An interview participant working as a lawyer at a disability rights NGO in Hungary recalled

that while he spent several years in the field, he could only remember one case where the victim was a person with disabilities and the police investigation turned into criminal prosecution, due to his organisation being involved.

In Bulgaria, victims with disabilities felt they have not always received information on their case and procedures in accessible ways and professionals felt there was a lack of support mechanisms for victims to be heard in criminal proceedings and general distrust in state institutions. Lawyers felt there was a lack of legal advisors to assist lawyers in their work and a lack of feedback from other institutions and specialists about the support the victim might need during court procedures. The lack of accountability only increases mistrust of authorities by people with disability, making it more unlikely that people come forward to report additional instances of violence.

„Anyways, every person needs some sort of support, that he or she has to receive, even when looking for defence in the court, because we are aware of how the system works. I am more and more convinced that, the State is a foreigner to its citizens. A person in need will try and find whoever is there to help, e.g., the media; the person in question will scream and shout before the society in every possible way. However, if nothing else turns out to give the desired results, this is when he or she will refer to the State. There's mistrust. However, with persons with disabilities, this is so even more." – *District judge, Bulgaria*

„When the Court fails to do its job properly, it re-victimises the victim actually […]" – *Lawyer, Bulgaria*

Cases of abuse experienced by the people with disabilities interviewed in Portugal, originated trauma, recurring nightmares, fear, with four of the victims having to change city or hide from their abuser and three attempting suicides. None of the perpetrators was condemned in court or received any accountability. The two cases who filed a complaint in Portugal, both were archived, and the perpetrators were freed, while the victims had to go into a shelter and change city, one of them with her two minor children, increasing the

perception that reporting would not give any accountability to the abuser.

"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. (…)." – Woman with a psychosocial disability, Portugal

"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." – Man with an Intellectual and psychosocial disability, Portugal

The lack of lawyers specialised in domestic violence and marginalised groups was also identified in Portugal, and the need to increase the number of lawyers with specialised training.

"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." – Public Prosecutor, Portugal

Interviewed participants in Hungary were also not aware of any case where victims with disabilities received redress and formal compensation, even though financial support is available to victims if they report a crime. There is a lack of coordination between separate competent authorities, weak legal responsibilities of institutions, the heavy workload for the employees, professional burnout. Better cooperation and coordination were identified as essential to provide legal protection and support sooner in Hungary.

"Witness capacity" of victims with disabilities

The interviews revealed police procedures for collection of evidence were exclusionary of the victims with disabilities, with cases occurring where the institution staff or family were questioned instead of the victim. The credibility of victims with intellectual or psychosocial disabilities are often questioned by authorities, reinforcing distrust and criticism of their practices, with several professionals concerned about cases of police interrogating the victims more than perpetrators.

The “witness capacity” is evaluated by psychological and psychiatric examinations in Bulgaria. If the conclusion is that the person lacks capacity, their ability to provide information is excluded, and the opportunity to be a witness is entirely denied. Those conclusions are never questioned. This is a particular concern for people with psychosocial disabilities and autistic people, with an interviewed investigating officer doubting their capacity to understand what happened to them. In addition, no recognised mechanisms exist to assess and provide specific procedural accommodations so the person can have the support needed to testify. The exclusion of the victim often leads to serious consequences for their case and their ability to seek justice. It’s concerning that the ability of the victim is questioned, but there is no support available to provide to ensure they can be part of their legal case.

„If the person lacks witness capacity, we just cannot interrogate them as a witness.” – Investigating officer, Bulgaria

„If a person lacks witness capacity, the most probable scenario is, the case becoming terminated or discontinued. I repeat, if, by any of the remaining methods, we are able to prove who the perpetrator is, the criminal act will be sent to the Court room. As a whole, the witness capacity, in fact – the lack thereof, is a problem. That is so, because we cannot obtain first-hand information from the victim about what exactly happened, and even if we succeed in proving that through use of any of the reaming methods, it is not a lost cause.” – Investigating officer, Bulgaria

"It goes as far as one forensic expertise for witness capacity and that's it. If the woman is a victim of gender-based violence, no court will consider her testimony if there aren't any other witnesses, because it all depends on the forensic expertise. There are no trained professionals to support both the court and the woman, in a proceeding where she is a victim of gender-based violence, so that the court can hear her arguments, understand them, interpret them, validate them, there are none. We rely mainly on psychiatric expertise, which often says that the witness does not have the capacity to testify." – *Manager of social services, Bulgaria*

„Autistic children have no witness capacity, we cannot work with them." – *Investigating officer, Bulgaria*

„That actually, is the medical approach applied concerning persons with disabilities, and in the end – operative procedures call for gathering first, and then making assumptions whether that is useful or not. You almost always are able to determine their capacity, and you are supposed to determine it based on what they tell you. If what was said is relatively the same, there's no way that the same people observed different events and having the same perceptions. If there is such type of repetitiveness though, there's no doubt that, things happened exactly that way" – *Specialists from IAPDSSD, Bulgaria*

In a case in Slovakia, an autistic woman with intellectual disability was beaten by employees who also told other residents to beat her. She was regularly restrained, locked up in an isolation room every night for six weeks and tied six times with a straitjacket and her legs with a diaper. After a criminal complaint, the victim was evaluated by an expert who cast doubt on her capacity and credibility to share experiences and the case was dismissed. This is a stark example of the barriers which can exist, even when women with disabilities come forward and report violence.

Victims in Bulgaria have the right of compensation, but if they are under legal guardianship,

they are not permitted to independently file for compensation.

Lack of procedural adaptations and accessible information

Both victims and specialists interviewed reported the **lack of reasonable adaptations in the judicial system** for people with disabilities, as well as a lack of understanding and provision for their needs, which can seriously compromise the ability of victims with disabilities to testify and to be heard in criminal proceedings.

„I'm going to say it this way – if it's about foreigners – we appoint an interpreter with the relevant language, if it's a person with impaired hearing, we appoint an interpreter for the hearing impaired, and if it's someone with Down syndrome, retardation, oligophrenia, autism, we try the neighbours, we try to contact the victim's relatives or close ones, acquaintances, friends, neighbours, who could tell us about the condition of the person in question. And when this can't be done, this is when we appoint a psychologist or a psychiatrist, who is to tell us whether they could assist us in some way; to tell us whether the person is responsive or not, whether anything of what they say is comprehensible or not, since – there's people, that they just can't. As we spoke about severe autism, them telling you about what happened to them, and if not – a witness, who is a complete stranger, him telling us about what happened to the victim. […]." – *Investigating officer, Bulgaria*

"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." – *Disability Organisation, Portugal*

" […]. And there are no procedural accommodations regarding the fair trial. There are no trained people to support the person during the legal proceedings." – *Manager of social services, Bulgaria*

Accessible information was generally not available, including details about their legal cases and processes. This includes medical procedures they might have to do in cases of sexual abuse cases, potentially exposing victims to retraumatisation due to not understanding and providing informed consent to the procedures.

Some adaptations to provide accessible information were shared, such as using interpreters, interpretation dictionaries, allowing devices such as laptops to provide alternative and augmentative communication, simplifying language or the creation of accessible documents or other formats (as Easy-Read guides or videos) to explain the legal context and processes, but it is reported that most are not being used to explained people's rights and legal processes. The lack of available and accessible resources was also highlighted as a barrier to identifying boundary violations.

"But I think it's the lack of information anyway. I think in many cases they are not even sure if they are victims of abuse here." – Special education teacher and researcher, Hungary
„They didn't ask me to testify […] „They didn't explain anything to me. […] They asked me very briefly how I know him […] and that was all. They wanted more information from the staff than they did from me. When I called [the police] the second time one of the police officers said to me: "Well you call him and then you complain." […] Every time I filed a report against him, they [the police officers] went to the ladies in the office and not to me. As if they are the ones who know what happened, not I. They have called me in the office. However, they [the staff] have spoken instead of me. And all I do is listening […], they didn't ask me „is this true?" – Woman with disability, Bulgaria

„Nobody paid any attention to us. The psychologists just took [child's name] from me. They held a meeting for about an hour, an hour and a half. […]" – Parent of a child with disabilities, Bulgaria

"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." – Disability Organisation, Portugal

"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." – Victim Support Service, Portugal

In Slovakia, the law presumes the availability of accessible information, but it is usually provided only in writing through standardised leaflets, independently of the person's specific needs and easy-to-read formats are not available.

Victims in Portugal did not know the law, their rights, or where to go for support, again highlighting the absence of adequate accessible information. Additionally, public awareness campaigns in Portugal on violence remain inaccessible and fail to reach people with disabilities.

"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." – Woman with psychosocial disability, Portugal.

Getting to know the legal context, such as the audience room, was mentioned as important by professionals in Portugal, but uncommon in practice.

"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." – Victim Support Service, Portugal

Another concern was the **communication barriers** between victims with disabilities and the

judicial system. One reasonable adaptation mentioned to support communication was having an intermediary to support communication between the victim and the judicial system, such as a family member or a person already working with the person with disabilities. However, professionals highlighted that this intermediary can sometimes be the abuser, in the case of family or institution workers.

In Hungary, there was a lack of access to essential communication tools, such as laptops and internet connection, and that typing or using the phone might be inaccessible for many people with disabilities.

In Portugal, professionals also mentioned that the traditional forms of reporting, such as going to the police station or calling a helpline, may not be sufficient for victims with disabilities, some with communication difficulties. The Accompanied Adult Law[27] allows the provision of an intermediary for supporting decision-making, which ensures the possibility of removal of the person selected if they are the abuser. However, some professionals had some concerns with the lack of effective training of justice professionals on the law and lack of good functional practices to identify the cases of abuse. It can also be difficult to find people available to assume the role of companion, which can often fall temporarily to disability organisations and victim support services.

One solution would be to provide an intermediary, such as an impartial governmental social worker, trained in trauma-informed and disability-friendly support, to work with people with disabilities who need to access the judicial system or the creation of multidisciplinary teams to assess the needs and support victims with disabilities. Interrogations can often last too long and be retraumatising without appropriate support. In Portugal, victim support workers are allowed to accompany the victim when making future memory depositions, but this support should be more comprehensive for people with disabilities.

[27] Law number 49/2018, of August 14, Accompanied Adult Law, Portugal.

“They have the most limited access to legal aid and justice. Because this is related to their condition and the illness they have. […] their witness capacity is very often examined by psychiatric. That is to say, they do not participate fully in the subsequent stages of the criminal process [...]. This is the place to say that intermediary would be very valuable in the contacts of victims with disabilities with investigating authorities, with law enforcement authorities.” – Manager of NGO providing services to victims, Bulgaria

"[…] their witness capacity is very often examined by psychiatric. That is to say, they do not participate fully in the subsequent stages of the criminal process [...]. This is the place to say that intermediary would be very valuable in the contacts of victims with disabilities with investigating authorities, with law enforcement authorities." Manager of NGO, Bulgaria
“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 (...).” – Victim Support Service, Portugal

“The only reason I’m not cursing the police is, well, because it’s a structural problem. This is a structural problem. And if children are interviewed with psychologists, then in some cases I think that at least disabled people should be interviewed with a social worker or a psychologist too, so that there is no harm done. At least disabled people [emphasises this part]. I’m not even talking about the fact that if there was a girl who had been raped and there was the same officer [who interviewed me] (...), this might even result in the girl committing suicide.” – Woman with a psychosocial disability, Lithuania

In Lithuania, there are no specific safeguards, regulation and detailed provisions concerning people with specific disabilities, only general provisions for statutory representatives, such as legal guardians.

In Bulgaria, it was reported that interrogations were too long and without adequate accommodations provided. Some of other accommodations mentioned are also simple changes, such as giving time to recover and process information. None of the interviewed

professionals mentioned tools that are adapted to persons with psychosocial and intellectual disabilities to explain to them their rights or to report violence against perpetrators. In general, there was very little or no knowledge on reasonable accommodations, with an interviewed judge only aware of legal aid as one.

"The interrogations are too many, they last long, they are exhausting. [...] Victims are retraumatised, they're psychologically traumatised, they're anxious, they're restless before the interrogation, it affects their sleep, their whole psychological and emotional world. Interrogations are associated with a lot of vegetative experiences, with sweating and blushing, trembling of the hands, breaking of the fingers, and blocking. With an exaggerated traumatic memory, the mind tries to preserve itself and the best way to preserve is to block out. Very often I have been present at such interrogations – the interrogator is not sensitive and thinks that the victim tries to hide the truth." – Manager of NGO providing services to victims, Bulgaria

Some more structured support, such as requesting future memory depositions, a right provided in Portugal, should also be provided, to reduce emotional impact, preserve memory, and prevent secondary victimisation.

Access to specialised services for victims of gender-based violence

Most victims interviewed were **not provided with or were even denied access to gender-based violence services**, with many not being offered psychological support, even during their psychiatric hospitalisations. Accessing support services was even more difficult if the victim was institutionalised. There is no or limited information for both people with disabilities and professionals working with them on what services are available, and how to access them.

„I don't know what services are available. Are there existing ones at all? I know that there is

one, what is it called... dispensary, but it is only available in Sofia [name of the medical institution].“ – Woman with disability, Bulgaria

“And maybe that mechanism works to some extent, that the police transfer you to that specialised complex service centre, they talk to you for at least 10 minutes and ask you about how you feel. I re-member it now as if it was yesterday, it was so strange to me that they called and said, „Well, yes, this might be very difficult to prove, but you still have the right to do this or that“. I think that perhaps it is the most valuable thing that we have in our country, it is those specialised complex support centres, which I have seen to be available in almost every town.” – Woman with a psychosocial disability, Lithuania

Except for one exception of an underage girl who was taken to a shelter for victim of human trafficking, none of the women interviewed in Bulgaria were offered psychological or psychotherapeutic support, underlining the lack of appropriate psychological support, especially for victims of violence with psychosocial disabilities. This was even harder to access if residing in an institution, with a woman being refused psychological support by her institution.

„No, even if there was a [psychologist] I haven’t [been told about that], it was really scary there, there were really tough cases. They were worse than I was. It was very scary.” – Woman with disability, Bulgaria

„She [staff member] said: “Find a psychologist yourself.“ […] No, nobody offered me anything […] because I got to a point where I would cry in me sleep. I made a phone call, it was in the winter at seven o’clock. I told her, “nurse, I cry in my sleep, I need help” [the nurse replied]: „Well, if you keep crying like that, then you need a psychiatrist not a psychologist.“ – Woman with disability who lived in an institution, Bulgaria

Most countries had **little or no specialised services** available with some professionals identifying some services provided by non-profit organisations (NGOs), which were very

strained for capacity.

Victims with disabilities in Portugal saw positively the existence of specific support, such as NGO providing legal, social or psychological support, or shelters, but also identified a lack of financial and human resources and psychosocial responses, which prevented organisations to fully provide the support victims with disabilities need. There was an insufficient availability of support services and adequate social responses, with some interviewed professionals saying it was difficult to identify appropriate responses in the community.

"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]." – Woman with psychosocial disability, Portugal

"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." – Woman with psychosocial disability, Portugal

Professionals felt it was very **difficult to identify appropriate responses in the community and their availability**, such as in schools and social services. Domestic violence shelters had no or limited accessibility, with one case in Hungary where the entrance of a refugee woman with disabilities was denied, based on the fact they could not provide adaptations and specialised support, including interpreter and a psychiatrist. Finding alternatives or temporary placements is extremely difficult too. None of the countries reported having a unified electronic referral system with information on available services to help identify and direct victims to the most appropriate services available.

"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." – Lawyer, Portugal

In Portugal, disability organisations identified a **lack of disability training and information in victim support services**, as well as a lack of accessibility and technical knowledge on disability, while women with disabilities also felt a lack of empathy in their contact with victim support services. Some professionals defended the need for differentiated responses temporarily, but it was not seen as the ideal scenario.

"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." Woman with psychosocial disability, Portugal
"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 (…)." Disability Organisation, Portugal
"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." – Disability Organisation, Portugal

Professionals in Bulgaria identified the lack of sufficient services for victims of violence, especially services tailored for people with disabilities. Professionals mentioned that comprehensive training and victim support services were more common in large urban areas, with less or no availability in rural areas of the country. Professionals working in large cities with more support services encountered more cases of women with disabilities

reporting violence, which shows the invisibility of women with disabilities in rural areas without services capable of identifying violence, diminishing their capacity to report due to isolation.

„We have approximately 700 persons per annum in our practice, who come for legal consultation and maybe approximately 15 % of said persons, be it elderly, adults, minors, are persons with disabilities, who've been victims of abuse […]" – Lawyer specialised in gender-based violence, Bulgaria

„Institutions in the meaning of conventional, State-owned, municipal – no. However, whenever we talk about social services providers – then, yes". […] So, we, more often than not, call our colleagues from various social services facilities and search according to their programmes at the time, their teams, their abilities, how to refer a particular person thereat, in order to receive support, which will continue long-term as well." Lawyer, Bulgaria
"No, there are no specialised [services] for people who have disabilities. And that's a very big problem because when a victim with disability needs to go to crisis centre, the first thing we get asked by the staff there is how is she mentally and physically, is there any diagnosis? If there is a diagnosis, they cannot be placed in a crisis centre, because in the crisis centre, there are women and children who are victims of violence who do not have disabilities [...]. There is nowhere for them to be placed." NGO worker providing services to victims, Bulgaria
"What I miss as a professional who supports people with disabilities is the legal side of the things. I'm not competent and I don't have any lawyers at hand that I can go to, to interpret the actual situation for me." – Manager of NGO providing services for victims, Bulgaria

Some professionals argued that the lack of appropriate services also led to people developing disabilities.

"I have clients, cases that I've worked with, that unlocked psychoses. Bipolar affective disorder as a result of the trauma they experienced. They were diagnosed." – NGO Psychologist, Bulgaria

"Here again, we are talking about a woman who has a mixed diagnosis - bipolar disorder and schizophrenia. [These developed] as a result of the trauma inflicted in childhood. Because when we examine a family history and past illnesses, in many cases they are not found. That is, we have no familial predisposition." – NGO Psychologist, Bulgaria

Specialised NGOs were identified in certain regions of Slovakia providing assistance, but they are not consistently available across the country. It was found that support services are non-existent where secluded institutions are typically located, outside of large cities. According to existing plans, informants with disabilities should be moved to community-based settings. Also, there was some hesitancy from paramedics to respond to situations involving people with mental disabilities who are institutionalised, with some even deeming urgent cases calls as trivial.

"Our police officers' behavior is okay, yes, but sometimes we have problems with the paramedics. It depends on who comes and who doesn't come and then they say, you call us because of "stupid thing" and there may be a more urgent case somewhere, but for us it's urgent cases because it's already a threat to life and health." – Social worker, Slovakia

The lack of community-based services results in prolonged stays in temporary accommodations and short-term services, which are not prepared to provide long-term support, especially to victims with additional needs.

"[...] for two years this person should have been in service for victims of trafficking. [...] With us, there is nowhere for them to go and we are starting to operate now as a service for children with disabilities rather than an emergency admission for people who have had an accident, which is both inefficient and wrong, you know our services fulfil their purpose at one point" – Manager of NGO providing services for victims, Bulgaria

More concerningly is the fact in Bulgaria, Hungary, Slovakia and Portugal, the absence of

these community services is leaving institutionalisation and guardianship of victims with disabilities as the only available option, both adults and children with disabilities, in residential and psychiatric institutions. Perpetrators often suffer no consequences, with instead the victim having to move to a new city, hide from their abuser or being institutionalised.

"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." – *Woman with autism spectrum disorder, Portugal*

"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." – *Woman with psychosocial disability, Portugal*

"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." – *Woman with psychosocial disability, Portugal*

To avoid the overstay in short-time services or institutionalisation of victims with disabilities, accessible housing solutions should be included in the psychosocial responses available.
"(...) 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." – *Woman with psychosocial disability, Portugal*

“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.” – Woman with psychosocial disability, Portugal

Coordination and cooperation of services

A general complained from professionals across countries was a lack of coordination and a clear mechanism between different institutions and service providers, especially when the victim is an adult, such as mental health, social care, victim support services, police, prosecutors, and courts. The lack of public information about available services and difficulties in finding vacancies were also identified as barriers to ensuring that victims receive timely support. A better online system for cooperation between entities with information on available services and how to access them can be crucial in providing timely support and avoid further institutionalisation.

The law in Hungary recognises the right to provide specialist support to victims, but it does not regulate who is responsible for developing those services and networks.
In Bulgaria, professionals found a lack of coordination between authorities and no adopted coordination mechanism, washed-down responsibilities, a huge workload for employees and professional burnout, and a limitation of powers to act.

Victims in Lithuania had to repeat their stories over and over again due to the lack of cooperation between services and there was no multidisciplinary team to deal more effectively with their cases across services. Professionals in Bulgaria also identified a lack of coordination between different institutions and service providers when the victim is an adult. In Portugal, it was reported a lack of coordination between organisations in terms of support services and there was a lack of publicity of available services, such as emergency numbers for Deaf people.

“I hope that now everything has changed. It didn't help. (...) Maybe that intersectoral collaboration was needed with the police and with the psychologist, with psychologists and all healthcare institutions. I don't know, for it to be some kind of a team.” – Woman with a psychosocial disability, Lithuania

„With juveniles there, things are somehow much clearer and regulated [...] there is a coordination mechanism [...] there is an inter-institutional approach and the steps taken are acted upon [...]. We are following a common work plan. We have meetings which are minuted. This is not the case with adults, however. There the coordination is much more difficult, much more complicated. The involvement of the Social Assistance Directorates is minimal […].” – Manager of NGO providing services to victims, Bulgaria

During interviews, a **gap in awareness and understanding of the roles of external monitoring bodies** were identified, including between professionals themselves, potentially decreasing the capacity to provide support and advise to people with disabilities victims of violence. Persons with disabilities in Slovakia are not generally aware of the role of the ombudsperson office and other monitoring bodies and reporting mechanisms, such as the commissioner for persons with disabilities. This shows a lack of accessible information on their role for justice-seeking in the community and a need for more engagement between these entities and the community of persons with disabilities, as well as more accessible education on their work and how to access them. Professionals in Slovakia who had contact with the ombudspersons office, criticised it as inefficient and slow to respond.

“[interviewer] Do you have any experience with other state authorities that you think might be able to help you when a resident is in a situation where they are a victim of a crime, or do you suspect that’s a situation where you might be able to turn to? Or has anyone already helped you?”
Employee: “No, not yet ... “ – Institution worker, Slovakia

”[interviewer ask if they heard of the Office of the Commissioner for the Rights of People

with Disabilities and the Commissioner] Just now.“ – Woman with psychosocial disability, Slovakia

Lack of disaggregated disability data

Most countries also do not currently disaggregate data on gender-based violence by disability or other intersectional identities that might impact victims access to reporting and support. In Portugal, only recently information on disability was included in official data collection on victims of violence, but it is not disaggregated by disability type or activity limitation.

“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.” – Criminal Police Body, Portugal

Violence against children and child protection measures

There were some specificities in processes and needs of children with disabilities different from adults. Partners struggled to find children with disabilities to interview, so most of the feedback was provided by women with disabilities who experienced violence during childhood and professionals working with children with disabilities. Professionals believed that children with disabilities, especially for those under residential care, struggle to recognise instances of violence and face multiple barriers to report them. Professionals were not aware of cases of children with disabilities self-reporting experiences of abuse with reports coming generally from third parties.

Adults who suffered violence during childhood and youth in Portugal did not report the situations due to not recognising it as violence.

"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]." – *Woman with autism spectrum disorder, Portugal*

In Bulgaria, the procedural actions were not always consistent and adapted to the needs of the child with disabilities. If the child was a victim of abuse in a family environment, the signs thereof are usually noticed and reported. However, reports do not always happen, as some services may avoid reporting abuse to authorities to prevent conflicts with parents, whom they wish to retain as clients. When a report about a case of violence against children in services facilities was filed, professionals said that the auditing body does not inform them of the outcome. Children with disabilities victim of domestic violence were normally institutionalised.

"and I was explaining to them [the police officers], that they are in fact mothers, however they are not mothers of children with disabilities and that if the medical examination [gynecological] isn't conducted under anesthesia, it will do her more harm than good.[...] They were trying to make [child's name] lie on the table where the examination had to take place. Ten people were not enough to hold her still. And I was crying and explaining that it's not working because she is autistic […]. You can't make her lie on the medical table simply because she is afraid (…) It was really scary, it was truly horrible." – *Woman with disability living in an institution, Bulgaria*

Some interviewed professionals in Bulgaria define enforcement measures, such as **restraint** of children with disabilities as form of violence and found them very controversial.

„I remember the big scandal, which became known to the society, about the tied babies in the Sliven Hospital. It was then, when a good number of organisations actually pointed out

that, no one has the right to tie the babies down, even if it's for the purpose to protect them from self-harm or in order to avoid them removing their catheter or system." – Ombudsman's Office expert, Bulgaria

„[Violence is] part of their everyday life and they seem to fail to notice that." – Child protective officer, Bulgaria

Some families in Portugal were described as extremely vulnerable, requiring **training and capacity building**. The opinion was that sometimes the only available solution for children was institutionalisation, but that continuous contact of the child with their families should be ensured and the child should be heard and their wants listened to.

"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." – Children support servisse, Portugal

"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." – Government entity, Portugal

Professionals felt there was a lack of training on risk intervention and children with disabilities, especially in mental health care and how to respond to their needs, including education for families.

"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 (…)." – Government entity,

Portugal

"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." – Children support services, Portugal

One case of **procedural accommodations** was identified in Bulgaria, due to the support of a NGO provider of services for victims of services from the beginning of the legal process, where testimonies were provided in the presence of the victim's therapist, the hearing was conducted in an environment familiar to the child and breaks were provided during testimony. Unfortunately, barriers were still existent in this case, with one of the interrogations lasting around seven hours without breaks and the child often not understanding the questions but feeling too ashamed to admit it.

"Well, they [the police investigators] asked me if understand and I said "yes" because I was embarrassed to say "no." […] I was very nervous. […] I was not going to say anything" [if her therapist was not with her during the interrogations]." – Child with a disability who experienced human trafficking, Bulgaria

The criminal justice system was found to be unprepared and untrained to support children with disabilities as victims and highlighted the difficulty in obtaining evidence on children up to the age of 6, which needs specific procedures.

"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." – Healthcare professional, Portugal

Communication is a specific concern with children with disabilities and difficulties in how to support children to provide testimony can lead to the inability to fully provide legal assistance

and support.

„In cases of autistic children, if no parent is around to explain and tell the story, we wouldn't be able to understand, since we are profiled in general terms, in the most general case with people in normal condition or in normal condition brought to a helpless state. Whether they have been rendered by someone, or did it themselves, we'll be able to communicate with them, however, in the event of autistic children, I know that, it depends on which side of the autistic spectrum the child is at, in what stage of development the child is in: some can speak, some can make noises/sounds, some are completely non-verbal, in such cases, those children would hardly understand that a crime was caused, if a person, a teacher, a lecturer, does not report that […]" – *Investigating officer, Bulgaria*

The child protection signalling system to report violence was mentioned by several interview participants in Hungary as an important tool, although with some space for improvement of the tool.

Slovakia's professionals often found a lack of comprehensive and specialised support in the coordination with police and child protection services.

Child protection authorities were described as inefficient, underfunded and suffering from a serious **shortage of labour and staff turnover**, and often do not have enough information, personnel and time to properly fulfil their tasks. Professionals also often felt undervalued, which might impact their permanence in these types of work. Considering the lack of capacity and training, there is no possibility to solve gaps on a systemic level.

"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." – *Children support service, Portugal*

In Portugal, professionals found **difficult to identify appropriate responses in the community**, such as schools with adequate resources for children. Schools should increase teacher training on preventing victimisation and have clear procedures on how to respond to a report.

"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." – *Victim Support Service, Portugal*

"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, Portugal*

Cooperation between the different authorities, such as mental health services, social care, legal, victim support services and others, can also become complicated due to uncertainty about responsibilities between different branches and there have been positive and negative experiences with different entities. Procedures to deal with violence against children with disabilities should be better communicated and monitoring improved.

The situation of the victims during COVID-19 restrictions

As it was reported across Europe, several deaths of institutionalised persons with disabilities could have been prevented, such as shown in the report from the ombudsperson in Hungary. Deinstitutionalisation should've been prioritised, but partners in all countries described an increase in isolation in institutions.

During the pandemic, professionals agreed that violence against women and children increased, sometimes being a trigger for perpetrators, including when living in institutions. COVID-19 brought serious and rapid alterations to procedures in institutions, with many becoming closed to outsiders and limiting a lot of normal activities. New rules were suddenly introduced in Hungarian institutions and were often confusing for residents, such as rules on visitations and medical procedures required during the pandemic.

"During the lockdown, you know everyone was locked up, locked down and isolated. This was very much the case for people with disabilities because they are by predisposition much more vulnerable than others [...]. The fact that they were isolated put them at greater risk of violence. I'm not just talking about service staff and care staff, but also about violence between the persons with disabilities." – Worker of an NGO providing services to victims, Bulgaria

„[…] Since when forcibly put in a confined place, people, who already have an issue, have that issue worsen, it becomes more serious and if there was an implication for abuse, it actually escalated in actual violence, and when abuse already was present, it become unbearable. It was very hard working during those times, since we had days, where the offices didn't work at all." – Lawyer, Bulgaria

In Hungary, there were attempts in several institutions for residents to stay in touch with their

families but overcrowding and labour shortage created additional danger for the residents.

"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." – *Victim Support Service, Portugal*

The lockdown and isolation of people with increased dependency on institutions and staff and **limited external oversight and reporting opportunities** even more than before, considering a lot of complaints are done by third parties in Portugal. It was particularly hard to detect violence due to even higher levels of isolation of people with disabilities in comparison with general population, decreasing opportunities to report situations of violence. Available systems to recognise violence, such as schools, which are part of the child protection signalling system in Hungary, were compromised due to their move online. This led to less ability for third parties to signal and report abuse.

"it became much worse and even harder to detect anything" – *Professional, Hungary*

Lockdowns in Bulgaria, caused social and psychiatric services to be close to outsiders and activities to be limited. Legal hearings were also delayed during the pandemic. The pandemic measures implemented, such as lockdown, also had a detrimental effect on children with disabilities' mental health, but no services to provide support in this area were mentioned. However, no change occurred in the activities of the investigative bodies. Since it is not required by law for applications to be filed in person, the lockdown measures have not been a barrier. Interrogations were carried out as a video conference, although it is not a preferred option.

„Yes, and the regime is closed off. There is no going out, you stay between four walls, it is stuffy, you see the same people and the hospitalisation lasts at least three weeks. That is the minimum, but they kept me there longer." – *Women with disability about psychiatric care, Bulgaria*

“Outsiders, including relatives, were not allowed. [...] there was no visiting regime.” – Manager of social services, Bulgaria

For persons with disabilities who lived autonomously, the lockdown caused a breakdown of personal and professional relationships in Hungary. Persons with disabilities living independently struggled with finding personal assistants and feared being institutionalised. In Bulgaria and Lithuania, there are limited services for victims of gender-based violence, but even fewer were available during the pandemic or they were moved online. Online services are not always accessible for people with disabilities and are inappropriate for cases of domestic violence where the abuser lives in the same household.

"During Covid, they closed the social services [...]. We went online [...]. Services should not be closed because they are the only conduits of entitlements, they should be safe and secure, but there cannot be an order from the Minister that they must cease to operate. There must be the possibility for people to have access to means of communication [...].” – Manager of social services, Bulgaria

Good practices

Most of the identified promising practices are isolated cases and are not widely implemented in the countries but show some positive advances in the area of violence against women and children with disabilities.

For people with disabilities

The development of programs focused on empowering people with disabilities, promoting self-advocacy, and fostering peer support—along with training on violence, sexuality, and relationships—can help individuals with disabilities understand their experiences of violence

and prevent future incidents.

In Hungary, professionals identified the connection to the community and a supportive network as an important protective factor, and the role of community services, the power of peer support and the importance of connecting and interacting with the local community, such as having a job or attending church. This creates safe spaces and connection with third parties that can help support the person with disabilities understanding their experiences and reporting them.

In Bulgaria, the work of NGOs was emphasised for their good coordination and work providing services of gender-based-violence protection, with representatives more frequently in contact with victims with disabilities and more likely to find ways to help, including through crisis centres. The presence of such services seems to be a protective factor against institutionalisation, with areas without these services available being replaced for psychiatric hospitals or residential facilities.

Disability organisations in Portugal identified the empowerment of persons with disabilities, self-advocacy and peer support as promising practices.

Judicial system

Positive experiences in Portugal were related to empathy demonstrated by the judicial system professionals, by providing flexibility in hearing victims, allowing time for their stories, and making an effort to understand and acknowledge their experiences of violence, related behaviours, and mental health challenges.

“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." – *Victim Support Service, Portugal*

Legal professionals in Portugal suggested the creation of **new mechanisms for presenting complaints**, providing specific accomodations, such as communication support and unified online systems between entities.

"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 (...)." – *Ministry of Justice, Portugal*

In Slovakia a project was developed for the **individual assessment and to address victim's needs** by the police, but there were no specific guidelines for people with psychosocial and intellectual disabilities. Slovakia reported conditional access to free legal aid, so free legal aid should be provided to ensure women and children in more financial vulnerable situations, such as institutionalised women with disabilities can access it. It was also identified as a promising practice the provision of accessible materials, including videos, with visual and auditory accessibility, so all persons with disabilities can understand information and services effectively.

Considering one of the main difficulties encountered by people with disabilities wanting to access to the judicial system was communication issues, one of the good practices identified was **providing an intermediary** so the person can be accompanied to court or when making statements. Some NGO projects in Bulgaria were dedicated to the introduction of protocols for working with intermediaries, as well as training programs, while in Portugal victims with disabilities can be accompanied by a victim support worker to testify or to go to court. Portugal's Accompanied Adults Law provides this right, but professionals highlighted the need to ensure mechanisms to prevent the intermediary to be the abuser, and it was

suggested the creation of multidisciplinary teams to assess the individual's context and needs, to understand who can ensure their well-being and support their decision-making as intermediary. The development and provision of accessible information and resources, including videos and other formats were seen as essential.

"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." – *Lawyer, Portugal*

"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]." – *Public Prosecutor, Portugal*

An NGO that provided legal assistance in Hungary developed specific guidelines for working with clients with disabilities, and their lawyers are required to participate in trainings, including in easy-to-read and plain language communication. A judge also recommended the use of "special treatment" proactively if the victim has a disability, a special provision in Hungarian law.[28]

Bulgarian professionals identified isolated cases of promising practices, such as provision of legal aids, assessing the support needs of people with disabilities during court proceedings, hold court hearings in an environment familiar to the victim, and specialised court chambers for children's case.

[28] Special conditions provided to victims with vulnerable characteristics, according to Act XC of 2017 on the Code of Criminal Procedure. Section 82 (b), Hungary.

Mental health support

In terms of mental health support, some victims reported differences between the public and private system, with the latter providing more time, attention and effort to support them. However, the private system is not always accessible due to cost. Considering the complains of overmedication, it's important the provision of adequate trauma-sensitive and disability-friendly psychological support to victims to address their experiences of violence.

"I was very satisfied with a private doctor, unlike in the public sector, which just seems to combine a lot of things. But here [in the private sector] we went deeper, and we didn't talk just for 5 minutes, but for several hours, I did various tests, we talked about my childhood. This was one such occasion. And the other one was also a few years ago, where it also helped much more and pre-scribed better medicines. So, these are really very positive experiences in the private sector. (...) And I remember that [at the psychiatric hospital] there was more of a "drug party" that they tried to prescribe various medications to me, then others (…). Then the second time around, when I was (...) there in a unit that I would never go to again (...). These were very unpleasant experiences, and I also don't remember that they would have helped in any way." – Woman with a psychosocial disability, Lithuania

"But, perhaps, there is such a situation that they listen and you think, well, maybe the person is tired from work, I am really empathetic, I understand that maybe they are tired or it's just very difficult to be a psychologist, to withdraw from all those emotions (...). And I got the impression that when the help is free of charge, it is not always qualified and sometimes it is just oriented to tick boxes. (...) All those times when I got it for free, I felt this kind of, I don't know, maybe vagueness, and trying to finish the consultation as soon as possible, not to ask too many questions. Because when I then went privately a couple of times a week, (...) I invested and I was very lucky to get a really good psychotherapist." – Woman with a psychosocial disability, Lithuania

"If talking about this, about professionalism and about the fact that they delve deeper into

your emotions and teach you some new things, namely psychotherapists, then of course that it is much better in the private sector. (…) Of course, the public sector really lacks psychotherapeutic services. And it's actually very difficult because you have to pay [money]. Let's say I need a psychotherapist now, then I pay 45 euros for one session. So, if I want to go once a week, it's a lot of money for me and then automatically – you can't afford it that much. Then you go less frequently, as much as you can afford. But, for the state ser-vices, it's always, (...), well, it is very necessary (...) to really have more professionals in the public sector, and to provide help, and to be even more specialised. Because when someone comes for help with eating disorders or when there is experience of violence (...) as the main problem, another professional might automatically look at it in a completely different way. Well, it's very difficult and you can feel the difference very much. Then you either don't get the needed services at all or you go private." – *Woman with a psycho-social disability, Lithuania*

Children with disabilities

The development of specific training on how to work with children and young people with disabilities to develop and implement a risk management strategy was identified as a promising practice. A project by the National Commission for the Promotion and Protection of Children and Youth in Portugal, intends to help organisations working with children and young people to develop and implement a risk management strategy.[29]

Hungary identified positive developments as the implementation of the Barnhaus model on a national level, a special arrangement for questioning children as well as good cooperation with national human rights institutions. The child protection signalling system in Hungary was also a positive implementation. If a victim of domestic violence is identified by the police, or by a member of the child protection signalling system, the victim is directed to the National Crisis Management and Information Telephone Service (OKIT, a non-stop available,

[29] Selo Protetor Project, National Commission for the Promotion and Protection of Children and Youth (2018).

free of charge helpline), which is responsible for risk assessment, and in case of emergency and coordinates the placement of victims in protected accommodations.

Comprehensive training of professionals

Specialised training for authorities in cooperation with disability organisations regarding domestic violence, human rights and how to intervene with people with disabilities were identified in Portugal. In Bulgaria, training for social workers where victims of gender-based violence shared their experience and where they learned how to recognise signs of violence were mentioned as a positive development, as well as a National Institute of Justice training on the rights of people with disabilities.

Cooperation between entities

An appropriate and effective collaboration between entities, such as police, child protection officers, NGOs, and gender-based services are needed. Bulgaria identified their National Coordination Mechanism in case of Violence against Children as a good practice, that encouraged coordinated actions from various governmental and NGO representatives. This entity encouraged coordinated actions from various government and non-governmental organisation representatives. The child protection signalling system in Hungary mentioned above was also seen as a positive practice of cooperation between entities to flag children with disabilities victims of violence.

Monitoring of closed institutions, deinstitutionalisation and community services

The appropriate monitoring and targeted inspections in closed institutions can lead to the identification and reporting of cases of violence, which would ideally lead to a process of deinstitutionalisation being initiated and appropriate community-based support services put in place, as it was identified in one case in Hungary. Community-based support should be comprehensive, with financial support, psychological support and legal assistance available

for victims, as well as redress. These services are specifically important since connection to community and supportive networks, as well as programs for peer-support, were identified as protective factors to prevent violence against women and girls with disabilities.

In Bulgaria, an expert had high hopes in the recently adopted Regulation on the Quality of the Social Services and the mechanisms to monitor institutions.

„Since, if we have internal and external supervision, we'll monitor the whole service in a way that will allow for violence detection improvement, thus, improvement of attitude and awareness of the people working under various types of violence cases." – *Ombudsperson's office expert, Bulgaria.*

05

CONCLUSIONS

CONCLUSIONS

People with disabilities in Europe, especially women and people living in institutions, continue to face a wide range of different types of violence and barriers to reporting and receiving victim support.

In the interviews for the five national reports in this projects, cases of different types of violence were identified, such as deprivation of privacy, physical violence, sexual violence, psychological violence, domestic violence, financial violence, neglect, human trafficking for sexual exploitation, forced prostitution, coercion and exploitation into illegal drugs overmedication, reproductive rights violations, and others. However, some of the professionals did not encountered cases of violence against people with disabilities, highlighting the lack of reporting and paths to seek support.

Women with disabilities found difficult to **recognise violence** against themselves, especially when they were children, with many only realising what they went through when someone helped them understand their experiences. Accessible training, education and resources on recognising violence and how to report it, in different formats, for people with disabilities, is crucial to ensure more victims of violence come forward, including for children with disabilities, but mainly absent. Women with disabilities face a double disadvantage through the **normalisation of violence against women** in society and inaccessibility, ableism and stereotypes regarding their disabilities. Intersectionality is an important factor in facing additional barriers to access support for people with disabilities experiencing violence, especially regarding ethnicity, ageism, and sexual orientation.

As many women in general, domestic violence victims with disabilities also experienced **fear of their abuser** and shame and lack of self-esteem derived from the abuse. However, professionals reported **additional dependency**, isolation and overcontrol of people with disabilities, both in institutions and at home, which will make it even harder to report violence if their abuser is also their carer. In some cases, they can be their interpreters and rely on

them to communicate, decreasing possibilities to contact external support, or they are their legal guardian, who makes legal decisions on their life.

Accessible public awareness campaigns to prevent violence that target and cover the needs of women and children with disabilities, through different formats, simplified language (including Easy-Read guides) should be implemented, as well as accessible, comprehensive and empowering education on how to identify and report violence, healthy and abusive relationships, sexual and reproductive rights, and others. Peer-support programs are a promising practice to develop a community support network for women with disabilities.
Violence during institutionalisation was a common topic across every country, which brings specific challenges for people with disabilities facing violence. Women with disabilities and professionals experienced or were aware of instances of physical and sexual violence, segregation and restraint, negligence and numerous violations of reproductive rights.

Institution workers were seen as having a very crucial role as support system, since institutionalised people with disabilities are more isolated and have less contact with the community. When abuse is perpetuated by institution staff, people with disabilities are often dependent on their care and have less opportunities to report to people from outside of the institution, creating an important power dynamic. When reports of violence by a staff member were made to the institutions, some women with disability were threatened or ignored, and the violence was often concealed. The victims who complained were sometimes moved to another institution, and although there were some cases of firing of the perpetrators, there were no reports made to authorities. Professionals indicated that institution staff and management have low incentive to report violence to external organisations and authorities since it might create complicated legal situations and of accountability for the institution and themselves.
When the victims are institutionalised in mental health facilities and **psychiatric care**, reports of violence are common as well. Victims with disabilities mention their trauma and experiences of violence were not acknowledged or supported through psychological care, with the only treatment offered being medication. Professionals believe there is a lack of

training and cooperation between agencies, especially after hospital release and integration in the community. The lack of adequate mental health support and overmedication breaches UN CRPD article 25 on the rights to be provided with adequate healthcare.

Mandatory, regular and **comprehensive trainings** for professionals and institution staff members working with people on disabilities need to be implemented, especially on procedures on how to identify and report violence. Even though both interviewed women with disabilities and professionals were aware or experienced violence in institutions, there were no specific procedures to monitor violence in institutions by external monitoring organisations. Available monitoring is often through scheduled visits, giving the institution time to prepare, and there was no mention on procedures to interview residents on violence, especially residents with communication difficulties. Adequate and **regular monitoring procedures by external entities** should be developed to identify and report violence in institutions. If violence is proven to be systemic, including through forms of violence normally seen as “protection”, such as forced contraception and sterilisation, accountability and responsibility should be ensured from the perpetrators, the institution and its management. An accessible system to provide anonymous complaints against specific institutions and other accessible forms of reporting violence should be available, and the person reporting should be treated as a whistleblower, with full protection, especially if they are still receiving care in that facility. **Deinstitutionalisation** needs to be urgently prioritised by Member States, since data clearly shows an increase of people with disabilities being institutionalised. Victims with disabilities who experienced violence in institutions need to be provided with community-based services and deinstitutionalised, instead of just transferred to a different institution. These finds show an important breach of the UN CRPD article 19 on living independently and being included in the community and General comment No. 5, that defines the right to live independently and have available a range of options of place of residence in the community. The violations on reproductive rights and motherhood reported by victims and professionals also breach UN CRPD article 23 on the right to have relationships, constitute family and retain their fertility on equal basis with others, and article 39 of the Istanbul Convention on the need to take legislative measures to criminalise forced

abortion and sterilisation.

The studied countries don't collect or publish data on the amount, type and details of cases of violence reported in institutions against people with disabilities, making it much harder to understand and act effectively to prevent, identify and report violence in closed institutions. It is especially important to develop EU-wide research on experiences of violence in institutions that investigates the amount, type, and outcomes, especially gender-based violence, such as violations of reproductive rights. As part of the monitoring of institutions, violence should be regularly assessed and procedures to interview residents without the possibility of intervention or retribution by the members of the institution that might be abusers. **Disaggregated data on all types of violence in institutions** should be collected and publicly published across the EU, including physical, psychological, financial and sexual violence, forced sterilisation and abortion, forced overmedication and use of birth control, restraint and seclusion, isolation, and the making of decisions on the person's body and life by third parties.

Victims with disabilities and professionals supporting them across most of the countries analysed, had negative experiences with **police authorities**, leading to a lack of trust in their ability to support victims with disabilities. Experiences with discrimination, victim-blaming and interrogation of victims with disabilities more than the perpetrator were shared. At least one victim and one professional were advised not to press charges.

All police officers should be provided with **mandatory trauma-sensitive disability training**, especially if provided in conjunction by victim with disabilities to increase their contact with this community to improve empathy towards their needs. The training should include guidelines on procedural adaptations for victims with disabilities, especially during questioning and telling their stories, specific forms of violence victims experience, and the rights of victims with disabilities according to national, EU and international treaties, such as the UN CRPD.

In most countries, it was shown several barriers to **access the legal system**. Accessible information about victims with disabilities rights, criminal proceedings and cases, as well as the lack of training and knowledge on accessible forms of communication, were both highlighted as limited or absent across countries.

Legal systems often assume person doesn't have capacity to testify but also don't provide any accommodation to ensure they do. It is concerning that the "witness capacity" of people with disabilities are often denied, making them unable to testify and be an active part of their own legal case, however, there are no procedural adaptations provided to ensure they are capable to do so. The legal system is aware of specific barriers, but instead of attempting to provide facilitators, they just outright refuse access to victims with disabilities, compromising their case and denying accountability for the violence they suffered.

This project clearly shows how substituted legal capacity and "witness capacity" procedures are impacting negatively the access to justice of people with disabilities, especially women and children. The absence of guidance and legislation that mandates the replacement of substituted for supported decision-making legal capacity laws is contrary to article 12 of the UN CRPD and Principle 1 of the UN International Principles and Guidelines on Access to Justice standards on how "All persons with disabilities have legal capacity and, therefore, no one shall be denied access to justice on the basis of disability". The lack of procedural accommodations also breaches Article 13 on Access to justice and Principle 3 "Persons with disabilities, including children with disabilities, have the right to appropriate procedural accommodations".

An assessment should be conducted to **assess the needs of the victim with disabilities**, and they should be provided with accessible forms of information, communication and additional support. Comprehensive guidelines and procedures to provide procedural adaptations need to be developed, with people with disabilities and organisations led by people with disabilities, to provide a basis to ensure people with disabilities can access justice. Accessible information and simplified language should be provided in different

formats about the victim with disabilities rights and criminal proceedings. Intermediaries and multidisciplinary teams should be available to assess and provide reasonable accommodations and support to the victim with disabilities throughout their legal cases. All people with disabilities should be able to access justice in equal ways as people without disabilities and independently of their “witness capacity”, which should be replaced instead for an assessment on procedural adaptations needed. If the victim with disabilities does not have the capacity to participate in their legal cases, that is a failure of providing support, not a failure of the victim. The legal system should also ensure victims with disabilities are able to access redress for the violence they endured.

Regarding **access to victim support services**, there was a general lack of available specialised services or general gender-based violence services with accessibility for women with disabilities. Some available services were reported to be ran by NGOs but were reported to be underfunded and with a lack of capacity and human resources. Some women were also denied access to gender-based violence. Professionals also reported difficulty identifying available services in their communities and finding placement for the victims with disabilities they work with. When victim support services were available, there was a lack of training and information on the needs and adaptations needed for victims with disabilities. The lack of community-based services creates an absence of options for women and children with disabilities victims of violence, with some countries reporting institutionalisation as the only option available. The lack of available accessible support services for victims with disabilities breach several articles of the Istanbul Convention on provision of support services and shelters that should available for all women.

It is particularly worrying that the victims with disabilities were the ones being deprived of freedom and decision-making abilities by being institutionalised and put under guardianship when reporting violence, due to the lack of accessible community-based services, while there was no accountability for their abuser. The lack of accessible and specialised community services is increasing institutionalisation of victims with disabilities, which might lead to revictimization through exposure to additional types of violence.

Funding for institutionalisation needs to be redirected to community-based services, with special provisions to avoid institutions retaining those funds and programs but instead prioritise disability-led organisations already developing and implementing these types of services. In Portugal for example, there are no continuous source of funding to develop long-term community-based services, leaving disability-led organisations with only the ability to run annual pilot programmes. Gender-based services should not be segregated, and it is important to guarantee that all general services are accessible and can access specialised support, such as personal assistance, instead of developing services only for people with disabilities. Domestic violence and trafficking shelters, helplines, online websites and resources should all be fully accessible for victims with disabilities and women victims of violence with children with disabilities. The 2024 Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding aimed to illustrate how to apply in practice the approaches promoted in the regulations governing EU funds.[30]

Although some positive improvements have been seen in the support system for **children with disabilities** victims of violence, many of the same problems found in preventing violence and finding support and legal aid were found. Child protection officers are often underfunded and overworked with no ability to improve gaps in a more systemic way. There were reported cases of institutions avoiding reporting violence from parents to not losing them as customers. Professionals report that institutionalisation can sometimes be the only available option, such as in Portugal, confirmed by the Concluding Observations from the Committee of the Rights of the Child in 2019 as well as in the CRC Hungary review, that expressed concern over the increasing number of children in institutional settings. Adequate coordination between entities to signal and intervene in cases of violence against children with disabilities are essential, including by schools, which can often be the first to raise concerns.

[30] Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding (2024).

COVID-19 pandemic and lockdowns impacted disproportionally people with disabilities, but there were not always appropriate requirements implemented to ensure their safety and closing down institutions were prioritised rather than deinstitutionalisation and placement in community settings. Considering most reports of violence were done by third parties, the move to services online led to less opportunities for reporting. In institutions, people with disabilities became even more isolated and dependent on institution staff during lockdowns, making it harder to detect violence and neglect. People with disabilities living in institutions were overrepresented in COVID-19 deaths and several cases of severe discrimination in access to healthcare were identified across Europe, including orders of no reanimation without consent, no priority for vaccination, and discriminatory triage procedures, such as prioritising the hospitalisation of people without underlying conditions.[31,32]

Considering the disproportional impact the COVID-19 pandemic had on people with disabilities, national plans for emergencies, including medical crisis, climate change, and others, need to have a mandatory plan specifically for people with disabilities, particularly including procedures for deinstitutionalisation, according to the UN CRPD article 11 on situations of risk and humanitarian emergencies and the Guidelines on deinstitutionalization, including in emergencies. All recovery funding should also have mandatory allocations for disability recovery efforts.

Disaggregated data on gender-based violence and disability, including on disability type, need to be implemented across the EU to support the development and tracking of evidence-based policies and legislation that can effectively support women and children with disabilities victims of violence.

The legal, political and social system of each country play a crucial role in preventing

[31] Inclusion Europe report. Neglect and discrimination. Multiplied: How Covid-19 affected the rights of people with intellectual disabilities and their families (2020).
[32] COVID-19 Disability Rights Monitor Report (2020)

violence against people with disabilities and providing access to justice and support, but the European Union has an important role to play in implementing policies and data collection across Member States that will require minimum standards and lead to progress in combating violence against women and children with disabilities.

The current **EU legislation** on gender-based violence still doesn't contemplate enough provisions to fully protect women and girls with disabilities, especially in institutions.
The findings in this project show that the **Victims' Rights Directive** provisions on disability are not yet fully implemented in the countries investigated, even though implementation was required until 2015. In Bulgaria, it should take precedence over conflicting national law, which is not being followed, and Lithuania has not fully transposed the directive. The lack of accessibility, especially of information and communication during criminal proceedings was a main concern and common problem observed. Not only special measures of protection were not mentioned, but in some countries, the only solution to women and children with disabilities victims of domestic violence was institutionalisation.

The Victims' Rights Directive is currently being reviewed with proposals to improve the initial directive, including on improvements to court assistance, reporting, and compensation. The European Disability Forum proposed amendments to include measures to reporting crimes in closed setting and institutions, a reference to procedural accommodation, disaggregation of victim's data by disability, and others.[33] However, negotiations are still ongoing at the time this report was published.

Even when legislation is available, there is a clear absence of adequate implementation of those requirements. Clear guidelines should be provided on how to fully implement EU legislation required to prevent and combat violence against women, including provisions on training that should be mandatory for police, legal authorities and other professionals working with people with disabilities. Member States are also not being held accountable for

[33] EDF Revision of the Victims' Rights Directive - Proposed amendments (2023).

the lack of adequate implementation of EU laws regarding victims with disabilities. External systems to monitor implementation progress and European discrimination complaints mechanisms should be available and fully accessible to people with disabilities, so Member States can be held accountable for the lack of implementation of EU legislation, potentially even through the cutting of funding.

The **Directive on combating violence against women** still requires implementation, but although it ensures accessibility to victim support services and important provisions, it still doesn't fully cover some of the violence documented in this project, especially regarding violence during institutionalisation and specific forms of violence experienced by victims with disabilities, such as forced sterilisation.

The Directive failed in addressing specific forms of violence against women with disabilities, such as forced sterilisation and the obligation of State Members to disaggregate gender-based violence data by disability. These provisions were not in the original Commission proposal, but suggested in later proposals, and removed by the Council of the EU during trilogue negotiations.[34] It also has no definition of the crime of rape based on a lack of clear consent, implementing the "no means no" instead of "yes means yes", which particularly impacts women with disabilities that might struggle with communication or that might not fully understand the abuse they are being subjected to. Although the directive invites State Members to ensure victims are treated in non-discriminatory ways, it doesn't make provisions to mandate that victims with disabilities are not institutionalised or immigrant or undocumented victims are not deported. This is also contrary to the Istanbul Convention, that mandates all women are treated equally independently of their intersectional identities, including disability, residence status, ethnicity, and others. The Directive also do not clarify what appropriate accommodation is and that the available support services must be community-based, maintaining the possibility for victims with disabilities to be institutionalised. Finally, although it includes a provision that individual assessment to

[34] European Disability Article. "EU shamefully fails to ban forced sterilisation" (2024).

identify victims' protection needs must be conducted, including on the grounds of intersectional discrimination, it only mentions them to provide protection measures, and procedural accomodations are not explicitly mandated.

In terms of placement in psychiatric institutions and forced treatment, the Council of Europe recently resumed work on the draft Additional Protocol to the Oviedo Convention that intends to regulate forced treatment and placement of persons with disabilities and mental health problems in mental healthcare. However, their proposal received a considerable amount of criticism since it would allow for the continued use of forced treatment and institutionalisation in psychiatric facilities. Disability-led organisations had continuously called out for the withdrawn of this proposal, due to the failure to comply with the UN CRPD and the EU commitment to deinstitutionalisation.[35] Considering the negative experiences of victims with disabilities with mental health institutions and the lack of adequate mental health support they received, this proposal will only exacerbate and increase those experiences.

The recently adopted 2024 Directives on Standards for Equality Bodies require the providing of accessibility to all Equality Bodies services and activities, including the effective communication with people with disabilities on their rights and how these services can support them, with provision of appropriate communication tools and formats as well as reasonable accommodations to access information and services.[36] Considering some victims with disabilities and professionals were not aware or knew how to contact external monitoring bodies, this is a positive step for victims with disabilities to report violence and receive support from these entities.

There is no current EU directive or provision to ensure the right to legal capacity in equal

[35] EDF (2025). Council of Europe must not support forced treatment and placement in mental healthcare.
[36] Council Directive (EU) 2024/1499 of 7 May 2024 on standards for equality bodies in the field of equal treatment between persons irrespective of their racial or ethnic origin, equal treatment in matters of employment and occupation between persons irrespective of their religion or belief, disability, age or sexual orientation, equal treatment between women and men in matters of social security and in the access to and supply of goods and services, and Directive (EU) 2024/1500 of the European Parliament and of the Council of 14 May 2024 on standards for equality bodies in the field of equal treatment and equal opportunities between women and men in matters of employment and occupation.

ways than people without disabilities, even though it is a fundamental right, and its deprivation leads to exploitation and abuse. Each Member State has their own legislation and policies and the 2024 EDF Human Rights Report[37], found that no EU Member State fully complies with article 12 of the CRPD, which guarantees legal capacity through equal recognition before the law. According to the report, 12 EU countries allow full deprivation of legal capacity, 9 permit partial removal of legal capacity, and 6 have nearly abolished any type of deprivation of legal capacity but still allow exceptions. Even though Portugal is one of the countries identified as having guardianship almost fully abolished, based on legislation, the national report in this project shows concerns with implementation of this right, which is still not being adequately provided.[38] This highlights the importance of adequate and comprehensive implementation and training of legal professionals, to ensure even if progresses are achieved in legislations and policies, it reflects practically in the effective provision of equal recognition before the law.

Importantly, throughout this report, it was seen a systematic and consistent breach of the UN Convention on the rights of persons with disabilities (UN CRPD), UN Convention on the Rights of the Child (UN CRC), the Istanbul Convention, EU legislation and several guidelines on disability inclusion, by Member States, services, institutions and others. Appropriate tracking of disability rights progress EU-wide and adequate accountability and consequences for the failure in improving conditions for people with disabilities in the EU and implementation of EU legislation should be developed.

The meaningful participation of people with disabilities is mandated through general comment no. 7 of the UN CRPD Article 4.3 and 33.3, but some of the barriers shown in this report are the same that impede people with disabilities to participate in political life. Funding and support for disability-led initiatives and projects and services led by women with disabilities on gender-based violence should be available. The European Disability Forum

[37] EDF Human Rights Report 2024 - Legal capacity: Personal choice and control (2024).
[38] See results of the EQUAL Project, that identified opportunities and challenges in the implementation of the Accompanied Adult Law, the Portuguese legal capacity legalisation.

recently launched the Third Manifesto on the rights of women and girls with disabilities, that includes several demands for changes in the EU, by women with disabilities.[39] Not only listening to the voices of women with disabilities, but ensuring they are leading the policies, strategies and support services of gender-based violence need to be one of the priorities of the EU and Member States to combat gender-based violence.

[39] Third EDF Manifesto on the Rights of Women and Girls with Disabilities (2024)

06

RECOMMENDATIONS

Importantly, throughout this report, it was seen a systematic and consistent breach of the UN Convention on the rights of persons with disabilities (UN CRPD), UN Convention on the Rights of the Child (UN CRC), the Istanbul Convention, EU legislation and several guidelines on disability inclusion, by Member States, services, institutions and others. Appropriate tracking of disability rights progress EU-wide and adequate accountability and consequences for the failure in improving conditions for people with disabilities in the EU and implementation of EU legislation should be developed.

For services

Develop accessible education and training on violence against people with disabilities: People with disabilities, especially victims of violence, should be actively involved or leading all types of disability trainings, to ensure they are provided in alignment and representative of the disability movement and their lived experiences. Accessible programs and education for people with disabilities on their rights, sex education, boundaries, consent and violence literacy, including on how to report violence and reporting mechanisms and monitoring bodies, such as the Ombudsperson should be developed, especially in partnership with people with disabilities.

Develop disability-inclusive mandatory training for services: All services and professionals working with people with disabilities, including mental health professionals, should be provided with mandatory disability-inclusive and trauma-informed training on the CRPD and human rights, barriers and needs of people with disabilities, recognition of different forms of violence and referral pathways to support.

Develop accessible victim support services: all services should strengthen their ability to adapt their support to victims with disabilities and develop appropriate guidelines of action. This includes guaranteeing placements in shelters for women and children with disabilities,

create accessible helplines for Deaf people, assess for reasonable accomodations needed, provide accessible online resources on how to access the services, and ensure all information on how to report violence and access support is published in accessible formats. All victim support workers should be provided with disability-inclusive training and access to specialised professionals and disability organisations should be worked on to ensure full support of the support workers to provide full accessibility to women and children with disabilities.

Raise awareness: Public awareness campaigns addressing how to recognise and report violence should be accessible and educate about gender-based violence against people with disabilities. Accessible information about the ombudsperson and monitoring bodies and other forms of reporting should be made to empower victims with disabilities to seek support and justice.

Implement comprehensive procedures of safeguarding in institutions against violence: In institutions, procedures and training should be provided to professionals to ensure they can recognize and report instances of violence, understand the appropriate actions to take once violence is identified, be aware of available reporting pathways and support services, and know how to assist victims with disabilities in accessing these resources. These procedures must establish multiple levels of safeguarding, with internal and external monitoring and safeguards by different professionals, to prevent violence from being concealed within institutions, including clear consequences for institutions if such situations are identified.

Implement protocols of cooperation between the justice sector, victim support services, and disability organisations: Procedures and an online platform for inter-agency coordination and information sharing between different services such as mental health, social, legal, NGOs and others should be developed to signal potential cases of violence, share data and provide improved and timely victim support. Clear information and referral pathways could then be easily accessible by all professionals working with the victims with

disabilities and services could be more quickly accessed.

For police and the legal justice and professionals

Implement accessible processes to report violence: Develop accessible and autonomous ways to report violence, ensuring that people with disabilities suffering violence from their guardians, family or institution can ask for help. Accessible online reporting platforms and campaigns to incentive reporting through community services, such as pharmacies and in healthcare appointments should be developed, so victims with disabilities with access to the most commonly used services in the community can report and reach authorities, and not have to rely on traditional reporting forms that might be inaccessible, such as going to a police station or call the police.

Improve access to justice and procedural accommodations: Develop appropriate procedures to assess and support people with disabilities to make a criminal report and recognise the role of chosen support in court and through the entire legal process. This should include assessing the reasonable accommodations needed for the person in consultation with them where possible and the provision of accessible information in different formats and procedural accommodations. A multidisciplinary team to assist legal professionals in assessing the needs of the person to prevent violence and mediate the process to ensure the victim with disabilities is being provided appropriate support would be crucial to prevent the nomination of the abuser as intermediary. The development of procedures to provide reasonable accommodations in court are part of ensuring that the person with a disability can testify and provide evidence. Access to reparations should also be accessible and provided to all victims with disabilities. Redress and compensation should be available and easily accessible by victims with disabilities.

Legal professionals and police authorities training: authorities should be provided with human rights training, information on procedural accommodations, on supported decision-making and the specific needs and barriers experienced by people with disabilities

accessing justice. Training should not only cover national legislation and procedures, but also international human right treaties, such as UN CRPD. Trainings should be provided and developed by people with disabilities or their representative organisations.

For our governments

Ensure meaningful inclusion of the voices of people with disabilities: People with disabilities should not only be included, but lead the development and improvement of services, policies, national strategies and legislation. The rights, needs, barriers and priorities of people with disabilities should be present in every national and EU policy and strategy.

Stop funding institutions, and implement deinstitutionalisation and supported decision-making: Institutionalising a victim of violence and placing them under guardianship leads to further victimisation and puts them in a position of more vulnerability to additional forms of violence. Appropriate services, with personal assistance, need to be provided to victims of violence, to prevent institutionalisation, and victims of violence in institutions need to trigger procedures of deinstitutionalisation instead of only being moved to another institution. These processes of deinstitutionalisation need to follow the CRPD Guidelines on deinstitutionalization, including in emergencies, which states the processes should be led by people with disabilities, and not those managing institutions. Victims should be provided with procedural accommodations to testify, instead of not being allowed to testify due to “witness capacity” procedures, which can have serious repercussions for their cases. Member States should not only implement legal capacity legislation based on supported decision-making and processes, that ensures safety from violence from the person providing support but also ensure these are implemented in practice. Member States should legally track and distinguish institutions and Organisations of People with Disabilities (OPDs), to ensure funding is not being provided to organisations and services that institutionalise persons with disabilities and that those are appropriately defunded, directing financial support to community-based services and OPDs.

Adequately fund specialised community-based services for victims of gender-based violence: Develop or increase funding for specialised disability-inclusive and trauma-informed community-services for mental health and social care. These services are crucial to avoid institutionalisation due to gender-based violence. This should include services provided by peers with disabilities such as peer-support groups or self-advocacy to empower the victim with disabilities. Governments should ensure that all gender-based violence support services are accessible to victims with disabilities, through disability specific funding, policies and strategies. Adequate long-term financial and human resources need to be ensured for disability-led organisations and victim support services that develop initiatives to support and advocate for victims with disabilities, including to pilot and implement community-based services to avoid hospitalisation and institutionalisation of victims with disabilities as a response to gender-based violence or violence in institutions.

Collect and publish disaggregated data on gender and disability: Develop and fund country-wide research and studies that highlight the testimonies of victims with disabilities, focusing on the unique challenges and needs of those experiencing domestic and gender-based violence. This research should explore ways to improve prevention, legal pathways, and support services, particularly for victims who are institutionalised and subjected to specific forms of violence, such as overmedication, forced sterilisation, and other abuses. Data should not only focus on prevalence but also examine factors such as the type of disability, the nature of the violence, the relationship between the victim and the perpetrator, the outcomes of reporting, the root causes, the consequences, and the costs of gender-based violence. It should also consider intersectional identities, including ethnicity, gender, sexual orientation, gender identity, and other relevant factors. Data on the experiences of people with disabilities in closed institutions, including on gender-based violence, should be regularly collected and published by external monitoring bodies.

Implement and improve monitoring mechanisms in institutions: External monitoring visits to institutions should be conducted regularly, without prior notice, and carried out by

supervisors who are trained to recognise violence and communicate with people with disabilities, including non-speaking individuals or people who struggle to communicate. More access to institutions should be given to external organisations and external reporting mechanisms for violence should be established, including mechanisms specifically for organisations of people with disabilities to reach people in institutions. In case of identification of cases of violence by and within institutions, appropriate mechanisms need to be in place to report perpetrators and accomplices and specific protection measures for victims should be immediately actioned so they do not have to depend on their abusers care. This would include the institution itself as perpetrator, if the violence is systemic, as to ensure accountability and justice.

Improving support for people with disabilities in emergencies and humanitarian crisis: All procedures for emergency responses and humanitarian crisis, including pandemic and health crisis should incorporate the rights, needs, barriers and priorities of people with disabilities. All funding and recovery support mechanisms should include specific and mandatory provisions to address the impact the crisis had on people with disabilities, and support deinstitutionalisation.

For the European Union

Improving EU policies and strategies

Fully implement the UN CRPD, Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), the Victims Directive and the Directive on combating violence against women across Europe. Create detailed and comprehensive guidelines on how Member States need to implement, monitor and improve the EU legislation related to prevent and combat violence against women with disabilities. External systems to monitor implementation progress of EU legislation in Members States and European discrimination complaints mechanisms should be available and fully accessible to people with disabilities. EU State Members should be held accountable for the

lack of progress and available services to prevent and combat violence against people with disabilities, especially women and children, including through the revision of EU funding. EU funding should have specific mandatory provisions for disability, to ensure adequate amount of funding is being used to improve the rights of people with disabilities across Europe.
Review the EU Directive on combating violence against women to include violence specifically experienced by women with disabilities, such as forced sterilisation.

The Council of Europe should drop their proposal of the draft additional protocol to the Oviedo Convention that supports forced treatment and psychiatric institutionalisation and develop proposals and guidelines aligned with the UN CRPD that promotes services, mental health treatment and placement in the community.

Set up a coordinating body to end violence against women and girls, under the umbrella of the European Commission's work on equality between women and men and ensure it contains a department specifically related to violence against women and girls with disabilities, to advise on policies and legislation related to violence against women and girls with disabilities.

Provide appropriate funding to disability-led organisations for community-based services. Some Member States are allowing institutions to receive funding intended to support to independent living, with NGOs of people with disabilities being excluded of access.
All EU funding for gender-based violence and for recovery in case of emergencies should have a fixed and immutable amount for disability inclusion, to guarantee funding for accessibility is being utilised to ensure the access of people with disabilities.