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Preventing and combating violence against women with disabilities

Report[1]
Committee on Equality and Non-Discrimination
Rapporteur: Ms Béatrice FRESKO-ROLFO, Monaco, Alliance of Liberals and Democrats for Europe

Summary

Persons with disabilities, in all their diversity, are particularly vulnerable to violence and discrimination. The invisibilisation of women with disabilities and continued economic and social dependence create a context of heightened vulnerability.

Women with disabilities are often infantilised and not permitted to make informed choices about their lives, including their sexual and reproductive health and rights. Violence against women with disabilities, including sexual violence, forced sterilisations and forced abortions, remains a taboo subject.

Concrete measures can be taken to prevent and combat this violence. Training of health care professionals and social workers on the rights, dignity, autonomy and needs of women with disabilities is essential. Inspections of institutions for persons with disabilities by independent bodies should be reinforced. Making inclusion from a young age, accessibility of structures and information, deinstitutionalisation and support for independent living priorities are efficient means to prevent violence.

1. Reference to committee: Doc. 15531, Reference 4658 of 20 June 2022.

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A. Draft resolution[2]

1. The issue of disability, which encompasses a multitude of realities, is universal in scope. One in five people in the world will experience a disability at some point in their lives. The inclusion of persons with disabilities in society, the main objective of the United Nations Convention on the Rights of Persons with Disabilities, has made significant progress in recent years. However, it has not yet been fully achieved in Council of Europe member States.

2. The Covid-19 pandemic has led to greater isolation and increased dependence among persons with disabilities. Opportunities for all to participate in social, economic and political life remain limited, and there are many obstacles to achieving inclusion. Persons with disabilities, in all their diversity, remain particularly vulnerable to violence and discrimination.

3. Gender-based violence against women and girls originates in deeply entrenched gender inequalities. The invisibilisation of women with disabilities and continued economic and social dependence create a context of heightened vulnerability that compounds these inequalities. In addition, violence against women with disabilities, whether physical, sexual, psychological, structural or economic, remains a taboo subject, despite the general increase in awareness of the urgent need to prevent and combat sexual violence thanks to the #MeToo movement.

4. The Council of Europe Convention on preventing and combating violence against women and domestic violence (CETS No. 210, "Istanbul Convention") states in Article 4.3 that the protection and support provided under the Convention are to be accessible to all women without discrimination, including with respect to age, disability, marital status, association with a national minority, migrant or refugee status, gender identity or sexual orientation. The Parliamentary Assembly reiterates its unwavering support for the Istanbul Convention and its Resolution 2479 (2023) "The Istanbul Convention: progress and challenges". Preventing and combating violence against women with disabilities must become a political priority. The accessibility of prevention campaigns, information for survivors, legal aid and shelters must be guaranteed. The Assembly recognises furthermore that there is an intersectional dimension to violence against women and girls with disabilities. Due account must be taken of the intersection of disability with gender, origin, sexual orientation, gender identity, gender expression, sex characteristics, migration status or religion.

5. Society infantilises women with disabilities by not allowing them to make informed choices about their lives, including their sexual and reproductive health and rights. Forced sterilisations, which are still happening in Europe, are a reflection of society's validation of the "able-bodied" person as the social norm, and of the pre-eminence of the patriarchal system and they increase the risk of sexual violence. They are one of the forms of violence condemned by the Istanbul Convention. The Assembly refers to its Resolution 1945 (2013) "Putting an end to coerced sterilisations and castrations" and reiterates its call for these practices to be banned.

6. A society that isolates persons with disabilities is neither fully democratic nor inclusive. The Assembly regrets the lack of prioritisation of policies to support persons with disabilities towards inclusion. The Assembly refers to its Resolution 2431 (2022) "Deinstitutionalisation of persons with disabilities", Resolution 2291 (2019) "Ending coercion in mental health: the need for a human rights-based approach", and Resolution 2258 (2019) "For a disability-inclusive workforce". It reiterates its call for the deinstitutionalisation of persons with disabilities and stresses that their participation in the social, economic and political life of our countries is beneficial on multiple levels. It calls for systemic change to achieve effective inclusion and prevent violence against persons with disabilities, in all their diversity.

7. In the light of these considerations, the Assembly calls on Council of Europe member States as well as observer States and all States whose parliaments enjoy observer or partner for democracy status, to:

7.1. ratify and implement, if they have not already done so, the Council of Europe Convention on preventing and combating violence against women and domestic violence;

7.2. prohibit, if they have not already done so, forced sterilisations and forced abortions and ensure that those who have suffered violence of this type receive compensation;

7.3. implement Recommendation CM/Rec(2012)6 of the Committee of Ministers to member States on the protection and promotion of the rights of women and girls with disabilities, which calls on them to put in place specific measures to improve access to justice for women with disabilities and to protect them from violence;

2. Draft resolution adopted unanimously by the committee on 14 September 2023.

7.4. implement the United Nations Convention on the Rights of Persons with Disabilities and continue the process of deinstitutionalisation of persons with disabilities, or initiate it if this has not yet been done;

7.5. carry out disability-sensitive data collection on gender-based violence, and support research into gender-based violence against women with disabilities.

8. With regard to preventing violence against women with disabilities, the Assembly calls on these States to:

8.1. make the inclusion of persons with disabilities a priority, supporting their access to education, employment and culture, investing in accessibility and promoting their participation in economic, cultural, political and public life, and supporting in particular the empowerment of women with disabilities;

8.2. disregard the spouse's income in determining eligibility for disability allowance, thus reducing the financial dependence of persons with disabilities;

8.3. adopt inclusive national strategies or action plans aimed at preventing and combating gender-based violence, taking into account disability and the intersections between gender, age, origin, sexual orientation, gender identity, gender expression, sex characteristics, migration status and disability, and ensuring the participation of members of organisations representing persons with disabilities in the development of such strategies or plans;

8.4. include a gender dimension in national disability policies;

8.5. run campaigns to prevent gender-based violence that are inclusive and accessible to persons with disabilities, and conduct specific initiatives to prevent violence in institutions for persons with disabilities;

8.6. provide health care professionals and social workers with training on the rights, dignity, autonomy and needs of women with disabilities, in all their diversity;

8.7. step up monitoring of institutions for persons with disabilities by independent bodies, and ensure the protection of staff members in such institutions who report cases of violence;

8.8. raise awareness of the issue of forced marriages among women with disabilities, particularly in times of conflict;

8.9. provide information on sexual and reproductive rights in accessible formats;

8.10. carry out awareness-raising campaigns on the issue of violence within the family in order to prevent incest, in particular against girls with disabilities;

8.11. run campaigns to combat stereotypes of persons with disabilities, taking into account the diversity of disability.

9. With regard to support for survivors of gender-based violence with disabilities, the Assembly calls on these States to:

9.1. provide inclusive and accessible information on assistance and support services for survivors of violence;

9.2. provide training on disability mainstreaming and inclusion for staff working in specialist services for survivors of gender-based violence, and ensure that these facilities, as well as helplines, are accessible;

9.3. provide training for the police and judges on the specific features of disability and on international standards on the protection of the rights of persons with disabilities, and ensure that communication tools geared to persons with disabilities are made available;

9.4. take the necessary measures to eliminate the obstacles to access to justice faced by women with disabilities, ensuring the provision of disability-appropriate procedures and accommodation and accessibility of all procedures;

9.5. ensure access to post-trauma care, including long-term psychological support, for all survivors of gender-based violence, taking into account the specific needs of survivors of sexual violence with disabilities in times of conflict.

10. The Assembly encourages member States to provide financial support to non-governmental organisations working to promote the inclusion of persons with disabilities, prevent and combat gender-based violence and support survivors.

11. The Assembly calls on national parliaments to ensure that their structures and proceedings are accessible to persons with disabilities, if this is not already the case, and on political parties to encourage the participation of women with disabilities in political life.

12. The Assembly calls on its members to hold debates in their national parliaments on progress and challenges in achieving the inclusion of persons with disabilities, and on preventing and combating violence against women with disabilities.

B. Explanatory memorandum by Ms Béatrice Fresko-Rolfo, rapporteur

1. Introduction

1. The inclusion of persons with disabilities has been the focus of numerous strategies and significant progress has been made in recent years. The United Nations Convention on the Rights of Persons with Disabilities marked a real turning point in making inclusion and participation priorities. Persons with disabilities nevertheless remain particularly vulnerable to violence and multiple discrimination.

2. While the #MeToo movement called on everyone to denounce sexual violence against women in many areas and has contributed to a collective awareness of the urgent need to combat it, we have found that the situation of women with disabilities has not been sufficiently communicated by the movement and little is known about it in general. A hashtag #MeTooHandicap was created but has not been widely used. Violence against women with disabilities remains a taboo subject.

3. Women with disabilities are invisible in our societies and the context makes them vulnerable. They are not recognised as survivors of violence, or as actors in the fight against gender-based violence. Accommodations are not routinely provided to enable them to participate in demonstrations to combat violence against women. Women with disabilities are not yet recognised by all as citizens in their own right, able to live their lives and make their own choices. It is time to speak out against the violence and discrimination which they may be subject to, in some cases on a daily basis, and to act to prevent and combat it.

4. Women with disabilities may be victims of violence at home, on the street, at work or in the institutions where they may be residing. This violence can take different forms (physical, sexual, psychological, economic). Neglect, abuse and lack of care can also be considered as violence. It most often occurs in closed settings and having a disability increases the risk of violence. Generally speaking, the Covid-19 pandemic and successive lockdowns have had a negative impact, on persons with disabilities, isolating them further and causing increased dependence.

5. The voices of women with disabilities are less listened to and less relayed. They may also not be aware that they are victims of violence. The fact of being dependent, whether financially or in terms of care, can be an obstacle to reporting violence. The fear of leaving home and being placed in an institution is an obstacle to speaking out.

6. The Council of Europe Convention on preventing and combating violence against women and domestic violence (CETS No. 210, "Istanbul Convention") clearly mentions the situation of women with disabilities. In its Article 4.3, the Convention enshrines the principle of non-discrimination. "[T]he protection and support provided under the Istanbul Convention must be available to any woman without discrimination, including with respect to her age, disability, marital status, association with a national minority, migrant or refugee status, gender identity or sexual orientation."[3] Victims of violence must be able to access support and protection services. The Convention recognises that women with disabilities face specific barriers in accessing protection and services and calls for appropriate responses.

7. In the course of its evaluation visits, the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO, the independent expert body responsible for monitoring the implementation of the Istanbul Convention) found that there was a limited amount of data, research, and studies about the prevalence of violence against women with disabilities and a lack of co-ordination between national policies on violence against women and disability rights policies.[4] To give an example, the Observatory of Sexist and Sexual Violence of Nouvelle Aquitaine published a survey "Women with disabilities victims of violence in Nouvelle-Aquitaine"[5] in November 2021, based on 39 interviews. 90% of the women interviewed reported having experienced verbal and psychological violence, 90% physical violence and 50% sexual violence. 80% of the professionals surveyed knew at least one woman with a disability who had been a victim of violence. Women with disabilities are disproportionately at risk from all forms of violence.

8. Recommendation CM/Rec(2012)6 of the Committee of Ministers to member States on the protection and promotion of the rights of women and girls with disabilities calls on States to put in place specific measures to improve access to justice for women with disabilities and to protect them from violence. The

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3. Key facts about the Istanbul Convention, Council of Europe (accessed 9 September 2022).
4. Statement by Ms Iris Luarasi, former President of GREVIO, at the hearing on 25 April 2023 in Strasbourg.
5. Centre Régional d'Études d'Actions et d'Informations (CREAI Hauts-de-France), "Les femmes victimes de violences en situation de handicap en Nouvelle-Aquitaine", December 2021, accessed 9 September 2022.

Committee on the Elimination of Discrimination against Women (CEDAW) General Recommendation No. 35 on gender-based violence against women stresses the need to take on board the needs of women with disabilities.

2. Scope of the report

9. The motion for a resolution at the origin of this report asks the Assembly to examine means to step up efforts to prevent and combat violence against women with disabilities. It notes that good practices could be collected in order to prepare recommendations to member States.

10. I wish to emphasise that there are myriad disabilities and that this diversity needs to be taken into account when designing policies. I have examined the barriers faced by women with disabilities and concrete ways to overcome them. I have collected data on violence, multiple discrimination, prevention measures such as information campaigns, training of professionals, support for survivors, including accessible shelters, and their access to justice.

11. I have used an intersectional approach in my work. As it is the case in the society, there are also marginalised groups among women with disabilities, who are victims of discrimination based on their social or ethnic origin, language or religion. In its Resolution on the situation of women with disabilities,[6] the European Parliament drew attention to the fact that women and girls with disabilities suffer from double discrimination due to the intersection of gender and disability, and are exposed to multiple discrimination arising from the intersection of gender and disability with sexual orientation, gender identity, country of origin, class, migration status, age, religion or ethnicity. The Swiss Federal Council, in its report on violence inflicted on persons with disabilities in Switzerland, noted that structural violence against persons with disabilities could take on an intersectional dimension: "Women and girls with disabilities, as well as older, migrant, LGBTIQ+ and other minority persons with disabilities, are potentially subject to multiple forms of discrimination which reinforce violence against them."[7]

12. I have also tried to look into the issue of forced sterilisations of persons with disabilities, which have been recognised as a form of violence against women with disabilities. Forced sterilisations are still allowed in thirteen member States of the European Union according to data collected by Inclusion Europe.[8]

13. Since nothing should be done for persons with disabilities without them, I have thus been in regular contact with women with disabilities and organisations representing them. I hope this report will go some way towards ending the invisibility of women with disabilities, raising awareness among parliamentarians on this issue and calling for action.

14. On 11 October 2022, the Sub-Committee on Disability, Multiple and Intersectional Discrimination of the Committee on Equality and Non-Discrimination (the committee) and the Parliamentary Network Women Free from Violence held a joint hearing on combating violence against women with disabilities, with the participation of Reem Alsalem, United Nations Special Rapporteur on violence against women and girls, its causes and consequences; Helen Portal, Advocacy and Policy Officer at Inclusion Europe; Elisa Rojas, Lawyer at the Paris Bar (online); and Claire Desaint, Vice-President of the association Femmes pour le Dire, Femmes pour Agir (Women to say it, women to act).[9]

15. I held a virtual bilateral meeting with Pirkko Mahlämaki, representative of European Disability Forum (EDF) for Finland, on 21 March 2023. I had the opportunity to discuss the report with Yolanda Iriarte and Natalija Ostojic from the UN Women Regional Office for Europe and Central Asia on 23 March 2023. On 28 March 2023, I had a meeting with Marine Uldry, Policy Coordinator at the EDF. I was also able to hold a virtual bilateral meeting with Gerard Quinn, United Nations Special Rapporteur on the Rights of Persons with Disabilities, on 14 April 2023.

16. On 25 April 2023, the committee held a hearing with the participation of Ana Peláez Narváez, Chairperson of the CEDAW, Secretary General of the EDF and Vice-President of the CERMI Foundation for Women, and Iris Luarasi, President of GREVIO, who talked about GREVIO's work in this area. We had the opportunity to discuss good practices for preventing and combating violence against women with disabilities, gleaned from GREVIO's visits.

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6. European Parliament resolution of 29 November 2018 on the situation of women with disabilities (2018/2685(RSP)).
7. "Violence inflicted on persons with disabilities in Switzerland", Federal Council report pursuant to Roth Franziska Postulate No. 20.3886 of 19 June 2020, 16 June 2023.
8. "Report on forced sterilisation in the European Union", European Disability Forum, 2022.
9. The video recording of this hearing is available online: www.youtube.com/watch?v=rvnSlh2UeDk.

17. I carried out able to discuss violence against LBTI women with disabilities with Akram Kubanychbekov (virtually) and Cianán B. Russell (face-to-face), ILGA Europe advocacy officers, on 27 April 2023.

18. I carried out a fact-finding visit to Denmark on 12 and 13 June 2023, during which I was able to speak with representatives of various ministries, organisations working to combat gender-based violence and organisations representing persons with disabilities. I held a virtual meeting with Lars Ahlburg, representative of the Danish Deaf Association, on 19 June 2023.

19. On 21 June 2023, I met Thomas Foehrlé, director of SOS Femmes Solidarités in Strasbourg and member of the High Council for Equality. On 29 June 2023, I discussed data collection on gender-based violence with Sami Nevala and Sanja Jovicic of the European Union Agency for Fundamental Rights (FRA), and Diego Costa of the European Institute for gender equality (EIGE). On 20 July 2023, I exchanged views at a virtual meeting on the intersectional dimension of combating violence against women with disabilities with Monjurul Kabir, senior adviser and team leader, Gender Equality and Disability Inclusion, UN Women, New York. I would like to thank all those who took the time to meet with me to share their expertise and research.

3. Obstacles faced by women with disabilities

20. Persons with disabilities face many difficulties related to the lack of accessible infrastructure, buildings and information. Claire Desaint pointed out, at our hearing, that women with disabilities must “constantly organise themselves in an environment which is difficult to access and an unfavourable social culture to overcome obstacles in order to have housing, a job, a social life, and health care”. This lack of accessibility creates dependencies, and this state of dependence undeniably weakens women with disabilities.

21. The vulnerability of women with disabilities is still too often presented as a possible cause of violence. According to Elisa Rojas, “it is dangerous to lock women with disabilities into vulnerability and the notion of vulnerability should not be used to essentialise them.” She also noted that part of this vulnerability is socially constructed, because women with disabilities are subject to organised financial, material and family dependence. “Society imposes on women with disabilities conditions of existence and representations that turn them into prey and guarantee impunity to aggressors.”

22. Elisa Rojas likewise pointed out at our hearing that women with disabilities are not systematically considered as women in their own right or as adults. “Disability can certainly affect the perception of danger, and hinder defence and communication. Exposure to violence is even greater if a person's disability takes away oral language or makes manipulation easier.” She also said that “women with autism or psychosocial disabilities are particularly affected by violence. Lack of information can blur the notion of consent.”

23. According to Helen Portal, “when society views and treats a person as a person of lesser value, or unequally, the barriers that protect that person from psychological, physical or sexual abuse are reduced.” She presented three categories of violence that women with disabilities can experience: direct violence, when there is an intention to hurt someone; negligent attitude when a person is hurt because they depend on another person who does not care about them; and structural violence when a person is hurt by a system, rules or societal structure. She also pointed out that few women with intellectual disabilities speak out about violence because they are afraid of not being believed, of losing care or of being injured. They may also be afraid of the person who committed the violence, or afraid of having to change their environment or institution. They may fear reprisals. Building trust is crucial.

24. Reem Alsalem observed that women with disabilities are at higher risk of experiencing sexual violence than women who do not have disabilities. She deplored the fact that in most countries women with disabilities are not “empowered to make decisions about their own reproductive and sexual health, resulting in highly discriminatory and harmful practices.” She also pointed out that everyday barriers such as lack of physical accessibility, obstacles to implementing basic hygiene measures, the cost of health care, limitations in health insurance, discriminatory laws and stigma, could put their lives at risk in the context of a global pandemic. During the Covid-19 pandemic, persons with disabilities became more dependent on family and caregivers, which may have caused them to not report violence.

25. It is essential to end the taboo surrounding sexual violence. Pirkko Mahlamäki spoke about a wall of silence around sexual violence against women with disabilities in institutions and presented the work done in Finland to tear down this wall. According to her, people do not report sexual violence for fear of having to leave the institution where they live or give up the care they receive. According to GREVIO, the prevalence of sexual violence, including rape, is higher among women with disabilities, especially among those living in

institutions. In addition, they have limited remedies and very little knowledge of them. According to figures presented by Thomas Foehrlé, 30% of sexual assaults against women with disabilities are perpetrated in institutions.[10]

26. The perpetrators of violence can also be the spouse or a member of the family circle. Little attention is paid to girls with disabilities who are victims of incest. In some cases, "women with disabilities are used to satisfy the sexual needs of family members," said Thomas Foerhlé. The FRA study[11] shows that the perpetrators of violence against women with disabilities are typically members of the family circle.

27. When a survivor of violence wishes to file a complaint, she may be confronted with a lack of police time or competence or a lack of accessibility to infrastructure. Procedures are still too often inadequate and awareness-raising training on disability mainstreaming is not yet systematic. The presence of a sign language interpreter is not always guaranteed, and the staff who are the first point of contact for survivors have not always received disability-sensitive training. Information about assistance and support services for survivors of gender-based violence is not routinely available in an accessible format.

28. Gerard Quinn also stressed the importance of access to justice. Lack of inclusion and accessibility amplifies the difficulties faced by women with disabilities who are survivors of violence. Ms Margreet De Boer (Netherlands, SOC), former member of our committee, has worked as a lawyer for survivors of gender-based violence. In particular, she has worked on some cases of violence against women with psychosocial disabilities. She told the committee that unfortunately these cases were not taken very seriously. In one case, a judge decided that the harm suffered would not be compensated because the survivor had not suffered because of her disability. When a person is placed under guardianship, their word is sometimes questioned. Decision-making support should be reinforced and gradually replace guardianship.

29. LBTI women with disabilities are particularly vulnerable to gender-based violence. According to data provided by ILGA Europe, transgender women with disabilities are at high risk of being victims of sexual and physical violence, as well as discrimination and harassment. Intersex persons with disabilities and transgender women with disabilities are said to be 10 times more likely to be attacked than LGBTI people without disabilities.[12]

30. A woman with a disability who files a complaint against her partner for violence could find herself without everyday support. She might therefore be reluctant to go down this route and to seek a protection order. In the course of its work in recent years, GREVIO has also noted a lack of support when it comes to reporting violence to the police and participating in judicial proceedings. Support should be provided so that no one is afraid to file a complaint.[13]

4. Support systems for women with disabilities who are survivors of gender-based violence

31. The environment should adapt to persons with disabilities, not the other way around. A supportive environment encourages persons with disabilities to exercise their rights and participate in criminal proceedings. Ensuring the accessibility of buildings and the presence of sign language interpreters should be a priority.

32. During our hearing, Claire Desaint presented the activities of the "Women to say it, women to act" association, which has set up a dedicated telephone number 01 40 47 06 06 (in France) and offers legal and psychological assistance to ensure support and follow-up. Support services for survivors of violence should be provided with sustainable financial support to ensure that they are accessible and able to operate in a fully satisfactory manner. Disability-related support and activities to combat gender-based violence should be classified as essential services if this is not already the case.

33. There are few information campaigns that are inclusive, addressing all people. The involvement of persons with disabilities in the development of programmes to support them is very important. Information on support services and procedures should be distributed in several accessible formats, as should information and awareness-raising campaigns.

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10. "Violences – Femmes en situation de handicap", Rapport de recherches, March 2022, Clinique de Droit international des droits de l'homme, www.aixglobaljustice.org.
11. Fundamental rights survey, analysis of data on violence and harassment, FRA, 2019.
12. ILGA-Europe (2022). FRA LGBTI Survey II (2019) data disaggregation. www.ilga-europe.org/files/uploads/2022/08/FRA-LGBTI-Survey-II-data-disaggregation-tables.pdf.
13. Statement by Ms Iris Luarasi, former President of GREVIO, at the hearing held on 25 April 2023 in Strasbourg.

34. In Georgia, women with disabilities receive free legal aid. In Iceland, rights protection officers inform persons with disabilities about their rights and ensure that they are observed. The police must contact one of these officers if a woman with a disability files a complaint about violence. The Women's Shelter Association has an arrangement with hotels that provide accommodation for women who are victims of violence to ensure that they are accessible to women with disabilities.

35. In Serbia, an application called “Sound of Soul” has a secret interface which allows users to have an online conversation with social welfare and legal professionals to get help when they are victims of violence. The application is also inclusive as it is available in several languages and accessible to persons with visual and hearing disabilities.

36. The experience of the “maisons des femmes” (women’s centres), a French initiative, is worth noting. They offer comprehensive support to women survivors of violence, and all new centres are to be accessible. Equipment, such as gynaecological examination tables, should be adapted to the needs of persons with disabilities.

5. Putting an end to forced sterilisations

37. The issue of forced sterilisations of persons with disabilities demands our full attention. Forced sterilisations imply that a woman with a disability should not “reproduce”. According to Marine Uldry, this is a reflection of the patriarchal system and an “ableist” society. It is a serious form of violence, where the possibility of procreation is taken away from a person without informing them or by giving them partial information. The person may also be forced to undergo a sterilisation procedure in order to gain access to services. At our hearing, Helen Portal stressed the importance of prohibiting coercive sterilisation. In the view of Ana Peláez Narváez, forced sterilisation, itself an act of violence, exposes women with disabilities to an increased risk of sexual violence afterwards.

38. The Istanbul Convention clearly condemns forced sterilisation and forced abortion in its Article 39. During its evaluation visits, GREVIO calls for an end to these practices where they are still allowed. Forced sterilisations have been carried out on persons with disabilities, transgender persons, Roma women or persons considered “unfit”. In its (Baseline) evaluation report on Iceland, GREVIO urged “the Icelandic authorities to ensure that for any sterilisation of women with mental or physical disabilities their prior and informed consent is obtained on the basis of a thorough understanding of the procedure.”[14] In its (Baseline) evaluation report on Serbia, GREVIO urged “the Serbian authorities to ensure that legal guardians and medical professionals respect, under all circumstances, the need to act upon and ensure respect for women’s informed and free consent to the performance of medical procedures such as abortion and sterilisation, in particular where women with disabilities in residential institutions are concerned”.[15] GREVIO also encouraged “the German authorities to collect data on the number of forced abortions and forced sterilisations, in order to gain knowledge of their extent, and take any necessary action.”[16]

39. In its report “Forced sterilisation of persons with disabilities in the European Union”[17] published in September 2022, the EDF found that forced sterilisation is criminalised as a separate offence in the criminal code in 9 EU member States. Some forms of coercive sterilisation are permitted in 13 EU member States. Consent to sterilisation is given by a legal representative, doctor or guardian.

40. There may be pressure to accept the practice. EDF recommends that forced sterilisation be criminalised in all States, and steps taken to ensure access to justice and compensation for victims. Forced contraception may be a requirement for admission to residential institutions, even if it is not expressly mentioned in the internal rules (this is the case in Belgium, France and Hungary according to EDF).

41. I would like to note that progress has been made in Sweden, the Czech Republic and Slovak Republic, in particular with the award of compensation to victims of forced sterilisation.

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14. GREVIO’s (Baseline) Evaluation Report on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), Iceland, GREVIO/Inf(2022)26, 13 October 2022.
15. GREVIO’s (Baseline) Evaluation Report on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), Serbia, GREVIO/Inf(2019)20, 29 November 2019.
16. GREVIO’s (Baseline) Evaluation Report on legislative and other measures giving effect to the provisionsof the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), Germany, GREVIO/Inf(2022)21, 24 June 2022.
17. Forced sterilisation of persons with disabilities in the European Union, EDF, 2022.

6. Case study: Denmark

42. Denmark has made the inclusion of persons with disabilities a priority. Knowing this, I asked the committee for authorisation to carry out a fact-finding visit to Denmark to discuss measures taken to prevent violence against women with disabilities, data collection, the reception of survivors of violence, and the inclusiveness of structures and support.

43. I visited Denmark on 12 and 13 June 2023, meeting with representatives from the Social Affairs, Equality and Justice ministries, from NGOs and with social workers. In the course of my fact-finding, I gained an insight into the Danish system of universal cover and support for persons with disabilities. This system is based on the principle that persons with disabilities should not have to compensate for their disability by their own means. Society has a duty to support them and to "compensate".

44. Numerous steps are taken to ensure inclusion at school. Helping persons with disabilities is the responsibility of local authorities and extensive support structures have been set up. Employment assistance is also provided. For example, a deaf or hearing-impaired person is entitled to 20 hours of sign language interpretation per week in connection with their work.

45. Although the inclusion of persons with disabilities at school and in the labour market is relatively advanced, violence against women with disabilities remains a taboo subject. "We live in silence," one activist told me. "When a person has a disability, they lose their sexuality, they receive less consideration, and they are less likely to be believed," she continued.

46. The Women's Council acknowledged that there is a lack of knowledge and data on the situation of women with disabilities. There are no gender-disaggregated data in the reports on violence against persons with disabilities and no data on disability in the reports on gender-based violence.

47. According to the representatives of the Danish Institute for Human Rights with whom I was able to speak, gender-based violence is not yet recognised as a systemic problem in the country. Their study on sexual assault and violence in residential care facilities shows that the risk of suffering sexual assault is seven times as high for persons with disabilities living in these facilities as it is for persons who do not live in such facilities.[18] Another study by the Institute showed that one in five victims of violent crime has a psychosocial or cognitive disability.[19]

48. Representatives of disability associations spoke of the fear of losing day-to-day assistance if a complaint of violence was lodged. The fear of losing custody of children after filing a complaint, because of being in a more vulnerable situation, was also mentioned.

49. Of the 73 shelters for survivors of violence in Denmark, 23 are accessible to persons with disabilities. There are few requests for shelter from women with disabilities. Legal assistance and psychological support are free of charge. The LEV organisation provides free legal assistance to all survivors of violence. The helpline is open 7 days a week, 24 hours a day, and a Skype video link is available for conversations in sign language. A group of deaf and hearing-impaired women have set up the non-governmental organisation "Signing out of violence", which offers group therapy in Danish sign language to survivors of violence.

50. We were also able to discuss the importance of sex education in schools and institutions, providing information on issues such as consent, prevention of sexually transmitted diseases and contraception. I spoke to the Danish association for young persons with disabilities on this subject.

7. Case study: Spain

51. Spain has made preventing and combating gender-based violence a priority in recent years. The website of the Government Delegation against Gender Violence[20] offers numerous useful resources for preventing and learning about gender-based violence. This website, which can be read aloud, contains a number of guides, contact numbers, and statistics and data on the subject.

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18. "Sexual Assault in Residential Care Facilities – Analysis of Vulnerability for People with Disabilities" (DIHR 2022), in Danish, summary in English, page 8.
19. Victims of Violence with Psychological and Cognitive Disabilities (DIHR 2020), in Danish, summary in English, page 68.
20. Website of the Government Delegation against Gender Violence.

52. According to figures from the Spanish Ministry for Equality,[21] 20.7% of women with disabilities have been subjected to physical or sexual violence by a partner, compared with 13.8% of women who do not have disabilities. 40.4% of women with disabilities have experienced violence of some kind within a couple, compared with 31.9% of women without disabilities. 23.4% of women with disabilities said that their disability was a consequence of physical or sexual violence committed by a partner or ex-partner. 13.7% of survivors of violence with disabilities seek legal assistance.

53. The framework law of 28 December 2004 on measures for comprehensive protection against gender-based violence[22] paved the way for numerous initiatives. Police officers specialising in violence against women[23] are available at all times to take statements from the individuals concerned. Various territorial units of the Guardia Civil have been issued with a guide[24] on how the police should receive and deal with persons with cognitive disabilities. There are specialised courts throughout the country, with both civil and criminal jurisdiction. Electronic anti-approach bracelets for perpetrators of violence, with real-time geolocation, have been widely distributed. More than 25 000 bracelets were issued in 2020.

54. All of these measures were reinforced by the "Pacto de Estado"[25] ratified in December 2017 by the parliamentary groups, autonomous regions and local entities, containing 292 concrete measures divided into 10 lines of action for combating violence against women effectively. One billion euros, shared among the various autonomous regions, has been allocated exclusively to combating violence of this type. The "solo sí es sí" law[26] places consent at the heart of the issue and reverses the burden of proof, so that women survivors of violence no longer have to provide proof of violence or intimidation for a sexual assault to be considered as such. The law has also attracted criticism, however, not least because it did away with the distinction between "sexual abuse" and "sexual assault", with all cases now being systematically considered sexual assault punishable by one to four years' imprisonment.[27]

55. The NGO CERMI Mujeres[28] is calling for other forms of violence linked to legal incapacity, institutionalisation or poverty to be taken into account as well. Even though there has been visible progress, such as the removal from Article 156 of the Criminal Code of the reference to the legality of non-consensual sterilisation of people whose legal incapacity has been recognised by a judge, CERMI Mujeres recommends, in its report, going further by making forced sterilisation, forced abortion and institutionalisation more visible as forms of violence. Marine Uldry pointed out during our interview that Spain had used the Istanbul Convention to change its legislation on forced sterilisations.

56. Women who are victims of violence have access to a helpline, 016, an email address, a WhatsApp number and an online chat service.[29] The helpline is available in 53 languages and is free of charge and confidential. It provides information and legal advice to the women concerned, as well as psychosocial support from qualified staff. The helpline is accessible to women with hearing or speech disabilities, using specialised tools such as SVIsual or Telesor, and also to the visually impaired.

57. In addition, police services are gradually becoming more accessible thanks to initiatives by certain autonomous regions, such as Asturias,[30] which are introducing training courses and developing the use of SVIsual or hearing loops to better accommodate the needs of persons with disabilities.

58. In its 2020 (Baseline) evaluation report on Spain, GREVIO expressed a few concerns that policies and legislation to combat gender-based violence did not sufficiently take into consideration the situation of women with disabilities.[31] Spanish policy on combating violence against women is gradually recognising the many specific forms of violence perpetrated against women with disabilities. Efforts have been made to raise awareness and take into account the specific issues arising from discrimination and the multiple forms of

21. "Macroencuesta de violencia contra la mujer", 2019.
22. Ley Orgánica 1/2004, de 28 de diciembre, de Medidas de Protección Integral contra la Violencia de Género.
23. For example, 380 dedicated officers are active in the Madrid area. There are also the "EMUMEs", officers who specialise in the protection of women and minors, and are responsible for dealing with women with cognitive disabilities.
24. This guide can be consulted online.
25. Text in English.
26. The law, which came into force on 7 October 2022, is entitled "Ley de garantía integral de libertad sexual".
27. In the absence of transitional provisions, the entry into force of this law allowed detainees who had previously been incarcerated for sexual offences to have their sentences reduced or to be released from prison.
28. "CERMI report on violence against women with disabilities", 2022.
29. Information on the helpline.
30. Information on action taken in Asturias.
31. GREVIO's (Baseline) Evaluation Report on legislative and other measures giving effect to the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), Spain, GREVIO/Inf(2020)19, paragraph 22.

violence suffered by women with disabilities. Some autonomous regions are taking encouraging steps to highlight and combat such violence,[32] as are NGOs such as the Fundación CERMI Mujeres, which provides legal assistance to women with disabilities who are victims of violence. These findings need to be qualified, however, as there is still work to be done, in particular as regards raising awareness of certain forms of violence specific to women with disabilities and further ensuring access to police and legal services.[33]

8. Women with disabilities in times of conflict

59. In Ukraine, the majority of residents in institutions are women and girls with disabilities. According to Ana Peláez Narváez, they are at serious risk of being drawn into sexual exploitation since the majority of persons in institutions are not entered in civil registries and do not have an identity card, making them more vulnerable to all forms of exploitation.

60. I also received information from the UN Women Regional Office for Europe and Central Asia about forced marriages of women with disabilities in Ukraine. Forced marriage is allegedly being used to enable men to leave the country. I asked the UN Women Office for more details about the situation of women with disabilities in Ukraine. I encourage the committee to continue working on this topic.

9. Recommendations aimed at preventing and combating violence against women with disabilities

61. Inclusion and support for independent living are effective ways to prevent violence against women with disabilities. This requires the inclusion of persons with disabilities at school, from an early age, in order to be integrated into society and to be able to make friends. The implementation of inclusion policies from an early age has a long-term impact and contributes to the inclusion of persons with disabilities in the labour market. Full and effective inclusion will help to reduce the dependence that can put persons with disabilities at risk. Inclusion must be implemented effectively and be visible. Gerard Quinn repeatedly stressed the importance of social ties. Having one or more friends is a form of protection against violence and a demonstration of inclusion in society. The exclusion of persons with disabilities, including at school, has serious consequences.

62. During our hearing, Elise Rojas stressed that women with disabilities are put at risk through institutionalisation. They live in closed settings, supervised by professionals in positions of authority, with little external monitoring and oversight. They are vulnerable to abuse and violence from staff and other residents. Promoting deinstitutionalisation is an important recommendation. The Assembly has already spoken out on this issue, calling for the implementation of the United Nations Convention on the Rights of Persons with Disabilities. The Convention emphasises that persons with disabilities should be free to choose their living arrangements. Many States, however, are reluctant to go down the deinstitutionalisation route. In the view of Ana Peláez Narváez, economic arguments are no justification for keeping persons with disabilities in institutions. “People have the right to live and be included in the community, not matter what it costs,” she said at our hearing.

63. Almost 1.3 million persons with disabilities live in institutions in Europe and are particularly vulnerable to violence. They are often deprived of their legal capacity as soon as they enter them. Preventive actions should therefore also be carried out within institutions. Persons with disabilities who reside in these institutions should receive information on prevention of gender-based violence in an accessible format. Educating social workers and medical staff about the rights, dignity, autonomy and needs of women with disabilities, in all their diversity, is essential for a better understanding of the building blocks of institutional violence and its consequences.

64. The monitoring of institutions for persons with disabilities, by independent bodies, should be stepped up. Staff members who report violence should be listened to and protected. The issue of staff shortages in these facilities, which can create problems for residents, should be addressed. Access to gynaecological care should be facilitated, outside institutions wherever possible. Initiatives such as workshops on consent and emotional and sexual life, as well as sexual and reproductive rights should be encouraged.

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32. Andalusia, for example, has produced a guide explaining the options available to women with disabilities who are victims of violence, while the Basque Country has issued a set of recommendations for assisting and supporting women with disabilities who are victims of violence.

33. According to the survey “Mujer, discapacidad y violencia de genero” by the Government Delegation against Gender Violence, 10.4% of women with cognitive or hearing disabilities or who are deaf-blind do not use police or justice services because of a lack of accessibility when it comes to communicating with the police and judges.

65. The financial autonomy of women with disabilities is a determining factor in preventing and combating violence. A woman with disabilities should receive her income, including any financial assistance, directly, and not have to go through a family member. Following the decision in France to disregard the spouse's income in determining eligibility for adult disability allowance, payments are now made to the person with a disability directly, irrespective of the spouse's status. This measure directly supports empowerment.

66. In their observations, CEDAW and the Convention On The Rights Of Persons With Disabilities (CRPD) repeatedly pointed out that women with disabilities are particularly affected by discrimination in employment. This situation of dependence creates practical difficulties as it limits the range of action of women with disabilities, especially when it comes to filing complaints about violence. Measures accompanying inclusion in the labour market should be promoted.

67. It is important to have [gender-specific data] in order to provide the necessary assistance. Disability should be systematically taken into account in surveys on violence against women. CEDAW has made this request on numerous occasions.

68. Combating prejudice against persons with disabilities, particularly within the police force, is essential in my view. Associations such as Droit Pluriel in France have called for police officers to be given training on the specific features of disability, and for them to have communication tools geared to different types of disability.[34] Survivors of gender-based violence, including women with disabilities, face considerable obstacles in accessing help and justice. The Fédération Nationale Femmes Solidarités advocates reversing the burden of proof. Post-trauma treatment should be available to all survivors of violence, including women with disabilities.

69. Education on sexual and emotional life is still too often overlooked in the case of persons with disabilities. Such education provides a better understanding of one's body, rights and how respectful relationships work. Women with disabilities should be provided with adequate support so that they can take more autonomous decisions about their health. GREVIO has emphasised that the reproductive rights of persons with disabilities should be respected and that all methods of contraception should be made available. Forced sterilisations and forced abortions must be prohibited.

70. Elisa Rojas pointed out that women with disabilities are often infantilised and are not supposed to have an adult sexuality.[35] "They are asked to remain little girls in order to exclude them from sexuality and motherhood (…). It is commonly believed that women with disabilities are victims of violence only because they are vulnerable, while they are also victims of violence because they are women." Part of the vulnerability of women with disabilities is organised, as they are not included in awareness campaigns and are less informed. This vulnerability is assumed by society in general and reinforced by lack of inclusion. Information campaigns on the prevention of gender-based violence and sexual and reproductive rights should be inclusive and accessible to persons with disabilities, in all their diversity.

71. At our hearing, the former president of GREVIO, Iris Luarasi, stressed the importance of building the trust of survivors of violence, including women with disabilities. The issue of trust is indeed crucial and should be borne in mind by all those who work with persons with disabilities. A person who trusts her family, carers, medical staff, the police and the legal system will be that much stronger.

72. The situation of older women with disabilities is particularly worrying. The committee could hold an exchange of views on their specific needs with Claudia Mahler, the UN Independent Expert on the enjoyment of all human rights by older persons, in the coming months.

10. Conclusions

73. Women with disabilities, in all their diversity, are invisible and side-lined in our societies. Reflecting on combating violence against women with disabilities leads to a wider reflection on how persons with disabilities are considered.

34. "Surexposées aux violences sexuelles, les femmes handicapées victimes d'une «triple peine»", *Libération*, 27 March 2023.
35. Interview in the podcast La Poudre "Épisode Bonus – Présent·e·s avec Elisa Rojas", March 2020.

74. A society that isolates persons with disabilities is neither fully democratic, nor inclusive. Persons with disabilities have the right to live fully included lives in the community. Their participation in the social, economic and political life of our countries is beneficial on many levels. This participation must be supported and developed. Reducing dependence can help to reduce risk factors. A logic of accompaniment and support for autonomous decision-making aimed at inclusion in society should replace a logic of assistance.

75. In order to achieve tangible results, preventing and combating violence against women with disabilities needs to become a political priority. The issue of disability should be systematically taken into account when developing policies for gender equality and for preventing and combating gender-based violence, and disability policies should include a gender dimension. Women with disabilities should be able to participate in decision-making processes whenever they concern them.

76. Systemic change is needed to tackle the structural causes and prevent gender-based violence against women with disabilities. We must combat stereotypical views of women with disabilities and work towards a fully inclusive society that will promote equality, prevent isolation, violence and multiple discrimination, and end impunity for perpetrators of violence.