

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



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Introduction

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

The project aims at:

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

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

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

- WP1: Project management & coordination
- WP2: Evaluation
- WP3: Development of the Stay Safe Training Tools
- WP4: Pilot and Assessment of the Stay Safe training tools
- WP5: Awareness-raising campaign, dissemination & exploitation

The present executive summaries report gathers the results in English of the the analysis (overview) of the current incidents and forms of sexual harassment and sexual violence against women with disabilities within the participant countries, by examining the desk research outcomes and the fieldwork outcomes within the participating countries.

Full reports are available in national languages from the website www.staysafe.eu

State of the art and recommendations for the Greek context

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1. Key objective of the country report

The present summary report is the second deliverable of task D3.4 "Drafting of national and summary reports; drafting of comparative analysis report". The aim of the Stay Safe SoA is the analysis (overview) of the current incidents and forms of sexual harassment, and sexual violence against women with psycho-social disabilities in the participant countries, by examining the legal frameworks and policies; measures and initiatives undertaken to prevent and reduce these phenomena; possible best practices/ models/ which have been proved successful; the gaps in these fields and the needs of the target groups in the partner countries and the EU.

The current analysis of the statistics on gender-based violence in Greece reflects the increased dimension of domestic violence for the period 2012-2017, which shows an escalation of 49%, while the analysis of the data of the SOS line 15900 of the General Secretariat for Family Policy and Gender Equality (GSGE), reveals that the vast majority of GBV cases involve incidents of domestic violence. The systematic review of the Greek literature did not bring specific results regarding the gender/sexual violence against women with psycho-social disabilities, and our effort is being placed in the common objective to reduce phenomena related to women with psycho-social disabilities and raise awareness among professionals working in the disability field and to provide them with educational instruments.

2. Methodology

For the desk research, we have done a systematic review of the available documents in Greek on the subject of GBV/ domestic violence combined with the terms of women's disability- psycho-social disability. Furthermore, two separate activities took place in the fieldwork which involved two different groups. First, three women aged over 50 years old with psycho-social disabilities were engaged in a face to face interview. To carry out the interviews, we applied the motivational interview method and used visual materials that were taken from various campaigns against GBV on the Internet. Second, we conducted a survey of seven female/ male professionals who work in mental health services. They have received an informative e-mail and upon common agreement, the interviews conducted by phone.

3. Key findings from the desk research

The term "violence against women" includes any act of gender-based violence that results in, or may result in, physical, sexual or psychological harm or pain to women, including the threat of such acts, coercion, or arbitrary deprivation of liberty whether this arises in public or private life. In 2009 Greece entered a period of prolonged recession and austerity with broad socio-economic, demographic and

political implications and this was particularly felt in unemployment rates, the overwhelming loss of income, and the shrinking of the welfare state. At the same time, the statistics on gender-based violence in Greece reflected the increased dimension of domestic violence revealing that the exacerbation of the social problems of poverty, unemployment, and insecurity generally affect women, making them more vulnerable to all forms of violence and more difficult to disengage from it.

3.1 Legal framework against gender-based violence

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

3.2 National prevention framework

The National Gender Equality Mechanism includes all services and bodies at the central, regional, and local levels responsible for the design and implementation of policies, measures and actions to promote gender equality and equal treatment for men, and women, monitoring and addressing gender discrimination. Under the central supervision of the General Secretariat for Gender Equality (GSGE) there is a nationwide network of 42 Counseling Centers and 20 hostels for abused women all around Greece, while at the same time the 24-hour Hotline 15900 SOS operates all year round.

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

3.3 Gender-based violence against women with psycho-social disabilities

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

Girls and women with disabilities are often victims of violence, sexual abuse, and trafficking. • Girls and women with disabilities are often socially isolated due to attitudes, prejudices and stereotypes. • For women with disabilities, due to their limited access to the labor market, the risk of poverty is particularly high. In times of economic crisis, such as today, women with disabilities and mothers of children with disabilities are the first victims of financial misery. • For women with disabilities and mothers of children with disabilities, due to the lack of family support services and the non-provision of customized maternity leave, the possibility to combine family and professional life is limited. • Women with disabilities are 2 to 5 times more likely to be victims of violence than women without disabilities and undergo sterilization and abortions against their will. • There are 46 million women and girls with disabilities in Europe, 60% of the total population of people with disabilities. • 34% of women with a health problem or disability have been physically or sexually abused by a partner in their lifetime. • Women with disabilities are almost absent from decision-making centers. • Women with disabilities are almost invisible to the media.

3.4 Comparison of national findings and their further analysis within the EU

According to the statistics of the European Institute for Gender Equality 2019, the average score in Europe is 67.4 while Greece is in the last place of the 28 countries with a percentage of 51.2. In addition, Greece ranks up slightly below the average in the EE statistics of violence 2017: Gender Violence EU-28 27,5/ GR. 27,4, Prevalence: EU-28 21,2/GR 17,1, Severity: EU-28 46,9 GR 42,9. Greece differs visibly in the field of Disclosure, where ranks up the higher percentage from EE-28 and the other Stay Safe partner countries: EE-28 14,3/ GR 22,

4. Key finding from the fieldwork research.

4.1 The interviews with women with psycho-social disabilities

The research was conducted among August 3-7, 2020, in the form of an individual interview (informal discussion) between the recipients of the mental health services and the psychologist. In the beginning, the purpose of the Stay Safe program was explained in detail and they were asked for their written consent for a discussion in a completely confidential context. The three participants were women over the age of 50. Two out of three participants had to communicate incidents of domestic violence in their previous lives and expressed feelings of fear and depression. They all would react with a complain in

future possible incidents and felt, beyond the stress that this difficult topic produces, thankful that they were helpful in this study aimed at raising awareness and better addressing GBV cases

4.2 The survey of the professionals

The research was conducted from 26/6/2020 - 8/7/2020 in a form of an individual call survey. The professionals in the field of mental health confirmed that the incidence of GBV is higher in women with disabilities but the majority of them have never faced as professionals a GBV incident against women with disabilities. The majority of them also confirmed that they do not possess the skills and competencies which are adequate to recognize, support, and prevent similar incidents and that the ability of the women to recognize the incidences has to do with the level of their mental health, previous family conditions, their functionality, level of sex education, fear of victims to be able to trust to others similar issues. The professionals focused their difficulties on their lack of knowledge for a reporting system, insufficient knowledge of the GBV field, their fear for involvement responsibilities, lack of knowledge about respective prevention and treatment protocols. They all agreed that women with mental disabilities can get better skills necessary to identify, prevent or report cases about GBV/ Domestic Violence, by participating in training activities, life coaching sessions face to face or in groups, experiential workshops. Furthermore, they all agree that innovative training tools that can offer support and improve their professional competencies would be useful, by approving the topics given and by providing their suggestions

5. Next steps and key recommendations

The systematic review of the literature did not bring specific results regarding gender / sexual violence against women with mental disabilities. However, the National Action Plan, the National Confederation of the Disabled, the European Parliament, as well as academics and professionals agree that many steps need to be taken towards the direction of special measures or positive actions for the prevention, elimination, and responding to sexual violence against women with disabilities. Stay Safe project wishes to be one of these additional steps.

The field research highlighted the existing prevalence of the phenomenon of domestic violence through interviews with three women with mental disabilities. The research conducted with professionals in the field of mental disability highlighted the need for greater awareness on gender-based violence against women with mental disabilities, while awareness, training, and educational tools for both women with mental disabilities and employees in the sector considered highly welcomed.

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State of the art and recommendations for the Italian context

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1. Key objective of the country report

Aim of this report is to highlight the current state of the art of policy, services and practices to prevent and contrast sexual violence against women with disabilities in Italy and to report the results of a small-scale field research involving professionals and women with disabilities to explore their perceptions and needs in relation to this topic.

2. Methodology

2.1 Methodology for the literature review

For the literature review, we aimed to assess the Italian state of the art of policy, practices and legislation on prevention of GBV against women with disabilities, with a specific focus on sexual violence and harassment. We searched using Google Scholar and the web using as key-words the Italian equivalents of "violence against women", "gender-based violence" and "domestic violence" also in combination with the words "disabled / disability". We excluded all results not referring to the Italian context. Data bases of law and case-law (<https://onelegale.wolterskluwer.it/> e <https://pluris-cedam.utetgiuridica.it/>) were also consulted.

2.2 Methodology for the field work

For the field work we involved both professionals and women with disability. In detail, we involved: (1) A convenience sample of 6 professionals through a semi-structured interview. 4 of them work in services to support people with disabilities and 2 in services to support victims of gender-based violence. Following the collection of an informed consent, interviews were recorded and transcribed before being summarised in this report. (2) 2 women with mild intellectual disabilities and mental health conditions hosted in a sheltered flat. Consent was collected both from women themselves and from their guardians. Pictures representing potential harassments were shown to participants and they were asked to discuss the meaning of the photos.

3. Key findings from the desk research

3.1 Gender-based violence in the Italian context

The socio-economic context of Italy in the last decade (2010-2018) is characterised by persisting uncertainties on short-term economic developments and structural problems which impact on the potential for growth. However, in spite of this not-so-positive economic context (which clearly impacts also on the availability of public services), *a significant positive change can be seen when it comes to the perception and social representation of gender-based violence*. A turning point was the ratification of the Istanbul Convention (made with law 27 June 2013 n°77) which sent a strong message to public opinion (Ministero della Salute, 2020) and allowed a significant decrease of gender-based violence cases (for example, sexual harassment decreased from 6,5% to 4,3%)(ISTAT, 2014). In December 2017 a *National anti-violence plan* was approved as a result of a joint work of Ministries, Law Enforcement Bodies, Regions, Municipalities, trade unions and NGOs working in the field of gender-based violence. According to the principles of the Istanbul Convention, the Plan foresees three lines of actions: preventing violence, protect and support victims and prosecute and punish. The *Strategic National Plan 2017-2020* makes a specific reference to the need to prioritize support services specialized to victims with specific vulnerabilities, included disabled women.

3.2 Definitions

In accordance with Article 1 of the UN Declaration on the Elimination of Violence against Women in Resolution 48/104 of 20.12.1993, the Italian Ministry of Interior defines GBV as a complex phenomenon that includes: "[...] *All forms of violence ranging from psychological and physical violence to sexual violence, from the persecutory acts of stalking to rape and even femicide, affecting a large number of people discriminated against on the basis of sex*" (ISTAT, 2019). Specifically, sexual violence is defined by the National Institute of Statistics (ISTAT, 2019) as follows: "*In national legislation, sexual violence refers to anyone who forcibly or by threat or abuse of authority forces another person to commit or suffer sexual acts (Penal Code, article 609bis) and therefore includes rape and sexual harassment*". The penal code also punishes "anyone leading someone else to commit or to be subjected to sexual acts abusing of the physical or mental inferiority of the victim at the time of the fact" (*Penal Code, article 609bis, 2d paragraph, #1*)

3.3 Italian legislation

Italian legislation does not provide for a specific law for violence and sexual abuse against disabled people.

The discipline of sexual violence and sexual abuse towards disabled people can be reconstructed by collating specific rules of the general law against violence and sexual abuse and specific rules of the general law on disabled people. It is important to underline, though, that not every sexual act carried out with a disabled person is punished *per se*, but only those to which the disabled person has been forced with violence, threats, abuse of authority of the offender or abusing the inferiority or psychic condition of the victim (art. 609-bis).

In any case, for sexual offenses committed to "damage a person with a physical, mental or sensory impairment, the penalty is increased from one third to half". This is foreseen by art. 36, law 104/92,

(Framework law for assistance, social integration and the rights of handicapped people). The same law defines physical, psychic or sensory impairment as a condition that - "stabilized or progressive" - is "the causes of difficulties in learning, relationships or work integration and such as to determine a process of social disadvantage or marginalization" (Art. 3)

3.4 Statistics

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

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

3.5 Support services

The preventive measures foreseen in *National Plan* are implemented by a range of organizations and services. At local level key actors are the community social services, the local health care services and organizations supporting victims of gender-based violence. At national level, the Department for Equal

Opportunities has established a hot-line number 1522 that victims can contact to report and seek help in case of gender-based violence. In addition, a variety of services is offered at local level by NGOs such as peer-education and media-education for youth.

Our research only highlighted 3 projects specifically dedicated to contrast sexual violence against disabled women. Prevention principles coming out of these experiences could be summarised in: a) promote self-determination and freedom of choice, b) discuss about pleasant and unpleasant physical contact, c) highlight the difference between good secrets (to keep) and bad secrets (to share with someone you trust), d) promote group discussions to share reflection on own body, e) reflect on what consensus means and the possibility of saying no.

3.6 Comparison of national findings and their further analysis within the EU

According to the statistics of the European Institute for Gender Equality 2019, Italy ranks 14th in the EU for gender equality (63/100). The numerical value is 4.4 points lower than that of the European Union as a whole; nevertheless between 2005 and 2017 the score increased by 13.8 points. Analysing specifically the domain of Violence, Italy's score is slightly lower than the EU average (26.8); therefore, a positive trend appears from this measure that violence against the female gender is less frequent than in the EU as a whole. In addition, Italy ranks up slightly below the average in the EU statistics of violence 2017:

- In terms of *prevalence* in Italy, 27% of women have suffered physical and/or sexual violence since the age of 15 (compared to 33% in the EU)
- Analysing the *severity*, 67.7% of women report having suffered from physical and/or sexual violence since the age of 15 (compared to 68.9% in the EU)
- For *disclosure*, the percentage of women who have experienced physical and/or sexual violence in the last 12 months and have not disclosed it to anyone is 15% (compared to 13.4% in the EU).

4. Key findings from field-work research

4.1 Key findings from interviews with professionals

Respondents agree that there must be serious concerns about the risk of sexual violence towards disabled women and they recognize that the issue is often under-estimated. Sexuality is often still a big taboo for disabled persons and this does not help them acquiring knowledge in this field and thus discovering a safe and consensual expression of their sexuality. As a consequence, victims do not often recognize themselves as such and therefore they don't seek help in services dedicated to GBV. GBV and disability services are rarely interconnected.

While all respondents have been, directly or indirectly, in touch with cases of sexual abuse or harassment towards disabled women, they also underline the lack of a standardised methodology or protocol to follow, claiming that they currently act mostly based on their common sense and sensitivity, which causes of distress and frustration, as they don't feel competent to manage the situation. This is true both for professionals working in disability and those working in GBV-prevention: none of them feel skilled enough and a lack of cooperation between these two types of services is repeatedly mentioned.

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

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

4.2 Key findings of the workshop with disabled women

Violence perpetrated to women by men is clearly recognised by participants but it is perceived as something natural and unavoidable. One of the participants seems to consider "violence" and "sex" as two equivalent

words. It would be necessary to help them to develop their capacity to recognize risky situations as such. Also, it is observed that the two participants seem to find it difficult to express their opinion: this capacity should be reinforced, both to promote critical thinking and to encourage the tell of situations which might be dangerous.

From a methodological point of view, the use of pictures as enabler of further discussion seems a bit critical as they do not immediately understand the images and they need other props and clarification to move on in the discussion.

5. Conclusions and recommendations

Although in Italy the attention towards GBV is slowly increasing and the approach towards sexuality of disabled people is evolving, violence against women with disabilities seems still to be a phenomenon neglected by research and not well known by professionals. This, in spite available data show a significant and worrisome diffusion. In Italy there is a lack of consolidated good practices of intervention and the number of projects who tried to intervene on this topic, studying it and piloting innovative approaches of intervention, is very limited. These results coming from literature review are echoed by interviewed professionals who, while recognizing the importance of this topic in their daily practice, highlight a lack of knowledge and skills to face phenomenon of violence against disabled women and the lack of connection between services working in the field of GBV and disability. These obstacles are confirmed by disabled women involved in the study who have difficulties to recognize cases of abuse and harassment shown to them.

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

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State of the art and recommendations for the Lithuanian context

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1. Key objective of the country report

The aim of this report is to highlight the current state of the art of policy, services and practices to prevent and contrast sexual violence against women with intellectual disabilities in Lithuania as well as the situation of gender-based violence (GBV) in the country and its' comparison to the EU. This report also covers the results of a small-scale field research involving women with disabilities and professionals working with them to explore their perceptions and needs in relation to this topic.

2. Methodology

2.1 Methodology for the literature review

Literature review was carried by analysing all relevant publications, articles and documents related to gender-based violence and any form of violence, including sexual, against women with disabilities. National prevention system, relevant organizations working in this field, best practices and any laws related to GBV were also reviewed and discussed in the national report.

2.2 Methodology for the field work

Field research was held by interviewing 8 female professionals working with people with disabilities and three women having intellectual and cognitive disabilities. Semi-structural interviews with professionals were conducted by online meetings or phone calls, consent of participation was provided by scanned document via e-mail. To carry out the interviews with women having disabilities, the motivational interview method was applied and used visual materials that were taken from various campaigns against GBV on the Internet. Interviews with women were face-to-face, social worker working with them was also participating during the interviews. Women with disabilities were told about the project and aims of this interview and their consent to participate was given by a signature before the interview.

3. Key findings from the desk research

3.1 Gender-based violence in the Lithuanian context

Violence against women is most often associated with historically unequal power relations between men and women (Andrikienė and Vaičiūnienė, 2016). Gender Equality Index 2019 developed by EIGE reveals that "Lithuania's scores are lower than the EU's scores in all domains, except for the domain of work. Gender

inequalities are most pronounced in the domain of power (32.5 points) and time (50.6 points)" (European Institute for Gender Equality, n.d). Lithuania was found to have made no breakthrough and progress, and fell from 19th place a few years ago to 23rd (comparing EU Equality Index data).

In Lithuania gender-based violence is defined as "violence against a person because of that person's gender, gender identity or gender expression" (European Institute for Gender Equality, n.d.). "Sexual violence includes all forms of forced sexual intercourse, including coercive sexual adverse acts, sexual assaults or unwanted verbal or physical acts of a sexual nature, etc." (Forum "Women to Women", nd). Sexual harassment is discrimination, defined as "unwanted abusive, verbal, written or physical conduct of a sexual nature against a person, where such conduct is motivated by an intent or effect to harm a person's dignity, in particular by creating intimidating, hostile, degrading or offensive environment" (Law on Equal Opportunities for Women and Men of the Republic of Lithuania, Art. 2, 2017).

According to the Lithuanian Department of Statistics, 9,265 victims of domestic violence have been registered in 2019. The majority (80.2%) of adult victims were women, of whom 79.2% were women. suffered from an intimate partner. Crimes registered due to domestic violence accounted for 16.2% of all registered crimes (Statistics Lithuania, 2020). A representative survey of the Lithuanian population on domestic violence conducted in 2019 reveals that "one-fifth of the respondents (19%) stated that they had experienced domestic violence. The experience of women seems even more painful - one in four (25%) admitted that there was or is violence against her. 70% of perpetrators are current or former spouses, cohabitants, the rest are parents or other close people" (Specialized Complex Assistance Center, n.d.).

According to the Equal Opportunities Ombudsman (hereinafter – Ombudsperson), most common complaints, appeals or consultations conducted by Ombudsperson are related to possible gender discrimination issues (in 2019, the Ombudsperson received 318 appeals on the grounds of gender) (The Office of the Equal Opportunities Ombudsman 2020). Also, a representative survey of the population conducted in 2018 revealed that "26% of female respondents and 5% of men were exposed to unwanted sexual replicas and compliments, moreover young women are the ones who are most often harassed" (manoteises.lt, 2018).

3.2 Gender-based violence against women with disabilities

Officially published statistics on violence against women with disabilities is almost non-existent, so only data from previous fragmentary surveys can be used to review the situation. However, the studies and statistics include women with any form of disability (complex, intellectual, mental, hearing, movement, etc.), without specifically excluding the data on women with intellectual or cognitive impairments. Based on the survey, which involved 801 women and 150 girls with disabilities, mostly women (32.1%) and girls (39.3%) reported experiencing psychological violence. The experience of physical violence was reported by 20.9% women and 23.4% girls. 5.9 % women and about 4% of girls also reported experiencing sexual violence. 17.9% women could not or did not want to answer the question, of sexual violence experience (Lithuanian Society of the Disabled, 2018). Research also suggest that women and girls with disabilities face double discrimination and are more vulnerable both by having a disability and by being female (Lithuanian Society of the Disabled, 2018). "People with disabilities are almost twice as likely to experience domestic violence and even three times less likely to seek help" (Specialized Complex Assistance Centre, n.d.).

3.3 Legal framework against GBV

Sexual violence, such as rape, sexual rape, sexual harassment, including discrimination based on nationality, race, sex, origin, religion or other group affiliation are considered crimes and are singled out in the Criminal Code of the Republic of Lithuania. Moreover, The Law on Equal Opportunities for Women and Men of the Republic of Lithuania (1998) and the Law on Equal Opportunities of the Republic of Lithuania (2003) also aims to ensure the implementation of equal rights and to prohibit any discrimination, including based on gender. In 2011, the Parliament of the Republic of Lithuania adopted the Law on Protection against Domestic Violence. All of the aforementioned legal means are applicable to women with disabilities as well.

3.4 National prevention framework/support services

At the national level, the State program for the prevention of domestic violence and the provision of assistance to victims for 2014–2020 and the State program for equal opportunities for women and men for 2015–2021 are being implemented. In 2016 the United Nations Committee on the Rights of Persons with Disabilities called for a review of the National Action Plan for Equal Opportunities for Women and Men for 2015–2021 for improving the situation of people with disabilities and recommended to focus on preventing and eliminating discrimination against women and girls with disabilities.

In 2010, Lithuania ratified the UN Convention on the Rights of Persons with Disabilities, and Lithuania is a member of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). In 2019, the CEDAW Committee called for the strengthening of measures to ensure that women with disabilities do not experience gender-based violence and have the right to address their sexuality freely and responsibly without discrimination or constraint. Lithuania will have to provide information on the measures taken to implement these recommendations in an early manner in 2021.

National services in case of gender-based violence:

- Since 2018 the Lithuanian Women's Rights Enforcement Association unites 17 women's non-governmental organizations in various regions that perform the functions of Specialized Comprehensive Assistance Centers and provide assistance to victims of domestic violence covering all 60 municipalities. In some municipalities victims of domestic violence can also stay at municipal crisis centers for temporary accommodation for mothers and children. In 2017 there were 49 crisis centers in Lithuania with 790 places to stay in case of violence (Sixth Report on the Implementation of the United Nations Convention on the Elimination of All Forms of Discrimination against Women in Lithuania, 2018).
- There is a free 24-hour "Helpline for Women", which provides emotional support in case of violence and other issues.
- The Office of the Equal Opportunities Ombudsman is an independent institution accountable to the Parliament. It provides consultations, receives complaints related to discrimination, conducts their investigations, etc.

However, there is no one providing specialized assistance to people with disabilities who are victims of sexual or domestic violence. Assistance is provided in a general manner, possibly without regard to special needs.

Lithuania has signed, but not yet ratified, the Council of Europe Convention on preventing and eliminating violence against women and domestic violence, which entered into force in 2014 (Istanbul Convention).

3.5 Comparison of national findings and their further analysis within the EU

According to the data of 2019, Lithuania ranks 23rd in the European Gender Equality Index. Lithuania's progress towards gender equality remains slower than in other Member States. Compared to 2005, the country has fallen by seven positions. Lithuania's equality indicator is lower than the EU's indicator in all areas except labor and gender inequality is greatest in areas of power and time. Lithuanian prevalence of violence against women score is 19.3 (European - 21.2); severity score is 44.3 (European - 46.9); disclosure score is 11.2 (European - 14.3). These 2017 scores reveal that both in Europe and specifically in Lithuania, the situation of violence against women is problematic, violence is still widespread, its severity scores are high, and very little is revealed about it.

4. Key findings from field-work research

4.1 Key findings from the interviews with professionals

Interviews with specialists were attended by 8 specialists working with people with disabilities - in social care homes, day care centers, etc. Informants highlighted the widespread problem of gender-based violence, including between disabled women. It was stated that women with intellectual or cognitive disabilities are less likely to recognise acts of violence and report it.

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

The main challenge identified by all specialists is the lack of information on how to behave, identify and solve such problems, lack of awareness of the legal basis and not knowing whom to approach in case of violence, lack of material for working with the disabled (visual material, explanatory videos, training programs, sexuality education programs, prevention programs...). A major challenge is to talk to a person with a disability who may have experienced violence, especially without the knowledge of how to do it effectively. Most

professionals lack practical knowledge, training with specific situations that would provide competencies to actually solve problems.

Specialists singled out aspects that would be expected in training materials for professionals:

- Information on legal information related to violence, especially against women with cognitive and intellectual disabilities.
- Information on how to identify cases of violence, sexual violence. Both theoretical and practical knowledge is desired.
- Knowledge of what methods to use in communicating with women with disabilities, how to talk to them properly, ask about possible violence, how to explain that the violent behaviour or the behaviour they have experienced is inappropriate, etc.
- Information on complex assistance, not limited to a one-off solution.
- Exercises or information with specific situations and examples.
- Interesting methods, creative practical tasks or games for absorbing information. It is important for professionals that training is not just theoretical and formal.
- Almost all informants singled out the need for teamwork, sharing of experience and advice from other professionals - they would like to see various specialists working in this field in meetings, seminars or online communication forums, remote discussions, where both problems and good practices can be discussed.

The prevailing opinion was that the training should last at least a few days (from 24 hours to 40 hours). However, the most important thing is that the training days would be spread over time, so a duration such as 4-5 working days spread over different days would be the optimal duration of the courses.

4.2 Key findings from the interviews with women with disabilities

Interviews were conducted with three women with intellectual and cognitive disabilities. Five photographs related to the research topic - violence against women - were also used in the interview. Photographs helped to assess how and whether women with disabilities recognize violence and how it makes them feel.

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

Mentioning the training on violence itself, the informants would like to learn how to act in order to prevent harassment, bullying, how to react and how to recognize when it is really violence and report it to the police or elsewhere. All informants knew where to go in cases of violence or photo-like incidents - they named the

police as the main help but also mentioned the helpline for women. They named that in case of such problems they have contacted the deputy school principal, psychologist and would recommend for others to do the same.

5. Next steps and key recommendations

It is clear that the problem of violence against women with disabilities is not only pervasive but also often invisible, undisclosed or underestimated. The existing taboo to talk about sexuality of the disabled, their stigmatization, the inability to recognize and help those experiencing violence are just a few of the problems of Lithuanian society that make it difficult to reduce violence and sexual violence against women with disabilities. Both theoretical and empirical parts of the study revealed that professionals have too little training, material, and information to improve competencies for working with women with intellectual or cognitive impairments. There are no specialized centers or places in Lithuania that provide assistance specifically to women with intellectual or cognitive disabilities who have suffered from violence. There is a great need for trained professionals who know how to communicate and help this group of women, having in mind various disability types and frequent language difficulties within them.

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State of the art, fieldwork and recommendations for the Portuguese context

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1. Key Objectives of the Country Report

The report aims to establish the state of the art in Portugal in relation to gender-based violence and specifically sexual violence against women within a broad spectrum of psychosocial disabilities. The collection of data available and research done through fieldwork with both professionals and women with psychosocial disabilities allowed the gathering of information about the current situation in Portugal in regard to this field, highlighting the main obstacles and needed enhancements for improving these women's protection and welfare. It can be useful to inspire new approaches and methodologies to improve prevention, action and information on sexual violence and harassment against women with psychosocial disabilities. It is also to be used as a tool for the development of training models and educational resources for professionals working in the disability field as well as for women with psychosocial disabilities, a key objective of the Stay Safe project. The project targets primarily women with psychosocial disabilities but the outcome might to some extent be suitable to women with intellectual disabilities as well.

2. Methodology

The report consists firstly in a desk research focused on the gathering of data and information on gender-based violence and on sexual violence against women with psychosocial disabilities, being that the last had little information available. This was achieved through the analyses of statistics and legislature, as well as programmes and regulations for prevention and action against gender-based violence from Portuguese official governmental entities. Intervention initiatives of Portuguese NGOs as well as statistics and data retrieved from their own research were also a base for establishing the state of the art. The second half was fieldwork research, where seven professionals working in the mental health field shared experiences, concerns, suggestions for improvements and for training tools they would like to have access to in order to improve their skills, based on a questioner developed by Stay Safe. In addition, four women with psychosocial disabilities of different nature were also interviewed using a set of open-ended questions regarding their experiences and recognition of violence in its different forms, using as a tool a group of suggestive images brought by the interviewer.

3. Key Findings Desk Research

Portugal has been slowly recovering from an unstable economy caused partly by the Global Financial crisis of 2008, however due to the Covid-19 pandemic it is, like most countries, facing an economic downfall once again. The social and economic instability has influenced the response ability to address important issues, including action programmes towards violence, sexual or otherwise, against women with, and without, psychosocial disabilities. Statistics, scientific studies and over all data are still scarce in relation to gender-based violence (GBV) and the focus is on domestic violence which serves as the only guidance for any typology of violence. In Portugal the definition of GBV violence follows the lines of the Istanbul Convention, establishing it as any kind of violence targeted to a specific gender being women the most common, and according to Portuguese NGO APAV, sexual violence is any kind of consummation or attempt of a sexual act, comment, or harassment, against a person who does not freely consent to it. (APAV, n/d).

3.1 Data Collection and Statistics

An Annual Internal Security Report (RASI) is issued by the security forces and backed by governmental authorities. According to this source, in 2019 a total of 29 473 complains on domestic violence were registered, determining an increase of 14,4% from the previous year (RASI, 2019, p. 19). This does not specify violence or victims by typology. Other data shows us that most of sexual crimes are committed by family members (22,1%) or acquaintances (35,9%) and that the main victims are women between the ages of 21-30 and that the aggressors are mainly men of ages between 31 and 40 (RASI, 2019, pp. 44-46). Statistic data collected and released annually by NGO APAV (Portuguese Association of Victim Support), shows that between 2013-2018 the total number of sexual violence victims was 4 761, being that the last year had the biggest increase in numbers and that of those, 23,6% were children and 76,4% were adults, all female (APAV, 2018). Knowledge on sexual violence and crimes against women in Portugal is still low, but the existing studies find that most occurrences happen within the context of intimate relationships and domestic violence.

3.2 Legal Framework against GBV

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

3.3 National Prevention Framework against GBV (GOV and NGO)

CIG (Commission for Citizenship and Gender Equality) is the entity responsible for the national prevention framework against GBV and is regulated by the Council of Ministers and the Secretariat of State for Equality. Their public policies started in 1999 and are developed every three years, resulting in an evaluation and renewed methodologies for the following cycle. It was in 1999, that the first National Plan against Domestic Violence was approved, aiming to build strategic prevention measures for violence against women in its multiple typologies. In 2018, a National Strategy for Equality and Non-Discrimination was approved in Portugal. It was the first time that a reference framework for long-term prevention and equality was approved, even though requiring additional specific Action Plans to be implemented, evaluated and readjusted in the medium term. This National Strategy, that will run between 2018-2021, includes prevention and combat measures for GBV and domestic violence. Primary intervention is considered the main tool for social and cultural change in measures against GBV but has fragile implementation. Secondary and tertiary intervention stand out, meaning the implementation of specialized channels for support and protection of violence victims. The III National Action Plan for the Implementation of the United Nations Security Council Resolution 1325 (2019-2022), approved by the Portuguese Council of Ministers n.º 33/2019 on the 15th February, defined the strategic goal of protecting the rights of all women and girls, and the Agenda for Inclusion of People with Disabilities or Incapacities 2020-2024 together with the National Strategy for the Disabled, approved by the Council of Ministers n.º 97/2010 of 14th December, foresees the dissemination of accessible documents about sexual violence for such target victims. In relation to NGOs, APAV runs a Victim Support Line, a national network of 18 offices including a Video Sign Language Interpreter Service and 2 shelter houses for domestic violence victims and their dependents and one foster centre for women victims of human trafficking. NGO AMCV also offers shelter houses, and an Anti-Violence Centre, where victims can seek psychological, legal, health and employment support, as well as help for reporting to the authorities. NGO UMAR also runs 2 shelter houses and focuses mainly on the dissemination of prevention measures. Portugal has 1 specialized shelter house for women with disabilities in the city of Águeda, run by CERCI, a private solidarity institution. Regional support depends on the Law Enforcement or on the National Republican Guard emergency channels in order to file a complaint or seek immediate intervention.

4. Key Findings Fieldwork Research

4.1 Interviews with women with psychosocial disabilities

Four women were interviewed between the ages of 23 and 65. Two with schizophrenia, one with acute psychosis and the last asked us not to share. Most were interviewed at the Psychiatric Hospital of Lisbon except one according to her preference. Interviews were done individually, in familiar locations to the women and in quiet environments. They ran with the collaboration of a psychologist in order to guarantee the safety and welfare of the women and were conducted by one partner coordinator of this project. They took place between the 30th of July and the 5h of August. The interviewees fully understood the objectives of the interview, signing the consent forms. Three images were presented to them, followed by short and open-ended questions. The summary of their answers concluded that they all fear being alone and isolated and feel ashamed of being victims of any kind of violence. They also fear talking about their abuses or reporting

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

4.2 Interviews with professionals working in the psychosocial disability field

Seven professionals with different lines of work were interviewed: 2 psychiatrists, 1 social worker, 2 psychologists, 1 carer at a psychiatric hospital and 1 psychologist and dance therapist. The interviews ran between the 30th of July and the 5th of August and were both presential and through phone. In summary, the professionals say that women tend to be diligent in their treatment; that there are barely any awareness and communication materials and resources, being them physical or through media channels not only for women but also for the general public; that women feel they don't have the right tools to protect themselves, being that they are an especially vulnerable group which results in them feeling extremely frustrated, sad and scared; that the authorities such as the Police do not work well and are not equipped to deal with especially vulnerable groups; that even though there has been advancements in legislations in relation to domestic violence, these do not contemplate important measures for the most vulnerable rendering themselves often useless for women with psychosocial disabilities, highlighting that a law that protects these women and is correctly enforced is one of the main steps to be taken. They strongly believe that alternative therapies of artistic expression are one of the most efficient tools to help these women. They claim that women which are hospitalized or within institutions tend to be well taken care of and protected but say this is a small number compared to the ones that are not. Professionals strongly suggest that without changing the policies and the way they are applied, as well as increasing the awareness level in the country and general public, the paradigm will not change.

4.3 EU Comparison

Portugal holds the 16th place out of the 28 EU members on gender equality according to the statistics of the European Institute for Gender Equality 2019, with a score of 59.9/100, 7.5 points lower than the EU's average of 67.4. However, in relation to gender-based violence, Portugal's scores are better than the EU average: prevalence figures are at 15.7, with the EU average being at 21.2, the degree of severity presents itself at 24.5 against the average of 27.5 in the EU, and with regard to disclosure, and so national data dissemination, the national number is 18.7 compared to the EU average of 14.3 (EIGE, 2017).

5. Next Steps and Recommendations

Portugal does not yet have sufficient response mechanisms for GBV, making groups with specialized needs such as women with psychosocial disabilities especially vulnerable. Based on all the interviews and desk research undertaken, we recommend that awareness materials and media communication resources are made more often and available to both specialized facilities and the general public, in order to reduce stigmatization and unfounded preconceptions. Specialized workshops, training models and tools for authorities who deal directly with these issues such as the police should be made obligatory creating a specific task force to act on such situations. A call for the legislation that is already in place to be accurately enforced is a crucial step, as well as to include new legislations that are more inclusive, highlining different approaches for different GBV typologies and vulnerable groups. With such advances, women could be less afraid of reporting to authorities, making it easier to protect them. More resources for support groups where women can share their experiences seems like an important step to take, as well as developing standard training models and learning resources that professionals who oversee these groups, as well as the ones working daily with such groups of women, could consult and put to practice when necessary. Regardless of the fact that the professionals interviewed were not receptive to new specialized training tools, one of the tasks of Stay Safe could be to show the professionals the usefulness of such materials, even if they feel disheartened by the lack of governmental and institutional efficiency. A response from both government and NGOs to create mechanisms to help women with disabilities is urgently needed and creating new interactive and learning tools for NGOs could be an important measure. All topics suggested by Stay Safe seem of relevance for such tools. The interviewed women seemed very receptive to new coping tools and resources, mentioning often that an approach through any kind of artistic expression is an ideal one. More literary work is needed as often it is through research that the depth of the problems come to sight and enable practical responses that can be used in the field. In the EIGE study we consulted, there was no specific information on sexual violence against women with psychosocial disabilities proving to be of urgency to include indicators that can disclose specialized information which can reveal incidence numbers according to groups, enabling the creation of new policies and training models.

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State of the art and recommendations for the Spanish context

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1. Key objective of the country report

When we talk about women with psychosocial disability and the gender-based violence they suffer, the studies related to these topics are still very limited worldwide and practically non-existent in Spain. Not many resources are available in Spain addressed to professionals or women with disabilities victims of gender-based violence (GBV).

People with psychosocial disability were at greater risk of both physical and sexual violence than the general population (Khalifeh et al., 2016). The stigma makes the victims more vulnerable and so far, gender approach is not applied at the time to assist women with psychosocial disability being this still an imminent issue.

2. Methodology

For the desk research, we have done a systematic review of the available documents on the subject of GBV, especially those that delve into the subject of GBV against women with psychosocial disability. We have included several official sources for the development of Spanish and European legal frameworks, published by the Ministry of Spain, Public Administrations, the European Commission, the European Fundamental Rights Agency and the National Institute for Health and Care Excellence of United Kingdom (NICE).

Meanwhile, for the fieldwork research, firstly, ten women aged 32-60 with psychosocial disability were engaged in focus groups and interviews. And then, we conducted a survey among seven female professionals who work in resources run by Intrass.

3. Key findings from the desk research

3.1 National background:

The contextualization of social-economic situation in Spain helps us to understand the development of GBV locally. The financial crisis that started in 2007 has affected the economic development and led to unemployment (youth unemployment rate reaches 30%), job insecurity and unequal qualifications (Pueyos Campos & Hernández Navarro, 2013). These conditions affected more to people who were already in a vulnerable situation. Additionally, the current situation with the new health crisis due to COVID-19 increases

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

3.2 Legal framework against gender-based violence in Spain:

There are several legal frameworks in Spain that aim to eradicate GBV:

- Spanish Constitution article 9.2 brings up the obligation of the public powers to intervene and carry out all the necessary actions to end the imbalance and eradicate inequality based on sex and/or gender. Then, article 14 mentions that all Spaniards are equal by the law in order to end the historical situation of inferiority of women in social and legal life. Lastly, article 15 declares the rights to physical and mental integrity of women.
- Civil Code articles 42 to 107 regulate marriage and its dissolution, especially when it comes to GBV cases. They regulate the criteria regarding child custody, alimony and benefit of habitual residence.
- Penal Code has been evolving and now include the modification of the following laws: Organic Law 11/2003 on the fight against domestic violence and Organic Law 1/2004 on Comprehensive Protection Measures against GBV.
- Integral Law against GBV and "National Plan for Awareness and Prevention of GBV", which creates a commission that involves people, institutions, professionals and experts in GBV. This National Plan is built upon prevention (before the conflict, during, and before the process of victim protection) and awareness-raising (to increase recognition of violence by the Spanish society).

3.3 National plans:

With the Comprehensive Law against GBV, the National Plan for Awareness and Prevention of GBV was created, which is aimed at the entire society to improve the response to GBV and promote social changes towards a more equal society. This plan details a series of measures at all levels: Judicial, Security, Health, Social, Informational, Educational and Communicational. This plan pays special attention to the needs of the group of women with disabilities (although it does not mention those with psychosocial disabilities).

Alternatively, the National Strategy for the Eradication of Violence against Women consists of 284 measures that seek:

1. Breaking the silence around GBV;
2. Improve the response of the institutions;
3. Improve care for vulnerable women (including women with disabilities) and
4. End other forms of violence against women.

This strategy recognizes the higher incidence of violence against women with disabilities and incorporates specific measures to end this inequality. Other tools for the fight against GBV are: the Feminicidio.net observatory, the free phone number 016, the Commission for the investigation of abuse (<https://malostos.org>) or other Women's Associations.

3.4 What is the GBV/ sexual violence definition at national context

We consider violence against women as *'any act of GBV that results, or may have as a result, physical, sexual or psychological harm to woman, including threats, coercion or deprivation of liberty, whether they occur in public as well as in private life'* and we will consider sexual assault to be an attack against the sexual freedom of another person, without consent, using violence and intimidation.

Recent studies link GBV with the attribution of functions to both sex, where male functions are more socially valued than the typically female ones, associated with the domestic sphere. Thus, the problem of GBV does not tend to be solved, since young people resist getting rid of these stereotypes and continue to fuel sexist violence in all countries, without exception.

3.5 National services:

When we talk about national services about the assistance of women with psychosocial disability who suffer GBV, we have to admit that public services are not adapted to their needs, professionals do not have the necessary skills to treat them yet and there are nor interdisciplinary teams that work in coordination to offer them a sufficient response.

In fact, most of the GBV cases suffered by women with psychosocial disability are not detected. There are three main problems: (1) Lack of opportunities and spaces for woman with psychosocial disability to talk about the issue, (2) Lack of credibility in the victims and (3) The judgment they receive when they talk about a situation of violence.

3.6 National Statistics on GBV during the last decade:

13.2% of women have suffered some type of gender violence and crimes against freedom and sexual indemnity increased by 11.3% in 2019. The incidence of GBV in women with disabilities is much higher, reaching 35.1% and more than 50% if we talk about women with psychosocial disabilities. Within the group of women with psychosocial disabilities, 40% do not recognize violence as such and just over 50% of cases are documented as GBV, which makes the problem invisible and reduces the probability of obtaining help. There are several reasons: Difficulty in identifying or justifying the violence; self-incrimination; economic or physical dependence; lack of training for health professionals; lack of credibility given to the testimonies of women with psychosocial disabilities; blaming the victim by society, etc.

Psychosocial disability and violence are undeniably connected in both ways: the violence against women can lead to disability and psychosocial disability can increase the risks of suffering violence. Women with psychosocial disability are up to four times at more risk of suffering GBV than women without it. They also deal with the so-called triple discrimination: as women, as people with disabilities, and for suffering mental health issues.

Women with psychosocial disability have problems in identifying the events they experience as violence. It is estimated that up to 40% of women are not able to identify violence and when they do, they tend to minimize and/or justify it.

Meanwhile, there are 3 out of 4 women with psychosocial disability have suffered violence in the family or/and in the intimate relationship at some time in their life. About 80% of women with psychosocial disability who were involved in an intimate relationship at some point in their life have suffered violence from her partner, while 52% of them who live with family members have been victims in the past year (FEDEAFES, 2017).

3.7 Ratification of Istanbul convention:

The Istanbul Convention entered into force in Spain on August 1, 2014. The analysis of the level of compliance with the Convention currently in Spain is very high, in fact, among the obligations stated by it, some measures are already consolidated in our country such as:

- Training of different groups of professionals involved in situations of GBV.
- The 016 phone number which is a free legal information and advice 24/7 service.
- Permanent updating of the statistical information system for data on gender violence.
- Public awareness and prevention of gender violence by conducting information and awareness campaigns.
- The existence of the obligation to denounce those who by reason of their positions, professions or trades have news of a public crime, such as the various crimes of violence against women.
- Ensure that victims have access to special protection measures.

3.8 EU comparison:

At the European level, as it is the case at the national level, the identification of cases is still poor, which results in the lack of assistance and access to adequate resources by this group of women. Likewise, the prevalence of GBV is higher at European level for people with disabilities than for those women who do not have it. 34% of women with disabilities reported experiencing some form of physical or sexual violence since the age of fifteen, compared to 19% of women without disabilities at the European level. Furthermore, 46% of women with disabilities said that they suffered physical, sexual or psychological violence before the age of 15. When it comes to psychological violence, the numbers are even higher. 61% of women with disabilities faced sexual harassment from the age of 15. 26% of respondents with disabilities experienced bullying. (FRA, 2014) This higher prevalence of violence against women with disabilities appears in all the articles consulted, not only at the European level, but also in Africa, Canada, Asian countries, the US, Mexico and Caribbean countries.

With regard to the training of professionals, different European studies highlight their lack of training, therefore it is not only a Spanish structural problem, but also a European one.

4. Key findings from the field research

4.1 The interviews with women with psychosocial disability:

All women who participated in the interview, have recognized forms of gender violence. However, some of them show greater difficulties in identifying violence related to new technologies and subtle forms of violence, such as sexual harassment in the workplace. Besides, there is a lot of talk about mental and

behavioral block as the responses to an abusive situation. All participants acknowledge the feeling of discomfort, dissatisfaction, and rejection toward any situation of violence or abuse. Some women admit that they would avoid to react or create conflict in a situation of violence. There is one important point that make them do nothing: fear of revenge from the aggressor.

Given the possibility of reporting, they surely would do it in a high intensity situation like physical or verbal violence. They would react differently in situation that they consider as more delicate or subtle, such as sexual assault or harassment. Yet, they do consider to ask for professional help in order to help them overcome the situation and manage their discomfort.

By having mental health problems, they also consider themselves having more disadvantages when it comes to being taken seriously. They believe that other people would highly question and even blame them if they report abusive situations. The authorities also often discriminate them when they want to report the case. As the consequence, those kinds of treatment make them doubt themselves in reporting it.

4.2 The survey of the professionals:

Professionals in the field of mental health confirm that the incidence of GBV is higher in women with psychosocial disability. According to their point of view, women with psychosocial disability have more difficulties in identifying, preventing or reporting situations of violence, which depends also on the chronicity of the illness.

However, there are very few programs that address it in a coordinated way and finally women with psychosocial disabilities victims of GBV do not receive specialized intervention in most of the cases.

They also note the lack of: necessary skills and competencies, specialized programs and coordination between services to recognize, support, and prevent situations of GBV against women with psychosocial disability.

5. Conclusions

There are four major difficulties in caring for women victims of GBV with psychosocial disabilities both at the European and national levels:

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

The key recommendations are:

- Create adequate programs or trainings for professionals to improve the identification of cases and ensure sufficient medical and social care.

- Include gender approach in all interventions by the professionals to support women with psychosocial disability victims of GBV.
- Carry out further studies related to women with psychosocial disability victims of GBV in order to comprehend the complexity of the issue and formulate the adequate assistance for them.

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