



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

101049690- DIS-CONNECTED

National Findings Report: LITHUANIA

DATE: 2023

PARTNER ORGANISATION: NGO Mental Health Perspectives (Psichikos sveikatos perspektyvos)



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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 Monitor¹ 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

¹ Dr. Ciara Siobhan Brennan, 'Disability Rights during the Pandemic: A Global Report on Findings of the COVID-19 Disability Rights Monitor' (2020) <<https://covid-drm.org/assets/documents/Disability-Rights-During-the-Pandemic-report-web.pdf>> accessed 1 December 2023.

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EXECUTIVE SUMMARY

About the Project

Gender-based violence and violence against women and children with disabilities in vulnerable situations are both overlooked and under-reported. The recent COVID-19 pandemic further exacerbated the levels of abuse taking place and highlighted the complete lack of adequate responses. DIS-CONNECTED: Disability-based Connected Facilities and Programmes for Prevention of Violence against Women and Children (101049690) is an EU co-funded project taking place in five countries: Bulgaria, Hungary, Lithuania, Portugal, and Slovakia. 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 intention is to help uphold their rights by providing public authorities and professionals with practice-based tools, training, and protocols.

Lithuanian Context

The situation of women and children with mental health conditions and disabilities who experience domestic violence in Lithuania is a complex issue. While the country has made significant strides in addressing domestic violence, not many provisions have so far been made to accommodate persons with disabilities. The intersection of gender-based violence and disability necessitates a more targeted and inclusive approach.

Some of the main challenges include a lack of comprehensive statistical data on the prevalence and types of violence faced by women and children with mental health conditions and disabilities, limited accessibility to support services, and gaps in professional training on recognising and addressing their individual needs.

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Stigma and societal misconceptions about disability, as well as about domestic violence, further compound the problem, leading to underreporting and lack of awareness. To address this issue effectively, it is imperative to develop a multifaceted and complex approach that includes accessible reporting mechanisms, routine inquiries about violence within mental health care and other services, collaboration with Specialised Complex Support Centres for victims of domestic violence, and comprehensive training for professionals in the fields of healthcare, social services, and legal support.

Research Questions

This national briefing paper seeks to respond to the following questions:

- 1) What monitoring mechanisms, processes and protocols are in place within mental health services in Lithuania to prevent and identify domestic violence and assist reporting, taking on an intersectionality perspective?
- 2) What support measures are in place to enable women and children with mental health conditions, psychosocial and/or intellectual disabilities to report domestic violence and access help, support, remedies and reparations, including to leave their situation of violence?

Key findings

The thematic analysis of data collected through semi-structured interviews with women with mental health conditions, psychosocial and/or intellectual disabilities, who experienced domestic violence either as children or adults (or both), and also received mental health services, resulted in six main themes, as follows:

1) An unrecognised violence; 2) Negative experiences following the reporting; 3) Encounters with professionals in childhood; 4) Mental health services and trauma; 5) Quality of services in public and private sectors; 6) Systemic problems and inter-sectoral collaboration.

Additionally, the analysis of data collected through focus groups and semi-structured interviews with mental health care staff, legal and other professionals resulted in five main themes, as follows:

1) Domestic violence unrecognised by survivors; 2) Specialised training among professionals; 3) Limited possibilities for support; 4) Continuity of support; 5) Bureaucratic, systemic problems and inter-sectoral collaboration.

Key recommendations

- **Community Education and Awareness:** More public awareness campaigns both by governmental institutions and NGOs are needed to educate the general public about various forms of gender-based violence (including domestic violence) experienced by women and children with mental health conditions, psychosocial and/or intellectual disabilities. Information dissemination through public events,

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social campaigns, workshops, seminars, and online resources can help reduce stigma and empower individuals to recognise and report instances of violence.

- **Specialised Complex Support Centres:** Whilst these support services for survivors of domestic violence are generally accepted as a very positive practice, not all professionals who support victims of domestic violence are aware of the referral procedure. Some are even unaware of the existence of these services. Visibility and wide dissemination of clear information about Specialised Complex Support Centres and their function is crucial.
- **Legal Protection:** It is vital to review and strengthen legal protection to address the specific vulnerabilities and individual needs of women and children with disabilities, as well as all the barriers they face. This includes clear provisions for the protection of their rights, ensuring accessible legal procedures, procedural accommodations, and addressing the intersection of gender-based violence and disability in legislation.
- **Coordination and Information Sharing:** It is important to create a platform for inter-agency coordination and information sharing. This would enable mental health, social care, legal, and other relevant professionals to collaborate effectively and share data on cases of domestic violence. Such coordination can help in providing a more comprehensive and timely response, as well as the needed complex services and support.
- **Support for Trauma-Informed Care:** It is recommended to incorporate trauma-informed care into mental health and social care practices. Professionals need training to understand the unique trauma experienced by individuals with mental health conditions and disabilities who have been victims-survivors of domestic

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violence. This should guide the development of more holistic, compassionate and effective support mechanisms.

- **Accessible Reporting Mechanisms:** Ensuring that reporting mechanisms for domestic violence are accessible to individuals with mental health conditions and various disabilities is crucial. Also, it is important to ensure that access to reparations is facilitated upon reporting.
- **Incorporate Survivor Perspectives:** It is vital to include survivors of domestic violence with mental health conditions and disabilities in policy development and decision-making processes to ensure that their voices are heard and their unique experiences are considered in shaping policies, services and all related mechanisms.
- **Monitoring and Evaluation:** It is recommended to implement a system for monitoring and evaluating the effectiveness of all measures taken to safeguard women and children with mental health conditions and disabilities from domestic violence. Regular independent assessments can help identify areas for improvement and adaptation.
- **Resource Allocation:** Adequate financial and human resources need to be ensured and regularly allocated to support all these initiatives, including training programmes for professionals in the health, social care, and justice sectors, awareness-raising campaigns, support services, and statistical data collection efforts.

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- **Statistical Data Collection:** Collecting statistical disaggregated data is essential for evidence-based policy-making and improvement of services. Accurate and comprehensive data would help policy-makers and government agencies in Lithuania to make informed decisions and allocate resources effectively to address domestic violence against women and children with mental health conditions and disabilities.

IT IS SOCIETY THAT
"DISABLES" PERSONS
WITH DISABILITIES
FROM EXERCISING
THEIR HUMAN RIGHTS
AS CITIZENS.

UNITED NATIONS, 2008

01

INTRODUCTION

INTRODUCTION

Women experience gender-based violence in any and all locations: in residential institutions, including psychiatric hospitals, within community-based services, in the community, including on the street and public transport, and in domestic settings. For women with disabilities, the risk of domestic violence specifically is at least three times higher than for those without a disability. The purpose of this research study is to find ways to identify and respond to domestic violence and help improve the systems and processes for prevention, reporting and responding to violence against women and children with mental health conditions, psychosocial and intellectual disabilities. Detecting and reporting domestic violence may take place in a completely different setting from where it had occurred. In-patient psychiatric facilities, as well as community-based services, and other healthcare and daycare facilities may be particularly important for the identification of domestic and gender-based violence.

In general, violence against women and children with disabilities is often overlooked, and in many cases, these violations are not recognised as crimes either by the authorities or the victims-survivors themselves. The intention of this exploratory study and the broader project is to foster knowledge and insights to help victims-survivors better understand what they have experienced, what it means, and what their rights are. Similarly aiming to help public authorities and service providers for women and children with mental health conditions, psychosocial and intellectual disabilities to better understand the extent and forms of violence taking place, and have the tools they need to prevent, detect, report and respond to violence, as well as provide effective support to those in need.



02

**RESEARCH AIMS AND
METHODOLOGY**

RESEARCH AIMS AND METHODOLOGY

This national briefing paper seeks to respond to the following questions:

- 1) What monitoring mechanisms, processes and protocols are in place within mental health services in Lithuania to prevent and identify domestic violence and assist reporting, taking on an intersectionality perspective?
- 2) What support measures are in place to enable women and children with mental health conditions, psychosocial and/or intellectual disabilities to report domestic violence and access help, support, remedies and reparations, including to leave their situation of violence?

The research design was based on a qualitative explorative methodology. Both quantitative and qualitative data drawn from a range of sources was used to ensure the richness and variety of data relating to policy, practices, and experiences. Also, in order to substantiate and triangulate findings and provide a strong basis for recommendations. It also provided the flexibility for application in all five partner countries and was tailored as necessary to the particular national context and the focus of the partner organisations in that country. Quantitative data was collected from existing data sets and sources, whereas qualitative data was collected through fieldwork including interviews and focus groups.

Research in Lithuania was conducted by NGO Mental Health Perspectives between July and December 2023.

Desk-based research reviewed national legislation, policy and guidance documents, statistics, and grey literature, reports by the courts, government bodies, NGOs, and others.

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In addition to the desk-based research and literature review, Freedom of Information Requests were sent to the State Guaranteed Legal Aid Service and State Children's Rights Protection and Adoption Service. During fieldwork, convenience sampling and snowball sampling methods were applied.

Ten semi-structured interviews were conducted with women with mental health conditions, psychosocial and intellectual disabilities, who also were survivors of domestic violence and users of mental health services. Nine of them took place online and one was conducted in-person (n=10). Women came from the two largest cities and two smaller towns in Lithuania. Their age ranged between 24 and 50 years (mean age=33.7). Most of them experienced domestic violence in their adult life, and seven of them also experienced domestic violence in childhood. The interviews lasted an average of 51.2 minutes.

Another five semi-structured interviews (with four females and one male participant) were conducted with various professionals: 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 (an NGO, accredited as a victims' support service for survivors of domestic violence). Four of them took place online and one was conducted in-person (n=5). These professionals came from three different cities and towns. Their age was between 31 and 59 (mean age=43.8). The interviews lasted an average of 38 minutes.

Two in-person focus groups were conducted in a psychiatric hospital and a psychiatric unit in a general hospital in two cities. The focus groups lasted for 62 and 59 minutes respectively. One of them was attended by five and the other one by ten professionals, all females (n=15). The following professionals were represented: psychiatrists, psychologists, nurses, social

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workers, an occupational therapist and art therapist. Their mean age was 43.13 years, and years of professional experience ranged between three and 42 (median=20).

Analysis of the collected data was conducted following the completion of the fieldwork and using reflexive Thematic Analysis with the aid of MAXQDA software.

Ethical considerations

Informed consent: all research participants were fully informed about the study and their participation in it and signed informed consent forms.

Confidentiality: All members of the research team signed Confidentiality Agreements before starting to work on this research study. All information collected during the fieldwork has been kept confidential. Participants were informed about how their information will be used and who will have access to it. Audio recordings were made of all interviews and focus groups, and subsequently transcribed verbatim and anonymised.

Safety: Research participants who have experienced abuse and violence may be at risk of further harm. Researchers have taken steps to ensure that participants were safe during their participation: by ensuring and protecting the participants' complete privacy, including whilst choosing the time and place for interviews, as well as being aware of this during online meetings; interviewing only one woman per household; and having short debriefing process, talking through with the participants about how they feel after the interview, as well as during the interview, if and when it was needed.

Respect: Research participants were treated with respect and dignity throughout the

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research process. Researchers avoided asking insensitive questions or questions that could cause distress. Research participants were empowered to make decisions about their participation in this research study and how much or little they chose to share with the research team.

Limitations

This research study emphasises the participation of women and children with mental health conditions and disabilities who have experienced domestic violence. There have been multiple obstacles in identifying individuals who were able and willing to participate, as well as obstacles to their effective participation. In that sense this study is not based on a representative sample of participants but has depended on and been shaped by individuals who were willing to share their stories. Hence, the study findings may not be generalised and may not cover all experiences, and this may present some limitations in the findings and conclusions.

03

**LEGAL AND POLICY
FRAMEWORK**

3.1 Legal and policy obligations

3.1.1. Transposition of the international legal framework

In 2010, Lithuania ratified the **United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)**.² This Convention acknowledges the intersectionality of disability and gender. Lithuania as a party to the Convention is obliged to implement measures within its legal system to safeguard the rights of women with disabilities, including cases of domestic violence.

In 2016, the **United Nations Committee on the Rights of Persons with Disabilities** acting under the provisions of this Convention issued recommendations to Lithuania regarding its application.³ These suggestions included the need for Lithuania to enhance protection for individuals with disabilities against violence, exploitation, and abuse, with a particular focus on women and girls with disabilities.

Specifically, the recommendation No. 35 stated that the State party should do so: "as recommended by the Committee on the Elimination of Discrimination against Women,⁴ by establishing universal and

² Committee on the Rights of Persons with Disabilities, 'Combined Second and Third Periodic Reports Submitted by Lithuania under Article 35 of the Convention, Due in 2020' (2022) CRPD/C/LTU/2-3 <<https://docstore.ohchr.org/Self-Services/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhssZC9ptKX1BBEFvI4q2fNHaiifND4Blc-ESZelWz%2FqsvMmW6sJjgXWnNHY%2FI%2BW8GLbOxg6tZ4OyvcmPKqI1qvdONGlFKoHcyWgu5I0CiQIjr>> accessed 1 December 2023.

³ Committee on the Rights of Persons with Disabilities, 'Final Remarks on the Initial Report of Lithuania' (2016) CRPD/C/LTU/CO/1 <https://socmin.lrv.lt/uploads/socmin/documents/files/pdf/11136_neigaliuju-teisiu-komiteto-rekomendacijos-lietuvai.pdf> accessed 1 December 2023.

⁴ ⁴ Committee on the Elimination of Discrimination against Women, 'Concluding Observations of the Committee on the Elimination of Discrimination against Women: Lithuania' (2008) CEDAW/C/LTU/CO/4 <<https://www2.ohchr.org/english/bodices/cedaw/docs/co/CEDAW-C-LTU-CO-4.pdf>> accessed 1 December 2023.

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accessible victim assistance services, including hotlines, shelters, reporting and complaint mechanisms; raise awareness and train police, health professionals, social workers, etc. on how to support disabled victims of violence”.

In the same year, the Minister of Social Security and Labor approved a plan of measures for the implementation of the recommendations for 2016 – 2020.⁵ However, measures to address recommendation No. 35 were not included in this plan. Later, in 2023, with the revised version of the Law on Protection from Domestic Violence coming into force,⁶ processes to address the needs and barriers of survivors of domestic violence with disabilities have started and these developments are currently ongoing.

The United Nations Convention on the Elimination of All Forms of Discrimination Against Women and General Recommendations entered into force in Lithuania in 1995.⁷ The Committee, operating under the Convention, has consistently provided Lithuania with recommendations concerning domestic violence and in 2019⁸ urged Lithuania to take specific actions, including expediting the alignment of legislation aimed at combatting gender-based violence against women with the provisions of the **Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence**,⁹ also known as the **Istanbul Convention**, which Lithuania signed in 2013 but has

⁵ Įsakymas dėl Jungtinių Tautų Neįgaliųjų teisių komiteto rekomendacijų įgyvendinimo 2016–2020 metų priemonių plano patvirtinimo [Order on the approval of the 2016-2020 action plan for the implementation of the recommendations of the United Nations Committee on the Rights of Persons with Disabilities] 2016.

⁶ Lietuvos Respublikos apsaugos nuo smurto artimoje aplinkoje įstatymas [Law of the Republic of Lithuania on Protection Against Domestic Violence] 2023 (XI-1425).

⁷ Permanent Mission of Lithuania to the United Nations in New York, ‘Lithuanian Nominee for UN Committee on the Elimination of Discrimination against Women’ <<https://www.urm.lt/missionny/en/news/dalia-leinarte-lithuanian-nominee-for-un-committee-on-the-elimination-of-discrimination-against-women-#:~:text=Lithuania%20ratified%20the%20UN%20Convention,a%20term%20of%20four%20years.>> accessed 1 December 2023.

⁸ Ministry of Social Security and Labour of the Republic of Lithuania, ‘CEDAW Atskaitomybės Mechanizmas [CEDAW Accountability Mechanism]’ <<https://socmin.lrv.lt/lt/veiklos-sritys/moteru-ir-vyru-lygybe/lyciu-lygybe-ir-tarptautine-erdve/cedaw-atskaitomybes-mechanizmas>> accessed 1 December 2023.

⁹ Council of Europe Convention on preventing and combating violence against women and domestic violence 2011 (Council of Europe Treaty Series- No 210).

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not yet ratified over concerns it might not be in line with country's Constitution.¹⁰ Another important recommendation was for Lithuania to prioritise criminal cases concerning domestic violence over conciliation or mediation and include this information in the upcoming periodic report.

Furthermore, the Committee emphasised the need to monitor and evaluate the response of judicial authorities, prosecutors, and the police in cases of gender-based violence, encompassing sexual violence and domestic violence. This monitoring should include mandatory capacity building for judges, prosecutors, police officers, and other law enforcement officials, focusing on the strict application of criminal law provisions regarding violence against women to effectively prosecute and punish perpetrators of all forms of gender-based violence, while simultaneously strengthening gender-sensitive investigative procedures.

To better protect women victims-survivors of gender-based violence, including women with mental health conditions, intellectual and/or psychosocial disabilities, the Committee advised Lithuania to remove the requirement for a pre-trial investigation before the police can apply restrictive and protective measures.

Lastly, the Committee encouraged Lithuania to allocate more funding to specialised centres for female victims of violence to enhance their effectiveness and to increase the number of Specialised Complex Support Centres (see Section 3.1.2. for more details) in rural areas.

¹⁰ LRT.lt, 'Lithuanian Parliament Turns to Constitutional Court over Istanbul Convention' <<https://www.lrt.lt/en/news-in-english/19/2087686/lithuanian-parliament-turns-to-constitutional-court-over-istanbul-convention>> accessed 1 December 2023. Law on Protection against Domestic Violence of the Republic of Lithuania 2011.

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These measures aim to address and combat domestic violence effectively and safeguard the rights of all women. It is important to note that some of these recommendations have been addressed in the new version of the **Law on Protection from Domestic Violence**. New amendments and revisions came into force on 1st July 2023.¹¹

Lithuania has partially implemented the **European Union's Victims' Rights Directive**.¹² However, in 2020, when the European Commission adopted a report on the implementation of the Victims' Rights Directive, Lithuania was highlighted as a State that has not completely transposed this Directive.¹³ Lithuania has primarily focused on introducing legal provisions aimed at empowering victims in criminal proceedings. Changes to the Code of Criminal Procedure covered various rights for victims, such as the right to report incidents in their native language or with interpretation services, the right to receive updates on the progress of criminal proceedings involving them, the right to have a chosen person to accompany them during police interviews and court hearings, the right to be informed about the suspect's release from detention, and the right to compensation.

Specific rules for interviewing children were also introduced. However, the amendments to the Code of Criminal Procedure did not include any provisions explicitly addressing disability or the rights of persons with disabilities.¹⁴ In response to the Victims' Rights Directive, the prosecutor general of Lithuania introduced a 'letter of rights' for victims. However, this document fails to meet the EU Directive's requirements for being 'easy to read' and 'easy to

¹¹ Law on Protection against Domestic Violence of the Republic of Lithuania 2011.

¹² Lietuvos Respublikos baudžiamojo proceso kodekso 8, 9, 28, 43, 44, 128, 185, 186, 188, 214, 239, 272, 275, 276, 280, 283, 308 straipsnių ir priedo pakeitimo ir Kodekso papildymo 27-1, 36-2, 56-1, 186-1 straipsniais įstatymas [Amendment of Articles 8, 9, 28, 43, 44, 128, 185, 186, 188, 214, 239, 272, 275, 276, 280, 283, 308 of the Code of Criminal Procedure of the Republic of Lithuania and the Annex and Supplement to the Code 27-1, 36 -Articles 2, 56-1, 186-1 of the law] 2015 (XII-2194).

¹³ European Commission, 'EU Strategy on Victims' Rights (2020-2025)' (2020) COM(2020) 258 <<https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX%3A52020DC0258>> accessed 1 December 2023.

¹⁴ Prosecutor's Office of the Republic of Lithuania, 'Victim's Rights' <<https://prokuraturos.lt/lt/visuomenei/victims-rights/7337>> accessed 1 December 2023.

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understand' as it is formulated in a very complex legal language, making it difficult for individuals without a legal background to comprehend.

Concerning the United Nations **International Principles and Guidelines on Access to Justice for Persons with Disabilities**,¹⁵ there are no specific regulations in Lithuania concerning people with specific types of disabilities, such as psychosocial and/or intellectual disabilities, as victims of crime. Only general provisions exist for statutory representatives, like guardians, who may participate in all stages of the proceedings on behalf of a minor or 'incapacitated' individual, unless it conflicts with their best interests or prejudices the criminal proceedings. In cases where the guardian's actions are against the victim's best interests, another representative can be appointed by the prosecutor. While support persons can be appointed as statutory representatives, the provision of individualised support in decision-making is still in the early stages and not fully effective in Lithuania.

Contrary to obligations under UN CRPD to ensure supported decision-making mechanisms, the **Code of Criminal Procedure**¹⁶ allows family members or close relatives to participate as statutory representatives for individuals who are not legally deemed 'incapacitated' but are unable to exercise their rights effectively due to age, disability, health condition, or other serious reasons. Ideally, the statutory representative should participate in the proceedings alongside the victim to ensure effective communication between the victim and the authorities. However, the role of the statutory representative is not clearly defined, and in practice, they may act in the name and absence of the victim. Law enforcement officers tend

¹⁵ Special Rapporteur on the rights of persons with disabilities, 'International Principles and Guidelines on Access to Justice for Persons with Disabilities' (2023) <https://www.ohchr.org/sites/default/files/Documents/Issues/Disability/SR_Disability/GoodPractices/Access-to-Justice-EN.pdf> accessed 1 December 2023.

¹⁶ Lietuvos Respublikos baudžiamojo proceso kodekso patvirtinimo, įsigaliojimo ir įgyvendinimo įstatymas. Baudžiamojo proceso kodeksas [Law on the Approval, Entry into Force and Implementation of the Code of Criminal Procedure of the Republic of Lithuania. Criminal Procedure Code] 2023 (IX-785).

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to communicate directly with the statutory representative, even if they accompany the victim, leading to potential challenges in ensuring effective communication and mutual understanding during the proceedings.

As for the rights of the child, Lithuania ratified the United Nations Convention on the Rights of the Child in 1995.¹⁷

3.1.2. National legislation and policies on gender-based violence

General criminal laws

Article 140 of the **Criminal Code of the Republic of Lithuania**¹⁸ addresses physical harm or minor health disturbances caused to a person. The law outlines different punishments based on the relationship between the perpetrator and the victim. Additionally, Lithuanian law provides assistance financing for victims of criminal acts, ensuring equal rights for everyone regardless of their gender, disability, race, or nationality.

The Criminal Code does not explicitly define domestic violence as a separate criminal act. Instead, violence, regardless of its occurrence in a 'close environment', or not, is generally subject to criminal liability and not all forms of domestic violence recognised in international and national laws are directly covered in the Criminal Code. Only certain criminal acts against family members or close relatives, like murder, grievous bodily harm, and causing physical pain, are specified as qualifying characteristics in the Criminal Code. The concept

¹⁷ Ministry of Social Security and Labour of the Republic of Lithuania, 'Conventions' (15 July 2020) <<https://socmin.lrv.lt/en/activities/family-and-children/protection-of-children-rights/conventions>> accessed 10 July 2023.

¹⁸ Lietuvos Respublikos baudžiamojo kodekso patvirtinimo ir įsigaliojimo įstatymas. Baudžiamasis kodeksas [Law on the Approval and Entry into Force of the Criminal Code of the Republic of Lithuania. The Criminal Code] 2000 (VIII-1968).

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of family members and close relatives includes parents, children, siblings, grandparents, and grandchildren. However, the definition does not formally include former intimate partners, creating inconsistency with the **Law on Protection from Domestic Violence** (see the subsection below).¹⁹

Psychological and economic violence is not explicitly established as a separate form of domestic violence in the Criminal Code. Instead, certain manifestations of psychological violence, such as threats, terrorising, defamation are treated as separate offenses.

The Criminal Code uses gender-neutral concepts and definitions for criminal offenses. While this approach maintains objectivity, it may not fully address the specific nature and specificities of gender-based violence.

The **Code of Criminal Procedure of the Republic of Lithuania**²⁰ provides certain rights and protective measures for victims of domestic violence, including persons with disabilities. While the Code contains some specific provisions for more vulnerable victims, such as those with disabilities, it generally lacks detailed provisions tailored specifically to them. Also, it must be noted that in general, the concept of ‘vulnerability’ or that of a ‘vulnerable situation’ is not at all defined in Lithuanian legal acts.

A crucial aspect is Article 362 of this Code, which addresses the victim's specific protection needs based on personal characteristics, the nature of the crime, or the circumstances of its commission. Law enforcement must conduct individual victim assessments, but more detailed regulations are needed, particularly for persons with disabilities who have

¹⁹ Law on Protection Against Domestic Violence.

²⁰ Criminal Procedure Code.

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experienced domestic violence, and especially in cases where the abuser may have been their carer.

The right to free legal aid is available to persons with severe disabilities or those recognised as 'unemployable' or receiving an older-age pension with 'significant individual needs'. However, the effectiveness of state-guaranteed legal aid may be compromised due to various shortcomings, such as the limited availability of skilled lawyers and a lack of technological resources for remote assistance.

Article 53 of the Code allows family members to represent the victim in certain cases. Nevertheless, issues arise when the legal representative may also be the abuser, potentially harming the victim's interests. Clearer guidelines are necessary to address this situation. Concerning interviews, Article 185 allows victims in cases of domestic violence to request interviews by a same-sex officer, but this provision is not mandatory.

Law on Protection from Domestic Violence

The **Law on Protection from Domestic Violence**²¹ defines violence perpetrated in a 'close environment', often affecting women disproportionately more often than men. It focuses on the rights of individuals experiencing domestic violence and outlines measures for prevention, specialised support, assistance, and protection. The principles guiding these actions include cooperation, participation, comprehensiveness, equality, adaptability, accessibility, ensuring the best interests of victims, and confidentiality.

²¹ Law on Protection Against Domestic Violence.

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The main institutions and bodies responsible for implementing these laws that have specific roles and responsibilities are the following: the Ministry of Social Security and Labor, Ministry of Education, Science and Sports, Ministry of Health, Ministry of the Interior, Ministry of Justice, Lithuanian Probation Service, Lithuanian Prisons Service, Police, National Court Administration, General Prosecutor's Office, and State Data Agency. Together, these institutions are to manage the provision of services, organise training, collect statistical data, and ensure the enforcement of protection orders. The State Data Agency is responsible for coordinating statistical information on domestic violence and publishing it on the Official Statistics Portal.

According to the Statistics Department, at least one in four women in Lithuania experience some form of physical or sexual violence. Moreover, the vast majority (almost 90%) of persons who experienced psychological, physical, or sexual violence from an intimate partner are women.²²

Municipal administrations are responsible for organising domestic violence prevention measures and collaborating with non-governmental organisations to implement prevention programs and provide assistance to those at risk or who have experienced violence. They exchange information with Specialised Complex Support Centres and the State Children's Rights Protection and Adoption Service on professionals' training and services offered to victims. The mayor of any given municipality or director of the municipal administration authorised by the mayor oversees social services for individuals at risk of violence and ensures the quality of services.

²² Official Statistics Portal, 'Gyventojų Saugumo Statistinio Tyrimo Rezultatai [Results of the Statistical Survey of Population Security]' <<https://osp.stat.gov.lt/informaciniai-pranesimai?eventId=270749#>> accessed 1 December 2023.

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Article 10 of the **Law on Protection from Domestic Violence**²³ addresses the rights of persons at risk of domestic violence or persons who have experienced violence, including receiving information about support providers, protection orders, and arrest details. It ensures that persons at risk of domestic violence have the right to receive specialised complex support and social services. Also, they can be heard directly or through a representative, avoid meeting their abuser in law enforcement premises, and appeal decisions regarding protection orders. These rights apply regardless of whether they reported the violence themselves.

In general, the first redaction of the **Law on Protection from Domestic Violence**²⁴ in 2011, was the first-ever legislation that directly addressed domestic violence in the country. It emphasises that domestic violence is of societal significance, that it is a public and not a private matter, and that it is a violation of human rights and freedoms. The law was amended in 2022 and the changes took effect from 1st July 2023.

The new edition of this law recognises that women are affected by domestic violence disproportionately more often than others and emphasises the need to tailor services to their specific needs.

It also introduces the principle of adaptability of services to consider individual needs, equal opportunities, and the discriminatory situation of women in cases of domestic violence. Whilst this new version hints at the gender aspect, in the report published in 2023 by the **Office of the Equal Opportunities Ombudsman**, it is concluded that new legislation does not fully recognise such violence against women as gender-based violence specifically.²⁵

²³ Law on Protection Against Domestic Violence.

²⁴ *ibid.*

²⁵ Office of the Equal Opportunities Ombudsman, 'Moterų Su Negalia Apsauga Nuo Smurto Artimoje Aplinkoje: Lietuvos Ir Tarptautinės Teisės Analizė [Protection of Women with Disabilities from Domestic Violence: Analysis of Lithuanian and International Law]' (2023) Nr. (22)NA-2)-1 <https://lygybe.lt/wp-content/uploads/2023/05/moteru_su_negalia_apsauga_nuo_smurto_artimoje_aplinkoje-1.pdf> accessed 1 December 2023.

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The law defines domestic violence as ‘intentional physical, mental, sexual, economic, or other actions that cause physical, material, or non-pecuniary harm’. It criminalises domestic violence and aims to provide protection, support and assistance to victims. The law introduces the concept of a person at risk of domestic violence, not just someone who has already experienced violence, and it allows for pre-trial investigation without the victim needing to necessarily file a complaint themselves.

Most importantly, the new law outlines temporary protective measures for victims, such as ordering the abuser to move out of the residence or prohibiting contact with the victim for up to 15 days. The new protection order has been introduced in the new version of the law, providing protection for those at risk of domestic violence, including psychological violence and other forms of abuse.

Specialised Complex Support Centres (SPCs) provide assistance to victims of domestic violence, offering psychological, legal, and other aid.²⁶ The law requires SPCs to consider the individual needs of persons with disabilities when providing support. It also emphasises inter-institutional collaboration to ensure timely and effective assistance to victims of domestic violence.

²⁶ The Police Department under the Ministry of the Interior of the Republic of Lithuania, ‘Specializuotos Pagalbos Centrai [Specialised Complex Support Centres]’ <<https://policija.lrv.lt/lt/veiklos-sritys/viesosios-tvarkos-ir-gyventoju-saugumo-uztikrinimas/smurtas-artimoje-aplinkoje/kur-kreiptis-patyrus-smurta/specializuotos-pagalbos-centrai>> accessed 1 December 2023.

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Measures for addressing disability- and gender-based violence in mental health and social care services

As of 30th July 2021, there are **specific guidelines that address sexual violence and how mental health care services** should respond to it.²⁷ These guidelines focus on providing personal healthcare services to female individuals who may have experienced sexual violence. It defines healthcare institutions as responsible for conducting examinations related to sexual violence, outlines the entire investigation process, and specifies the subsequent steps for providing assistance to victims. Additionally, professionals are required to inform women who have experienced sexual violence about the services available in Specialised Complex Support Centres and provide them with contact information for these centres.

It is generally agreed that the mechanisms for addressing **institutional violence** in social and mental health care institutions are not well-defined. While internal procedures and codes of ethics mention a zero-tolerance policy for violence, they lack specific details on how to address institutional violence. Additional attention is given to the prevention of financial exploitation of persons with disabilities living in social care institutions. However, the description of institutional violence is not specific enough and lacks regulation, and reporting of such incidents can be complicated for the victims due to the power imbalance. Further instructions and better uniform regulation across the country are needed on how to handle

²⁷ Dėl Asmens sveikatos priežiūros paslaugų teikimo galimai seksualinį smurtą patyrusiems moteriškosios lyties asmenims aprašo patvirtinimo [Regarding the provision of personal health care services to women who may have experienced sexual violence, a description of the approval] 2021 (V-1765).

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and report violent incidents involving employees in such facilities.^{28 29} Also, those living in social care institutions are not covered by the Law on Protection from Domestic Violence, since such residential institutions are not legally acknowledged as their 'close environment' which otherwise would be covered by this law.

Measures for addressing disability- and gender-based violence in legal settings

In 2018, the General Commissioner of the Lithuanian Police approved the **Procedure Description for police officers' response to reports of domestic violence and the execution of court decisions on temporary protective measures for victims of violence.**³⁰ However, the document lacks guidelines on addressing the specific needs of women and children with disabilities who experience domestic violence, leaving the response to individual officers' discretion.

In 2016, the Prosecutor General of Lithuania issued **Recommendations on assessing victims' specific protection needs.**³¹ These recommendations provide criteria for assessing victims' needs, but the evaluation does not fully consider the potential impact and additional individual circumstances due to disability in cases of domestic violence against

²⁸ Ugnė Grigaitė, Greta Klidziūtė, Karilė Levickaitė, Margarita Jankauskaitė and Aurelija Auškalnytė, 'MATOMOS - Dėmesys Smurtui Prieš Moteris Su Negalia. Praktinių Priemonių Rinkinys [SEEN - Attention to Violence Against Women With Disabilities. A Set of Practical Tools]' (2023) <<https://perspektyvos.org/wp-content/uploads/2023/07/MATOMOS-finished-v.2-be-priedo-singles.pdf>> accessed 1 December 2023.

²⁹ Ugnė Grigaitė and Greta Klidziūtė, 'Sankirta tarp smurto lyties pagrindu ir socialinių bei psichikos sveikatos priežiūros paslaugų teikimo moterims su negalia Lietuvoje: situacijos apžvalga ir rekomendacijos sisteminiams pokyčiams' [The intersection between gender-based violence and the provision of social and mental health care services to women with disabilities in Lithuania: an overview of the situation and recommendations for systemic changes] (2023) <<https://perspektyvos.org/wp-content/uploads/2023/04/SEEN-tyrimo-ataskaita.pdf>> accessed 4 December 2023.

³⁰ Dėl Policijos pareigūnų reagavimo į pranešimus apie smurtą artimoje aplinkoje ir sprendimo dėl apsaugos nuo smurto artimoje aplinkoje orderio priėmimo, jo vykdymo ir kontrolės tvarkos aprašo patvirtinimo [Regarding the response of police officers to reports of domestic violence and the approval of the decision on the adoption of a protection warrant against domestic violence, its execution and control procedure description] 2023 (5-V-506).

³¹ Įsakymas dėl rekomendacijų dėl nukentėjusiųjų specialių apsaugos poreikių vertinimo patvirtinimo [Order on the approval of recommendations regarding the assessment of the special protection needs of the victims] 2016 (Nr I-63).

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women and children with disabilities. The assessment tends to focus on the consequences of a specific criminal act rather than the overall situation of the victim and their individual needs or barriers they may be facing.

Victims' support services

The **Law on Assistance to Victims of Crime**,³² which came into effect in March 2021, aims to provide assistance to persons affected by criminal acts, including domestic violence. It outlines victims' rights to receive information in a language they understand, including translation and Sign language interpretation services. The law emphasises the principle of equality, ensuring support regardless of gender or other circumstances. However, this law does not specifically address the disability aspect, and disability is not highlighted as a separate consideration.

In practice, this means that there is a need to improve training and cooperation among various institutions involved in assisting victims of domestic violence, including those with disabilities. It is important to establish clear guidelines and ensure that SPCs, emergency services, and other relevant bodies have a broad mandate to provide effective help to victims, including women and children with disabilities. Ensuring accessibility and comprehensibility of information is crucial in supporting victims with disabilities effectively.

³² Lietuvos Respublikos pagalbos nuo nusikalstamos veikos nukentėjusiems asmenims įstatymas [Law of the Republic of Lithuania on Assistance to Persons Affected by Criminal Acts] 2021 (XIV-169).

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Summary

In summary, Lithuania's national law reflects several international standards aimed at protecting individuals from domestic violence. The system incorporates prevention, protection, support and assistance, but only partially aligns with global guidelines. Notably, an official statement from the victim is not required for a pre-trial investigation to be initiated. However, the system lacks focus on specific issues and clear guidelines for service providers and law enforcement officers when it comes to victims with disabilities and also about the specificities of gender-based violence. The country recently recognised the disproportionate victimisation of women but it does not explicitly address gender-based violence as such.

In the **Criminal Code**,³³ violence against persons with disabilities is not explicitly recognised as a significant circumstance, potentially hindering adequate outcomes. Sexual violence against women with disabilities in the domestic environment is rarely recorded in criminal statistics, highlighting the need to debate consent in sexual acts.

Both the **Law on Assistance to Victims of Crime**³⁴ and the **Criminal Code**³⁵ address the rights of domestic violence victims with specific protection needs. However, detailed implementing regulations, training and specialisation are required to effectively implement these provisions and ensure proper protection and assistance for women and children with mental health conditions and disabilities facing domestic violence.

³³ Criminal Code.

³⁴ Law on Assistance to Persons Affected by Criminal Acts.

³⁵ Criminal Code.

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

Specialised Complex Support Centres

In 2012, the Minister of Social Security and Labor of the Republic of Lithuania approved the description of activities for SPCs in the Law on Protection from Domestic Violence.³⁶ The SPCs aim to help individuals experiencing domestic violence to overcome critical conditions by offering various forms of support, such as consultations, empowerment, providing information, counselling, specialised psychological support, specialised legal assistance, and preparation of documents. There are 14 SPCs members of the Lithuanian Women's Rights Consolidation Association that cover the whole country and serve as a one-stop system, where individuals can receive comprehensive assistance, although for certain assistance types one may also be referred to other institutions.³⁷

The Ministry of Social Security and Labour of the Republic of Lithuania has published a list of more SPCs available in each municipality.³⁸

The SPCs can provide support based on information received from the police, other institutions, or when individuals approach them directly. They create action plans and support measures tailored to the specific needs of each person. However, SPCs only operate on working days, which may limit accessibility for individuals needing support in the evenings and on weekends.

³⁶ Law on Protection Against Domestic Violence.

³⁷ www.specializuotospagalboscentras.lt, 'Kas Vykdo SKPC Veiklą? [Who Conducts SKPC Activities?]' <<https://www.specializuotospagalboscentras.lt/asociacija/>> accessed 1 December 2023.

³⁸ [www.infogram.com](https://infogram.com), 'Specializuotą Kompleksinę Pagalbą Teikiančių Centrų Kontaktai [Contacts of Centers Providing Specialised Complex Support]' <<https://infogram.com/77963878-c4f6-4836-b65f-e0b24295cac8>> accessed 1 December 2023.

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Although the Law on Protection from Domestic Violence does not explicitly address services for women and children with disabilities, certain provisions indicate the consideration of individual needs. However, the lack of specific guidelines for addressing disability-related aspects in the SPCs' activities suggests that women and children with disabilities may not receive adequate attention. On the other hand, the system is currently undergoing improvements and various new developments are taking place, including the development of new comprehensive methodologies and algorithms for working specifically with victims of domestic violence with various types of disabilities.

Case Management

The inclusion of aid coordination (case management) in the new edition of the Law on the Basics of Protection of the Rights of Persons with Disabilities³⁹ may greatly benefit women with disabilities experiencing domestic violence. This change will increase their independence, reduce isolation, and provide direct contact with support coordinators trained to recognise violence and offer appropriate help.

In addition, a free 24/7 helpline exists for women providing remote and online consultations; however, specific measures to support women with mental health conditions or disabilities are not mentioned in this context.⁴⁰ This initiative is funded by the Ministry of Social Security and Labour and individual donations.

³⁹ Socialinės apsaugos ir darbo ministerija, 'Žmonėms su negalia informacija taps lengviau prieinama' (BNS, 26 2021) <<https://sc.bns.lt/view/item/406127>> accessed 25 April 2022.

⁴⁰ 'Pagalbos Moterims Linija [Helpline for Women]' <<https://pagalbosmoterimslinija.lt>> accessed 3 December 2023. Ugnė Grigaitė and Greta Klidziūtė (n 29).

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Mental health and social care services

In 2022, a research study⁴¹ was conducted to evaluate the methods for preventing, intervening, and addressing violence against women with disabilities, which focused on the needs of individuals within social care institutions and services offered in in-patient psychiatric facilities. During the literature review, internal documents from 29 social care institutions and 23 mental health facilities were analysed. Two types of documents were identified: general documents, which encompass overall procedures within the institutions, and specific documents that pertain to violence prevention. General documents include internal rules, ethics codes, regulations, operational plans, and reports, which touch on the principles of violence prevention. Most social care and some mental health care facilities typically have approved internal rules and regulations that address violence prevention principles and intolerance towards any form of violence.⁴²

However, specific documents for violence prevention were mainly found in social care and group living homes. The Social Services Supervision Department has provided recommendations for preventing violence against children and adults with disabilities in social care institutions. Based on these recommendations, institutions have adopted specific documents, such as procedures for reporting and responding to violence, as well as plans for violence prevention measures.⁴³

These internal documents aim to proactively prevent, intervene, and address violence, outlining specific actions and necessary conditions to ensure a violence-free environment. It was concluded in the above-mentioned study that in-patient mental health care facilities lack

⁴¹ Ugnė Grigaitė and Greta Klidziūtė (n 29).

⁴² Lietuvos Respublikos psichikos sveikatos priežiūros įstatymas [Law of the Republic of Lithuania on Mental Health Care] 2023 (I-924).

⁴³ Ugnė Grigaitė, Greta Klidziūtė, Karilė Levickaitė, Margarita Jankauskaitė and Aurelija Auškalnytė (n 28).

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approved specific documents for violence prevention mechanisms (both for inside the facilities and for dealing with domestic violence experienced by their patients). Additionally, at the national level, there are no approved violence prevention, intervention, and postvention mechanisms specifically tailored to providing services in in-patient mental health care facilities for adults, including those for persons with disabilities.

In the provision of healthcare services, doctors and nurses have specific responsibilities in responding to violence.⁴⁴ Family doctors should possess the skills to recognise the signs of violence in intimate relationships, and the medical norms also require other members of the doctors' teams, such as midwives and nurses, to monitor the physical and mental health of patients and promptly report to the doctor any unusual symptoms or reactions. They are also obligated to report cases of domestic violence to law enforcement and other state institutions if they encounter injured or abused individuals.

In mental health services, nurses have additional responsibilities. They are not only required to report cases of domestic violence to relevant authorities, but they are also tasked with coordinating healthcare services for vulnerable individuals until they receive professional help.⁴⁵

National context concerning children

When it comes to children, in 2022, the number of general domestic violence cases increased by 10.3% and a proportion of the victims were minors, as reported by the

⁴⁴ Dėl Lietuvos medicinos normos MN 14:2019 „Šeimos gydytojas“ patvirtinimo [Regarding the approval of the Lithuanian medical norm MN 14:2019 'Family doctor'.] 2023 (V-1013).

⁴⁵ Dėl Lietuvos Respublikos sveikatos apsaugos ministro 2014 m. birželio 17 d. įsakymo Nr. V-714 „Dėl Lietuvos medicinos normos MN 22:2014 „Psichikos sveikatos slaugytojas. teisės, pareigos, kompetencija ir atsakomybė“ patvirtinimo pakeitimo [Regarding the Minister of Health Protection of the Republic of Lithuania in 2014 June 17 order no. V-714 "On the Lithuanian medical norm MN 22:2014 'Mental health nurse. rights, duties, competence and responsibility' of the approval amendment] 2020 (V-2925).

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Statistics Department. As much as 90.8% of children were harmed by their parents or adoptive parents. There is no publicly available data regarding children with disabilities specifically.⁴⁶

The State Child Rights Protection Service responds to reports about a possible violation of the child's right, including domestic violence. The service or its territorial department performs the actions provided for in Article 36 of the Law on Fundamentals of Protection of the Rights of the Child: 'as soon as possible, but no later than within 6 hours and after receiving a report from the police at the scene of the incident - within 1 hour from the moment of receiving the report, begins to examine it, meets with the child, secures the opportunity to communicate with them without restrictions, taking into account the child's age and maturity, listens to the child in a manner acceptable to them, uses a psychologist, if necessary, also communicates with parents, other persons, gathers information from institutions/organisations'.⁴⁷

Having carried out an assessment of the child's situation, if necessary, the Child Rights Protection Service initiates the provision of assistance to the child and/or family (such as applying for the appointment of a case manager), takes other measures to ensure the child's safety. The task of case managers is to help the child and the family overcome the social difficulties that have arisen, find the best way to solve the problem and provide the family with the kind of help that not only helps to solve the child and family problems, but would also create conditions for the family itself to seek the necessary changes that ensure the child's physical or psychological safety.

⁴⁶ BNS, 'Smurto Artimoje Aplinkoje Atvejų Pernai Daugėjo, per Dešimtadalį Nukentėjusiųjų – Vaikai [The Cases of Domestic Violence Increased Last Year, over a Tenth of the Victims Were Children]' <<https://www.bns.lt/topic/1912/news/67954261/>> accessed 1 December 2023.

⁴⁷ Lietuvos Respublikos vaiko teisių apsaugos pagrindų įstatymas [Law of the Republic of Lithuania on the Fundamentals of Child Rights Protection] 2023 (I-1234).

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The Child Rights Protection Service uses an action algorithm which establishes actions that need to be performed after receiving information about alleged domestic violence. This algorithm regulates the actions of the Service staff after receiving a report of domestic violence, including, but not limited to, the transfer of information about a person at risk of domestic violence to the Specialised Complex Support Centres and the transfer of information about a person who has experienced violence to these centres and the police. Based on the information provided by the State Children's Rights Protection and Adoption Service, the employees of this Service, who may encounter cases of domestic violence during their work, have been trained on how to follow the existing algorithm.⁴⁸

During this research study no data could be identified to show that when a child with a disability may have suffered from domestic violence, individualised procedures would be applied. However, Child Protection Services have specific guidelines described in the Guide for Listening to the Child's Opinion developed by the Service together with Mykolas Romeris University, which can be found on the Service's website.⁴⁹

In addition, where it concerns sexual violence, from 21st July 2023, the cooperation agreement was concluded between the General Prosecutor's Office of the Republic of Lithuania, the Police Department under the Ministry of Internal Affairs, the Ministry of Social Security and Labor, the State Children's Rights Protection and Adoption Service under the Ministry of Social Security and Labor and the Child Rights Ombudsperson of the Republic of Lithuania. In this agreement, it is stated that a coordination group meeting will be organised in every case where sexual violence is used against a minor.⁵⁰

⁴⁸ The official reply to the Freedom of Information Request by NGO Mental Health Perspectives (2023-08-21, No. 1433) to the State Children's Rights Protection and Adoption Service.

⁴⁹ Odeta Intė, Jolanta Sondaitė, and Agnė Tvaronavičienė, 'Vaiko Nuomonės Išklusymo Metodinis Vadovas [Methodical Guidelines for Listening to the Child's Opinion]' (2023)

⁵⁰ The official reply to the Freedom of Information Request by NGO Mental Health Perspectives (2023-08-21, No. 1433) to the State Children's Rights Protection and Adoption Service.

3.3. Monitoring and regulation of institutions and public services

National victimological study

Some studies were initiated in 2014 and 2018 to understand the implementation of rights of women and girls with disabilities in Lithuania, but data remains limited and sometimes contradictory. Victims with disabilities constitute a small percentage in the official statistics of violence victims in the country, despite evidence suggesting they are particularly vulnerable.⁵¹ A victimology study conducted in 2022 revealed that psychological violence is experienced by around 93% of women with disabilities, and around 84% have experienced physical violence. These numbers remain invisible in the official statistics.⁵²

Results of the data analysis in the same study indicate that a significant percentage of women with disabilities experience various forms of domestic violence, including psychological, physical, economic, and sexual violence. Despite having higher education levels, they still face victimisation. A considerable number of respondents did not seek help. Institutional violence is also prevalent, with disrespectful behaviour towards individuals with disabilities being reported to the police, health institutions, municipalities, and other authorities. While many women with disabilities reportedly are aware of support organisations, only a small percentage actually seek help: approximately one-third of women did not seek any type of assistance for the experiences of violence they had endured.⁵³

The examining of the well-being of these women revealed that the majority of them experienced intense and challenging emotions, including fear, disillusionment, anger,

⁵¹ Rokas Uscila, 'Domestic Violence: The Situation Assessment of Crimes Victims with Disabilities' (2020) Vol. 138 No. 2 175.

⁵² Simona Aginskaitė and Rokas Uscila, 'Viktimologinis Tyrimas: Moterų Su Negalia Smurto Patirtys' <<https://www.inf.lt/wp-content/uploads/2022/03/Viktimologinio-tyrimo-ataskaita-LNF.pdf>> accessed 3 December 2023.

⁵³ *ibid.*

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tension, and hopelessness. Concerning the aid they received, it was evident that the most prevalent form of support these women obtained was consultations and counselling, provided by psychologists, lawyers, and social workers.⁵⁴ Hence, even if women directly impacted by violence may not seek help immediately, it is probable that some of them might eventually seek psychological assistance, face mental health challenges, or have related social care needs that require support from social services. This intersection between women with disabilities who have experienced violence and social or mental health care services presents a crucial opportunity for professionals to play a significant role. They can identify signs of violence, offer essential assistance, or make referrals to other resources specifically tailored to address such situations and individual needs.

In addition to the above, economic violence affected over a half of the respondents, while sexual violence remains largely unreported in official statistics. The victimological study aimed to cover various forms of disabilities and found that violence in intimate environments affects women with different disabilities, with mobility, psychosocial, and complex disabilities being the most often affected.⁵⁵

Algorithm for a Coordinated Response to Domestic Violence

The **Algorithm for a Coordinated Institutional Response to Domestic Violence**⁵⁶ was developed with support and initiative from the non-governmental sector, aiming to enhance cooperation among various departments, institutions, and organisations providing support. It involves the police, municipalities, child rights protection services, SPCs, and case

⁵⁴ *ibid.*

⁵⁵ *ibid.*

⁵⁶ Visų reikalas, 'Koordinuoto Institucijų Atsako į Smurtą Artimoje Aplinkoje Algoritmas [Algorithm of The Coordinated Response of Institutions to Domestic Violence]' <<https://visureikalas.lt/visiems/koordinuoto-instituciju-atsako-i-smurta-artimoje-aplinkoje-algoritmas-gydytojams/>> accessed 3 December 2023.

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management institutions, along with other professionals like educators and healthcare workers. The algorithm seeks to improve the flow of information and support between these entities, ensuring victims-survivors receive prompt and appropriate assistance.

The algorithm has so far been implemented in three pilot municipalities and can be adapted to other geographical areas in Lithuania. The goal is to create a flexible system capable of responding to changing circumstances, like the challenges posed by the COVID-19 pandemic, and prioritise the safety and trust of victims-survivors seeking help. The successful implementation of the algorithm requires ongoing cooperation and coordination among all participating institutions.⁵⁷

Mental health and social care services

The prevention of violence in mental health and social care services involves identifying unwanted behaviour and promoting a culture that rejects violence. Social care institutions emphasise the intolerance of violence in their internal rules and regulations, ensuring respect and dignity for all residents and protecting them from various forms of discrimination and violence. However, gender-based violence and its specific context are not explicitly addressed in these documents.⁵⁸

Social care and group living homes may adopt violence prevention and response mechanisms based on the recommendations prepared by the government.⁵⁹ However, the implementation of these guidelines depends on the initiative of each institution as they are of a recommendatory nature.

⁵⁷ *ibid.*

⁵⁸ Ugnė Grigaitė and Greta Klidziūtė (n 29).

⁵⁹ Social Services Supervision Department under the Ministry of Social Security and Labour, 'Metodinės Rekomendacijos [Methodical Recommendations]' <<https://sppd.lrv.lt/lt/veiklos-sritys/licencijavimas/metodines-rekomendacijos/>> accessed 3 December 2023.

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The Social Services Supervision Department under the Ministry of Social Security and Labor provided these recommendations to strengthen violence prevention and offer methodological assistance to social care institutions. Incorporating violence prevention provisions into the institution's documents is crucial for safeguarding human rights. There is no data available publicly on which social care institutions have officially adopted the violence prevention and intervention procedures. Furthermore, social care institutions are to maintain a log of negative events and their consequences, following approved internal procedures to address and prevent repeated incidents.⁶⁰

Some social care institutions have prepared simplified versions of their internal rules with illustrations for residents and staff, displayed in accessible areas. Violations of these rules, including insults, threats, fights, and sexual violence, are considered serious offenses, leading to the possible removal of the resident from the facility. It is important to note that for people with disabilities living in social care institutions, the facility becomes their 'close/domestic environment', and violence prevention measures should be targeted to safeguard them from both the potential instances of institutional, as well as domestic violence.

Certain social care institutions have established procedures in their internal rules to respond to violence, aiming to protect residents from any form of mistreatment or rights violations. All such incidents, including those not related to violence, are documented in registration logs to ensure accountability and proper follow-up.⁶¹

⁶⁰ Ugnė Grigaitė and Greta Klidziūtė (n 29).

⁶¹ *ibid.*

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In facilities, providing in-patient mental health care, internal rules emphasise patient dignity and responsibility not to harm others. Patients who fail to comply with their duties may be removed from the facility, except in cases of immediate danger to their lives.

Mental health care services strictly prohibit any form of violence in their services to patients in in-patient mental health facilities. Moreover, social and mental health care facilities have a responsibility to address all potential domestic violence cases. Furthermore, healthcare facilities are required to inform law enforcement about potential violence incidents, in accordance with the **2002 Order by the Minister of Health, the Minister of Internal Affairs, and the Prosecutor General of the Republic of Lithuania**.⁶² This order mandates healthcare facilities to immediately inform the territorial police by phone in cases where a person's life is threatened by physical injuries or when injuries such as stabbing, slashing, gunshot, or explosion wounds may be related to a crime.

Regarding personal healthcare services, a description has been approved outlining how to respond to potential cases of sexual violence. The description sets requirements for healthcare facilities and professionals providing healthcare to patients who may have experienced sexual violence, ensuring continuous assistance, including medical, gynaecological, psychological, and psychiatric support. The procedure also covers emergency and non-urgent services for victims of sexual violence.⁶³

In 2022, Women's Information Centre conducted a study on sexual violence experienced by women with disabilities. The study found that professionals in the field of healthcare,

⁶² Dėl informacijos apie asmenis su kūno sužalojimais, kurie gali būti susiję su nusikaltimu, teikimo [Regarding the provision of information about persons with bodily injuries that may be related to a crime] 2002 (55/42/16).

⁶³ Regarding the provision of personal health care services to women who may have experienced sexual violence, a description of the approval.

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similarly to education workers, often fail to recognise their role in protecting their patients from such violence. Participants acknowledged the significance of inter-institutional cooperation but noted its lack in practice. Similarly, the study revealed that only a minority of participants were aware of the possibility to collaborate or even to at least refer their patients to Specialised Complex Support Centres.⁶⁴

Data concerning children with disabilities

Concerning children, Child Protection Services in Lithuania collect data from the showcase module of the Social Support for the Family Information System (also known as SPIS), which is currently unavailable due to technical issues. As a result, the Service was unable to provide information requested for this research study in the Freedom of Information Request.⁶⁵

3.4. Summary and assessment

In Lithuania, in recent years, an increasing amount of attention has been paid to improving the legal and policy framework related to domestic violence. Current legislation defines various types of violence that might be experienced, and outlines processes that relevant institutions should follow to provide support. Nevertheless, no specific safeguards have been introduced for gender-based violence experienced by women and children with mental health conditions and disabilities. The current framework lacks specific mechanisms to empower these vulnerable groups to recognise and report cases of violence and receive

⁶⁴ Lietuvos moterų lobistinė organizacija, 'Giedrė Purvaneckienė: Visuomenė Liberalėja, o Moterys Vis Labiau Linkusios Slėpti Patirtą Seksualinę Prievertą [Giedrė Purvaneckienė: Society Is Liberalizing, and Women Are More and More Inclined to Hide the Sexual Abuse They Experienced]' <<https://lmo.lt/2022/07/12/giedre-purvaneckiene-visuomene-liberaleja-o-moterys-vis-labiau-linkusios-slepti-patirta-seksualine-prieverta/>> accessed 3 December 2023.

⁶⁵ The official reply to the Freedom of Information Request by NGO Mental Health Perspectives (2023-08-21, No. 1433) to the State Children's Rights Protection and Adoption Service.

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support to leave the harmful environment. Due to the lack of data and statistics, it is difficult to establish to what extent the current monitoring mechanisms actually work and to assess the effectiveness of prevention tools, especially in the context of mental health care services.

04

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4.1. Experiences of women and children with mental health conditions, psychosocial and intellectual disabilities

The analysis of data collected through semi-structured interviews with women with mental health conditions, psychosocial and intellectual disabilities, who experienced domestic violence either as children or as adults (or both), and also received mental health services, resulted in six main themes, as follows:

1) An unrecognised violence; 2) Negative experiences following the reporting; 3) Encounters with professionals in childhood; 4) Mental health services and trauma; 5) Quality of services in public and private sectors; 6) Systemic problems and inter-sectoral collaboration.

4.1.1. Detection

As per Theme 1, the results show that it often takes a considerable amount of time and external support to become aware of and recognise the violence that women and children experience at home from their loved ones. Those who either experienced domestic violence directly or witnessed it during their childhood reflected that it was pretty much the only reality that was known to them at the time. Hence, a lot of external support was needed to help recognise that what was happening in their lives was abuse, and then access the needed and appropriate support. This was especially the case with instances of psychological violence, since it is often even less recognisable than the more obvious form of physical abuse. However, the majority of the interviewed women expressed that they lacked such support from professionals to help them recognise the past experiences or even still ongoing instances of domestic violence.

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Table 1: Selected quotes from semi-structured interviews with survivors of domestic violence according to Theme 1.

Theme	Selected Quotes
<p>1) “An unrecognised violence”</p>	<p>“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</p> <p>“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</p> <p>“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</p>

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“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

4.1.2. Reporting

Theme 2 captures that following the reporting of domestic violence either to the police, mental health professionals or other people, the experiences of survivors were often quite negative. They experienced behaviours of professionals (as well as those of other people like neighbours) that were often dismissive, sometimes even affected by stigma, and involving victim-blaming attitudes. Moreover, when encountering various professionals in childhood, experiences were even more alarming: as it may be seen from the data resulting in Theme 3, the abuse that the child might have been subjected to generally did not tend to get the needed attention.

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Table 2: Selected quotes from semi-structured interviews with survivors of domestic violence according to Themes 2 and 3.

Theme	Selected Quotes
<p>2) “Negative experiences following the reporting”</p>	<p>“Unfortunately, this was not the first time, but this was the last time with law enforcement, and it was painful. Because I would say that the person who abused me knew that I was a vulnerable person, because anti-depressants were found and he knew very well that these were medications to treat disorders (...). It was stigmatised. (...) And it's just that legal structures tend to take advantage of a possibly vulnerable person who won't write a complaint, a person who can be broken. (...) 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</p> <p>"There was one situation where my father was drunk, yes, father was completely drunk, and there was a situation where I called the police, but my mother was also a bit drunk. (...) So, they started threatening that they would just take them both away and then the children's rights agency would take me. (...) I remember this situation so well, because at that moment I was, in a sense, hysterical, crying, I don't know, it seemed that I was dying, in a sense, it was so hard for me to endure such a statement..." – Woman with a psychosocial disability</p> <p>“And because those emotions accumulated, the situation didn't improve, I didn't work on myself, I didn't see any problems, that tolerance for violence increased, and finally, because the whole environment simply blamed and even condemned me for starting to treat depression, especially my mother... (...) Maybe it's not the breakup</p>

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	<p>itself that hurts, you know, but the fact that I was terrorized, they tried to break into the apartment, the reaction of the neighbours. And the reaction of the neighbours is that it's your own fault, why did you let them in here.” – Woman with a psychosocial disability</p>
<p>3) “Encounters with professionals in childhood”</p>	<p>“[When I was a teenager] I went to see a psychologist (...) because I realised that something was wrong with me, because of my eating disorder, because I missed my periods and I realised that I am not well. It was then that I started going to those psychologists and even to a psychiatrist, and I even took Sertalin [an antidepressant]. In that sense, it was already really difficult for me, but at that moment, about the violence, well... I was asked about it, but then they didn't talk about it anymore. (...) In that sense, we did not touch on this topic of violence, both against my mother and [against me]. (...) With psychologists, with a psychologist, at least until I came of age, we didn't really talk about it. I don't know. (...) But after that, I went to see other professionals as well, and that topic was not touched on so strongly to somehow analyse it either. (...)</p> <p>Sometimes a psychologist came to school (...) and I also told them everything, but somehow, well, just at that moment, everyone asks about it somehow, talks, but then doesn't delve further, does not do anything. (...) Even though I needed that help anyway, psychologically, let's say, even up to the age of 16. The sooner the better, really. There wouldn't have been consequences that are so much more severe now.” – Woman with a psychosocial disability</p> <p>“[The first time in the psychiatric hospital] I remember doctors were talking to my mom and my mom was in denial a lot, she just said, "Oh, she's fine, I don't understand what happened here, maybe she's just trying to avoid something, to avoid the exams." The doctors said the same thing, "Oh, it's for the exams, you'll be fine." Somehow, nobody paid much attention.” – Woman with a psychosocial disability</p>

“[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

4.1.3. Responses

Based on Theme 4, one of the main issues with responses by mental health professionals was the fact that the trauma of abusive experiences was regularly not acknowledged nor effectively addressed in mental health care services, even in psychotherapy. Survivors expressed that even though they originally approached mental health services due to their mental health difficulties, which at the time they did not necessarily see as a consequence of domestic violence, but now when reflecting back on it, they can see a clear lack of focus of professionals on this trauma in their lives. Many of them felt that they were not at all understood by professionals, that they were not really listened to, nor heard, and that mental health workers more often than not dismissed their experiences of domestic violence as almost irrelevant to their mental health care, treatment, and recovery process.

On the other hand, positive experiences with mental health care professionals were those where more time and attention was given by professionals to truly hear the personal stories of survivors of domestic violence. Also, where professionals showed more effort to understand the reasons behind certain behaviours and mental health difficulties of survivors, including acknowledging and reflecting on their specific experiences of domestic violence, abuse and trauma that came with it.

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Moreover, as illustrated by Theme 5, there is a clear difference in quality of mental health services delivered to survivors of domestic violence in the public and private sectors: with more time, attention and effort by professionals dedicated to each case in private services. This raises the issue of accessibility of quality services, since not everyone can afford to pay for such services out of pocket. Additionally, the availability and accessibility of mental health services, and especially for persons with disabilities, was even more diminished during the COVID-19 pandemic. During that time, fewer services were available in general, but also, more of those moved online, which is often inappropriate for cases of domestic violence, with the abuser living in the same household as the victim-survivor. Also, online services are not always accessible for persons with disabilities.

Finally, Theme 6 shows that there are systemic problems and a lack of inter-sectoral collaboration among the mental health, social care, legal, and other relevant professionals, sectors and services, including the Specialised Complex Support Centre for survivors of domestic violence. Survivors reflected on the lack of coordination and collaboration among different services, sectors and professionals, having to repeat their stories over and over again to different services and not having any dedicated multi-disciplinary teams dealing effectively with their cases.

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Table 3: Selected quotes from semi-structured interviews with survivors of domestic violence according to Themes 4, 5, and 6.

Theme	Selected Quotes
<p>4) “Mental health services and trauma”</p>	<p>“I think that this subject should have been, especially when I was a teenager, when I started attending [psychologist’s] sessions, it should have been given more attention, because I was always growing up under stress that my mother would not become an alcoholic like my father, that my mother would not get beaten, that the neighbours would not see it. Well, [living] in all kinds of shame, guilt and tension. And that was never interesting to anyone, in that sense.” – Woman with a psychosocial disability</p> <p>“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</p> <p>“I basically got the impression that [the psychologist-psychotherapist] just performed the function of listening, did not take any action, even when she tried to talk to my mother somehow, she was attacked aggressively by her and put down, and did nothing further.” – Woman with a psychosocial disability</p> <p>“When I was maybe 18 or 19, it was my final year at school and I got worse, probably from the stress of the exams, and I ended up in a psychiatric hospital, and there I was a psychologist-psychotherapist assigned, whom I still go to see now, with whom I immediately felt very understood, that’s when he and I started digging deeper into what was happening at school and</p>

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	<p>what was happening in my with my mother. And those sexual experiences [that I had], we started digging everything up maybe only when I was already 19 – 20 years old.” – Woman with a psychosocial disability</p>
5) “Quality of services in public and private sectors”	<p>“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</p> <p>“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</p> <p>“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.</p>

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	<p>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 services, 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 psychosocial disability</p>
<p>6) “Systemic problems and inter-sectoral collaboration”</p>	<p>“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</p> <p>“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</p> <p>“Well, he recommended that I need a longer period of time, more psychotherapy, and maybe group therapy sessions (...). He recommended to buy a book (...), I bought it (...). But (...) there are not many of those meetings, there are only six.” – Woman with a psychosocial disability</p>

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“[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

“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 remember 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

4.2. Results from focus groups and interviews with professionals

The analysis of data collected through focus groups and semi-structured interviews with mental health care staff, legal and other professionals resulted in five main themes, as follows:

1) Domestic violence unrecognised by survivors; 2) Specialised training among professionals; 3) Limited possibilities for support; 4) Continuity of support; 5) Bureaucratic, systemic problems and inter-sectoral collaboration.

4.2.1. Detection

Similar to the results from semi-structured interviews with survivors of domestic violence, Theme 1 from focus groups and semi-structured interviews with professionals shows that persons using mental health services often do not recognise the domestic violence that they may have experienced.

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Table 4: Selected quotes from focus groups with professionals according to Theme 1.

Theme	Selected Quotes
<p>1) “Domestic violence unrecognised by survivors”</p>	<p>“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</p> <p>“And they themselves may not have acquired so much knowledge, those potential victims of violence. They are just very much resigned to the situation.” – Social worker at a psychiatric hospital, female</p> <p>“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</p>

4.2.2. Reporting

According to data resulting in Theme 2, specialised knowledge and training not only about specificities and individual needs of and barriers faced by persons with disabilities, but also about domestic and gender-based violence is needed among mental healthcare workers and other professionals. Such training is needed not only for recognising the violence and supporting survivors to report it but also in order to provide the needed care and support in the most appropriate, effective, and trauma-informed way. Professionals reflected that such training is not always available, it is currently not systemic, not mandatory, and not a part of their general professional training. Specifically healthcare professionals often do not even

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recognise domestic violence as a part of their job; usually, it is referred to as a ‘social problem’, not a ‘medical’ one. Additionally, the disability element was reflected on by legal professionals during the interviews by saying that they rarely ever hear about cases of domestic violence against persons with disabilities. On the other hand, sometimes when their clients approach them for services, the disability aspect may be overlooked by professionals, especially when not actively identified by clients themselves.

Table 5: Selected quotes from focus groups with professionals according to Theme 2.

Theme	Selected Quotes
<p>2) “Specialised training among professionals”</p>	<p>“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</p> <p>“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</p>

4.2.3. Responses

Theme 3 illustrates how mental health professionals feel limited in what support they are in a position to provide to survivors of domestic violence. Professionals expressed that they often feel like their hands are tied due to existing laws and official regulations as to how much they can do in cases of domestic violence, especially those working in in-patient services. Mental healthcare workers reflected on sometimes feeling quite helpless and unable to provide enough of needed support, especially, when patients are discharged from in-patient facilities. This is demonstrated by Theme 4, which emphasises that there is a serious lack of continuity of support following a psychiatric hospital discharge: not only is there no follow-up but also there is a lack of appropriate community-based services to ensure the follow-up is at all possible.

In addition to the above, Theme 5 encompasses that there are common bureaucratic and systemic problems, as well as a lack of inter-sectoral collaboration among the mental health, social care, and other relevant sectors and services, including the Specialised Complex Support Centres for survivors of domestic violence. An especially alarming result of this study is the fact that a large proportion of mental health care providers are not at all familiar with the purpose or sometimes even the existence of the Specialised Complex Support Centres and related network of support services for survivors of domestic violence, which has been operating all across the country for a considerable number of years by now.

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Table 6: Selected quotes from focus groups with professionals according to Themes 3, 4, and 5.

Theme	Selected Quotes
<p>3) “Limited possibilities for support”</p>	<p>“Well, you see, in our case, we cannot check that data very precisely. Sometimes people and also children might say that they are abused in some form at home. Well, but again, we can only inform the children's rights agency, due to all kinds of data protection and all forms of consent, we cannot interrogate those parents, or those families, or something like that. Just to provide information for further clarification. (...) 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, female</p> <p>“But, for example, social workers in mental health care are also limited by law, they are restricted in that they cannot provide any information without the patient's consent.” – Social worker at a psychiatric hospital, female</p> <p>“We don't really get that feedback, and we do not really know if she went there [where we referred her to] or not.” – Nursing administrator, female</p> <p>“But we just don't have such leverage, even if we see it. If she leaves now, agrees with it, we still won't be able to help.” – Social worker at a psychiatric hospital, female</p>

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<p>4) “Continuity of support”</p>	<p>“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 that 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 a general hospital, female</p> <p>“We can only help while the person is in the hospital, here, in this 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, all that help.” – Mental health nurse, female</p> <p>“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, female</p>
<p>5) “Bureaucratic, systemic problems and inter-sectoral collaboration”</p>	<p>“There is a lack of a state system. A different approach to the patient. For example, when there has been violence, various professionals 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 let’s 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</p>

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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, female

“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, female

“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, female

“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, female

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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

“Probably a little more we do in the prevention of suicides, more of all that: we really make sure that we register them at the mental health centre, a psychosocial assessment is performed by doctors and psychologists. The risk is assessed. And as for the violence against women, it's really not like that.” – Nursing administrator, female



05

CONCLUSIONS AND RECOMMENDATIONS

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5.1. Conclusions

The legal system in Lithuania plays a significant role in safeguarding children and women with mental health conditions and disabilities from domestic violence, providing a foundation for protection and support. However, it is important to acknowledge that there are certain areas where improvements are needed. While existing laws may provide a framework for addressing domestic violence, the practical implementation and enforcement can be inconsistent, and gaps in service provision and resources can leave some survivors without the necessary support.

Moreover, the specific needs of women and children with mental health conditions and disabilities, who often face unique challenges in seeking help, require more targeted provisions, accessibility and accommodations. Strengthening the legal system by addressing these shortcomings, enhancing collaboration between relevant agencies and organisations, and increasing awareness can lead to a more comprehensive and effective approach to protecting this vulnerable population from domestic violence.

Furthermore, the findings of the above research have highlighted the importance of (and a lack of) inter-sectional collaboration. Whilst healthcare professionals and social care workers are often the first to help survivors identify their experiences and seek support, they are limited by the individual knowledge and tools provided by the national regulations. Some good practices regarding the collaboration between different institutions have been established through collaboration agreements. Nevertheless, there is a lack of understanding between different institutions on the role they have in the process. Also, there is a general lack of recognition of the impact that the ineffectiveness of professional responses has on the victims of violence, both in the short and the longer term.

CONCLUSIONS AND RECOMMENDATIONS

Survivors of domestic violence with disabilities often do not recognise such violence until their appointment with a healthcare professional and have strong emotional ties to their abuser, which makes it challenging to seek help from unfamiliar environments. In cases involving children, a trained professional from Child Protection Services attends the scene to provide support. However, no such specialised support or assistance is provided for women with mental health conditions and disabilities.

The introduction of Specialised complex Support Centres has had a positive impact on the number of reported cases of violence; nevertheless, research shows that not all professionals are aware of the available support programs. Some information about violence and support is available in child-friendly formats or easy-to-read language for women with intellectual disabilities. Nevertheless, these resources are scarce and also only available online and, therefore, require having access to a computer and internet, which may be limited. Additionally, a support helpline managed by Child Protection Services is available free of charge for children to call. Some accessibility barriers exist as the helpline is not tailored to receive information from children who may experience challenges in verbal communication.

5.2. Recommendations

1) In order to strengthen both the prevention, intervention and postvention mechanisms of domestic and other types of gender-based violence, raising the qualifications of professionals and systematically updating their knowledge is vital. Continuous training on forms of violence, recognition and potential further referrals for help are needed. Also, trainings are needed on the UN CRPD and to better understand the concepts of 'disability', 'trauma', 'recovery', and individual support needs of persons with disabilities, as well as barriers they face. Such trainings should be mandatory for all professionals working in the

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mental health system, both doctors and nursing assistants, as well as professionals within the social care and legal sectors.

2) A routine question about violence should be introduced in the mental health care practices. Often cases of domestic violence remain unnoticed, because the person affected by it will not always talk about it, so a routine question about experiences of domestic violence/about safety at home by a doctor or nurse can help to identify cases of violence earlier. The same principle is already applied in suicide prevention efforts by asking patients about their potential thoughts of suicide; it is suggested to adapt this practice for identifying cases of domestic violence too. This should be supplemented by educating patients on what violence is and how it can manifest.

3) A clear inter-sectoral algorithm is needed for responding to cases of potential domestic and other types of gender-based violence, especially whilst in in-patient mental health services and facilities. A unified procedure is needed for how to react when a violent event is recorded, how to behave in accordance with the time of its occurrence (happening now or in the past), what further support options are available, and what the patient's individual pathway of care is going to be (including after discharge from hospital). A person responsible for the implementation of such an algorithm should be appointed at the level of each facility. It is critical to ensure the support is provided in a timely manner or it creates a risk that the patient will return to an abusive environment and experience repeated violence. In addition, it is important to distinguish between the physical violence (which may be observed by the healthcare professionals) and invisible forms of violence that might require specialised training to be recognised.

4) Strengthening of inter-sectoral collaboration is crucial. A constant and continuous fostering of relations between mental health, social care and legal service providers is necessary: both in institutions providing mental health and social care services, as well as with legal

CONCLUSIONS AND RECOMMENDATIONS

professionals and SPCs. It is recommended that organisations have contacts of other relevant organisations operating in their region and include NGOs operating in the field of prevention of violence. Also, when organising various trainings on the topic of domestic violence's recognition, it would be valuable to organise them not only homogeneously, but also to include professionals from other fields; thus, creating conditions for strengthening cooperation between different sectors and professionals on the ground and face-to-face.

5) Raising awareness about various forms of violence experienced by women and children with mental health conditions and disabilities within professional and local communities is crucial to enable specialists and society to recognise and prevent violence, provide support to victims (including Specialised Complex Support Centres), and foster a less stigmatised environment.

6) Systemically collect statistical disaggregated data about the women and children with mental health conditions and disabilities who have experienced domestic violence to understand this sociodemographic group's specific challenges and needs. To achieve this, government institutions should ensure that dedicated resources and mechanisms for data collection, analysis, and reporting are in working order. The data should focus not only on the number of individuals, type of disability and type of violence experienced but also on the number of reports and outcomes of such cases.



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