Violence against women and girls with disabilities in the European Union

European Disability Forum - Position Paper
May 2021

Recommendations on EU policies to combat violence against women and girls with disabilities

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Introduction

The European Disability Forum

The European Disability Forum (EDF) is an umbrella organisation of persons with disabilities that defends the interests of over 100 million persons with disabilities in the European Union. We are a unique platform which brings together representative organisation of persons with disabilities from across Europe. We are run by persons with disabilities and their families, and as such represent a strong, united voice of persons with disabilities in Europe.

EDF is committed to women’s rights, gender equality and the women’s movement. We an active member of the European Women’s Lobby and the European Coalition to end violence against women and girls.

Purpose of the position paper

This document was prepared to contribute to the consultation on domestic and gender-based violence organised by the European Commission. It provides recommendations to the European Union on initiatives necessary to end gender-based violence and violence against women and girls in all their diversity in the EU, including women and girls with disabilities.
Acknowledgements

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Executive Summary

Women and girls with disabilities constitute 16% of the total population of women in the European Union (EU), and 60% of the overall population of 100 million persons with disabilities. This corresponds to an estimated 60 million of women and girls with disabilities; the equivalent to the total population of Italy.

Women and girls with disabilities continue to face multiple and intersectional discrimination in all areas of life, and are more at risk to face violence, abuses and harmful practices. Violence may take place in various settings (including in institutions and segregated schools) and take different forms, including harassment and sexual violence, but also forced abortion and sterilisation, and disability specific violence.

Not only they face violence at a higher rate than women without disabilities, they also face additional barriers in reporting, accessing justice, and have access to victims’ rights support measures and protection orders.

The European Disability Forum calls on the EU to urgently adopt measures to end violence against women and girls, including male violence against women and specific forms of violence faced by women and girls with disabilities and mothers and women caring for relatives with disabilities.

In particularly we call on the EU to:

- Swiftly ratify and implement the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).
- Add gender-based violence to the list of EU crimes.
- Adopt an EU Directive criminalising all forms of male violence against women and girls (including forced sterilisation), and providing assistance and support to all women and girls victims.
- Set up a coordinating body to end violence against women and girls, under the umbrella of the European Commission’s work on equality between women and men, and ensure it contains a department specifically related to violence against women and girls with disabilities.
• Ensuring that gender-based violence is addressed within relevant EU policies and strategies (education, humanitarian aid, digital agenda, etc.). All actions should be part of a comprehensive **EU Strategy to end violence against women and girls**, including prevention, awareness-raising, and part of the implementation of EU Victims’ Rights Directive and Strategy, Disability Rights Strategy and Gender Equality Strategy.

• **Collect data and conducting research** on the root causes, prevalence, consequences and costs of gender based and domestic violence. Data and research should be disaggregated to inform on the specific situation of marginalised groups, including women and girls with disabilities and mothers and other women caring for relatives with disabilities, in various settings such as in institutions, schools and workplace, and in relation to trafficking. Experts with specific expertise on disability and the link between disability, gender and violence should participate to data collection and research.

• **Finance and promote training and capacity building of professionals in EU Member States**, such as support service providers, healthcare and criminal justice professionals (including providers of services for victims’, doctors, midwives, police officers, judges). All professionals should be trained on violence against women and girls, in particular those working with marginalised groups of women such as women and girls with disabilities, including those living in institutions.

• **Finance and promote emotional and sexuality education in EU Member States, including through project funding.** This should be offered to young people with disabilities living in and outside institutions, and include information on respect to others and capacity of saying no, involving organisations of women with disabilities and women’s groups.
This is a paper about violence against women and girls with disabilities in Europe.

It explains:

- the forms of violence
- the difficulties to report violence
- the difficulties to protect victims

It gives recommendations to the European Union to end violence.

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EU’s obligations to ensure the rights of women and girls with disabilities under the UN Convention on the Rights of Persons with Disabilities

The EU and all its Member States have committed to protect and promote the rights of persons with disabilities, including women and girls with disabilities by ratifying the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

Article 16 of the Convention specifically addresses exploitation, violence and abuse. According to article 16 paragraph 1, States Parties must “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, including their gender-based aspects.”

In 2015 the CRPD Committee adopted specific recommendations to be followed by the EU in its Concluding observations on the initial report of the EU. The Committee made the following recommendations to the EU in relation to women and girls with disabilities and gender-based violence:

- Access to the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) as a step to combating violence against women and girls with disabilities.

- Take the necessary measures to mainstream disability in all legislation, policies and strategies for combating violence, abuse and exploitation, and provide effective protection from violence, abuse and exploitation to all persons with all types of disabilities inside and outside of the home environment.

The European Commission should specifically take into consideration these recommendations in the implementation of the EU Gender Equality Strategy, Disability Rights Strategy and Victims’ Rights Strategy.

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1 This article and all of the CRPD also has to be implemented in light of the CRPD Committee’s General Comment No. 3 on women and girls with disabilities.
Violence against women and girls with disabilities in the European Union

Women with disabilities constitute 16% of the total population of women in the European Union, and 60% of the overall population of 100 million persons with disabilities. This corresponds to an estimated 60 million of women; equivalent to the total population of Italy.

Women and girls with disabilities face multiple and intersectional discrimination in all areas of life, and are more at risk of violence, exploitation and abuse compared to other women. Violence may be interpersonal or institutional and/or structural and take place in various settings including at home and at work, and in close settings such as in institutions and in segregated schools.

Violence against women and girls with disabilities can take different forms including harassment, sexual violence, incest, and forced abortion, sterilisation and contraception. They also include disability specific violence such as restraint, sexual abuse during daily hygiene routines, removal or control of communication aids, violence in the course of treatment, overmedication or withholding medication. Perpetrators often take advantage of the barriers and discrimination faced by women and girls with intellectual or psychosocial disabilities, deafblind women and girls, and women and girls with high support needs.

With the COVID-19 pandemic, especially during lockdowns, violence against women and domestic violence has intensified. Although we do not know the proportion of women and girls with disabilities victims of violence during the pandemic, the UN Office of the High Commissioner for Human Rights (OHCHR) has reported that, women with disabilities, likely facing higher numbers of domestic violence, are reporting less.²

Data on violence against women and girls with disabilities in the EU

Data on violence against women and girls with disabilities is very limited. This is because of the lack of data collection disaggregated by disability, including on violence taking place in closed settings (for example in institutions, asylum centres or psychiatric hospitals), on disability specific violence (including forced sterilisation), on the relationship of the victim with the perpetrator(s) of the violence, and on the barriers in reporting violence that keep women and girls with disabilities silenced and invisible.

There are also little considerations to women and girls with disabilities in relation to emerging forms of violence against women, such as cyber

gender-based violence, and violence taking place in school and work settings.

Data available shows that women and girls with disabilities living in the EU are at higher risk of violence than those without disabilities:

- Women with disabilities are 2 to 5 times more likely to face violence than other women.\(^4\)
- 34% of women with a health problem or a disability have experienced physical or sexual violence by a partner in their lifetime (comparing to 19% of women without disabilities).\(^5\)
- 61% of women with a health problem or a disability have experienced sexual harassment since the age of 15 (comparing to 54% of women without disabilities).\(^6\)

### Examples of violence against women and girls with disabilities

This section offers a non-exhaustive list of examples of violence face by women and girls with disabilities in the European Union.

#### Overview of the Concluding observations adopted by the Committee on the Rights of Persons with Disabilities

In reviewing the implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) in EU countries, the CRPD Committee raised concerns about violence in all EU Member States. These include:

- Allegations of physical, psychological and sexual violence and abuse of persons with disabilities, especially women with disabilities in family and in institutional settings (Austria, Bulgaria, Hungary, Latvia, Lithuania, Luxembourg, Malta, Slovenia, Spain, Sweden)
- Violence against and abuse of persons with disabilities in care and psychiatric institutions, especially of women with intellectual disabilities (Latvia, Lithuania, Poland)
- Involuntary medical treatment, including forced abortion and sterilisation (Croatia, Czechia, Germany, Lithuania, Poland, Portugal, Slovakia, Spain)

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\(^4\) European Parliament resolution of 29 November 2018 on the situation of women with disabilities (2018/2685(RSP)).

\(^5\) FRA, Survey on violence against women (2014), page 186.

\(^6\) Ibid, page 187.
**Violence against girls and young women with disabilities**

Girl and young women with disabilities are at an enhanced risk of violence, including bullying, physical and psychological violence. The EU Fundamental Rights Agency reported that “research based on focus group discussions and in-depth interviews with women with disabilities in Austria, Germany, Iceland and the United Kingdom reveals that many women, especially those with intellectual disabilities and sensory impairments, were exposed to bullying in schools and residential care homes during childhood.” It also notes that women with disabilities often experience psychological violence from their parents during childhood, which increases the risk of violence later in life, including sexual abuse.

Respondent in the Netherlands informed that girls with intellectual disabilities were at increased risk of becoming victims of so-called ‘lover boys’, which refers to a specific human trafficking method that involves seducing and grooming girls and eventually exploiting them sexually and coercing them into prostitution.

**Forced sterilisation and abortion**

Sterilisation of women with disabilities without their knowledge or consent is a widespread form of violence, in particular affecting members of ethnic minorities such as Roma women and women under guardianships and/or living in institutions.

The CRPD Committee raised concerns over the fact that several EU Member States still authorise forced sterilisation and abortion in their legislation, including in Croatia, Czechia, Germany, Lithuania, Slovakia and Spain. In December 2020, Spain adopted a bill to prohibit forced sterilisation in its penal code. Previously, the penal code was authorising such practice by decision of a doctor.

Even in countries in which the law does not authorise forced sterilisation and abortion, such violations may still take place when they are performed without the understanding and consent of the girl or woman with disabilities. For example, the Belgian Disability Forum had reported

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8 2 Ludwig Boltzmann Institute of Human Rights (2014), p. 27.
10 See European Parliament resolution 2018/2685(RSP)
11 At the time of their review by the Committee. All concluding observations are available at: [https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=4&DocTypeID=5](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=4&DocTypeID=5)
12 CERMI, *España ilegaliza las esterilizaciones forzadas de personas con discapacidad en la víspera de su día internacional* (3 December 2020)
that occurrences of forced sterilisation and contraception may still take place in Belgium.\textsuperscript{13}

More information about forced sterilisation of women with disabilities is available in a report of EDF published in 2017.\textsuperscript{14} The document highlights examples of women with disabilities who have been sterilised without their consent, and sometimes without their knowledge, and calls for urgent reforms in all European countries.

It is also important to note that in some other cases, women with disabilities have difficulties to access safe abortion, including when becoming pregnant as a consequence of rape.

**Sexual harassment and stalking**

Women and girls with disabilities are also at higher risk of facing sexual harassment and stalking than women without disabilities. According to data collected by the Fundamental Rights Agency, 61% of women with a health issue or a disability had reported experiencing sexual harassment and 26% experiencing stalking (comparing to 54% and 17% of women without disabilities respectively).\textsuperscript{15}

In a discussion paper published in 2020, UN Women highlighted the harassment faced by women with disabilities at work and on campus.\textsuperscript{16} The paper illustrates many occurrences of violence, for example Blind women being inappropriately touched from people who offer them help or wheelchair users being pushed by persons who did not ask the permission.

**Violence in institutions**

Women and girls with disabilities living in closed settings such as residential institutions, psychiatric hospitals and asylum centres are at an even higher risk of violence.

A study published by Inclusion Europe highlights the many forms of violence faced by women and girls with intellectual disabilities in institutions, including physical, sexual and psychological violence, neglect, forced medication and financial abuse.\textsuperscript{17} The perpetrators were often family, friends, friends of friends or complete strangers.

\textsuperscript{13} Contribution écrite remise au GREVIO par le Belgian Disability Forum (BDF) asbl dans le cadre du processus d'évaluation des mesures prises par la Belgique pour mettre en œuvre la Convention d'Istanbul
\textsuperscript{14} EDF and CERMI Mujeres Fundacion, Ending forced sterilisation of women and girls with disabilities (2017)
\textsuperscript{15} FRA, Survey on violence against women (2014), page 187.
\textsuperscript{16} UN Women, Sexual harassment against women with disabilities in the world of work and on campus (2020).
\textsuperscript{17} Inclusion Europe, Life after violence (2018).
Barriers in reporting violence and sanctioning perpetrators

Barriers in reporting violence

Women and girls with disabilities face more difficulties to report violence and claim their rights because of several factors.

- **Lack of awareness about their rights**: women and girls with disabilities, especially those in institutions, may not be aware about their rights and not supported to identify and report violence.

- **Myths and stereotypes**: many myths and stereotypes on women and girls with disabilities prevent them from being considered credible by the police and the criminal justice system. They include for instance the myth that women with disabilities, especially with intellectual disabilities are asexual or that women with psychosocial disabilities are hypersexual.

- **Fear**: linked to myths and stereotypes, women and girls with disabilities may be afraid of stigmatisation and victimisation when reporting violence, including of not being believed. They may also be afraid to let their inner circle know about the violence. Power dominance, for instance between a woman with disabilities and her legal guardian, her support persons or someone working in an institution, may also create fear of reprisal.

- **Inaccessibility**: reporting mechanisms, police offices, court building are often not accessible to women and girls with disabilities. For instance, a police station may not be accessible for women using a wheelchair, or emergency number not accessible for Deaf women and deafblind women.

Women and girls with intellectual or psychosocial disabilities, in particular those placed under guardianship and other regime depriving them of their legal capacity, and deafblind women are particularly at risk of facing difficulties to identify and report violence.

Barriers in access to justice

In addition to barriers faced in reporting, women and girls with disabilities face similar access in relation to access to justice. When a case is being taken, it is essential that they are supported from the beginning of the process. Inaccessibility, fear and costs are deterrent factors for women with disabilities who wish to bring their case to court and obtain legal remedies.
**Risks of coerced mediation**

Some countries such as **Belgium** and the **Netherlands** provide alternative dispute resolutions such as mediation in cases of gender-based violence, which may include direct confrontation with the perpetrator. There is a risk that women and girls with disabilities are coerced into accepting such alternatives.

It is important to recall that violence against women and girls is often the result of a relationship of dominance and control. The dominance and control are even more important in cases where the perpetrators of violence are legal guardians, carers, support persons or persons working in institution or other closed settings.

The Council of Europe’s Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) explained in the evaluation of Belgium that alternative dispute resolution mechanisms should always be prohibited in cases of violence. When voluntary, such alternatives should be excluded when it is not possible to assess whether the victim has given free and informed consent.18

**Lesser penalties based on the disability of the victim**

In some countries, the criminal law discriminates against victims with disabilities by providing for lesser penalties to the perpetrator when the victim is a person with disability.

For example, the GREVIO called on **Denmark** to bring criminal sanctions incurred for sexual violence against women with mental health issues to the same level as those against other women incapable of consenting to the act.19 The Danish legislation was issuing a lesser sentence (maximum of four years imprisonment) for sexual intercourse following the exploitation of a “mental illness/disability” compared to sexual intercourse with an “intoxicated woman incapable of consenting to the act” (maximum prison term of eight years).

**Barriers in protecting victims with disabilities**

States often fail to protect the rights of women and girls with disabilities who are victims of violence.

**Inaccessibility of victims’ support services**

Despite the obligations of States to provide accessible services for victims under the EU Victims’ Rights Strategy, many services are not available to 

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women and girls with disabilities. This is mostly due to inaccessibility, from inaccessible shelters to inaccessible information and communication. For example, Deaf and deafblind women are rarely provided with qualified interpreters. In some cases, women with intellectual or psychosocial disabilities may even be denied all supports on the basis of their disability (for example in Austria and Spain).20

Overview of the Concluding observations adopted by the Committee on the Rights of Persons with Disabilities

The CRPD Committee expressed concerns about the lack of services for victims of gender-based violence in many EU Member States. For example in relation to:

- **Bulgaria**: lack of sufficient coverage and accessible shelters and services for rehabilitation of women and girls with disabilities exposed to gender-based violence.

- **Denmark**: limited number of shelters accessible to victims of violence, as well as the lack of training of police and other interlocutors.

- **Malta**: shelters for persons exposed to violence not being fully accessible, including lack of information in accessible formats and care for persons with disabilities, particularly persons with psychosocial and intellectual disabilities, in the shelters.

- **Poland**: lack of specific protection measures, including legal and psychosocial assistance for women with disabilities at risk of domestic, institutional violence and violence in public spaces and at work.

- **Spain**: women with disabilities who are victims of gender-based violence, being in some cases excluded from support programmes due to the lack of accessibility of shelters and that a diagnosis of ‘mental impairment’ may be considered as a criteria for denial of support services.

**Limited access to protection measures**

Women and girls with disabilities may face difficulties to obtain protection measures, such as restraining orders to prohibit the perpetrator to see them or get close to them. The process to request a protection order may not be accessible to victims with disabilities and/or they may not be aware of the existence of protection orders. It is also particularly difficult

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20 For example, GREVIO report on Austria raised concerns about women with psychosocial disabilities being denied access to shelters. Similar concerns were raised by the CRPD Committee in relation to Spain.
when the author of violence is a family member, legal guardian, a carer or someone working in an institution, hospital or other closed setting.

In some countries the cost of application for a protection order may also be a deterrent for the victims, especially women and girls with disabilities who are experiencing poverty at a higher rate than women and girls without disabilities.\textsuperscript{21} For example, women organisations raised concerns about the cost of restraining order in \textbf{Finland} which place an undue financial burden on the victim.\textsuperscript{22}

In cases of breaches of protection orders, penalties against the perpetrator are not always automatic. For instance, in \textbf{Denmark} the violation of the restraining order will only been sanctioned as the request of the victims (unless it is in the public interest to prosecute) which leads to a high number of restraining orders being violated.\textsuperscript{23}

\textbf{Limited support for independent living}

Because of limited support for independent and community living, women and girls with disabilities, are often forced to remain in institutions where they are abused, or to continue to live with their abusers whether they are a parent, a support person or a partner.

\begin{center}
\textbf{Violence faced by mothers and other women caring for relatives with disabilities}
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Mothers and women caring for relatives with disabilities are another disadvantaged group at risk of gender-based violence and violence against women.

In some cases, the physical violence they may suffer while pregnant is in some case the cause of the disability of their children. In other cases, caring for relatives with disabilities (their children or older people with disabilities such as their parents) is a factor that triggers male violence against them by their partners or even by the people they were looking after. At work, they may also face harassment and discrimination by association.

\textsuperscript{21} 22\% of women with disabilities are at risk of poverty, comparing to 15.9\% of women without disabilities (Gender Equality Index 2020).
\textsuperscript{22} NGO Parallel Report on the implementation of the Istanbul Convention in Finland (2018), page 21.
\textsuperscript{23} GREVIO, Baseline Evaluation Report on Denmark (2017), paras. 167 and 169.
Conclusions and recommendations

Women and girls with disabilities living in the EU continue to face a wide range of violence, including male violence against women, in their daily life. Not only they face violence at a higher rate than women without disabilities, they also face additional barriers in reporting, accessing justice, and accessing victims’ rights support measures and protection orders. Mothers and women caring for relative with disabilities also face risks of violence including due to discrimination by association.

The European Disability Forum calls on the EU to urgently adopt measures to end violence against women and girls, including violence against women and girls with disabilities and mothers and women caring for relatives with disabilities, and protect their rights as victims.

In particularly we call on the EU to:

- Swiftly ratify and implement the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)
- Add gender-based violence to the list of EU crimes
- Adopt an EU Directive criminalising all forms of male violence against women and girls (including forced sterilisation), and providing assistance and support to all women and girls victims.
- Set up a coordinating body to end violence against women and girls, under the umbrella of the European Commission’s work on equality between women and men and ensure it contains a department specifically related to violence against women and girls with disabilities.
- Ensuring that gender-based violence is addressed within relevant EU policies and strategies (education, humanitarian aid, digital agenda, etc.). All actions should be part of a comprehensive EU Strategy to end violence against women and girls, including prevention, awareness-raising, and part of the implementation of EU Victims’ Rights Directive and Strategy, Disability Rights Strategy and Gender Equality Strategy.
- Collect data and conducting research on the root causes, prevalence, consequences and costs of gender based and domestic violence. Data and research should be disaggregated to inform on the specific situation of marginalised groups, including women and girls with disabilities and mother and women caring for relatives with disabilities, in various settings such as in institutions, schools...
and workplace, and in relation to trafficking. Experts with specific expertise on disability and the link between disability, gender and violence should participate to data collection and research.

- **Finance and promote training and capacity building of professionals in EU Member States**, such as support service providers, healthcare and criminal justice professionals (including providers of services for victims’, doctors, midwives, police officers, judges). All professionals should be trained on violence against women and girls, in particular those working with marginalised groups of women such as women and girls with disabilities, including those living in institutions.

- **Finance and promote emotional and sexuality education in EU Member States, including through project funding.** This should be offered to young people with disabilities living in and outside institutions, and include information on respect to others and capacity of saying no, involving organisations of women with disabilities and women’s groups.
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