

**DISABLED WOMEN AND  
GIRLS WHO ARE VICTIMS  
OF GENDER-BASED  
VIOLENCE.**

**INTERVENTION GUIDELINES**



**EMAKUNDE**  
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This document compiles a series of guidelines for professionals working with disabled women and girls who are victims of gender-based violence. The guidelines seek to improve the care provided to these individuals.

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**EDEKA**

degalatasuna duten pertsonen ordezkarien  
euskiak koordinatzailea

coordinadora vasca de representantes  
de personas con discapacidad



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GOBIERNO VASCO

Title: "Disabled Women and Girls who are Victims of Gender-Based Violence. Intervention Guidelines"

Published by: Emakunde-The Basque Institute for Women

Authors: Edeka

Design and layout: EPS Comunicación

Date: June 2019

Descriptors: People with disabilities, disabled women and girls, girls, violence against women, abuse, victims

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# PREFACE



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Emakunde-Basque Women's Institute has been concerned about how to respond to the needs of disabled women since the organisation was first created. The various equality plans that have guided Basque public policy over recent years have compiled objectives and actions which support access to resources, statistical improvements, the eradication of poverty and the full exercise of social rights.

In this context, in 2015 Emakunde launched a process of reflection as part of the work carried out by the Technical Group of the "2nd institutional agreement for improving the care of female victims of domestic abuse and sexual violence". The outcome was the document titled "Intervention recommendations for women with functional diversity who are victims of violence". Published in 2017, this document aims to facilitate continued progress in establishing guidelines for professionals who work with disabled women and girls who are victims of violence and to improve the care that these people receive, by means of empowerment and independence.

Emakunde supported the publication of the "Research guide on violence against women and mental illness" put together by FEDEAFES in 2017. In 2018, Emakunde added an advanced course to its JABETUZ programme for professionals working with victims of male violence against women. The course takes a more specific look at the situation and needs of women with a physical or hidden disability, hearing impairment, mental illness, learning and developmental disability or visual impairment.

This new guide is the outcome of the collaboration between Emakunde and Edeka, an organisation with access to experts in this field. It aims to improve the knowledge held by professionals who care for these victims, to raise awareness of women with various types of disability and to improve the care they receive.



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# INTRODUCTION

The Spanish Committee of Representatives of Persons with Disabilities (CERMI) is a platform for representation, defence and action for people with disabilities. It has a headquarters along with decentralised operations across all of Spain's autonomous communities. The CERMI body in the Autonomous Community of the Basque Country is called EDEKA.

EDEKA represents third sector organisations in the Basque Country which work on disability issues. It defends the rights of people with disabilities by working to achieve social normalisation and protection for this group, supporting their inclusion and boosting their quality of life.

The organisations involved in EDEKA are:

- ~ **ELKARTEAN**. Coordinating Confederation for People with a Physical Disability of the Autonomous Community of the Basque Country.
- ~ **FEATECE**. Federation of Acquired Brain Injury Associations of the Basque Country.
- ~ **FEDEFES**. Basque Federation of Associations for People with a Mental Illness and their Relatives.
- ~ **EUSKAL GORRAK**. Basque Federation of Associations for the Deaf.
- ~ **FEVAPAS**. Basque Federation of Associations for Relatives of Deaf People.
- ~ **FEVAS PLENA INCLUSIÓN EUSKADI**. Basque Association of Organisations for People with an Intellectual Disability.
- ~ **FEVASPACE**. Basque Federation of Associations for People with Cerebral Palsy and Related Illnesses.
- ~ **ONCE**. Spanish National Organisation for the Blind.

This document is a practical guide for professionals working in various intervention areas. It provides a series of guidelines to support better quality care for disabled women and girls who have been victims of gender-based violence or are vulnerable to this form of violence.

Below, we explain some unique characteristics of the collective encompassing disabled women and girls and provide a definition of “gender-

based violence”. It is important to clarify that EDEKA is committed to the wellbeing of all people with a disability and is ready to provide support and advice in all cases, irrespective of the nature of the violence, mistreatment or abuse suffered by the victims.

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 prevent these situations from occurring.

Gender-based violence against women and girls is a human rights violation and a manifestation of discrimination against women and of unbalanced power relationships. This concept encompasses all forms of violence against women and girls, whether in the form of a direct action or by excluding women and girls from any part of society. The violence may be inflicted physically, psychologically or financially, insofar as it causes harm or suffering or jeopardises the victim’s physical, sexual, psychological or financial integrity or their assets.

Gender-based violence against women includes violence within a couple, former couple or family, sexual violence, femicide, trafficking of women and girls, sexual exploitation, female genital mutilation, forced marriage and other harmful traditional practices, institutional violence, violence perpetrated or condoned by the State and any other form of violence which harms or may harm the dignity, integrity or freedom of women as provided for in law.



# 2 PEOPLE WITH DISABILITIES. DEFINITION

It is important to define what we mean when we talk about people with disabilities. This is set out in the UN Convention on the Rights of Persons with Disabilities and in Legislative Royal Decree 1/2013 of November 29th, which approves the Consolidated Text of the General Act on the rights of persons with disabilities and on their inclusion in society. Specifically:

- ~ Paragraph 2 of article 1 of the Convention establishes that “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”
- ~ Paragraphs 1 and 2 of article 4 of Legislative Royal Decree 1/2013 of November 29th, which approves the Consolidated Text of the General Act on the rights of persons with disabilities and on their inclusion in society, establishes that “Persons with disabilities are those who have physical, mental, intellectual or sensory impairments which are likely permanent and which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

The UN Convention on the Rights of Persons with Disabilities therefore protects all people with disabilities irrespective of whether they are officially recognised as such.

In short, the people we are discussing are women with both limitations and abilities who may require a particular form of support at a given time.



# 3 INTERSECTIONALITY, GENDER AND DISABILITY

The 2007 Declaration on the Recognition of the Rights of Disabled Women and Girls states the following: “Disabled women and girls still face clear and categorical discrimination.” Despite significant progress over recent years, this form of discrimination still constitutes a serious and disquieting problem.

This is evidenced by data and by the experiences of disabled women and girls, all of which point to greater education shortfalls, more unemployment, lower salaries, limited access to health and maternity services, limitations on the enjoyment of sexual and reproductive rights, scarce or no access to programmes and services for women in general, greater risk of suffering violence and all forms of abuse, restricted availability of data disaggregated by gender and disability, under-representation in associations, and more. These women experience more discrimination than disabled men and than women who are not disabled. Prejudices and stereotypes distort their self-image and their idea of being citizens with full human and civil rights. Disabled women usually lack access to effective legal resources or mechanisms that can eliminate and correct discriminatory behaviour.

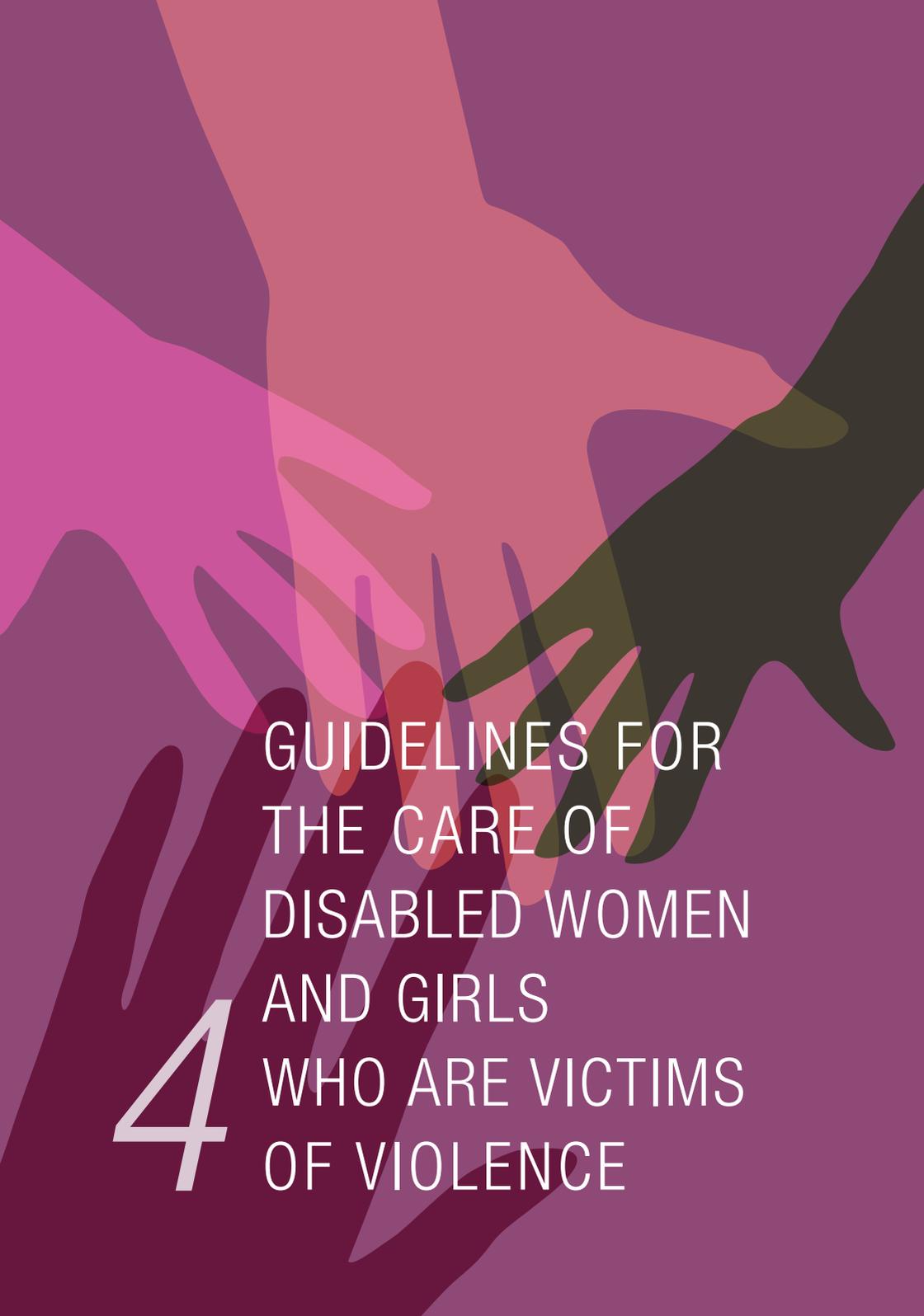
It is clear that disabled women (around 250 million people across the world) are still an isolated and invisible social group that faces a whole host of restrictions and limitations. These women have suffered a long history of inequality and have been relegated to a position of political powerlessness, owing not to the degree or type of disability they have but to circumstances resulting from stereotypes, prejudices and social roles which lessen their ability to participate and contribute to a society in which we are equal. Such circumstances define and determine what each person can do, from the moment they are born.

Disability, like gender, is a cultural construct that has the effect of branding women and limiting their prospects. For people who are both a woman and disabled, the range of possibilities in terms of what they can be and do is rendered practically non-existent. The joint social construct formed by gender and disability impedes their desires, shapes their wishes, restricts them and confines them to invisibility, and therefore to non-existence.

The infinite barriers that disabled women must overcome before they can be first-class citizens constitute an act of violence that drives them to the brink of social exclusion.

Continued discrimination alongside unfair and unwarranted prejudice deprives these women of the opportunity to compete under equal conditions, not just with men who are disabled or otherwise, but also with other women.

In other words, for disabled women and girls — who already face barriers and a lack of equal opportunities— the intersectionality between disability and gender aggravates their situation and increases the risk of discrimination and social exclusion.



# 4

## GUIDELINES FOR THE CARE OF DISABLED WOMEN AND GIRLS WHO ARE VICTIMS OF VIOLENCE

We will now set out guidelines for the care of disabled women and girls according to the different disabilities they may have. While there are certain aspects that are common to all disabilities, others are specific to each one.

In addition to the guidelines, at EDEKA we believe that studies, data and statistics on violence should include disabled women as a variable, as well as the type and degree of disability and the type of violence, among others.

## **4.1 WOMEN AND GIRLS WITH CEREBRAL PALSY**

Cerebral palsy originates around the time of birth and is caused by a lesion in the central nervous system (brain). It affects the development of voluntary movement on a physical level and causes difficulty in maintaining posture. There may be an accompanying sensory and/or intellectual disability as well as communication difficulties. Cerebral palsy may manifest differently and to a different degree in each woman and girl (from a minimally affected limb to a high level of dependence). Since each woman or girl with cerebral palsy may have different disabilities, the guidelines for other specific disabilities may apply in some cases, bearing in mind certain specific factors.

The following guidelines should be taken into consideration when working with a woman or girl with cerebral palsy:

Ensure you do not take their physical appearance as an indication of their physical and/or intellectual abilities. Cerebral palsy causes altered facial and body gestures, whether in the form of over-expression or under-expression. They may walk in a stilted, shaky manner and may display a varied degree of instability.

Respect their own pace and rhythms (when expressing themselves, resting, eating, etc.). People with cerebral palsy generally need more time than most of the people.

- ~ Respect her body space, including her chair if she uses one. Try not to address her verbally or physically from behind and in general from a position where she cannot see you (this tends to startle and unbalance the person).
- ~ Adapt to her form of communication: verbal (her communication may be fluid or she may have intonation difficulties) or using support material (a board for pictorial or syllabic communication).
- ~ Do not make assumptions about what she wants to communicate. If you cannot understand her message, ask her to repeat it or request support from someone she trusts and understands her communication code.
- ~ Identify and pay attention to signs or indications of possible assaults, particularly when the person cannot communicate or show awareness of being a victim of violence.
- ~ Avoid inappropriate questions and those that may cause additional distress for the person affected.
- ~ Provide a document that is physically and cognitively accessible as well as technical assistance if the person is required to complete a written complaint or request for support. Adjust these resources to the fact that those who can write usually press hard on the paper and use large and irregular letters.
- ~ Show interest and create a feeling of safety. Listen to her needs in terms of what bothers her or makes her feel uncomfortable or insulted.
- ~ Avoid infantilising the person. That is, talking or acting in a way not directed specifically at her or using vocabulary that is unsuitable to her age and level of comprehension.
- ~ Treat her in a friendly and warm manner. If appropriate, display the usual level of warmth and emotion you would use with any other person. Otherwise, the person may be confused.
- ~ Create a warm and trusting atmosphere. Situate yourself at her physical level (at her height if she uses a chair) and choose language that is suitable for her abilities.

- ~ Address her in a respectful and friendly manner. Be empathetic. Provide visibility and credibility to women and girls with cerebral palsy who have suffered any form of violence, rather than playing down the situation, putting prejudice first or opting to address the people around her rather than the person experiencing the violence first-hand.
- ~ Make sure the woman or girl feels welcomed, understood and supported. Involve a public or private service in providing the optimal response to each person, where needed.
- ~ Always remember that highly emotional situations may cause her to become more blocked, may increase uncontrolled movements and may cause her to talk in a less intelligible way. Give her time and make sure that you have as much time available as you need.

## **4.2 WOMEN AND GIRLS WITH A PHYSICAL DISABILITY OR REDUCED MOBILITY**

Physical disability occurs when a person's physical state permanently and irreversibly impedes the function of their motor system and therefore affects how they move. Physical disability also includes those affecting the function of the respiratory, cardiovascular, digestive and urinary systems and the metabolic and immune systems, which may also cause mobility difficulties. In addition to facing various barriers and a lack of universal access and equal opportunities, the intersectionality of disability and gender means that women with a physical disability are also more vulnerable and at greater risk of discrimination and social exclusion.

The following guidelines should be taken into consideration when working with a woman or girl with a physical disability:

- ~ Ensure that the various legal and police professionals involved travel to the person's home to take a statement or confirm the report made, if the woman so requires.
- ~ Make sure that support and personal assistance are available during all phases of the process.

- ~ Ensure that all spaces, equipment and resources (police station, police vehicles, housing, etc.) are accessible to the woman during all phases of the process.
- ~ Ensure there are suitable and accessible resources (both for personal assistance and adapted living) to support the woman to rebuild an independent life with her children in a safe and adapted space.
- ~ Ensure that urban spaces and buildings are accessible. Also, consider black spots and critical/dangerous spots (e.g. lighting in the areas around lifts and other accessible features).
- ~ Integrate the IRIS Questionnaire into all guidelines for identifying violence for professionals working in healthcare, social services, education, etc.
- ~ Ensure access to all tools, services, prevention campaigns, treatments, gynaecology appointments, etc. and that these are accessible.
- ~ Ensure that the person affected has support for housing accessibility, even if they received it during the last few years (for another house where she can no longer continue to live and has to leave as a protection measure).
- ~ Comply with the Accessibility Act, particularly in all public places, in recreation and meeting spaces, and in places that host empowerment workshops and women's forums.
- ~ Provide accessible and safe night-time transport, including the option to stop near her home provided the location is accessible.
- ~ Take the extra cost of having a disability into account in financial support for female victims of violence.
- ~ Ensure that women who end up with a physical disability as a result of being abused have access to all the support, services and benefits that they need.
- ~ Strengthen training to help women with a physical disability to recognise their own body, self-esteem, emotions and sexuality and to recognise the early indications of denial, psychological abuse or physical violence.

- ~ Work with professionals from all areas to break down stereotypes that impede the sexual and maternal development of women with a physical disability.
- ~ Ensure there is support in place (a sexual support worker or another support person, support products, etc.) so that women with a physical disability can develop their sexuality.

### **4.3 WOMEN AND GIRLS WITH A HIDDEN DISABILITY**

A hidden disability means that a person has problems with their respiratory, cardiovascular, digestive or urinary systems or with their metabolic or immune systems, causing chronic pain and/or limitations in different aspects of their life. Damage to an internal organ is linked to illnesses that are not perceptible at first sight. The sufferer faces a generalised lack of awareness of their illness and a lack of appreciation of the effects it has on their life.

The following guidelines should be taken into consideration when working with a woman or girl with a hidden disability:

- ~ Ensure that the professionals working with and supporting female victims of violence are aware of this type of disability.
- ~ Ensure that guidelines for working with people with a hidden disability encompass the detection of any sign of tiredness or pain and promote the adaptation of spaces to accommodate rest and people's own rhythms (resting, going to the bathroom, drinking water, etc.).
- ~ Adapt spaces and facilities so that people can sit, rest or reduce their level of activity when they need to.

## 4.4 WOMEN AND GIRLS WITH DEAF-BLINDNESS

Deaf-blindness is a disability resulting from a combination of sensory (in this case, visual and auditory) deficiencies. People with this disability have unique communication problems and special needs because of their difficulties in wholly perceiving, understanding and therefore taking an interest in, and coping with, their surroundings.

The following guidelines should be taken into consideration when working with a woman or girl with deaf-blindness:

- ~ If a deaf-blind woman or girl is accompanied by a guide/interpreter or a mediator, the professional should transmit the information to the woman/girl via the person supporting them, and shall ensure that messages are mutually understood. The guide/interpreter should not become the recipient of the information.
- ~ Make her aware of your presence: lightly touch her arm, elbow or shoulder. If the deaf-blind person is busy, gently maintain contact with them and wait.
- ~ Identify yourself before starting to communicate.
- ~ Consider lighting. Avoid intense blinding light and rear-lit locations. Face the light so that you are more visible.
- ~ Tell her if you leave the communication space (because of an interruption, bathroom break, etc.). Explain the reason for these absences and interruptions, and always ensure the deaf-blind person has clear reference points while you are gone (such as a table, chair, door or wall).
- ~ Tell her about everything that happens and about any changes in her surroundings.
- ~ Avoid having objects that hinder hand movements (folders, documents, etc.).
- ~ If the deaf-blind person has some sight and a high level of reading comprehension, give her documents that she is able to see.
- ~ If the deaf-blind person has some hearing, situate yourself close to her and talk to her with a moderately loud (but not excessively loud) voice. Enunciate your words clearly.

- ~ Avoid strong perfume, tobacco smoke, etc.
- ~ Ensure that the space is conducive to good interaction (postural hygiene, enough chairs, etc.).

## 4.5 WOMEN AND GIRLS WITH A HEARING IMPAIRMENT

People with a hearing impairment have a partial or total loss of their ability to hear. It may affect one or both ears. The deaf collective is very diverse; deafness involves factors related to the type of deafness, time of onset, lesion site, degree of hearing loss, forms of communication used and individual characteristics, as well as the family, educational and social context in which the sufferer lives.

The degree of hearing loss should never be taken as an indication of a person's greater or lesser ability for oral expression.

The following guidelines should be taken into consideration when working with a woman or girl with a hearing impairment. However, the first step in all cases should be to understand the method of communication used by the disabled woman or girl. Not all deaf people wear hearing aids or know sign language.

If the person uses sign language:

- ~ Ensure that the deaf person has access to resources that enable her to exercise her right to communicate in sign language.
- ~ The victim of gender-based violence—in this case, the disabled woman or girl— is who needs to receive support. Therefore, the conversation should be directed towards them. Provide access to sign language interpreters at all times.
- ~ Do not force the deaf person or their sign language interpreter to look directly at you while you are talking. Sign language is a visual language. Their eyes are their ears, and their hands are their mouth.
- ~ Avoid using the term 'deaf-mute'. It is not correct, and in the deaf community is considered somewhat derogatory. While deaf people

may have language problems, they are not mute and they go to great lengths to make themselves understood.

- ~ In the case of non-deaf minors accompanied by a parent with a hearing impairment who uses sign language, address the parent (as is normal).
- ~ If you have to send some form of communication to the person with a hearing impairment, do not do so by telephone. Use written methods. (SMS, email, WhatsApp, etc.).
- ~ Where appropriate, consider using a video call as a form of direct communication.
- ~ The presence of an interpreter is always recommended. However, if the hearing-impaired woman or girl who is a victim of gender-based violence prefers to be accompanied by relatives, you should allow this in order to facilitate communication.
- ~ If you have to give any form of written document to the person, make sure they understand it. People with a hearing impairment may have reading difficulties.

If the person uses oral communication:

- ~ Do not start talking to the hearing-impaired woman or girl unless she is looking at you. Use a discreet sign to get her attention before you start speaking.
- ~ Allow the person to lipread. Sit directly in front of the hearing-impaired woman or girl, in a well-lit place and at an appropriate distance from her. Avoid putting your hands or any other object in front of your face.
- ~ Position yourself at their height (particularly if the person is a child) and at an appropriate distance for conversation. Ensure the place is quiet. Follow what the hearing-impaired person says.
- ~ Listen carefully, and give the person enough time to process and respond. Avoid turning away half-way through speaking, talking in a child-like manner or using exaggerated forms of expression.
- ~ Enunciate well. There is no need to exaggerate or shout at the person. Always talk aloud but in a natural way. Do not talk hurriedly, nor too slowly.

- ~ If she does not understand you, repeat what you said or formulate the message in another, simpler (but correct) way using words with a similar meaning. Do not use jargon.
- ~ Use any available technical means of sound amplification (hearing loop or FM system).

## 4.6 WOMEN AND GIRLS WITH A VISUAL IMPAIRMENT

A visual impairment limits what a person can do and their degree of participation. The term ‘visual impairment’ denotes the negative aspects of an interaction between a visually impaired person and their environment (contextual and environmental factors).

The following guidelines should be taken into consideration when working with a visually impaired woman or girl:

- ~ Introduce and inform her of the people taking part in the meeting and explain the meeting format. Remember that the victim in this case cannot “take a look around” to familiarise herself with her environment. This creates a lot of insecurity and unease. The victim should be updated when someone enters or leaves the room.
- ~ The information should always be provided directly to the victim, regardless of whether she is accompanied by someone else. Her lack of sight does not affect her level of understanding. Mention her name before providing the pertinent information.
- ~ There is no need to raise your voice. Her difficulties are only visual, not auditory.
- ~ You may use certain expressions as you normally would, such as “see you on Wednesday”, “let’s see”, etc. The communication should flow and focus on the matter at hand. Avoid talking around issues in an attempt to stop someone from feeling bad.
- ~ If the victim is completely blind, tell her what is happening during moments of silence and what is going to happen afterwards. Clarify how the actions will affect or help her.

- ~ When the woman enters a room for the first time, describe her surroundings, tell her who is in the room and help her to get to the appropriate place. If necessary, guide her to prevent an accident.
- ~ Language should be clear and avoid imprecise expressions such as “that”, “here” or “there”. Substitute physical gestures with verbal expressions. It may be useful (if necessary) to guide the person’s hand to the object being referred to (the backrest of a chair, for example).
- ~ Ask her directly if she would like assistance and do not hold her by the arm. The person may require assistance or not, depending on a variety of personal and situational circumstances.
- ~ When helping the blind or partially sighted person to move around, offer her your arm so that she can hold it and be guided. Always tell her who is going to assist her. This is about generating a sense of security and trust.
- ~ In such cases, the guide should always be a half step in front of the person who is being guided. The guide should offer her their arm (she will generally grip the guide’s arm gently above the elbow, or place her hand on their shoulder). Ask her which side she prefers.
- ~ Do not hold guide dogs by the leash or harness. When on the move, the person with the guide dog may lead their dog by the leash or may use the harness and allow their dog to guide them by following the person who knows the route to the desired location.
- ~ People with a visual impairment access information in different ways. Depending on their level of sight, they may require Braille, printed text, IT tools, etc. Each resource should be adapted to their needs.
- ~ If the person has a functional level of sight, always try to place yourself where she can see you.
- ~ People with a visual impairment are highly vulnerable because they have little chance of self-defence.

- ~ When these women are members of ONCE, said organisation offers them support and, if necessary, guides them to external centres and services that specialise in supporting victims of gender-based violence in each area. ONCE also translates the necessary material into Braille so that the person has access to information.

## **4.7 WOMEN AND GIRLS WITH AN INTELLECTUAL AND DEVELOPMENTAL DISABILITY**

An intellectual and developmental disability significantly limits a person's intellectual function and adaptive behaviour, i.e. their adaptive social and practical abilities. People with this type of disability find it harder to learn, understand and communicate. It always occurs before age 18.

The term 'developmental disability' includes intellectual disability, autism spectrum disorders, cerebral palsy and other conditions that are closely related to intellectual disability.

The following guidelines should be taken into consideration when working with a woman or girl who has an intellectual disability:

- ~ Treat the woman with an intellectual disability as an adult, if she is one.
- ~ Remain calm and create an atmosphere of trust and empathy.
- ~ Talk to her in a natural and warm manner.
- ~ Be patient and respect her own rhythm.
- ~ Talk directly to the woman and not to her caretaker.
- ~ Use simple, non-technical language.
- ~ Talk and ask questions in an unhurried and ordered way.
- ~ Try to avoid a situation in which the victim has to repeat what happened over and over again.
- ~ Use images, photographs, pictographs and other visual communication aids, if necessary.
- ~ Listen to the victim and allow her time to respond.

- ~ Anticipate doubts and invite her to take part.
- ~ Make sure that she understands the information. Sometimes a “yes” answer does not mean that the person has understood. Ask her in a different way to be sure.
- ~ Provide written information in an easy-to-read format.
- ~ Carers sometimes play a crucial role in gathering information and making the woman feel safe.
- ~ Collaborate with the FEVAS Plena inclusión Euskadi partnership movement.

## **4.8 WOMEN AND GIRLS WITH MENTAL HEALTH PROBLEMS**

Mental illness can be defined as an emotional, cognitive and/or behavioural disorder that affects basic psychological processes such as the emotions, motivation, cognition, awareness, behaviour, perception, learning and language. Mental illness makes it hard for the sufferer to adapt to their cultural and social environment and creates a subjective sense of unease. These illnesses can cause a disability. There are different types of mental illness: mood disorders, psychosis, anxiety and personality disorders.

The following guidelines should be taken into consideration when working with a woman or girl with mental health problems<sup>1</sup>:

- ~ Treat her with naturalness, respect and discretion, as you would treat any other woman based on her age.
- ~ Handle any nervousness or confusion that may arise in a peaceful manner. It is important to remain calm.
- ~ Respect her silence and her personal space.
- ~ Listen to the woman and do not judge her. Accept any differences.
- ~ If necessary, repeat what you have said and make sure that she has understood.

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<sup>1</sup> Extracted from the 2017 Research Guide on Violence Against Women with Mental Illness from FEDEAFES.

- ~ Start by asking indirect questions about the violence. Once trust has been established, introduce questions about her relationship with the people she lives with, with her partner, etc.
- ~ Explore the issue more deeply if her response alludes to tension or fear.
- ~ Bear in mind that the woman may not have identified the violent situation as such and may therefore deny it.
- ~ Do not keep going on about the violence if the woman denies it. Address it during regular appointments, gradually. Too much pressure may result in the woman not returning to seek our support.
- ~ Ask about the other people who live in her home, particularly her children. Talking about her children's experiences may help her to realise what is happening.
- ~ Identify symptoms of abuse, such a tendency to blame herself, putting herself down, or having insinuated something about her abuser that she later justifies.
- ~ Free the woman from blame. Tell her that just because she has a mental health problem this does not give people the right to shout at her, insult her, push her around, etc.
- ~ Work with her on a narrative that enables her to make sense of her experience, i.e. relating her feeling of worthlessness with her abuser's speech, and relating her contradictions with the cycle of violence.
- ~ Tell her that she can report her abuser. If she feels that now is not the time, tell her that she has the right to receive assistance and that she will be helped to get out of the situation, in accordance with her own decisions and at her own pace. Do not pressure her.
- ~ Believe what the woman tells you. Do not doubt her story or pass judgement.
- ~ Collaborate with the FEDEAFES partnership movement.

## 4.9 WOMEN AND GIRLS WITH A COGNITIVE DISABILITY CAUSED BY ACQUIRED BRAIN INJURY

Acquired brain injury (ABI) is a sudden lesion in the brain that can cause perception problems as well as physical, cognitive and emotional disorders. When working with a person with ABI it is important to identify any difficulties they may have in the following areas: level of awareness, motor control, information reception, communication, cognition, emotions and day-to-day activities.

The following guidelines should be taken into consideration when working with a woman or girl who has a cognitive disability:

- ~ Use the crosscutting matters of gender and disability as your starting point. Make sure that those involved have access to communication tools that are adapted to the situations mentioned above. Offer these tools throughout the process, using non-sexist and inclusive (verbal and non-verbal) language.
- ~ Understand the sensory and cognitive abilities of the woman or girl and adapt the complexity of verbal language (short and clear phrases, simple graphic and visual aids) and/or non-verbal language (gestures which are easy to understand, appropriate tone of voice and register, etc.).
- ~ Be sensitive to the situation and bear in mind other needs in accordance with what has happened, her age, level of education, etc. (e.g. in cases of male violence against women, a female professional should make the direct intervention to prevent the victim from feeling distrustful or fearful).
- ~ Create a calm and relaxed atmosphere. It should be quiet and neutral, so as not to influence the victim's responses. Remind her that she is in a safe and trusting environment. Let the woman or girl know that she will not be judged or stigmatised. This may be a given, but saying it aloud promotes trust.
- ~ Do not talk all at once. Wait for the victim to respond before asking the next question.
- ~ Do not fall into the trap of predicting her responses. Explain, repeat and clarify what you have said, if necessary. Give her time to think

and to respond by herself. Do not interrupt her while she is talking. Try to help her understand, remind her, etc.

- ~ Avoid communicating in a way that may have a double meaning and which could lead to an ambiguous response. Use closed responses as far as possible (yes/no, choose one option from three, etc.).
- ~ Be patient and be respectful at all times. Do not infantilise the victim. If she is an adult, talk to her like one.
- ~ Make initial introductions. Tell her the name and role of the professional (e.g., I am a police officer). Ask her name and ensure she is fully aware (e.g. ask her the date, where she is, etc.).



5

RESOURCES  
AND SERVICES

Below are a series of links to disability organisations in the Basque Country.



**Coordinating Confederation for People with a Physical Disability of the Autonomous Community of the Basque Country.** A platform for representing, defending and demanding the rights of people with functional diversity. It comprises EGINEZ (Araba), ELKARTU (Gipuzkoa) and FEKOOR (Biscay).

- ~ Beato Tomás de Zumárraga, 96-98 bajo  
01009 Vitoria-Gasteiz  
Telephone: 945 22 55 16 / 944 05 36 66  
elkartean@elkartean.org  
<http://www.elkartean.org>



**Basque Federation of Associations for the Deaf.** This organisation brings together and represents various associations for deaf people in the Autonomous Community of the Basque Country. It ensures that deaf people have access to a minimum level of services. It comprises APSB – Basauri Association for the Deaf, GAINDITZEN – Tolosaldea-Goierri Association for the Deaf, ARABAKO GORRAK – Araba Association for the Deaf and BIZEGOR – Bilbao Association for the Deaf and for Sign Language Users.

- ~ Hurtado de Amézaga, 27 -6º  
48008 Bilbao  
Telephone: 944 765 052  
info@euskal-gorrak.org  
<http://www.euskal-gorrak.org>



### **Federation of Acquired Brain Injury Associations of the Basque Country.**

Brings together the three local Basque associations: ATECE ARABA, ATECE BIZKAIA and ATECE GIPUZKOA. Its mission is to be the nexus between these three organisations.

- ~ Angela Figuera Aymerich, 1 Bajo 2  
01010 Vitoria-Gasteiz  
Telephone: 945 15 72 10  
E-mail: featece@gmail.com  
<http://www.featece.org>



Fedeafes

### **Basque Federation of Associations for People with a Mental Illness and their Relatives.**

Basque Federation of Associations for People with a Mental Illness and their Relatives. Seeks to generate research, exchange, learning and innovation in initiatives for improving quality of life for those affected and their families. Drives and promotes policies and experiences within the Quality of Life model. Defends and demands the dignity and the rights of those affected and their families. Raises awareness in society. Participates in forums and networks. Demands public policies which support those affected and their families. The member associations are ASAFES (Araba), AVIFES (Biscay), ASASAM (Llodio and the Ayala comarca) and AGIFES (Gipuzkoa).

- ~ Tres Cruces, 14  
01400 Laudio  
Telephone: 94 403 00 49  
E-mail: fedeafes@fedeafes.org  
<http://www.fedeafes.org>  
[www.mujoyersaludmental.org](http://www.mujoyersaludmental.org)



### **Basque Federation of Associations for Relatives of the Deaf.**

Seeks appropriate solutions which enable the deaf person to become a full citizen in society. Comprises ASPASOR (Araba), ARANSKI (Gipuzkoa) and ULERTUZ (Biscay).

- ~ Aragón, 11 Bajo  
01003 Vitoria-Gasteiz  
Telephone: 945 28 73 92  
E-mail: [info@fevapas.org](mailto:info@fevapas.org)  
<http://www.fevapas.org>



**Basque Association of Organisations for People with an Intellectual Disability.** This social organisation promotes the rights of people with an intellectual or developmental disability and those of their relatives.

It is a member of FEVAS:

- ~ **Araba:** Apdema and Fundación Tutelar Usoa.
- ~ **Biscay:** APNABI–Autism Biscay, Aspace Bizkaia, Futubide, Gaude and Gorabide.
- ~ **Gipuzkoa:** Atzegi, Aspace Gipuzkoa, Fundación Tutelar Atzegi, Fundación Goyeneche de San Sebastián, Gautena, Uliazpi.
- ~ Colón de Larreátegui, 26 Bajo C  
48009 Bilbao  
Telephone: 944 21 14 76  
E-mail: [fevas@fevas.org](mailto:fevas@fevas.org)  
<http://www.fevas.org>



**Basque Federation of Associations for People with Cerebral Palsy and Related Illnesses.** Comprises ASPACE Bizkaia, ASPACE Gipuzkoa and ASPACE Araba.

~ Julio Urquijo, 7  
48014 Bilbao  
Telephone: 944 41 47 21



**Spanish National Organisation for the Blind.** This organisation promotes personal autonomy and full integration in society for blind people and those with a serious visual impairment.

~ Pérez Galdós, 11  
48010 Bilbao  
Telephone: 944 70 20 44  
E-mail: [ctpaisvasco@once.es](mailto:ctpaisvasco@once.es)  
<http://www.once.es>



# APPENDICES

## Appendix 1.

# LEGAL FRAMEWORK AND REFERENCE DOCUMENTATION

This section provides a summary of the most relevant law on violence against disabled women and of other reference documents.

### International

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.”

The *Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW, 1979, ratified by Spain in 1983) encompasses all women in absolute terms and without exception.

On February 22nd 1997 the *Manifesto by Disabled Women in Europe* was adopted by the Committee on Women with Disabilities of the European Disability Forum. It compiles guidelines to help inform and warn women and girls with a disability of their situation, their rights and their responsibilities. It also raises awareness among Member States, the European disability movement and the feminist movement so that these take into account the petitions and fundamental needs of this group with a view to promoting their equality and eradicating discrimination. It is therefore a benchmark tool or instrument for empowering disabled women and girls, and a foundation upon which public policies can improve the situation of this group in all aspects of Community policies.

The *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 3 May 2008. This was the

first time that an international treaty on the human rights of disabled people was adopted in the largest legal system for protection human rights on the international stage, by means of a legally binding convention. Its preamble 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 treatment, maltreatment or exploitation”.

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 the following:

- ~ “1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination...”.
- ~ 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.

Article 4 of the binding *Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention)*, adopted on 11 May 2011, states the following:

“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”.

As stated in the *2nd Manifesto on the Rights of Women and Girls with Disabilities in the European Union* (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 situations of violence involving institutionalised women and girls with a disability. This should include protocols by which the professionals involved in their care prevent violence and abuse.

*The report of the UN High Commissioner for Human Rights.* The 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.

*The European DAPHNE programme to prevent and fight against violence against children, young people and women and to protect victims and high-risk groups.* The METIS project gathered information on, and described, alarming instances of violations of the individual rights of disabled women.

## National

*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.* 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 girls, 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”.

Similarly, *Act 39/2006 of December 14th on the promotion of personal autonomy and care of dependent persons* refers to the inclusion of the gender perspective, based on the different needs of women and men.

*Organic Law 3/2007 of March 22nd on the effective equality of women and men.*

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.”

*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 care for disabled women (article 2.k) with a view to offering them accessible and understandable information (article 18).

Lastly, *Act 4/2015 of April 27th on the statute of the crime victims* specifically refers to victims with a disability in several of its articles.

## Autonomous Communities

*Act 4/2005 on the equality of women and men* states: “The Basque public authorities will guarantee the effective exercise of the fundamental rights of those women or groups of women who suffer multiple discrimination on account of other factors which may lead to discrimination such as race, colour, ethnic origin, language, religion, opinions of a political or other nature, on account of belonging to a national minority, property, birth, disability, age, sexual orientation or any other personal or social condition or circumstance.”

*Act 12/2008 of December 5th on social services*. Its explanatory statement 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 also without prejudice to the integration of multiple perspectives, the gender perspective, and those on sexual diversity, interculturalism, intergenerationalism, universal accessibility and design for all, and the application of measures for positive action and for equal opportunities and treatment”.

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 government.

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.).

Lastly, the *2nd Interinstitutional Agreement for the improvement of care for women who are victims of domestic abuse and sexual violence*.

The overarching principles include that the care provided should ensure that no victims are discriminated against 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 condition.

## Appendix 2.

# FIRST CERMI MUJERES REPORT ON THE HUMAN RIGHTS OF WOMEN AND GIRLS WITH A DISABILITY

In 2019 the CERMI Mujeres Foundation (FCM) published its first report on the “Human Rights of Women and Girls with a Disability. Spain 2017.” The report provides a legal and social analysis of the protection, promotion and guarantee of the right to equality, to health and to sexual and reproductive rights of disabled women and girls in Spain.

The purpose of the report is to raise awareness of the situation of disabled women and girls in terms of the protection, promotion and safeguarding of their human rights and fundamental freedoms. The CERMI Mujeres Foundation has stressed the need to link up overarching policies on equality, disability and gender in order to respond to the petitions of women in this sector of the population. That is, the report seeks to be a tool for transformation.

The report was included in the monthly *Genero-sidad* bulletin (no.43) published by CERMI Mujeres. It is available at this link<sup>2</sup>.

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<sup>2</sup> <http://boletingenerosidad.cermi.es/boletin/1055.aspx>