



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

101049690- DIS-CONNECTED

National Findings Report: SLOVAKIA

2023

FORUM FOR HUMAN RIGHTS



Acknowledgments

We are grateful to all persons with disabilities and professionals who shared their Stories and experiences with us. It is their contributions which make this report so valuable.

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Publication date

2024



**Co-funded by
the European Union**

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the granting authority can be held responsible for them.

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

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

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

Consortium Partners

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

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

Aims of the DIS-CONNECTED project

- Gender-based violence and violence against vulnerable children often go unnoticed and underreported. The COVID-19 pandemic worsened these problems. The COVID-19 Disability Rights Monitor's global report highlighted a significant increase in violence against women and girls with disabilities, including rape, sexual assault, and harassment by authorities and family members. This project aims to enhance reporting, support services, and safe spaces for women and children experiencing abuse.
- Women and children with intellectual and psychosocial disabilities often face disbelief from perpetrators, who think they won't be held accountable. Harmful stereotypes about disability and gender further worsen the situation. These individuals are denied their sexual and reproductive rights, and informed consent is overlooked. The intersection of gender and disability significantly increases violence against them.
- Slovakia faces challenges in providing accessible and effective access to preventive mechanisms and remedies.
- Slovakia does not collect adequate data.
- Women and children with intellectual or psychosocial disabilities face various barriers when accessing facilities and programs designed to serve them as victims of crime. Some of these barriers include stigma and discrimination, communication challenges, lack of accessibility, inadequate training, legal capacity restrictions, limited rehabilitation services, etc.
- In Slovakia, the access to community-based services remains difficult. While efforts have been made to align with the principles of deinstitutionalisation, challenges persist.

- People with disabilities, and victims of violence in vulnerable situations, lack accessible and sufficient support. Although they have a right to specialised professional assistance, no mechanism ensures its availability. Slovakia's victim support network, primarily addressing women victims of domestic or gender-based violence and children, remains weak despite progress. Victims with disabilities may struggle to find specialised organisations as the existing ones mainly cater to disability-related concerns rather than criminal justice issues.
- Victims with intellectual or psychosocial disabilities face added complexity due to the prevailing medical approach to disability. Individuals with disabilities involved in legal proceedings are frequently informally excluded from participating directly. There's a common assumption that they will be represented by a guardian. As a result, communication often occurs through the guardian. As witnesses, they often undergo expert assessments of their credibility based on cognitive function. If their credibility is questioned, their testimony may be deemed irrelevant.
- The prevention of violence is a relatively recent development in Slovakia. While there have been promising developments, such as the creation of the inspection under the Ministry of Social Affairs, further structural reforms are still required. The current system does not effectively address the primary barriers to accessing justice. To address these issues, there is a need to enhance the position and rights of victims within criminal proceedings, including granting free and accessible legal aid and applying restorative justice principles and techniques and especially significantly improving accessibility of monitoring authorities.
- Currently, there are two primary authorities that carry out monitoring and focus on the prevention of ill-treatment, especially inside institutions. First is the inspection of social services, created in 2022 and run by the Ministry of Social Affairs, with a mandate to monitor all registered providers of social care, including in the domain of ill-treatment. The second authority is the Commissioner on the Rights of Persons with Disabilities, a unique and independent body established

under Article 33 CRPD. Yet, these authorities remain unknown to people with disabilities who have no or limited means of approaching them. Regular monitoring and accessible access have been lacking.

Recommendations

For Persons with Disabilities:

- **Raise Awareness:** Run awareness campaigns to inform individuals with disabilities about the ombudsman and monitoring bodies, empowering them to seek support and justice.
- **Empower Individuals:** Provide awareness-raising sessions or workshops to help individuals with disabilities understand their rights and navigate procedures related to violence and justice.
- **Diversify Support Networks:** Encourage individuals with disabilities to expand their support networks beyond formal authorities to include facility staff, family members, and community resources.
- **Advocate for Accessibility:** Champion accessible resources, including videos, to improve understanding of services and rights among individuals with disabilities.

For Professionals:

- **Comprehensive Training:** Offer professionals, especially paramedics, comprehensive training focused on understanding the unique needs and barriers of individuals with disabilities and providing empathetic support in high-stress situations.
- **Awareness of Ombuds and Monitoring Bodies:** Conduct awareness-raising programs for professionals in different roles, ensuring they grasp the roles and functions of ombuds and monitoring bodies, leading to more empathetic responses to individuals with disabilities.

For Institutions and Authorities:

- **Strengthen Reporting Mechanisms:** Enhance monitoring and reporting mechanisms in institutional settings by developing accessible formats for all persons with disabilities confined in institutions. Introduce regularity into monitoring visits.
- **Coordination and Specialised Support:** Improve coordination with specialised non-governmental organisations and dedicated resources to provide consistent, specialised support to women and children with disabilities facing violence, ensuring accessibility across all regions.
- **Accessible Materials:** Develop and provide information materials in accessible formats, including videos, to accommodate the diverse needs of individuals with disabilities, enabling them to make informed decisions and seek assistance effectively.

01

INTRODUCTION

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

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



02

**RESEARCH AIMS AND
METHODOLOGY**

The research design was a mixed methodology, using both quantitative and qualitative data drawn from a range of sources. A mixed methodology was used to ensure richness and variety of data relating to policy, practices, and experiences, and 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 field work including interviews and focus groups.

The research was designed to address the following aims:

- To hear from women and children about their experiences, how existing monitoring, reporting and support systems serve or fail them, and what is required for their rights to be fully respected and violence to be identified and addressed. The idea is to inform project implementation and create a safe platform for participants which can support self-advocacy in all five countries as well as internationally;
- To analyse the national legal framework regarding responses to gender-based and disability-based violence against women and children with psycho-social and intellectual disabilities. To assess how these align with international human rights legislation/standards and recognised best practices, particularly the Victims' Rights Directive, UNCRPD and UNCRC; CEDAW and Istanbul Convention
- To identify types and estimates of existing victim support services and community-based services which target or are accessible to women and children with disabilities.

- These services may be specialist or generic, must be accessible and may be used by those living in institutions, group homes, or domestic settings.
- To make recommendations and directly inform the development of a monitoring methodology, monitoring tools and cross-disciplinary protocols for identifying, reporting and responding to gender based and disability-based violence in residential institutions, community-based services and domestic settings.

The presented conclusions are based on two grounds:

1) Interviews were conducted during visits to two large-scale institutions for people with disabilities on 18 and 19 July 2023, predominantly accommodating women with disabilities. One of the visited institutions was situated in an old mansion with surrounding buildings in the area but within the village (total capacity of services: 122 places, total number of staff: 69 people/70 positions). The other was excluded on the outskirts of the village, again in the old mansion, which was recently partly renovated (total capacity of services: 85 places, total number of staff: 56).

2) Further, the conclusions are also based on close reading of relevant case-file and especially interventions of a medical expert in the criminal proceedings concerning the most relevant case of a violence against a woman with intellectual disability in Slovakia, that has also attracted international attention (see, CAT/C/72/D/890/2018). The medical expert intervention was chosen because it demonstrates the mechanism of exclusion of victims of violence with disabilities from formal criminal proceedings on the grounds of expert intervention. It logically complements field findings in terms of time (the moment of prevention of violence while excluded inside institutions, the moment of exclusion when the victim broke of this exclusion but faced another one).

The interviewed group of residents 1 consisted of:

- 1 female resident within the age group 20-29 years with psychosocial and intellectual disability
- 1 female resident within the age group 30-39 years with intellectual disability

- 1 female resident within the age group 40-49 years with intellectual disability
- 1 female resident within the age group 50-59 years with intellectual disability
- 1 female resident within the age group 50-59 years with psychosocial disability

The interviewed group of residents 2 consisted of:

- 1 female resident within the age group 18-20 years with psychosocial disability
- 1 female resident within the age group 20-29 years with intellectual disability
- 1 female resident within the age group 30-39 years with intellectual disability
- 1 female resident within the age group 40-49 years with psychosocial disability
- 1 female resident within the age group 40-49 years with psychosocial and intellectual disability
- 1 female resident within the age group 50-59 years with psychosocial and intellectual disability
- 1 female resident within the age group 60-69 years with intellectual disability

Every respondent within those groups had encountered some form of violence. The study aimed to explore their perceptions of accessing justice and the efficacy of different authorities and institutions in addressing their concerns.

The interviewed group of employees 1 consisted of:

- 1 female instructor of social rehabilitation within the age group 30-39 years
- 1 female nurse assistant within the age group 40-49 years
- 2 female social workers within the age group 40-49 years
- 1 female social worker, senior management position, within the age group 50-59 years
- 1 female caretaker within the age group 50-59 years

The interviewed group of employees 2 consisted of:

- 1 female social worker within the age group 20-29 years
 - 1 female social worker within the age group 30-39 years
-

- 1 male instructor of social rehabilitation within the age group 30-39 years
- 1 female instructor of social rehabilitation within the age group 40-49 years
- 1 female social worker, senior management position, within the age group 50-59 years
- 1 female instructor of social rehabilitation within the age group 50-59 years

Each professional was skilled in providing care, as required by domestic law; several were, as shown, also healthcare professionals. At the same time, all professionals were employees of these institutions, working in daily contact with women with disabilities. Concerning the close reading of the criminal file, the expert was educated in psychology and has been listed as an expert since 2005. The expert opinion, closely read, was prepared in 2016.



03

**LEGAL AND POLICY
FRAMEWORK**



01 Legal and policy obligations

Legal and policy frameworks are mainly defined by two contexts. The first concerns victims' rights and is based on the transposition of the Victims' Rights Directive into Slovak law, namely into the Victims Act. The second context relates to the prevention of ill-treatment and monitoring of institutions.

The Victims Act provides for specific protection for those victims who have been defined as victims with specific protection needs, including people with disabilities. Persons with disabilities are defined following the UN CRPD, yet, it has been reported that there is a problem with accessibility to adequate, comprehensible, practical and up-to-date information to the victims. The law presumes the provision of all information, but these are usually provided only in writing through standardised leaflets, regardless of the needs (both communication and protection). The information is not available in an easy-to-read format. Moreover, there is no common tool, methodology or objective procedure to assess the specific protection needs of victims, and no authority is assigned to this task of individual assessment.¹ As a result, victims with disabilities might lack procedural support, and the proceedings might be inaccessible.

The law also allows the exclusion of victims with disabilities from the proceedings if the expert considers that they cannot give evidence. Currently, the CRPD Committee has been considering an application of a woman with intellectual disability and autism, who filed a criminal complaint due to alleged ill-treatment in the institution but was excluded from giving statements based on an expert opinion. The proceedings were eventually, without her testimony, discontinued.²

¹ Vociare, 2019. The national report, Slovakia, p. 6. Report available at: https://victim-support.eu/wp-content/uploads/2021/02/VOCIARE_National_Report_Slovakia_interactive.pdf

² CRPD, Complaint no. 78/2020.

The primary tool for supporting victims in their role as a party to the criminal proceedings is the existence of organisations that assist victims of crime. The law recognises³ the right of victims to receive both general and specialised professional assistance⁴. However, it does not regulate the responsibility for systematically developing the available and accessible network. As it was reported, there was in 2019 only one organisation providing support to victims with disabilities.⁵

Concerning the second context, the prevention of ill-treatment is mainly connected with the monitoring framework. Currently, two primary authorities concentrate on preventing ill-treatment, especially inside institutions. First, there is an inspection of social services, created in 2022 and run by the Ministry of Social Affairs, with a mandate to monitor all registered providers of social care, including in the domain of ill-treatment. The second authority is the Commissioner on the Rights of Persons with Disabilities, a unique and independent body established under Article 33 CRPD. The Commissioner is entitled to monitor all situations that concern people with disabilities, including allegations of violence. In contrast to the inspection, the Commissioner does not have punitive powers and cannot impose sanctions. However, it is not bound by formal regulations during the investigation and can act more flexibly.

Policies and services to facilitate access to remedies and reparations for gender-based and disability-specific violence

The Slovak government has undertaken several initiatives to facilitate access. One notable project led by the Ministry of Labour emphasises individual assessment by the police to identify special vulnerabilities and address victims' needs. However, it only broadly addresses disability, lacking specific guidance for communication with victims with intellectual or psychosocial disabilities. Another project run by the Ministry of the Interior has established contact points for victims, offering basic social, legal, and psychological counselling. While not explicitly targeting victims with disabilities, these contact points are open to all, intending

³ The law established a system for their registration, accreditation and state funding.

⁴ Victims Act, §§ 5 and 6.

⁵ Vociare, 2019. The national report, Slovakia, p. 30. Report available at:

https://victim-support.eu/wp-content/uploads/2021/02/VOCIARE_National_Report_Slovakia_interactive.pdf

to refer individuals to more comprehensive support services. The problem is that these contact points cannot fully substitute for the limited network of organisations assisting victims. A specific program designed for people with disabilities, especially women and or children living in institutions, has been missing.

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

Institutions and community-based services

Slovakia still relies heavily on institutional care for people with disabilities across different age groups. For example, as of December 2019, the four main types of residential social service facilities accommodated more than 40,000 persons.⁶ In 2019, this represented approximately 85.9% of the total capacity of social services⁷, and the number of clients was almost 2.5 times higher than the number of clients receiving care services in their natural environment.⁸

Institutions dealing with discrimination and harassment

In connection with preventing disability and gender-based specific discrimination, besides the two authorities described above – the Commissioner and the inspection – there is a Slovak National Centre for Human Rights with a mandate to operate as an equality body. Individuals experiencing disability-related violence are protected by anti-discrimination law.

Social service providers and mental health providers

As of December 31, 2021,⁹ the Slovak Republic registered 2,311 social services providers, offering a cumulative 5,635 social services. Among these, 699 (12%) were established by

⁶ The exact figures are: 940 facilities, 40 330 beds and 40 896 people in 2019. Data from the Ministry of Labour, Social Affairs and Family.

⁷ See National Strategy for the Deinstitutionalisation of the Social Services System and Foster Care, 2021, pp. 17-18. The National Strategy is available at: <https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/narodna-strategia-deinstitucionalizacie-systemu-socialnych-sluzieb-nahradnej-starostlivosti-2021.pdf>

⁸ In concrete, 16 124 in December 2019. See Report on the Social Situation of the Population of the Slovak Republic for 2019, Annex to Chapter 3. Available at: <https://www.employment.gov.sk/sk/ministerstvo/vyskum-oblasti-prace-socialnych-veci-institut-socialnej-politiky/spravy-socialnej-situacii-obyvatelstva/rok-2019.html>

⁹ See the Government's report on the social situation in Slovakia in 2021. The report is available at: https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/2022/spravasossr_2021_pub.pdf, p. 122-123.

higher territorial units, and 2,393 (43%) were provided by non-public entities. Municipalities and those established by them represented the majority, accounting for 45% (2,543). The total expenditure for social service facilities in 2020 was EUR 631.7 million, with 97% allocated to wages and compulsory social insurance. Home care services provided to 14,678 (15,168) individuals indicated a trend of stability.

Further, persons with intellectual and psychosocial disabilities may also be institutionalised in psychiatric institutions. Slovakia is among those countries with quite a high rate of hospitalisation in psychiatric facilities – in 2021, there were 37,482 persons hospitalised due to “mental and behaviour disorders”, representing 68.9 persons per 10,000 inhabitants. The most common reason for hospitalisation was substance abuse (25.8%), followed by schizophrenia (21%), organic disorders, including symptomatic, mental disorders (14%), and affective disorders (14.4%). The number of hospitalised persons has slightly decreased since 2019.¹⁰

Overall, Slovakia has a very high level of institutionalisation and safer community-based services are scarce.

National policy and policy direction around de-institutionalisation and the development of community-based services

Although the Slovak government committed in 2011 to de-institutionalise social services for people with disabilities¹¹, this process has been "slow and partial".¹² The National Strategy for Deinstitutionalisation was updated in 2021, but its implementation has been very slow and faces strong resistance from most municipal and regional governments in Slovakia.

Slovak legislation fails to enact measures that would ensure the reorientation of the social care system from institutional care to community-based support. It still enables establishing and extending existing institutional infrastructure, and there is no moratorium on new admissions, preventing systemic change. There is a lack of measures to ensure the redirection of the social services system from institutional care to community support, in

¹⁰ Statistics available in Slovak at:

https://www.nczisk.sk/Statisticke_vystupy/Tematicke_statisticke_vystupy/Psychiatricka_starostlivost/Pages/default.aspx

¹¹ Strategy available at: <https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/narodna-strategia-deinstitucionalizacie-systemu-socialnych-sluzieb-nahradnej-starostlivosti-2021.pdf>

¹² CRPD/C/SVK/CO/1, para. 55.

particular, to promote personal assistance as a "tool for independent living"¹³ and other community-based services.

Moreover, concerning psychiatric care, the UN CAT Committee expressed its concern in 2023 about the large extent of institutionalisation. It recommended that the government hasten its efforts to transform this form of care.¹⁴

03 Monitoring and regulation of institutions and public services

National monitoring mechanism

Although Slovakia ratified the CRPD in 2010, it still faces several challenges in its implementation. Slovakia is generally a country where the medical model of disability dominates many law and legal practice areas.¹⁵ For example, the country still lacks alternatives to guardianship and a system of supported decision-making.¹⁶ Yet, recently, two initiatives strengthened the monitoring of social care services and prevention of ill-treatment. In 2021, the Act on Social Services was amended and introduced, inter alia, the position of a confidant of a social service recipient against whom the social service provider has a notification obligation in connection with the provision of a social service. At the same time, it is no longer possible for a social service provider or employee to be appointed a guardian of the social service recipient. Moreover, as emphasised above, in 2022, the new Act on Inspection in Social Matters came into force and introduced a new institutional framework to prevent ill-treatment. The mandate covers both institutions and community-based providers. The powers include investigatory powers and possibilities to impose sanctions, including financial ones.

¹³ CRPD/C/GC/5, para. 16 (d).

¹⁴ CAT/C/SVK/CO/4, para. 19.

¹⁵ CRPD/C/SVK/CO/1, para. 11 and 12.

¹⁶ Act No. 40/1964 Coll., Civil Code, § 10 and § 27(2).

Monitoring of social services providers

In 2022, the monitoring of social services transitioned by a special law to the inspection of social matters. It is a specific authority established within the Ministry of Social Affairs.¹⁷ The law allows a broad spectrum of entities to be monitored, which is an advantage. Moreover, the inspection results in a conclusion detailing the compliance with the standards of quality defined under the Social Services Act. These standards, inter alia, concern the issue of ill-treatment. Further, within the process, the Ministry discloses protocols and records and publishes final decisions, including penalties and prohibitions, holding entities accountable for breaches of social affairs legislation. The public dissemination of inspection results serves the dual purpose of raising awareness, promoting transparency, and fostering clear and accountable practices in the field.

The current legal framework under the Social Services Act emphasises the monitoring and reporting of social service providers' use of non-corporeal and physical restraint. The systematic recording, tracking, and evaluation of notifications serve as a means of oversight and provide a rich dataset for the Ministry of Labour. Despite this, there is no plan to abolish restraints, and there is generally a lack of knowledge and usage of de-escalation techniques.

¹⁷ Information available at: <https://www.employment.gov.sk/sk/uvodna-stranka/inspekcia-socialnych-veciach/nova-web-stranka.html>

Reports by UN treaty bodies and other authorities

The CRPD was ratified by Slovakia in 2010, and the implementation has been reviewed once. The CRPD Committee recommended that Slovakia amend procedural rules to ensure accommodations for people with intellectual disabilities and provide accessible legal aid.¹⁸ Mandatory training for judicial, administrative, and law enforcement personnel on various issues, including procedural adjustments, was also suggested. The CAT Committee has addressed issues of ill-treatment in institutional facilities, but it did not specifically focus on procedural adjustments or access to justice for persons with disabilities.¹⁹ Moreover, the European Committee for the Prevention of Torture (CPT) reported²⁰ on conditions in facilities where individuals were deprived of liberty, including concerns about communication of patients' rights, lack of court involvement for involuntarily detained patients, and insufficient information about legal rights in psychiatric facilities.²¹

04 Summary and assessment

Barriers for victims of gender-based violence and violence against persons with disabilities

- **The problem of access to free legal aid**

Legal aid in criminal proceedings is subject to a number of conditions that make it very difficult to access, especially for victims in vulnerable situations, such as women. The victim must claim criminal damages. The victim must prove that her financial situation prevents her from paying for a lawyer. It remains for the judge to decide whether the appointment of a lawyer free of charge is necessary to protect the victim's interests. The Slovak legal system does not create a system of widely available and accessible free legal aid for women and child victims in a vulnerable position. On the contrary, in the case of victims with mental or

¹⁸ CRPD/C/SVK/CO/1, para. 41.

¹⁹ CAT/C/SVK/CO/2.

²⁰ In 1995, 2000, 2005, 2009, 2013 and 2018. The seventh regular visit took place in 2023.

²¹ Report to the Government of the Slovak Republic on the visit of the European Committee to the Slovak Republic for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 19 to 28 March 2018, CPT/Inf (2019) 20, §§ 130-136.

psychosocial disabilities, it relies heavily on guardianship, thereby depriving these victims of their rights as parties to proceedings.

- **Insufficient network of support organisations and centres for victims with mental or psychosocial disabilities**

In general, there is a concern about the availability and accessibility of support organisations. Indeed, not all victims must eventually decide to report a crime, but their decision should always be based on appropriate and understandable information. The Ministry of Interior has established contact points across the country. Yet, these contact points are not available for people with disabilities living in institutions who are dependent on those who can easily approach them and collect the evidence. Moreover, support is non-existent in rural areas where typically secluded institutions are located. Thus, overall, people with disabilities confined to institutions are dependent on monitoring teams and those authorities that can actively visit and approach them.

- **Non-availability of procedural adjustments for victims with mental and/or psychosocial disabilities as parties to criminal proceedings**

The non-availability of procedural adjustments for victims with intellectual and/or psychosocial disabilities as parties to criminal proceedings highlights a significant gap in the legal system's ability to accommodate diverse needs. One prominent issue revolves around the effective communication of rights. The absence of easy-to-read materials further compounds this challenge, hindering the dissemination of essential information in a format accessible to individuals with diverse abilities. Moreover, there is a disturbing possibility that victims may be inadvertently excluded from participating in criminal proceedings based on their disabilities, perpetuating systemic injustices. Additionally, the intersectionality of disability and guardianship status introduces a layer of vulnerability, potentially compromising the autonomy and agency of victims with intellectual and psychosocial disabilities.

- **Lack of access to an individual assessment of the victim's support needs**

The lack of access to an individual assessment of the victim's needs (see below) highlights a critical deficiency in the legal framework, particularly with regard to the identification of the necessary procedural measures. Although individual assessments aim to identify victims' specific support requirements, the disconnect between these assessments and the intention to design procedural measures can inadvertently lead to inconsistent outcomes. Without a clear link between the assessment process and the identification of procedural adjustments, there is a risk that identified support needs may not translate into meaningful adjustments within the criminal justice process.

- **Insufficient awareness and training of law enforcement and courts on the human rights model of disability and their obligations under the CRPD**

As already mentioned, the situation in Slovakia has been dominated by the medical model of disability. As both the CRPD Committee and the CAT Committee noted, specific awareness and training are absent.

- **Focusing the provision of information on the moment of first contact with law enforcement authorities of the first contact with law enforcement, the insufficient information role of the courts**

Although the legal framework requires individualising the information provided, it still ties the provision of information to the moment of the victim's first contact with law enforcement authorities of the victim's first contact with law enforcement. This also seems to be a consequence of the fact that the relevant statutory provision states only the police and the public prosecutor,²² i.e., the law enforcement authorities responsible for the criminal offence's notification stage and the proceedings' pre-trial stage. The obligation to provide information at later stages of the criminal proceedings is formulated only in the form of general principles,²³ without any specific elaboration, and the application of these principles therefore

²² Victims Act, § 4(2) and (3).

²³ Criminal Procedure Code, § 2(21) and § 49.

depends to a large extent on the attitudes of the criminal law enforcement authorities and courts and their understanding of the victim's situation and needs.

- **Lack of mechanisms to ensure that official documents are understandable to victims**

Although women and children victims with disabilities have the right to receive many important decisions and documents issued in connection with criminal proceedings before the commencement of criminal proceedings, there are no mechanisms to ensure that these documents are made comprehensible.

- **Lack of availability of restorative solutions, especially for victims with mental or psychosocial disabilities**

The impact of restorative principles and the use of restorative measures in the Slovak criminal justice system is limited. Slovakia relies solely on mediation, which is understood narrowly in the sense of the legal institution of conditional discontinuation of prosecution or conciliation between the victim and the accused. Restorative justice measures are, therefore, only available in a limited range of less serious offences that can be resolved amicably and only in certain stages of criminal proceedings.

- **Failure to ensure the collection of adequate data on victims with disabilities, including victims with intellectual or psychosocial disabilities, disaggregated according to relevant criteria, including type of disability, and on the procedural accommodations provided to these victims**

Slovakia does not systematically collect data on victims with disabilities in the criminal justice system, disaggregated by relevant factors, in particular disability, age, gender, ethnicity and the type of crime of which the person with a disability was a victim. Similarly, information on procedural accommodations provided to women and children victims with disabilities is not collected, at least in their role as witnesses to the crime and not as parties to the criminal proceedings, which again would be sufficiently disaggregated. Therefore, it cannot systematically monitor whether the criminal justice system is sufficiently accessible to victims

with disabilities, and in particular to victims with mental or psychosocial disabilities, at all stages of the criminal justice process, including the notification of the offence.

- **Lack of independent control and monitoring**

The question of monitoring is complex. While there has been a significant improvement, especially with the creation of the inspection authority within the Ministry of Social Affairs, there is a concern about independence. The inspection authority cannot be regarded as independent, especially for two reasons. First, it is the authority directly incorporated within the Ministry, and second, it is headed and supervised by Ministry officials who are, in fact, under the control of political representatives. The Commissioner on the Rights of Persons with Disabilities is an independent authority, however, it lacks important competencies, such as the possibility to impose sanctions or initiate legal proceedings against the institutions. Also, the actual possibility of addressing an individual complaint to the Commissioner on the client's side is often limited by the lack of information about this possibility itself, the lack of means to communicate with the outside world and often also by the limited communication skills of the client. The latter is thus almost always dependent on the support of the institution staff about which the client wishes to complain.



04

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

01 Case studies and experiences of women and children with intellectual and psycho-social disabilities

This section is based on interviews conducted during visits to two large-scale institutions for people with disabilities on 18 and 19 July 2023, predominantly accommodating women with disabilities.

The findings of the study indicated that people with disabilities generally held a positive view of their ability to seek justice, particularly through the police and medical professionals. One respondent noted, *"I'd say both the police and the doctor were there, there's no problem with it."* This suggests that persons with disabilities are more inclined to approach law enforcement and healthcare providers when they experience violence, indicating some level of trust. However, it was also observed that they only occasionally recognised the relevance of the ombudsman and monitoring bodies, including the commissioner for persons with disabilities. This highlights the need for increased awareness and accessibility of such channels for justice-seeking within the community, potentially improving their overall access to justice and support in addressing violence.

Also, the staff was not present when we did the interviews but were interested in the content and context. For a deeper exploration of the context, it would have been much more beneficial to do the research more systematically and to visit the focus group more than once. We did not find it ethically appropriate to build a deeper relationship with the participants - trust is vital with these topics, while the ethical aspects should also be carefully considered. Ethical principles are similarly anchored in Annex 2 of the Ministry of Labour, Social Affairs and Family Inspection Act.

This case study underscores the importance of promoting awareness and accessibility of legal and advocacy channels for persons with disabilities. While they generally feel they can seek justice through the police and healthcare providers, there is a need for better recognition and utilization of ombudsman bodies, other support services and reporting mechanisms to provide comprehensive support and protection for this vulnerable group, including measures on how to

approach those institutions that generate trust. These institutions need to become more visible and interact more with persons with disabilities to generate trust and awareness among this group. Enhancing education and outreach efforts can help bridge this gap and improve the overall experience of accessing justice for persons with disabilities in cases of violence.

Women with disabilities shed light on the most reliable and trustworthy sources of support within their social circles. The study revealed that, for women with disabilities, employees of the institution they reside in and their close family members are the individuals they turn to with trust and confidence. When asked if they had anyone they could confide in regarding any adverse situations, respondents overwhelmingly pointed to the institution's employees, expressing a strong sense of reliance on them. As one [Woman with psychosocial disability](#) aptly put it, "*Well, they're here for that,*" underscoring the integral role that facility staff plays in providing emotional and practical support. The sentiment was echoed by others who emphasised that the staff listens to them more attentively, creating a bond of trust and a sense of being understood, thereby establishing them as primary confidants. In response to the question of whom else they could approach besides the staff, they stated that they would contact a psychiatrist. This finding also shows the need for more information about the possibilities of living and providing social services outside institutions. Nothing in the interview suggested that the service staff promoted contacts outside the institution. Currently, the institutions are in the process of deinstitutionalisation and should be completely transformed in upcoming years. According to existing plans, informants with disabilities should be moved to community-based settings.

This case study highlights the roles that employees and close family members tend to play in the lives of women with disabilities. But this also indicates complete dependency whenever violence is perpetrated by staff and their ability to approach an independent body with a complaint is very limited. For women with disabilities that find persons supportive and trustworthy may make them the go-to persons in times of need. At the same time, findings also emphasise the need for continued investment in training and support within, but mainly outside the institutions to enable access to justice and community-based living support of this vulnerable population.

The findings shed light on the unique experiences and vulnerabilities faced by women with disabilities living in institutional settings. This group is often unaware of the existence and functions of ombudspersons, monitoring bodies and other reporting mechanisms, which are designed to safeguard their rights and well-being.

Intro: There is such a particular office, it is based in Bratislava. And it's called the Office of the Commissioner for the Rights of People with Disabilities. It's now carried out by one lady, her name is Zuzana Stavrovská, so we have a commissioner who in case of, in case of some emergency, would also be able to help to come to the facility. Let's say to deal with some situation. Have you heard of her? No?

Woman with psychosocial disability: „Just now.“

Another woman with psychosocial disability: „Not yet.“

Instead, their primary sources of trust and support are directed towards the police and law enforcement agencies, reflecting a reliance on formal and generally well-known authorities. In this situation, the police managed to respond well to the stress communicated by the person with a disability.

„I'd say both the police and the doctor were there, there's no problem with it.“

Q: And did the police do the right thing then?

Woman with psychosocial disability: „Yes. “

Q: Okay, and they also talked to you, so you felt unconcerned?

Woman with psychosocial disability: „Safely, but they spotted that I was under so much stress, so they immediately stopped. “

Additionally, the study underscores that the employees of these institutions have a critical role which can be interpreted as they should be the only persons to rely on.

„Our question: If it was, if something like that was happening, would you have anyone that you could talk about it besides the employees, or would it be the people that work here?

Woman with psychosocial disability: Well, they're here for that.

Woman with psychosocial disability: the staff. Because they listen to them more. I have e.g., our nurse AZ, XY, “

Furthermore, if close relatives are available, they too are considered essential in the lives of these women. These findings emphasise the need for enhanced awareness and accessibility of support mechanisms, such as preventive mechanisms that should regularly conduct efficient visits and monitoring institutions, as well as the risk of dependency on institutional employees and the importance of empowering women with disabilities to understand and exercise their rights within such environments.

Q: And have you encountered the work of the Commissioner and her team directly?

Employee: „No.”

Q: And she wasn't here? I thought I had in all the facilities I've had those years.

Employee: “No, Mrs Tomanová was here when she was still here before; it was maybe 20 Years ago, a long time ago, but she occasionally goes to this kind of event they hold here in Pohorela, so she'll stop by a client here.” (Mrs Tomanová was a child ombuds)

Q: So, you feel that such a body like that doesn't have enough practical experience and that that perspective is different for like that freelancer and different for a person who works one day.

Employee: “Different perspectives typically on those worlds that they see differently here, we see differently. “

02 Interviews with professionals

This section is based on interviews conducted during visits to two large-scale institutions for people with disabilities on 18 and 19 July 2023 predominantly accommodating women with disabilities.

The interviews focused on the role of external professionals and underscored a significant disparity in the understanding and responsiveness of different external professionals when dealing with critical situations. While the respondents expressed satisfaction with the behavior of police officers in most cases, especially swift reaction, and ability to communicate under pressure, they also highlighted issues arising during interactions with paramedics, especially certain reluctance to respond in situations that concern people with mental disabilities in institutional care. This discrepancy in their experiences indicates a varying level of understanding and empathy among different professionals when it comes to the unique needs and urgency of individuals with disabilities. Some paramedics, as mentioned, may misinterpret the nature of the calls, deeming them as trivial, while the respondents stressed that from their perspective, these situations constitute urgent cases posing threats to life and health.

“Our police officers’ behavior is okay, yes, but sometimes we have problems with the paramedics. It depends on who comes and who doesn’t come and then they say, you call us because of “stupid thing” and there may be a more urgent case somewhere, but for us it’s urgent cases because it’s already a threat to life and health.”²⁴

This divergence in perception and response reveals the need for a unified methodology, comprehensive training and awareness programs across various professions to ensure

²⁴ Social work manager, senior professional, female.

consistent and empathetic support for individuals with disabilities, especially in high-stress situations where swift and compassionate action is paramount.

Further, professionals reported that there is a notable gap in awareness and understanding of the roles and functions of ombuds and monitoring bodies, particularly among professionals in practical roles. This lack of awareness extends to their competencies and the support they can provide to individuals, including those with disabilities.

Q: Do you have any experience with other state authorities that you think might be able to help you when a resident is in a situation where they are a victim of a crime, or do you suspect that's a situation where you might be able to turn to? Or has anyone already helped you?"

Employee: "No, not yet ... "

The study suggests that this knowledge deficit is prevalent among various professionals, potentially limiting the effectiveness of these critical channels for safeguarding rights and well-being. As a result, there is a clear need for increased education and outreach efforts to ensure that professionals, including law enforcement officers and healthcare providers are well-informed about the capabilities and services offered by ombuds and monitoring bodies. Such awareness can lead to more efficient and empathetic responses to the needs of vulnerable individuals, ultimately enhancing the protection of their rights and overall well-being.

Professionals who work closely with women and children with intellectual or psychosocial disabilities frequently encounter cases of violence, including instances that occur within family settings. The frequency of these encounters may vary, but such cases are not uncommon. The types of violence reported include physical, emotional, and sexual abuse, neglect, financial exploitation, and coercion. In some instances, these individuals also face discrimination and stigmatisation, which can exacerbate the overall experience of violence.

Employee: "They indeed come because some of our residents have been here since they were very young, and actually some of the newer ones, so we have the experience that they've experienced some violence in that community or where they lived before, and being placed here, that was already some of the solutions to the situation that arose back then, that there was some violence and just some abuse of any form, yes."

Detecting violence, especially within social care institutions, poses significant challenges. Several factors contribute to this difficulty. First, women with disabilities can face communication barriers, making it more challenging for them to report abuse or express their grievances effectively. Second, institutional settings may lack adequate monitoring and reporting mechanisms, and there may be insufficient training for staff to recognise and respond to signs of abuse. There is no unified understanding of what constitutes violence. Additionally, the power dynamics can be imbalanced, making residents vulnerable and hesitant to disclose incidents of violence. During the COVID-19 restrictions, these challenges were further exacerbated as lockdowns limited external oversight and reporting opportunities, increasing the isolation of individuals with disabilities and their dependence on internal systems for protection.

Q: "When, when the lockdown was covid, was the suspense different? In the facility, was it greater, or was it? What was the climate like?"

Employee: Right away. They were already so scared of everything then.

Employee: They were scared.

Employee: When we came in the suits, they changed themselves. We employed them with simple tasks, and they chose to help us because since there was less staff, there was a need to quarantine upstairs as well, and they helped all day long; they hung

around. To help take out the food, and so they came, they just sort of did something ... and out of that fear so.”

Efforts to address these issues require improved training for professionals and staff.

“Employee: ... The trainings - yes, and it would have been good to retrain, but now those trainings are also financially demanding, so we try to participate for free online, but it is not so. Here, we needed it, and we did it here so everyone could participate. We had this aggression training and more special grips and holds.

Employee: ... and if something happens, it must be written to the ministry. Like that plan. Managing a crisis ... that is it.”

The promotion of open, accessible, and safe reporting channels for women with disabilities is also crucial. Additionally, creating an environment where individuals with disabilities feel safe and empowered to communicate their concerns is essential to enhance the detection and prevention of violence within social care institutions and other settings.

Coordination with police and child protection services, particularly concerning cases involving women and children with disabilities, often lacks comprehensive and specialised support.

Employee: “... with some fieldworkers, there is good cooperation, but mostly they don't do the job they should ... I need to write a check, an application, to work, ... but not the real social work that would be necessary in the villages and towns, there is little mapping of those problems, and it is more administrative work.”

While there may be specialised non-governmental organisations (NGOs) in certain regions providing valuable assistance, such support is not consistently available everywhere. This overall lack of specialised services and accommodations poses a significant challenge in ensuring the safety and well-being of women and children with disabilities, highlighting the need for broader and more consistent access to dedicated resources and expertise in addressing their unique needs and situations of vulnerability.

One of the notable promising practices that emerged from the interviews is the provision of accessible materials, including ideally videos. Making information and resources available in formats that cater to diverse needs, such as visual and auditory accessibility, plays a crucial role in ensuring that individuals with disabilities, including those with intellectual or psychosocial disabilities, can access and understand vital information and services effectively. This approach not only fosters inclusivity but also empowers individuals to make informed decisions and seek assistance, ultimately enhancing their well-being and protection.

Q: That's still actually a question, isn't it? Whether it would make sense, or if we already had prepared such materials, whether it would make sense to you and especially if you could give us a uh a little more time sometime next year that we would meet like this and that we would go through them.

Employee: "Yes. "

Employee: "If there was such a thing for the people with disabilities, something like children's video ... because you know ..."

Q: Hey, that if that's something that you would appreciate, for example, if you were given materials like that in one pile now, that this is for possible violence, that you would open it up and that this would be something like that.

Employee: „Yes “.

In this section, we incorporate a close reading of a criminal file of women with intellectual disability and autism spectrum disorder. The case concerns gender-based and disability-based ill-treatment which took place in an institution in the period between 2010-2013. In particular, the victim alleged that during this period, she was beaten by employees of the institution, who also told the other residents to beat her. She was tied up at least six times in what she described to her mother as a straitjacket. It happened each month during the first three months of her stay in the institution. Further, her legs were also once tied up by a diaper. When she felt anxious, she started to scream, and the staff would respond by restraining and tying her until she stopped. Moreover, they locked her up in an isolation room each night for

a period of approximately 6 weeks to prevent the Author from seeking out the nurses during the night.

In 2015 the victim's mother filed a criminal complaint, alleging that her daughter was abused, beaten and ill-treated. In the course of the pre-trial proceedings, the investigator requested a psychological expert opinion from a clinical psychologist. The expert was asked to answer, *inter alia*, whether the victim has the capacity to correctly perceive, remember and reproduce experienced events which are subject to the investigation and whether she has a disposition to confabulation.

The expert concluded that the victim has a "medium severe intellectual disability" and that her thinking is "persevere, on the level of concrete operations, without a capacity to rationalise". The Author's thinking only "reflects immediate experiences. The personality is emotionally labile, explosive with behavioural disorders and eroticism ...". Further, he stated that the victim's personality is:

"... immature and childish, the level of intellectual capacities and adaptability, including emotional maturity is in a stage of early preschool age. ... She does not have the competence to correctly perceive, remember and reproduce experienced events because of a lack of adequate functionality of perception and understanding (attention, memory, thinking, judging, orientation). ... [name of the Author] cannot be influenced to give consistent, repeated, possibly imagined events. She is significantly influenced by her mother. The testimony ... before the expert is inconsistent in time; she merely mechanically repeats fragments of experiences, i.e. oral assessment from other persons, however, without understanding the situation. The witness has no disposition to confabulation. Because of her mental deficiency, she cannot repeatedly follow during the testimonies her aims. She does not know how to distinguish her own experiences from statements that she has heard from her mother. ... General, as well as the specific credibility of [name of the Author] testimony is not met, due to her mental deficiency, emotional unstableness, and behavioural disorder".

Based on this reasoning, the investigator discontinued the investigation because no offence had been committed.

The victim's case demonstrates the emergence of new risks when the victim decides to break the silence and bring a criminal complaint. These new risks are associated with a different

context, medical and psychological, in which the victim can be formally excluded from the proceedings as incompetent and a person who lacks credibility. On the level of prevention of violence inside institutions, the existing mechanisms can guarantee monitoring and punishment (see above), even though these are not accessible to persons with disabilities, as was reported. However, existing mechanisms are in no position to affect the criminal proceedings and cannot ensure safe and effective participation of victims of violence, challenging medical stereotypes and excluding practices. This seems to be a systemic problem pointing to limits of existing preventive mechanisms which can detect violence but cannot ensure appropriate remedy.



05

CONCLUSIONS AND RECOMMENDATIONS

01 Conclusions

In conclusion, the case studies and interviews shed light on the experiences of women and children with intellectual and psychosocial disabilities, particularly in the context of accessing justice and support. Several key findings and takeaways emerge from these studies:

1. **Trust in Authorities:** The studies reveal that individuals with disabilities generally trust law enforcement and medical professionals when seeking justice and support in cases of violence. The open question is how the extent of obvious dependency on institutions and their staff – including medical personnel employed by institutions - affects the existence of this trust. We can presume a strong correlation exists between dependency on institutions and formal settings and the experience of trust in authorities that cooperate with these institutions. The healthcare professionals discussed in the interviews were part of the staff. However, according to an employee's account, the paramedics appeared to be less responsive at times. Women who were interviewed had the possibility to report the situation to the police. It was also shown that there is room for increased awareness and utilisation of other channels like ombudsman and monitoring bodies, which can provide comprehensive support and protection. Women interviewed expressed the need for additional information on navigating similar situations, preferably presented in an accessible format and broken down into manageable steps.
2. **Role of Facility Staff:** The research underscores the crucial role played by employees in institutions and close family members as primary sources of trust and support for individuals with disabilities. It highlights the need for continued investment in training and support for facility staff to ensure this vulnerable population's well-being and emotional support. But this discovery also underscores the compelling necessity to present alternative housing and

service options within the community. It highlights the importance of cultivating genuine relationships for women with disabilities beyond institutional settings, where emotional dependency on staff is artificially established.

3. **Disparities in Professional Responses:** Recognizing variations in professionals' understanding and empathy towards individuals with disabilities underscores the crucial requirement for comprehensive training and awareness programs across diverse professions. This is essential to ensure consistent and empathetic care, particularly in high-stress situations, and to facilitate support mechanisms for women when reporting and also external assistance within criminal justice systems.

The care, as understood by employees, is presumed to encompass support, direct interventions, and substitution of their decisions.

4. In a situation where the victim decides to initiate criminal proceedings, she can face different exclusion practices, namely a possibility of being excluded from the criminal proceedings due to her disability as incompetent and someone who lacks credibility. The existing preventive mechanisms do not have standing in criminal proceedings and cannot affect this form of exclusion. Eventually, it calls into question the efficiency of the whole human rights framework that cannot guarantee access to efficient remedies.

5. **Lack of awareness about ombuds and monitoring bodies:** Professionals, including law enforcement officers and healthcare providers, often lack awareness of the roles and functions of ombuds and monitoring bodies, limiting the effectiveness of these channels for safeguarding rights and well-being. In this regard, there is a clear need for increased education and outreach efforts.

6. **Challenges in Detecting Violence:** Detecting violence, particularly within social care institutions, is challenging due to communication barriers, inadequate
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monitoring, and power imbalances. *Employee: "I'd say it's more like... I don't know if I can say it, cigarette-coffee bullying, that the stronger ones are blackmailing the weaker ones and we just do what we can, we try to make it work somehow but they can't defend themselves and we can't go to every client."* Efforts to address this issue require improved training, accessible reporting channels, and creating safe environments for individuals with disabilities to communicate their concerns.

7. **Lack of Specialised Support:** Coordination with police and child protection services often lacks comprehensive and specialised support, highlighting the need for broader and more consistent access to dedicated resources and expertise in addressing the unique needs and overcome barriers of women and children with disabilities.
 8. **The need for access to support:** notably community-based assistance, even during emergency situations, in alignment with the principles outlined in the UN Guidelines on Deinstitutionalisation. These guidelines underscore the significance of transitioning away from institutional care towards community-based alternatives, promoting the rights, dignity, and inclusion of individuals. It is crucial to acknowledge and adhere to these UN Guidelines on Deinstitutionalisation to ensure a comprehensive understanding and effective implementation of supportive measures in various contexts.
 9. **Accessibility of Materials:** Providing information and resources in accessible formats, including videos, is a good practice that enhances inclusivity and empowers individuals with disabilities to access and understand vital information and services effectively.
 10. **Access to Criminal Remedy:** Ensure that victims of violence with disabilities cannot be excluded from criminal proceedings based on their disability. A
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person's disability cannot be used as grounds for declaring them ineligible to testify or undermining their testimony's credibility. The disability can be a reason for justifying any necessary supporting measures that experts can and should identify to allow victims of violence with disabilities to be heard and access their right to remedy to full extent.

Overall, these case studies emphasise the importance of promoting awareness, training, and accessible support mechanisms to enhance the well-being, protection, and access to justice for individuals with intellectual and psychosocial disabilities, particularly in cases of violence.

02 Recommendations

Based on the research findings, the following recommendations have been formulated:

For Persons with Disabilities:

- **Raise Awareness:** Run awareness campaigns to inform individuals with disabilities about the ombudsman and monitoring bodies, empowering them to seek support and justice.
- **Empower Individuals:** Provide awareness sessions or workshops to help individuals with disabilities understand their rights and navigate procedures related to violence and justice.
- **Diversify Support Networks:** Encourage individuals with disabilities to expand their support networks beyond formal authorities, facility staff and family members to include external personnel, such as service providers and monitors.
- **Advocate for Accessibility:** Champion accessible resources, including videos, to improve understanding of services and rights among individuals with disabilities.

For Professionals:

- **Comprehensive Training:** Offer professionals, especially paramedics, comprehensive training focused on understanding the unique needs and barriers of individuals with disabilities and providing empathetic support in high-stress situations.
- **Awareness of Ombuds and Monitoring Bodies:** Conduct awareness programs for professionals in different roles, ensuring they grasp the roles and functions of ombuds and monitoring bodies, leading to more empathetic responses to individuals with disabilities.

For Institutions and Authorities:

- **Strengthen Reporting Mechanisms:** Enhance monitoring and reporting mechanisms in institutional settings by developing accessible formats for all persons with disabilities confined in the institutions. Introduce regularity into monitoring visits from external monitors
 - **Coordination and Specialised Support:** Improve coordination with specialised non-governmental organisations and dedicated resources to provide consistent, specialised support to women and children with disabilities facing violence, ensuring accessibility across all regions.
 - **Accessible Materials:** Develop and provide information materials in accessible formats, including videos, to accommodate the diverse needs of individuals with disabilities, enabling them to make informed decisions and seek assistance effectively.
 - **Accessible Criminal Proceedings:** Adopt regulations that ensure that expert opinions are not abused in order to exclude people with disabilities from criminal proceedings.
 - **The importance of establishing and bolstering community-based social services and seeking additional external support:** Asking for additional support from various organisations is paramount when addressing crime reporting involving
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individuals with disabilities. Community-based social services are crucial in providing tailored assistance, fostering a supportive environment, and facilitating the integration of individuals with disabilities into the community. In instances of crime reporting, the need for external support from diverse organisations becomes even more critical. These organisations can offer specialised resources, guidance, and advocacy to individuals with disabilities navigating the criminal justice system. Collaborating with such organisations enhances the accessibility of support services, ensures a more comprehensive understanding of the unique challenges faced by individuals with disabilities, and contributes to a more equitable and effective response from law enforcement and legal authorities.

- By strengthening community-based social services and forging partnerships with external organisations, we not only **empower individuals** with disabilities but also **foster a collaborative approach** that promotes inclusivity, protection, and justice for all. This multifaceted support system contributes to creating a safer and more responsive environment for individuals with disabilities who may be victims of crime, reinforcing the principles of equality and access to justice.

Overall, these recommendations aim to enhance awareness, support, and accessibility for individuals with intellectual and psychosocial disabilities, ensuring that they can access justice, support, and protection effectively, especially in cases of violence.

