



WOMEN WITH DISABILITIES WHO ARE VICTIMS OF VIOLENCE. INTERVENTION GUIDELINES

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1 BACKGROUND

Some 11.5% of women living in the Autonomous Community of the Basque Country have some form of dependency or limitation, according to the *Statistics on the Demand for Social Services (Spanish acronym EDSS)*, *Social Needs Survey (Spanish acronym EN¹)* for 2014. Extrapolating this percentage to the Local Register of Inhabitants for 2014 suggests that around 129,100 women are in this situation, which constitutes 54.5% of all people with some form of limitation. Of these, 34.4% have a moderate, serious or total level of dependency. This percentage has increased by 5 points since 2006. Trends among men are lower in all cases: 10.3% of men (109,836 individuals) have some form of dependency, while 18.1% are at least moderately dependent. This last figure is practically half of that for women who are in the same situation. As already mentioned, the percentage of dependent women has increased significantly. The figure for men on the other hand has reduced by around 3 points since 2006.

Globally it is estimated that more than one billion people—around 15% of the world population—live with some form of disability. This figure is greater than estimations made previously by the World Health Organisation in the 1970s, which placed the figure at around 10%.

According to the *World Health Survey*, around 785 million people (15.6%) aged 15 years or older live with a disability. The *Global Burden of Disease* project estimates this at around 975 million (19.4%). The *World Health Survey* states that of the total estimated number of people with a disability, 110 million (2.2%) have very significant functional difficulties. The *Global Burden of Disease* project puts the number of people with a severe disability (the equivalent of disability inferred for conditions such as quadriplegia, severe depression or blindness) at 190 million (3.8%).

¹ <http://www.euskadi.eus/gobierno-vasco/-/estadistica/tablas-estadisticas-de-la-encuesta-de-necesidades-sociales-de-cae/>

Only the *Global Burden of Disease* project measures childhood disabilities (from age 0-14 years), which is estimated to be 95 million (5.1%) children, of whom 13 million (0.7%) have “severe disability”².

In Spain, women now comprise 59.8% of people with a disability. Age-aggregated disability percentages are slightly higher in men up to 44 years of age. From age 45, the situation is reversed and the difference increases with age, according to the *Survey on Disability, Personal Autonomy and Dependency* (Spanish National Institute of Statistics, 2008).

Despite the fact that a significant number of women compared to the overall female population have disability, there are no studies in the Autonomous Community of the Basque Country that enable us to quantify the impact of the violence they suffer. On a national level, the **Macro Survey on Violence against Women 2015**³ has a chapter on women with a disability, though it is worth bearing in mind that the percentage of interviewees in this category was just 4.5%—somewhat lower than the real-life percentage⁴. Moreover, the category only includes those women who have a certificate of disability. Furthermore, the fieldwork did not use adaptations that would have enabled hearing-impaired women to participate; the questionnaire was not adapted to a reading format that would have enabled women with an intellectual disability to participate. Moreover, no measures were taken to include women with higher levels of disability within the sample (i.e. those with a greater objective risk of suffering violence). The data from the Macro Survey are therefore just the tip of the iceberg relative to violence against women with disabilities.

This research concludes that women with a certificate of disability—that is, more than 33%—experience more intimate partner violence than other women both now and throughout their lives. Some 16.8% of women with a certificate of disability who have had an intimate partner have suffered **physical violence** in the relationship at some point, compared to 10.4% of all other women.

The percentage of those who have suffered severe physical violence⁵ (among other cases) is especially

² World Report on Disability. World Health Organization, 2011.

³http://www.violenciagenero.msssi.gob.es/violenciaEnCifras/estudios/colecciones/pdf/Libro_22_Macroencuesta2015.pdf

⁴ According to the Survey on Disability, Personal Autonomy and Dependency, (Spanish acronym EDAD. Spanish

⁵ Severe physical violence: “they have punched you or struck you with something else that could cause you harm”, “they have kicked, dragged or struck you”, “they have tried to choke you or burn you on purpose” and “they have threatened you with, or used, a gun, a knife or another weapon”.

alarming: 12 out of 100 women who have a certificate of disability have suffered severe physical violence. This is double the percentage for all other women (6.4%).

The Macro Survey also reveals that having a disability almost doubles the risk of suffering **sexual violence**: 14.7% of women interviewed who have a certificate of disability have suffered sexual abuse at some point in their lives at the hands of a partner or former partner. This percentage reduces to 8.1% for women who do not have a certificate of disability. Furthermore, the research report jointly analyses the prevalence of physical and/or sexual violence throughout life to reveal that 21.1% of those who have a certificate of disability have suffered this form of violence, compared to 12.6% without said certificate.

In terms of psychological violence, 30.6% of women with a certificate of disability have been controlled at some point by their partner, and 31.5% state having been threatened verbally, insulted or disrespected in public, or being intimidated by a partner or former partner. This compares to 26.1% and 22.3%, respectively, of all other women. The percentage of women who have been frightened of a partner is also slightly higher among those with a certificate of disability (19.9%) than those without it (13.1%). There is also a considerable gap with regard to financial abuse. Some 18.5% of women with a certificate of disability have suffered this type of violence at some point in their life, compared to 10.8% of all other women.

Two studies in the Community of Madrid⁶ have generated alarming data on the prevalence of violence against women who have a mental illness: around 80% of women with a severe mental illness (SMI) who have had a partner at some point in their life have been abused by their partner.

More than half have suffered physical abuse and more than 40% have been abused sexually. These studies have found that the risk of a woman with a severe mental illness suffering intimate partner violence is between two and four times higher than the risk posed to women in general. This harsh reality is in addition to the fact that these women are invisible in services for this sector of the population. In half of all cases of violence over the last year, the caseworker in the woman's mental health network was unaware of the abuse. These studies have also identified that women with SMI who are currently suffering

⁶ The following data are from the research study titled *Family and Intimate Partner Violence towards Women with a Severe Mental Illness* (2013), conducted by Francisco González Aguado, Juan González Cases, Marisa López Gironés, Daniel Olivares Zarco, Cristina Polo Usaola and Margarita Rullas Trincado (<https://consaludmental.org/publicaciones/Violenciamujeresenfermedadmental.pdf>) and from the doctoral thesis titled *Intimate Partner Violence towards Women with a Severe Mental Illness* (2011), conducted by Juan Carlos González Cases

intimate partner violence do not identify their situation as such in more than 40% of cases. Having a severe mental illness also noticeably increases the risk of suffering intra-family violence. Some 52% of women with SMI who live with relatives have been victimised over the last year.

Granada Town Hall carried out quantitative research titled *Study on Gender-Based Violence against Women with a Physical and/or Sensory Disability in Granada*⁷ in 2011. The study used the methodology from the *Macro Surveys on Violence against Women* and concluded that 24.8% of those interviewed suffer abuse by their partner or former partner or have done so at some point in their life. The research also found that 31.1% of women with a visual impairment and 33.3% of those with a physical disability have suffered intimate partner violence during their life, compared to 10.2% of those with a hearing impairment⁸. This study also analyses the difference in the percentages of women who have been abused and those who actually recognise the abuse.

While there were no significant differences between these two groups in the case of women with a physical disability or hearing impairment, 21.54% of visually impaired women who have been abused do not recognise their situation as such.

Lastly, another study primarily involving women in Andalusia with a physical or hidden disability, titled *Self-Diagnosis of the Situation of Disabled Women in Andalusia*⁹, studied a large sample of 1115 women and found that 31% had suffered physical, psychological or sexual abuse by a partner or relative or in residential or hospital institutions. The abuser was a partner or former partner in 45% of these cases.

Aside from the aforementioned studies, there are no other quantitative studies at the national or autonomous-community level on the impact of violence against women with disabilities in general, nor about a certain type of disability. La Once (a Spanish organisation for the visually impaired and disabled)

⁷http://dspace.uah.es/dspace/bitstream/handle/10017/15082/Violencia_pareja_mujer_trastorno_mental_grave_Juan_C_Gonzalez_Cases_2011.pdf?sequence=1&isAllowed=y
[http://www.granada.org/inet/wmujer8.nsf/e9425ddf1eaded5dc12573f00041ee60/1fc10dd64a360f35c12579f80028ad60/\\$FILE/Informe%20violencia%20y%20discapacidad%20C.pdf](http://www.granada.org/inet/wmujer8.nsf/e9425ddf1eaded5dc12573f00041ee60/1fc10dd64a360f35c12579f80028ad60/$FILE/Informe%20violencia%20y%20discapacidad%20C.pdf)

⁸This information should be treated with care given the difficulties posed to deaf women in terms of identifying and communicating violent situations. Socorro Luengo, a nurse in the La Peña Health Centre (part of the Bilbao IHO), conducted a doctoral thesis titled *Research Study on Violence against Deaf Women in the Autonomous Community of the Basque Country* (2015), which states that deaf women “remain in abusive situations longer owing to a lack of resources and support”. The National Confederation of the Deaf conducted a qualitative study titled *Deaf Women and Gender-Based Violence*: http://www.cnse.es/uploaded/publicaciones/violencia_genero.pdf

⁹ Department of Equality and Social Wellbeing. Government of Andalusia, 2011. http://www.juntadeandalucia.es/export/drupaljda/Personas_Discapacidad_plan_mujer_Autodiagnostico_Discapacidad_Andalucia-1.pdf



undertook a quantitative study in 2002 as part of the EU's Daphne programme¹⁰, which sought to encompass all of Europe within its scope. In Spain, 2100 women who are members of this organisation responded to a questionnaire about violence. In the other countries involved, however, there was an insufficient response from women with a visual impairment. At the time of writing this report, the results have not been published¹¹.

The paper by the **Cermi Mujeres** Foundation titled ***Report on Gender-Based Violence towards Women with a Disability, based on the 2015 Macro Survey***¹² reviewed existing research about violence against disabled women and came to a similar conclusion. The report states: “there have still been no specific population studies on violence against disabled women and girls”. Hence, “we can conclude that the epidemiological data on gender-based violence towards disabled women are mainly obtained from general questionnaires which include disability as a variable”.

On the international level, the *European Parliament report of October 14 2013 on women with disabilities*¹³ states that estimates show that women with disabilities are 1.5 to 10 times more likely to be abused than non-disabled women. Similarly, the *European Parliament report on the situation women with disabilities in the EU (2007)* warned that “80 per cent of women with disabilities are victims of psychological and physical violence and whereas the risk of sexual violence is greater for them than for other women”.

¹⁰ Strategy used by La Once and its foundation in the fight against gender-based violence.

¹¹ On June 12th 2014 La Once released the qualitative report titled *Female Members of ONCE and Gender-Based Violence: Demonstration of a Hidden Reality*.

¹² http://www.fundacioncermimujeres.es/sites/default/files/informe_sobre_violencia_de_genero_2.pdf

¹³ http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A7_2013-0329+0+DOC+XML+V0//EN#title2

2 INTEGRATIVE FRAMEWORK ON VIOLENCE AGAINST WOMEN AND ON DISABILITY TO FACILITATE INDEPENDENCE: A THREE-PRONGED APPROACH ENCOMPASSING HUMAN RIGHTS, GENDER AND DISABILITY

2.1 APPROACH

As part of the framework of the *Second Interinstitutional Agreement for the improvement of care for women who are victims of domestic abuse and sexual violence*, the Interinstitutional Technical Group stated, during its session on September 29th 2015, the need for an integrative framework that would take a three-pronged approach encompassing human rights, gender and disability. Said integrative framework would enable policies and services for violence against women to be designed with all women and girls in mind. It would integrate the particular needs and perspectives of disabled women and **avoid a situation whereby services for this group focus almost exclusively on social inclusion.**

Violence against women is a form of discrimination and a violation of human rights. If gender is cross-referenced with and linked to disability, the result is a collective that is much more exposed to violence. This has been recognised by several national and international bodies, as we will discuss further on. This document is based on the approach set out in the *Report of the Office of the UN High Commissioner for Human Rights. Thematic study on the issue of violence against women and girls and disability*¹⁴¹⁴ (UN, 2012). It considers that violence against women should be addressed within the context of the “overall subordination of women within a patriarchal system”, and supports a move from a “victimization-oriented approach to one of empowerment, including education, health and gender equality requirements within the scope of their recommendations, as part of the due diligence obligation of the State to prevent violence against women”.

This concept of empowerment as a route for preventing violence against disabled women aligns with the global philosophy of independent living, constituted as a new form of theoretical and practical thought around disability.

¹⁴ <https://www2.ohchr.org/english/issues/women/docs/A.HRC.20.5.pdf>

As Soledad Arnau¹⁵ has stated, in essence this is about fostering independent living projects for disabled women. According to this philosophy, women and men with disability reclaim their individual and collective right to live actively and independently within the community and to receive the necessary human support—that is, personal care when needed—and refuse to accept institutionalisation as a way of life.

2.2 LEGAL FRAMEWORK AND REFERENCE DOCUMENTATION

The following is a summary of the most relevant applicable law on violence against women with disabilities and of other reference documentation. We have categorised these as international, national or autonomous-community level.

A. INTERNATIONAL

1. Article 1 of the 1993 *UN Declaration on the Elimination of Violence against Women* defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

2. The *UN Convention on the Rights of Persons with Disabilities and its Optional Protocol* were adopted in December 2006. It was ratified by Spain in March 2008 and has been in full force in Spain since May 3rd 2008. The EU Council subsequently stated its decision to ratify the Convention on November 26th 2010. It was the first time that a decision was made to bring the EU into an international agreement on human rights. The agreement therefore became legally binding on all Member States.

This was also the first time in history that an international treaty on the human rights of disabled people was adopted in the largest legal system for protecting human rights on the international stage, by means of a legally binding convention. Its preamble (section q) states that “women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent

¹⁵ Soledad Arnau is a member of the Independent Living Forum <http://forovidaindependiente.org/filosofia-de-vida-independiente/>

treatment, maltreatment or exploitation”. The convention furthermore encompasses the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms (preamble, section s).

Article 5 establishes the following: “States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.” Article 6 states:

“1. States Parties recognise that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.”

Lastly, article 16 states that the “States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse” and that the States Parties should ensure that appropriate forms of assistance and support are in place which take into account the specific needs of persons with disabilities.

3. Article 4 of the binding *Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention)*, adopted on May 11th 2011, states the following in article 4 (Fundamental rights, equality and non-discrimination):

“The implementation of the provisions of this Convention by the Parties, in particular measures to protect the rights of victims, shall be secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refugee status, or other status.”

4. As stated in the *2nd Manifesto on the Rights of Women and Girls with Disabilities in the European*

*Union*¹⁶ (2011), disability is a cross-cutting issue that must be included in all policies, actions and measures to prevent and eradicate violence against women and guarantee the principle of universal accessibility. Moreover, there is a need for an early detection system which can identify violent situations involving institutionalised women and girls with a disability. This should include protocols by which the professionals involved in their care prevent violence and abuse.

Lastly, the manifesto states that we must consider how different forms of discrimination, in the sense that these are social and cultural constructs—financial situation, race, ethnic origin, sexual orientation, nationality, religion, culture—interact on several levels to create systematic social inequality.

The confluence of these factors (we call this INTERSECCIONALITY) in disabled women and girls has the effect of intensifying the discrimination they experience. This discrimination arises from the way in which people construct their identities. It does not acknowledge the existing diversity among disabled women and becomes standardised throughout the social sphere, leading to exclusion.

5. The *report of the Office of the UN High Commissioner for Human Rights. Thematic study on the issue of violence against women and girls with disabilities* (UN, 2012) warns that violence against disabled women is overshadowed by violence against women in general. A disabled woman suffers discrimination both as a woman and as a disabled woman. As a result, she often lacks privacy, her rights are violated habitually and systematically, she becomes isolated, she is denied normal access to culture and shared recreation and is discriminated against in the job market, among other matters. Disability becomes a risk factor in situations involving mistreatment, abuse or sexual violence. Dependence on other people increases the risk of suffering violence, whether by a direct violent action or through neglect.

Violence against disabled women and girls has some similarities to violence against women in general. However, there are some specific characteristics that all those working with these victims should understand and bear in mind so that they can provide suitable care and adopt the measures necessary to prevent any act of violence, exploitation and/or abuse against these individuals.

6. The *METIS project* on violence against disabled women was taken forward in 1999 as part of the EU's

¹⁶ <http://www.edf-feph.org/other-publications>

DAPHNE Programme to prevent and combat violence against children, young people and women and to protect victims and at-risk groups. The METIS project gathered information on, and described, alarming instances of violations of the individual rights of disabled women relative to all aspects of the person's development and autonomy

B. NATIONAL

7. Among the legislation in Spain on persons with disabilities is ***Legislative Royal Decree 1/2013 of November 29th, which approves the General Act on the rights of persons with a disability and on their inclusion in society***. Its principles include “Equality between women and men” (section f of article 3). Section 3 of article 7 (which encompasses the “Right to equality”) states that public administrations will “provide especially intense protection for the rights of disabled people with respect to equality among women”. Section 4 of the same article declares that said administrations shall “fiercely protect those people or groups of people that are particularly vulnerable to multiple discrimination, such as disabled women and children, older people with a disability, disabled women who are victims of gender-based violence, people with multiple disabilities and disabled people from ethnic minorities”.

Article 23 of the same decree sets out basic conditions on accessibility and non-discrimination. It decrees the establishment of “more favourable conditions around access to, participation in, and use of resources in every sphere or area, and non-discrimination in regulations, criteria and practices”. That is, it advocates positive action as a way of preventing discrimination. Furthermore, article 2, section i provides a definition of “normalisation” by which “persons with disabilities should be able to live their lives on equal terms and should have access to the same places, spheres, goods and services which are available to any other person”.

8. Similarly, the founding principles of ***Act 39/2006 of December 14th on the promotion of personal autonomy and care of dependent persons*** refer to “the inclusion of a gender perspective, based on the different needs of women and men”. It also states that “the results evaluation shall include a report on the impact of gender on the implementation of the Act (...)”.

9. ***Organic Law 3/2007 of March 22nd on the effective equality of women and men*** transposes two equality directives into Spanish law: Directive 2002/73/EC, amending Council Directive 76/207/EEC, and Directive 2004/113/EC. Its explanatory statement says: “Special consideration is given to circumstances

of double discrimination and to the unique difficulties experienced by women who are especially vulnerable, such as those from a minority, migrant women and women with a disability.”

Article 14 of Title II (Public Policies for Equality) sets out general criteria governing the actions of public authorities. Point 6 of said article states that public authorities should consider multiple discrimination. Specifically: “Consideration of the unique difficulties faced by women in particularly vulnerable collectives, such as those belonging to minorities, migrant women, girls, disabled women, older women, widows and women who are victims of gender-based violence. Public authorities may equally take positive action to support these women.”

Section c of article 20 on the Adaptation of Statistics and Research encompasses something which has long been demanded by people with disability to bring the gender perspective to the fore: “Design and introduce indicators and mechanisms to generate knowledge of the incidence of other variables which converge to create multiple discrimination in the different intervention areas”.

Lastly, the eleventh and fourteenth additional provisions introduce various amendments to the Workers’ Rights Act and to the Social Order Infractions and Sanctions Act. These amendments establish new text on some instances of direct or indirect negative discrimination and specifically include discrimination on account of disability. ***Organic Law 1/2004 of December 28th on measures for complete protection against gender-based violence*** constituted an advance in the fight against violence directed at women in general, and against those with a disability in particular. Its guiding principles encompass support for disabled women (article 2.k) including accessible and understandable information (article 18). Financial rights increase in value where the victim has a certificate of disability. The law also refers to the need for a disability focus in professional training courses (article 47).

10. Lastly, ***Act 4/2015 of April 27 on the rights of victims of crime*** explicitly considers disabled victims in several of its articles. This includes articles on the recognition of extra-procedural rights, the rights of the victim relative to their participation in criminal proceedings and matters related to protection and recognition of the victims, in addition to specific protection measures for certain types of victims.

C. AUTONOMOUS COMMUNITIES

- 11.** In the Basque Country, the *Act 4/2005 on the equality of women and men* addresses multiple discrimination in its general principles: “The Basque public powers will ensure the effective exercising of the basic rights of women or groups of women to suffer multiple discrimination due to other factors such as race, colour, ethnic origin, language, religion, political or other opinions, belonging to a national minority, wealth, birthplace, disability, age, sexuality or any other condition or personal or social circumstance.”

The explanatory statement of *Act 12/2008 of December 5th on social services* says, “that the rights of citizens today encompass not only the recognition of the right of all people to a series of benefits and services but also the right to difference. Core elements of the model are the principles of equality and fairness, which guarantee access to the system without any form of discrimination but without prejudice to the integration of multiple perspectives—those being the gender perspective and those on sexual diversity, interculturalism, intergenerationalism, universal accessibility and design for all—or to the application of measures for positive action and for equal opportunities and treatment”. Section c of article 7, which regulates the guiding principles of this act, decrees that Basque public administrations must guarantee access to their benefits and services “in accordance to fair criteria and without any form of discrimination on account of personal or social circumstances, and without prejudice to the application of measures for positive action and for equal opportunities and treatment. They must furthermore integrate gender equality in all their efforts”.

The explanatory statement of this same act also states that social services “must adapt their efforts to the social changes linked to gradual progress towards equality between women and men. They must encourage actions and services that support women who are socially excluded. Specifically, such actions should address the exclusion, lack of protection, mistreatment and violence that they face”.

- 12.** Also relevant is *Decree 185/2015 of October 6th on the portfolio of benefits and services in the Basque Social Services system*. It outlines the access procedure, the objectives and the features of the services provided by this autonomous government¹⁷.

¹⁷ Specific service 2.7.5 on social, legal and psychosocial services for women, minors, senior citizens and people with disabilities experiencing domestic violence or sexual abuse.

13. The *Strategic guidelines on health and social care for the Basque Country* encompass “prevention of, and action to tackle, situations involving risk, lack of protection or abuse relevant to gender-based violence” (4.2.9.).

14. Lastly, the reference framework in the Autonomous Community of the Basque Country with respect to support for women who are victims of violence is the *2nd Interinstitutional Agreement for the improvement of care for women who are victims of domestic abuse and sexual violence*.

The overarching principles of the agreement include that care should be provided to all victims without discrimination on account of their marital status, sexual orientation, age, beliefs or ideology, on account of belonging to an ethnic, national or linguistic minority, their economic status, a physical, psychological or sensory disability, or any other personal or social circumstance.

Furthermore, measures should be adopted to guarantee the effective exercise of rights for those victims whose personal or social circumstances pose greater difficulties to gaining full access to support, particularly disabled women and immigrant women, irrespective of their legal status.

2.3 CONSIDERATIONS WHEN APPLYING LEGISLATION

Over recent years, great progress has been made in tackling violence towards women in the political, legal and social spheres with the introduction of policies and measures to prevent and eradicate this form of violence. Although disabled women have always been considered within these policies and measures, in practice there remain difficulties.

Laws and agreements which have been ratified should be implemented properly, starting with promoting training for professionals in general and particularly those working in services to protect against violence and sexual abuse. The training should cover the unique characteristics and specific needs of disabled women and girls in this context and should take into account their diversity.

During its constructive dialogue with Spain (as the State Party), the UN Committee on the Rights of Persons with Disabilities stated its concern over the fact that public programmes and policies on the prevention of violence against women did not sufficiently address the situation of disabled women. Spain was asked to ensure that disabled women be given sufficient consideration in public programmes



and policies on the prevention of gender-based violence and those on employment, education, health and social security, and particularly to ensure that disabled women have access to a system which responds effectively and wholly to gender-based violence.

3 FACTORS WHICH INCREASE THE RISK OF VIOLENCE AGAINST WOMEN

3.1 FACTORS WHICH APPLY TO ALL DISABILITIES

- Greater dependence on the support of other people, whom in some cases may be their abusers. The victim may fear losing their support.
- Perception by women with disabilities that they are indebted to the people who support them and/or to those whom they depend on financially.
- Perception by the abuser that the person is more defenceless.
- Lower self-esteem and empowerment.
- Greater difficulties relative to social participation and financial autonomy.
- Difficulties in accessing education and/or the job market, leading to greater financial dependency. Less work outside of the home—this restricts the person to the domestic environment and increases the likelihood of them becoming financially dependent on their abuser.
- Greater difficulties in communicating instances of abuse owing to communication problems, use of different communication codes and a lack of information about violence.
- Situations in which a woman is not disabled but her children are.
- Women who initially do not have a disability but who acquire one following a violent situation or repeated instances of violence may be especially defenceless owing to their sudden change of circumstances.
- Social tendency to give less credibility to situations related by disabled women, particularly (in some cases) depending on the specific disability involved.
- Conflict between traditional roles assigned to women and the refusal of disabled women to abide by these¹⁸.
- Lack of suitable forums in which they can share their life experiences and learn from those of others.
- Public policies lack a disability perspective and tend to homogenise the needs of women with different disabilities.
- Lack of access to public services and resources.

¹⁸ Report on *Human Rights and Disability. Spain 2010*. (CERMI, 2011).

- Lack of awareness among, and training for, professionals likely to work with victims of gender-based violence who have a disability. This includes those working in sectors such as education, health, legal and social care as well as in the public security forces, etc.

3.2 SPECIFIC FACTORS

3.2.1. WOMEN WITH A HEARING IMPAIRMENT^{19,19}

- Greater difficulties in communicating abuse owing to communication problems (in both people, not just the deaf person, given each uses a different communication code).
- Women with a hearing impairment are afforded less credibility because they are considered as “having” communication problems.
- Greater difficulties in accessing information and services owing to the communication barriers they face.
- Lower self-esteem and disregard for herself as a woman, as a result of discrimination.
- Information gaps regarding the victims on the part of the professionals who work in services that provide support and information to victims of violence.

3.2.2. WOMEN WITH A VISUAL IMPAIRMENT

- Greater difficulties in accessing information about violence and existing resources and services owing to these not being available in an appropriate format.
- High level of vulnerability because they have little chance of self-defence.
- Lower self-esteem and disregard for herself as a woman, as a result of discrimination.
- Greater dependence on the people around her, if her independence is not developed.
- Difficulties in entering the job market.
- Low participation in society, isolation and loneliness because of reduced mobility in many cases, and lack of accessibility to many places and means of transport.
- All of these problems are significantly worsened in women with deaf-blindness, given the particular difficulties they have in communicating with the professionals who work with them.

¹⁹ Guidelines of the Spanish National Confederation of the Deaf. Women’s Committee.

3.2.3. WOMEN WITH AN INTELLECTUAL AND DEVELOPMENTAL DISABILITY²⁰₂₀

- An intellectual and developmental disability significantly limits a person's intellectual function and adaptive behaviour, i.e. their adaptive social and practical abilities. In other words, it limits a person's ability to learn how to function in their day-to-day life. People with an intellectual disability find it more difficult to learn, understand and communicate.
- There are many different types and causes of *intellectual disability*. Some arise before a baby is born, others during birth and others because of a serious illness during childhood. Regardless, this type of disability always occurs before age 18.
- The term 'developmental disability' includes intellectual disability, autism spectrum disorders, cerebral palsy and other conditions which are closely related to intellectual disability or which require similar support. The term is applied to disabilities that arise during development: in our culture, this is generally considered to be the first 18 years of a person's life. It alludes to limitations in important area of life such as language, mobility, learning, self-care and independent living.
- Both being a woman and having an intellectual disability results in greater discrimination. All people with an intellectual disability have difficulties in exercising and enjoying their civil and social rights. In the context of this lack of social inclusion, women with an intellectual disability suffer three-fold discrimination: for being a woman, for having a disability and on account of their disability being an intellectual one.
- Women with an intellectual disability are more vulnerable to gender-based violence. The following are some of the factors linked to the onset and maintenance of violence against women with an intellectual disability:
 - Limited autonomy and dependence on others for care and support.
 - Education and social interactions that strengthen complacent and obedient attitudes.
 - Over-protective attitudes among the people around them encourage low self-esteem and emotional dependence on others.
 - Limited capacity to identify harmful behaviours as such.
 - Ignorance of the fact that the violence they have experienced can be reported to the police.
 - Limited capacity for self-defence.
 - Limited capacity to access information and to use services because of limited understanding and means of expression.
 - Public resources for addressing violence are not adequate for their needs.

²⁰ FEAPS Madrid (Federation of Organisations for People with an Intellectual Disability)

- Limited professional training for detecting, investigating and addressing possible violence.
 - Less credibility given to their account of a violent situation.
 - Lack of employment and financial resources, or a need for support in managing their own resources.
 - Limited participation in society. Isolation.
- Lack of specialist research into women with intellectual disabilities and gender-based inequality²¹.
 - Only 10% of women with an intellectual disability attend gynaecology check-ups²².
 - Studies needs to be conducted into women with Autism spectrum disorder (ASD), given the following:
 - Women with ASD have no physical characteristics indicative of their disability.
 - Many women with ASD are diagnosed late and/or receive a false diagnosis, such as social phobia or borderline personality disorder (New et al. 2008) or anorexia (Treasure, 2007), with no suspicion of, nor consideration given to, ASD as a possible diagnosis (Attwood, 2007).
 - Women with ASD want to have social relationships. However, the significant difficulties they experience relative to inhibitions, as well as sensory hypo- and hypersensitivity, lead to impulsiveness, risk-taking and participation in risky sexual activities²³.

3.2.4. WOMEN WITH MENTAL ILLNESS²⁴

- Limited autonomy and dependence on others.
- Lack of employment opportunities and financial resources.
- Limited participation in society, isolation and loneliness.
- Social stigma surrounding mental illness and a greater likelihood of being in unequal relationships because of greater difficulties in finding a partner, linked to said stigma.

²¹ See the study titled "Gender and Intellectual Disability in Castile and León", FEAPS Castile and León.

²² See the study titled "Intellectual Disability and Health. Rights, Inequalities, Evidence and Proposals." 2013. *Plena inclusión* (an organisation representing people with an intellectual or developmental disability) and the Autonomous University of Madrid.

²³ Lemon, J. M., Gargaro, B., Enticott, P. G., & Rinehart, N. J. (2011). Brief report: Executive functioning in autism spectrum disorders: A gender comparison of response inhibition. *Journal of autism and developmental disorders*, 41(3), 352-356.

²⁴ Study of Violence against Women with Mental Illness. Fedefes, 2016.

- Limited capacity for self-defence.
- Low self-esteem and greater tendency to justify the abuse experienced because of feeling worthless.
- Feeling unable to cope with life alone.
- Less credibility given to their account of a violent situation.
- Greater difficulties in accessing information and services.
- Public resources for addressing violence are not adequate for their needs.
- Having experienced domestic violence during childhood, having witnessed their father be violent towards their mother, going through decompensation or being pregnant.
- Diagnoses which imply greater risk: personality disorders, particularly borderline personality disorder, schizophrenia, manic phases of bipolar disorder, drug addiction and chronic diagnoses rather than less-serious ones.
- It is harder for professionals to detect and address violence because they wrongly fear that the victim may become unbalanced if they ask her about it.
- There are links between violence and severe mental illness: many women with a severe mental illness suffered sexual or domestic violence during childhood; relationship between violence and other mental illnesses; being a victim of violence has serious consequences for mental health, such as aggravating the symptoms of a previous mental illness.

3.2.5. WOMEN WITH A PHYSICAL DISABILITY OR HIDDEN DISABILITY

- Architectural barriers.
- Less chance of self-defence.
- Fear of verbalising the violence for fear of losing their care, particularly where the victim is dependent on others for support with basic day-to-day tasks.
- Lack of employment opportunities and financial resources, sometimes owing to workstations not being adapted.
- Low participation in society, isolation and loneliness because of reduced mobility in many cases, and lack of accessibility to many recreational sites and meeting places.
- Low self-esteem (disregard for themselves as a woman and poor social image of themselves) and greater tendency to justify abusive relationships because they feel worthless and dependent.
- Feeling unable to cope with life alone.
- Living in environments that are conducive to violence: institutions, homes, hospitals.

- Use of irrational explanations to justify having experienced sexual abuse.

The following are some of the factors linked to the onset and maintenance of violence against women with a physical or hidden disability:

- Limited autonomy and dependence on others for care and support.
- Education and social interactions that strengthen complacent and obedient attitudes.
- Over-protective attitudes among the people around them encourage low self-esteem and emotional dependence on others.
- Limited capacity to identify harmful behaviours as such.
- Limited capacity for self-defence.
- Limited capacity to access information and services owing to limited understanding and means of expression. In turn,
- Public resources for addressing violence do not meet their needs.
- Limited professional training for detecting, investigating and addressing possible violence.
- Less credibility given to their account of a violent situation.
- Lack of employment and financial resources, or a need for support in managing their own resources.
- Limited participation in society. Isolation.

4 RECOMMENDATIONS

4.1 RECOMMENDATIONS WHICH APPLY TO ALL DISABILITIES

4.1.1. IMPROVING KNOWLEDGE

- Record details of the violence in the woman's clinical or social records, with her consent. Specify if it involves intimate partner violence, violence by another relative or violence by a caretaker . Indicate the type of disability that the victim has.

4.1.1.1 PROFESSIONAL EDUCATION AND TRAINING

- Include specific content on disability in all university degrees and professional training courses. Incorporate additional subjects on how to treat people with disabilities, their fundamental rights (UN Convention), the importance of personal autonomy, universal accessibility, participation in society, etc.
- Provide specialist training on disability and the gender perspective: improve training, and in turn improve professional capabilities. Train staff whose job it is to identify instances of violence. In all systems, incorporate indicators for detecting violence against disabled women.
- Train media professionals with a view to eradicating the depiction of disabled women as being inferior and dependent. They should be depicted alongside other women in an integrative model in which they carry out activities that do not victimise them. Work with BEGIRA to take forward this mission and to integrate disability as a crosscutting variable in BEGIRA training.
- Raise awareness of the scope of violence against women with disabilities among staff who intervene directly.
- Train the diverse groups of professionals involved in providing care and information: professionals in sectors such as education, health and social care, the communication media, other community social services pertaining to the security forces, and justice, etc. The content and tools used in this training should be accessible to all.

4.1.1.2 AWARENESS

- Run campaigns to raise awareness on the high incidence of gender-based violence suffered by these women and about the importance of addressing these situations. Use this as a means of highlighting the impact of the problem on this collective.
- Stress the importance of reporting the violence. The competent government authority must facilitate the necessary mechanisms for meeting the needs of disabled women who do report violence.
- Use simple and careful language (which is not discriminatory) and ensure that the materials and tools used are accessible to all (transcription to Braille, incorporating QR codes, etc.). Incorporate the necessary adaptations to enable communication (interpreters for the deaf, guides/interpreters or mediators for the deaf-blind, etc.).

4.1.1.3 RESEARCH

- Include disability as an indicator. (Information Systems Group) In the meantime, use the knowledge derived from dependency and disability assessments. Disaggregate the data by disability and gender.
- Propose that the Interinstitutional Technical Group conduct a qualitative and quantitative study of the Basque Country context around the experience of disabled women with respect to violence. It should consider their difficulties and the support received. The study will in turn be used to define good practice and to propose which resources public administrations should put in place to meet the needs of these women and uphold their rights.
- Investigate the inclusion of a module on violence in statistics about demand for social services (social needs survey).
- To collect these data (which are afforded special protection under current legislation) and include them in the system, the women affected should be informed of the importance of providing them. In addition, consideration should be given not only to pre-existing disabilities but also to those which may be caused or worsened by the violence experienced.

4.1.2. INFORMATION AND TRAINING FOR WOMEN

- Uphold women's right to information. Make this accessible and adapted in all phases of the process and ensure that the places where information is provided are accessible. Ensure confidentiality and privacy.
- Provide training to women based on empowerment: how to manage the support they receive from a third party more effectively, so that they can control and organise it; how to fully develop their sexuality; inform them of their rights.
- Run training sessions in day centres and residential centres²⁵ so that disabled women can understand what violence is, how to prevent and detect it and how to act when it is happening. Try to include a disabled woman among the trainers.
- Ensure that women with disabilities can work with a group²⁶ to explore matters related to empowerment, the current model of romantic love in our society and violence against women. Adapt the training to the needs and context of the different disabilities.

²⁵Bilbao Town Hall, in collaboration with Fekoor, ran training workshops on violence for female members of disability associations. The Regional Institute for Social Wellbeing of the Regional Government of Alava, in collaboration with EMAIZE, has run similar workshops in the Lantze occupational centre (with funding from Audio/LLodio Town Hall) and the Lakua occupational centre. The workshops are aimed at people with disabilities, their relatives and professionals. Similarly, training sessions have taken place in the Community of Madrid for women and men with an intellectual disability. These are coordinated by FEAPS Madrid (Federation of Organisations for People with an Intellectual Disability) <http://revistas.uned.es/index.php/accionpsicologica/article/viewFile/440/766>

²⁶ Refer to the experience of the Hortaleza Mental Health Centre in Madrid. <http://www.copmadrid.org/webcopm/publicaciones/clinicacontemporanea/cc2014v5n1a3.pdf>

- Facilitate access for disabled women to local empowerment schools.
- Involve associations for different disabilities in the work being carried out with the partnership movement for preventing and detecting violence. Foster empowerment.
- Offer training to professionals in public administrations (organised by the latter) and information about the available public resources to which they can refer women who are victims of violence. They should also receive guidance on how to detect violence and on what support the victim needs to report it.

4.1.3. INTER- AND INTRAINSTITUTIONAL COORDINATION

- Improve coordination within and outside of institutions. Create joined-up coordination protocols.
- Include disability in local protocols.
- Create a forum for exchanging information and working in partnership.
- Ensure that women with disabilities have a presence in discussion and debate forums.
- The Interinstitutional Technical Group should put together a set of Coordination Do's and Don'ts.
- Put together a simple protocol on how to prevent, detect, manage and handle violent situations. This should be disseminated to all social services centres that support people with disabilities. Ask management bodies to implement this protocol and to raise awareness of, and provide training on, this document. Inform associations for people with disabilities of the main features of the protocol.
- Strengthen the disability perspective in the *Third Interinstitutional Agreement for the improvement of care for women who are victims of domestic abuse and sexual violence*. Different disabilities should be taken into account. Set up a coordinating body—this could be the Interinstitutional Technical Group.
- Develop systems and protocols for sharing data and for coordinating the different institutions that provide services for addressing violence²⁷.

4.1.4. DETECTION

- Detect violence early to avoid extreme situations.
- Given that disabled women regularly use healthcare services, the professionals in this sector should be empowered to identify violence early on. Adapt appointment times, architectural barriers, information and communication, and behaviour.

²⁷ The Regional Institute for Social Wellbeing of the Regional Government of Álava has put together a protocol for detecting and intervening in gender-based violence (Disability Department).

- Use home evaluations as an opportunity to identify violent situations.
- Be particularly vigilant to the exclusion and isolation of disabled women in segregated schools and institutions. Such situations make them more vulnerable to violence and sexual abuse and make it more difficult to bring the abusers to justice.
- Use the IRIS questionnaire.
- Include associations for different disabilities in work to detect violence. People with disabilities can feel at ease and listened to in these forums, which can in turn facilitate rapid detection of violence.
- Set up spaces where women can work in a group on empowerment and on matters linked to romantic love and violence against women.

4.1.5. CARE AND SUPPORT

- Foster the inclusion of women with disabilities within teams that provide direct care and support. Victims of violence against women with disabilities will be less afraid of being doubted. They will feel greater empathy from the people providing care and support and will feel safer.
- Include a cross-cutting disability perspective which takes account of the unique characteristics of different disabilities. Ensure that staff providing care and support to women are aware, trained and equipped with the necessary resources.
- Encourage personal autonomy.
- Talk directly to disabled women and not to their caretakers. They should receive a personal service in a private setting and should be free to express themselves.
- Include clauses in public tenders requiring that the successful organisations have procedures in place for addressing instances of violence.
- Keep the victim informed of all steps taken and which are planned. This will encourage the disabled woman to take active and conscious decisions. Explain the consequences of these and her options so that she can make an informed decision.
- Ensure that it is the victims of violence against women with disabilities themselves who decide what steps will be taken. They themselves should guide the process and should not have measures imposed on them that they do not feel comfortable with. They should be actively listened to and informed that the path that they are undertaking is both for them and led by them.
- Improve the intervention and care process from the moment when the report of violence is first received. Actively listen to the victim's needs.
- Ensure that Home Care and Support Services have staff who specialise in gender-based violence against disabled women. The personal capabilities and/or attitudes of the professionals should be considered.

- Establish monitoring and control protocols which include regular visits (including unannounced visits) to assess those homes covered by this system (interviews, evidence-gathering, risks).
- Protect and uphold the exercise of care and custody pertaining to disabled mothers who suffer gender-based violence.

Many programmes and especially shelters will also provide care and support for young children. These resources must therefore be accessible for such children, given it may be them who have a disability rather than the victim directly.

- Ensure a sufficient reserve quota of adapted housing for disabled women or for women with disabled children.
- Always believe what is said when a report is being made, particularly the statements made by women and girls with an intellectual disability or mental illness and by women with communication difficulties. Do not discriminate on account of their disability. These women are at greater risk of suffering violence or sexual abuse.
- Ensure that free consent is given relative to processes of recovery, rehabilitation and social integration as victims work towards autonomy and independence, and that these processes consider their specific needs in accordance with their age. Furthermore, guarantee victims' rights to acknowledgement and reparation.
- Develop protocols for identifying violence, supporting victims and making referrals, applicable to public bodies, state-supported institutions and associations which provide services to women. Said protocols should incorporate diversity²⁸.
- Systematically enquire into whether violence exists in the social services and healthcare provided to disabled women.
- Improve care, detection and protection in cases of violence by carers, violence through neglect and institutional violence.
- Modify decrees and agreements on care so that different bodies can provide services to women with various disabilities or problems, and to give women who are victims of violence priority access to the different resources and services.
- Ensure that victims of gender-based violence have priority access to the most appropriate resources and social services in each case (based on article 28 of Organic Law 1/2004 that highlights that women who are victims of gender-based violence shall be given priority access to protected housing and public homes for older people. This may apply to day centres, occupational centres or residential centres for people with disabilities.).

4.2 SPECIFIC RECOMMENDATIONS

²⁸ Refer to the experience of Fekoor and Bilbao Town Hall: <http://www.fekoor.com/noticias/2014-02-14/ayuntamiento-bilbao-fekoor-firman-protocolo.html>

4.2.1. WOMEN WITH A HEARING IMPAIRMENT²⁹

- Distribute information about violence in different formats that are accessible by, and adapted for, deaf people. This includes visual formats that use sign language and texts in an easy-to-read format.
- Enable telephone services and systems for sending and receiving written messages (WhatsApp, telegram, SMS) in all public services for addressing violence.
- Equip public services for addressing violence with portable hearing loops and FM systems.
- Promote the possibility of requesting a sign language interpreter in all services³⁰. Enable on-call services for urgent cases that must be attended to outside of normal hours.
- Use and promote the SVisual service (Video Interpretation Service in Spanish Sign Language³¹) in communication between deaf women and public administrations. Implement the SVisual service in the care and support system for women who are victims of gender-based violence.
- Adapt the psychological support service to the needs of deaf women³². Given that deaf women are part of a community with its own unique linguistic and cultural features, there should be psychosocial services which are accessible and adapted to these features in those entities which are part of the deaf partnership movement. The latter is the primary source of information for this collective of women. This should not be taken to mean the creation of ghettos but of complete and accessible care.
- Encourage medical, social and police services etc. to include people in their workforce with knowledge of sign language. In particular, provide backing for each health centre to have one professional with this knowledge, so that the woman does not necessarily have to be accompanied in her appointment. Identify deaf people with a symbol in the IT system³³.

4.2.2. WOMEN WITH A VISUAL IMPAIRMENT

- Adapt documents about violence against women to large print, Braille, sound and accessible websites. Ask *la ONCE* for guidance.

²⁹ For more information, consult the *Guide for Professionals on Violence and Abuse against Deaf Women*, published by the Women's Committee of the Spanish National Confederation of the Deaf: <http://www.psicosocial.net/grupo-accion-comunitaria/centro-de-documentacion-gac/areas-y-poblaciones-especificas-de-trabajo/genero-violencia-contra-las-mujeres/633-guia-para-profesionales-ante-la-violencia-y-los-malos-tratos-a-mujeres-sordas>

³⁰ Euskal Gorrak provides a free sign language interpretation service owing to an agreement between the Basque Government and the Regional Government of Biscay. It operates from Monday to Friday, 08.00 to 20.00. This ordinary and discretionary service is provided on a first come, first served basis. It does not service emergencies.

³¹ http://www.svisual.org/fun_oye.html

³² The Bilbao-Basurto IHO has a psychologist who is trained in gender-based violence and sign language. https://www.osakidetza.euskadi.eus/contenidos/informacion/obiba_com_biba/eu_def/adjuntos/BIBA3.pdf

³³ Like the one used for people who wish to be spoken to in the Basque language

- Adapt the public spaces used to provide services to victims of violence to the needs of blind women or those with a severe visual impairment. Use Braille signage and remove architectural barriers. Ask *la ONCE* for guidance.
- Train professionals who work with women who are victims of gender-based violence on how to behave with blind people and the visually impaired.
- Consider the particular communication difficulties experienced by women with deaf-blindness and the need for guides/interpreters and/or mediators, as well as training for the professionals providing care and support.

4.2.3. WOMEN WITH AN INTELLECTUAL AND DEVELOPMENTAL DISABILITY

- Collaborate with the *FEVAS Plena inclusión Euskadi* partnership movement for matters regarding expert representation and contributions.
- Examine models relevant to the partnership movement when developing policies and creating intervention services: FEVAS applies a service model based on the basic components of the support system: person-centred planning, quality of life model and guarantee of rights.
- Consider the good practice used in the partnership movement to promote proper treatment and prevention of abuse (*FEVAS Plena Inclusión Euskadi*, such as: The book resulting from the research titled “Ethical Approach to the Abuse of People with an Intellectual and Developmental Disability”, the easy-read guide “Let’s Talk about Abuse”, specialist training for professionals, Gorabide Ethics Committee).
- Foster values that are based on equality between women and men with an intellectual disability³⁴.
- Enable the individual and group empowerment of women with an intellectual and developmental disability (i.e. the women should love themselves as they are)³⁵.
- Promote actions to improve access to healthcare for women with an intellectual disability.
- For women with Asperger Syndrome, their difficulties in social settings, with introspection and in identifying their own challenges, and their non-identification with non-tailored public campaigns all mean that information has to be adapted to how they understand the world to ensure these women gain access to resources and services.
- Materials should be published which are adapted to the needs of women with an intellectual disability, including in easy-read format³⁶. These should be disseminated along with training.
- Raise awareness among women with an intellectual disability about how to identify

³⁴ Recommendation by the Department of Women and Gender Equality, Inclusion Plan, Valencian Community.

³⁵ Recommendation by the Department of Women and Gender Equality, Inclusion Plan, Valencian Community.

³⁶ A leaflet was published in the Community of Madrid: “Gender-based violence and women with an intellectual disability”. http://www.plenainclusionmadrid.org/wp-content/uploads/2015/08/LF_guiaviolencia.pdf

violence and how to act. Provide training in this regard. Train men with an intellectual disability about how to identify violent behaviours³⁷.

- Adapt prevention and support services (psychological support service, for example) to the needs of women with an intellectual and developmental disability.
- Talk about sexual abuse with women who have learning or comprehension difficulties.
- Make sure they understand that they have the right to defend themselves³⁸. Teach them how to do it.
- Make sure they understand that they can seek support from someone they trust if another person touches them, abuses them or takes advantage of them. Said trusted person will believe them and protect them.
- Put together a highly adapted protocol for identifying abuse which details what to look for. State clearly who should raise the alarm. Bear in mind that the abuser may be the person's guardian.
- Train the professionals involved and empower them to manage the situation.

4.2.4. WOMEN WITH MENTAL ILLNESS

- Raise awareness that most women with a mental illness are experiencing violence or have experienced it in the past. Combat the myth that their story is not true on account of psychopathologic decompensation. Influence all political and technical spheres.
- Train and raise awareness among professionals.
- Systematically include the Mental Health Network in interinstitutional protocols. Design a health and social care coordination protocol and adapt existing ones in each area.
- Establish coordinated health and social care teams. Include violence against women with mental illness in health and social care committees and agreements.
- Provide services to women with mental illness who are beyond the scope of shelters and of specialist psychological services for addressing violence.
- Provide apartments with support workers to prevent women with mental illness who report violence from losing custody of their children.
- Provide specialist healthcare to women with mental illness who have experienced violence. Also bear in mind that the violence is in many cases at the root of the mental illness—something which should be considered in psychiatric and psychological care. These treatment approaches should therefore be coordinated.

³⁷ A similar approach has been taken in the Community of Madrid. See: http://repositoriocdpd.net:8080/bitstream/handle/123456789/988/Art_VillaroG_DiscapacidadIntellectualViolencia_2012.pdf?sequence=1

³⁸ We are referring to behaviours which support them in not tolerating abuse

- In the healthcare setting, begin to address severe mental illness linked to gender-based violence.
- Appoint psychiatrists who make priority visits to each of the shelters for women who are victims of violence. Also, allocate specific psychological support resources for women who are victims of violence.
- Bear in mind that the simple fact of listening to the woman has a therapeutic effect. It is therefore important that the professionals involved show that they are on the woman's side.
- Develop systems that enable data on violence to be shared between different institutions, with the woman's consent.
- Include violence against women with mental illness in IHOs, general hospitals and mental health centres.
- Set up an expert service on violence in all IHOs to provide clinical support to professional teams.
- Include intimate partner violence in the guidelines used by social services when identifying and assessing various situations (dependency, lack of protection, risk of exclusion) and differentiate between this and violence by other members of the family.
- Integrate the gender perspective in Osakidetza practice, particularly in the Mental Health Network.
- Include mental health in the Third Interinstitutional Agreement for the improvement of care for women who are victims of domestic abuse and sexual violence.

4.2.5. WOMEN WITH A PHYSICAL DISABILITY OR HIDDEN DISABILITY

- Adapt resources to allow for personal support. Comply with the Accessibility Act.
- ❓ In cases involving women with reduced mobility, ensure that the various legal and police actors travel to the woman's house to take her statement or to corroborate the report of violence, if the woman so requires. Ensure that all police stations are accessible and improve the service provided.
- Put personal support and guidance services in place for all administrative processes, should the woman require help. Her level of mobility should not be a factor and the same person should be the point of contact with the woman throughout.
- Adapt study places and workstations to foster financial independence in women with disabilities who have been victims of gender-based violence. Comply with the Accessibility Act.
- Comply with the Accessibility Act in all public places. This applies in general to recreation and meeting spaces and in particular, to places which host empowerment workshops and women's forums.