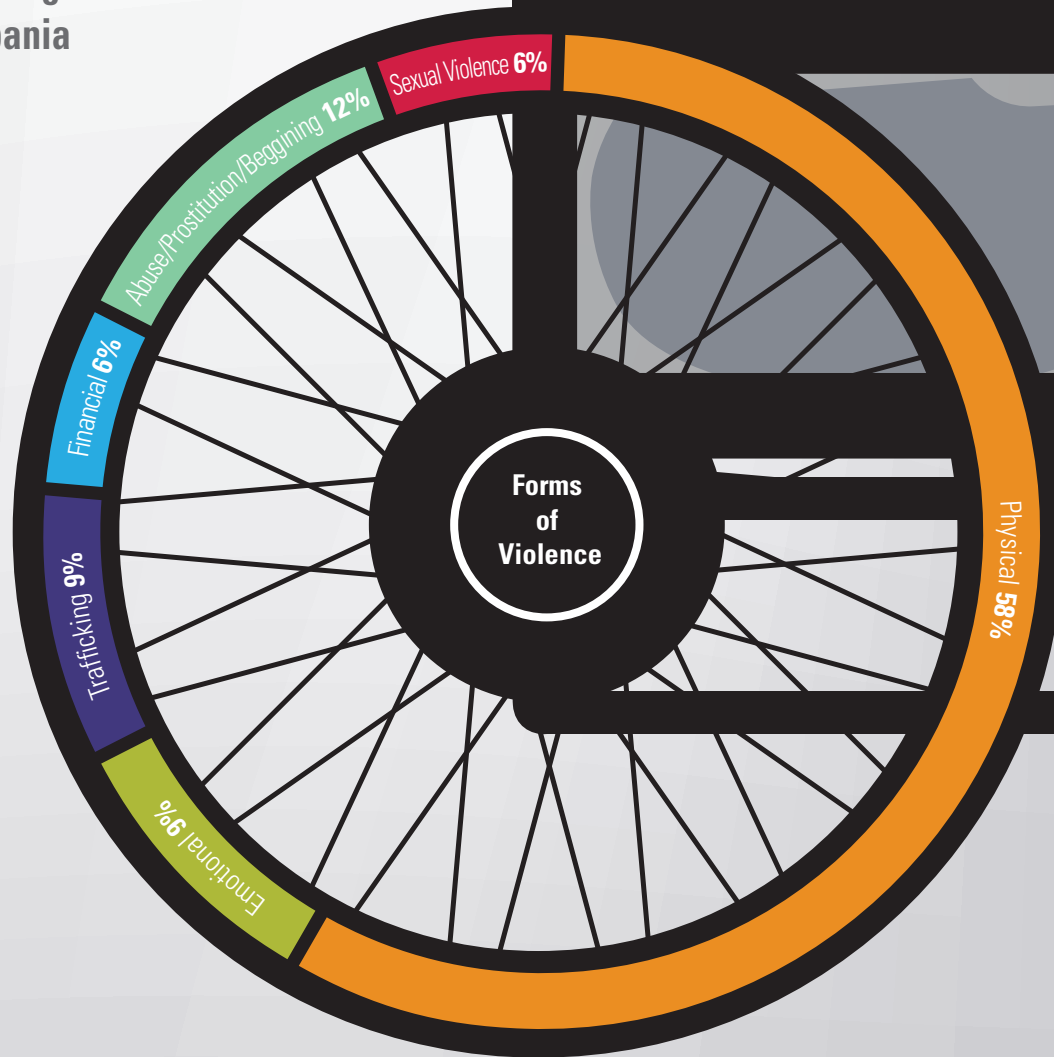


INVISIBLE VIOLENCE

An overview on violence
against women and girls with
disabilities in Albania





A STUDY

INVISIBLE VIOLENCE

An overview on violence against
women and girls with
disabilities in Albania

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The opinion expressed in this report represent the points of view of the authors and do not necessarily represent the points of view of UNDP or of any of its organizations.

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It is thanks to their work and dedication that we now have in place a first study of its kind which we hope will help in promoting and inciting further actions for the protection and guarantee of rights and the delivery of indispensable services in line with the required standards for all women and girls with disabilities who may be victims/survivors of different forms of violence, in particular domestic violence.

Sincerely

Blerta Çani
Executive Director, ADRF

List of acronyms

EU	European Union
CEDAW	Convention for the Elimination of all forms of Discrimination against Women
DV	Domestic violence
VAW	violence against women
ADRF	Albanian Disability Rights Foundation
CRPD	Convention on the Rights of Persons with Disabilities
MOSWY	Ministry of Social Welfare and Youth
UNDP	United Nations Development Program
NSGERGBDV	
(SKBGJ-DHBGJ&DHF)	National Strategy on Gender Equality, Reduction of Gender based domestic violence and domestic violence, 2011 - 2015
USAID	United States Agency for International Development

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Executive Summary

Executive Summary

The study was launched by the United Nations Development Program (UNDP/Albania) as part of the Gender Equality Program, and in line with the continuous request from the Ministry of Social Welfare and Youth, to have concrete data on the levels of violence, and in particular domestic violence for women and girls with disabilities. In addition, the study makes part of the strategic plan of the Albanian Disability Rights Foundation (ADRF), and is a direct contribution to the fulfillment of goals set by the organization, moving forward towards the accomplishment of its guiding mission and vision.

This study may be considered as the first of its kind in Albania, and in a way and up to a certain extent helps meet one of the main needs (expressed also in many of the comments of international organizations in their reports) with regard to data on the levels of violence against women and girls with disabilities.

The study “Invisible violence—An overview on the phenomenon of violence against women and girls with disabilities in Albania” comes in answer to the absence of sustainable policies and practices for addressing the phenomenon of violence against women and girls with disabilities in Albania. The purpose of this study is to shed light on the phenomenon of violence against women and girls with disabilities, from the perspective of responsible institutions and service providers on one hand, and from the point of view of women and girls with disabilities themselves on the other.

The results of the study try to address the following questions:

1. How much does the legal and policy framework for violence against women and girls in general, in the country address issues of women and girls with disabilities?
2. What is the level of access guaranteed by the responsible institutions for preventing,

guiding and rehabilitation of cases of women and girls with disabilities? The level of access was seen as closely related to the following: (a) keeping of statistics (typology of violence related to the disability, main abusers, categories of disabilities most vulnerable/at risk of violence); (b) information, awareness raising and capacities of the institutions that are members of the Referral and treatment mechanism for cases of domestic violence regarding violence against women and girls with disabilities; (d) physical, communication and procedural accessibility of the institutions or service providers.

3. What is the level of access guaranteed by services against violence on women, to women and girls with disabilities? Here again the main factors include: (a) statistics; (b) information and capacities of providers of services for addressing cases of women and girls of disabilities victims of violence; (c) physical, procedural and communication accessibility.

All sections of the study identify barriers for women and girls in general, and women and girls with disabilities in particular who are victims of violence and enabling their access to responsible institutions at the local level, and the services provided for all girls and women (mainstream or specialized).

For its purposes, the study used the qualitative methodology. To address the first question a detailed analyses of the legal and policy framework of violence against women and girls in general was conducted, with the view to assess the degree to which issues of girls and women victims of violence had been included.

62 institutions and organizations or service delivery centers were involved in the study. Of these, 3 were policy-making institutions, 29 local institutions, members of Case Referral and Treatment Mechanism for the instances of domestic violence (mainly police, services, courts, health officers). All the above mentioned participants were involved in the study through direct interviews. Meanwhile, 35 women with disabilities gave their feedback on the phenomenon in 5 focus groups. The targeted municipalities for the data collection included: Korça, Dibra, Elbasan, Kukës, Shkodra and Tirana. All findings of the study were confirmed with participants in two-day round tables that took place in all of the above cities.

Despite growing attention for including aspects of problems of women and girls with disabilities in the general legal and policy framework, analyses indicates that is more a trend towards acceptance of women and girls with disabilities as a group with certain specificities, rather than undertaking of actions to address these specificities. Different pieces of legislation, policies and programs in the country address issues of women and girls with disabilities, but they do so only superficially. The fact of recognition of women and girls with disabilities in the legislation to a minor extent and addressing the issues from a principle viewpoint, with no details, no doubt leaves little space for identification, follow up and treatment of cases, in order to ensure appropriate access to services.

The results of the study demonstrate

that women and girls with disabilities in Albania are victims of violence, but its levels of identification and reporting are negligible. Hence, none of the responsible institutions for addressing cases of violence were involved in the study, and consequently no data were reported for women and girls with disabilities, even though there were cases that had been handled in the past. The forms of violence that women and girls with disabilities are subjected to are the same for women and girls in general. But, the study demonstrates that women and girls with disabilities are victims of additional types of violence related to their disabilities. In difference from violence exerted on women in general, the main perpetrators of violence against women and girls with disabilities are their family members, who in most cases correspond to their custodians/care takers. The data of the study indicate that women and girls with intellectual disabilities as well as women and girls with mental health problems are the main targets of violence. The study pointed to lack of information and capacities for addressing the problems of women and girls with disabilities, by all members of the Referral and Treatment mechanism for victims of violence that were interviewed to this end. Support services for the assistance of women victims, despite efforts for professionalism towards the needs of women and girls with disabilities victims of violence admitted to lack of human and development capacities. All institutions and services were accessible physically, in terms of procedures and communication to tend to the needs of women and girls with disabilities, victims of violence. The study's findings indicate that women and girls with disabilities lack information about the phenomenon, and they are depending on the perpetrators/offenders of violence, while also pointing to the fact of total absence of support services that would have

The results of the study demonstrate that women and girls with disabilities in Albania are victims of violence, but its levels of identification and reporting are negligible

otherwise helped them towards achieving independence. Placing them in residential social care institutions was often quoted as the most successful solution in addressing the cases of women and girls with disabilities victims of violence.

This study, the first of its kind, explores in depth the phenomenon of women and girls with disabilities in Albania. It provides recommendations for improving the work of policy makers, local institutions, and members of the Referral and Treatment Mechanism for the instance of domestic violence, service providers and organizations that are active in the disability area. The recommendations of the study focus mainly on: (a) improving the legal and policy framework on domestic violence against women and girls; (b) improving data collection and reporting system for violence against women and girls, while complementing the existing system with specific data related to women and girls with disabilities; (c) enhancing cross-institutional cooperation and coordination; (d) improving capacities of professionals in the responsible institutions for addressing issues related to violence against women and girls with disabilities; (e) improving access to information of women and girls with disabilities, with the view to preventing instances of violence and their protection and treatment when they are victims of violence; (f) delivery of accessible support services to women and girls with disabilities victims of violence; (g) ensuring building accessibility, in line with the standards of buildings of institutions and centers that provide services for women victims of violence; (h) improving cooperation between disability area organizations and centers that provide services for women victims of violence; (i) enhancing capacities of household members and care takers of women and girls with

disabilities, with the view of raising their awareness regarding rights of women and girls with disabilities; (j) progressive financial planning by all responsible institutions, with the view to meeting the obligations and respecting standards of services for women and girls with disabilities victims of violence; (k) strengthening monitoring and evaluation in practice of the legal and by-legal framework in defense of women victims of violence, including women and girls with disabilities.

Being a first in its kind, the study has several limitations that should be considered and used to guide strategies for other studies in this domain. First, the study uses the qualitative methodology which identifies facts and raises issues, but the data derived from it cannot be used for generalization purposes. Second, the sample targets only the urban areas, and consequently is not representative for women and girls with disabilities in the rural areas. Third, there was no gender balance in the focus group, since no men with disabilities were present and their participation is important to clearly identify the impact of gender in the type of violence exercised against persons with disabilities. Fourth, it was very difficult to obtain detailed information on the type of violence exercised against women and girls with disabilities from the women and girls that participated in the focus groups. In one of the cities there was no focus group established at all, given that the women and girls refused to participate in it. Meanwhile, in all of the other focus groups, there was a tendency of hesitation to go into the details of this phenomenon.

INTRODUCTION

In Albania, the domain of women and girls with disabilities was paid little next to no

attention, and not given its due place as part of different studies conducted in the country on violence against women and girls in general. However, in the last five years, this approach has changed, and there has been a growing trend to bring this phenomenon in focus through several reports and studies, a trend which changed based on requirements of various international committees to have reports on the situation of women and girls with disabilities (for e.g. concluding remarks of CEDAW Committee, 2010), as well as thanks to the continuous work and efforts of different civil society organizations in addressing the needs of this group.

Hence, in line with the most recent statistics of the Ministry of Social Welfare and Youth (MOSY) for 2015, there are officially 138,882 persons with disabilities in Albania of whom 71,580 are beneficiaries of the social insurance scheme (28,807 women) and 67,302 persons are beneficiaries of the social protection program. The number includes adults and children and teenagers, and accounts of 5% of Albania's population numbers¹. There are no disaggregate data on women beneficiaries of social protection program, except for the figure of 7,760 girls beneficiaries (0-18 years old) which points to the pressing need for the re-organization of data in order to include as many details as possible for this group.

Given that gender data for women and girls with disabilities have been almost lacking or not detailed, ADRF has launched initiatives to draw the attention of governmental institutions and service providers regarding this category and the necessity for addressing their needs. Thus, a study conducted by ADRF² in 2010 brought to attention the fact that women with disabilities in Albania were invisible in general in legal and

political framework and the same held true for women rights organizations and those that provide services for women (including centers providing services for women and girls victims of violence) which were not providing access for girls and women with disabilities.

In 2011, another study³ represented a second effort in this direction and tried to give a general overview on the issue of abuse/discrimination against women and girls with disabilities in Albania. The study validated the hypotheses that violence and abuse against women and girls with disabilities do not happen for the same reasons and does not have the same causes as for the rest of women and girls.

Other studies as well, have tried to bring to attention addressing needs of women and girls with disabilities, depending on the situation, in particular at home. Thus the USAID study⁴ of 2013 addressed in brief the aspect of violence against women and girls in Albania, while reiterating that women and girls with disabilities (in particular women and girls with mental disabilities, and mental health problems) are at high risk for being subject to abuse by the household members and the society, exactly due to their disabilities.

Another most recent study of June 2015 conducted by the Council of Europe and UN Women on mapping of support services against violence on girls and women in Albania (reflecting the situation regarding these services compared to the requirements and standards of Istanbul Convention) clearly point to the difficulties in addressing and treatment of the needs of women and girls with disabilities who at the same time are victims of violence.

The study of 2011 of ADRF and the study

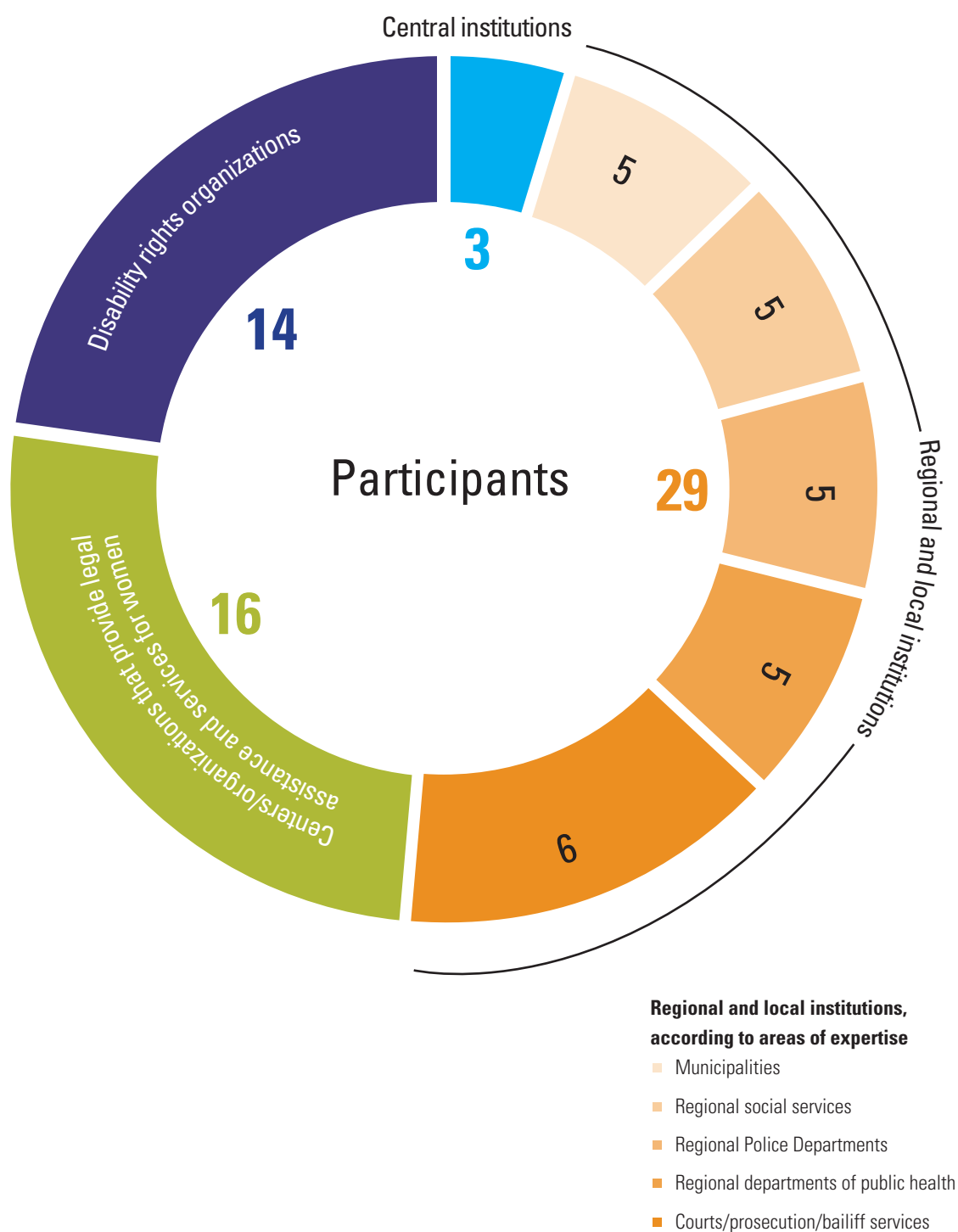
1. According to the official data of the Ministry of Social Welfare and Youth, December 2015.

2. "Gratë me aftësi të kufizuara-Të përfshira apo të harruara", 2010. B. Cani, An ADRF publication

3. "Dhuna ndaj grave dhe vajzave me aftësi të kufizuara në Shqipëri", 2011. E. Haxhiymeri. An ADRF publication

4. "Women with disabilities in Europe and Eurasian region", 2012, S.Philips. USAID publication.

Infographic 1: Participants



of 2013 of USAID both addressed the phenomenon only from the perspective of women and girls with disabilities, and the conclusions are in line with a number of studies conducted at the international level, regarding issues related to women and girls with disabilities, confirming that: (a) they are at high risk for being victims of violence due to prejudice linked to their disabilities⁵; (b) persons with intellectual disabilities and those living in residential institutions are the ones most exposed to violence⁶; (c) dependence on others makes women with disabilities more exposed to violence⁷; (d) women and girls with disabilities go through all types of violence, same like the rest of women, but are in addition subject to other forms of violence related to their disability⁸; (e) services for prevention, treatment, and rehabilitation of victims of violence in general are not accessible for women with disabilities⁹.

THE METHODOLOGY

The Process

For the conduct of the study, it was used the qualitative type methodology, with a mixture of the desk literature review and the field work through detailed interviews or focus groups. The instrument used in the field work was a half-structured questionnaire, with the actors of central and local governmental institutions responsible for addressing issues of violence against women, as well as with not for profit organizations and services centers for women victims of violence, centers for

legal aid for the victims and disability area organizations.

In addition another half-structured questionnaire was used for the focus groups to get the feedback of women and girls with disabilities on the phenomenon of violence and their perception on services for women victims of violence in general.

The interviews and focus groups took place during September-November 2015.

Participants

Participants in the study included 62 institutions, organizations and service providers in charge of , and focusing on addressing violence against women and girls, and persons with disabilities in the regions, and 35 women and girls with disabilities. As shown in Table 1, 29, local and regional level institutions were members of the Case Referral and Treatment Mechanism for domestic violence; 3 were the central governmental institutions responsible for the formulation and monitoring of policies for the prevention and treatment of gender based violence; 16 were organizations that provide service or legal protection for women and girls in general, and 14 were organizations protecting the rights or service providers in the disability rights area.

Central level institutions involved in the study included the Ministry of Social Welfare and Youth, Ministry of Health and General Department of State Police.

The focus groups with women and girls with disabilities took place in Korça, Shkodër, Tirana, Elbasan, and Kukës.

The Instruments

Two questionnaires were used to collect data for this study. The first questionnaire was used to carry out interviews with all institutions and organizations. It is composed of four sections aiming to obtain information

5. Thematic study on issues of violence against women and girls with disabilities. United Nations, 2012.

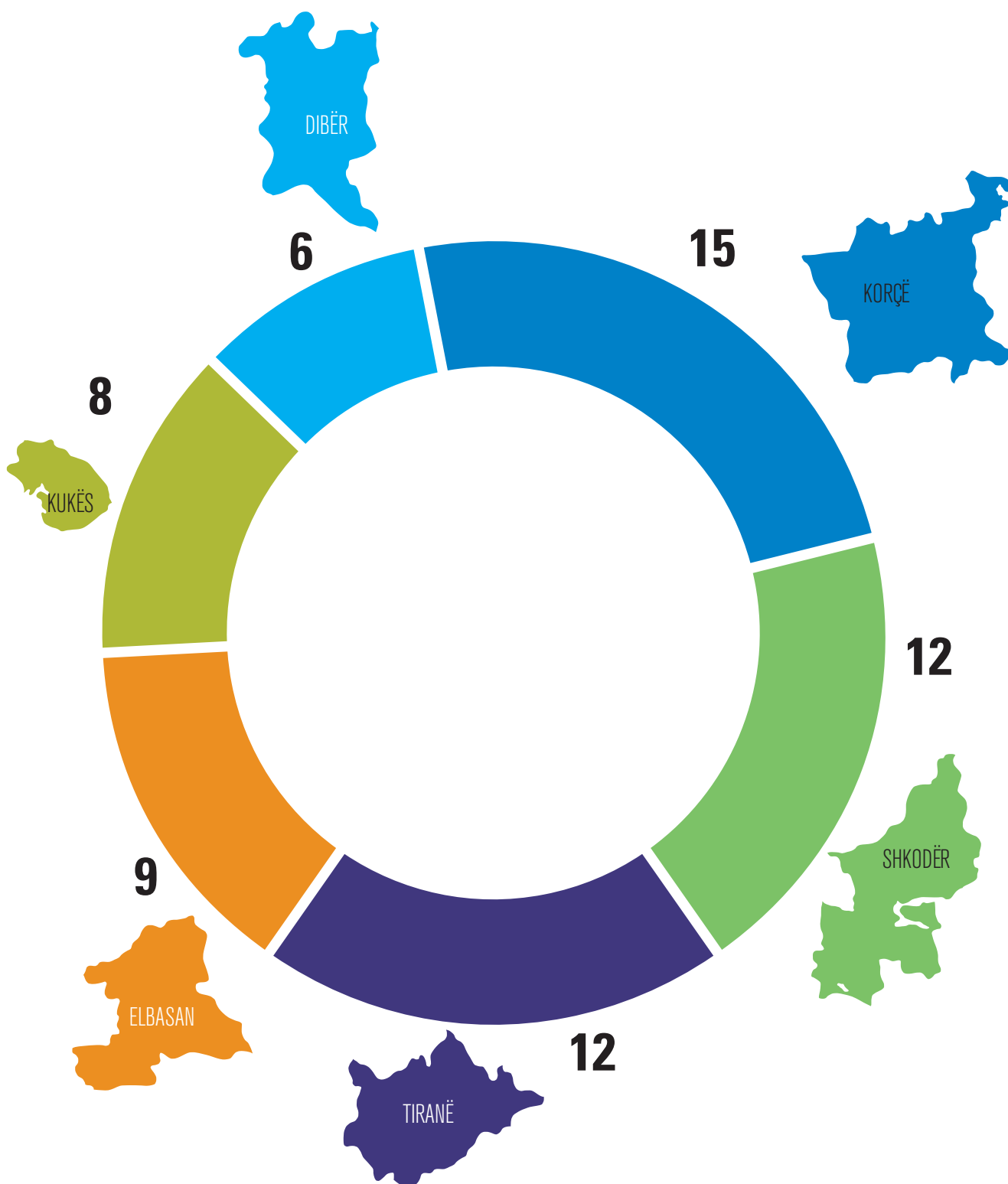
6. "Në skajet: Dhuna ndaj women me aftësi të kufizuara". Center for Studies on violence and reconciliation, 2005.

7. „What works in the prevention of violence against women with disabilities”. Ingrid Van Der Heijden, 2014.

8. „Responses towards the abuse against women with disabilities: Broadening the definition of domestic violence”. Mary Ann Curry and Fran Navarro, 2002. Strengthening the health care system to respond to domestic violence, volume 8, no.1

9. Thematic study on issues of violence against women and girls with disabilities. United Nations, 2012.

Infographic 2: Geographical distribution of institutions



on the following: (a) statistics collected by institutions for the cases of women and girls with disabilities victims of violence; (b) actions undertaken by these institutions for the prevention and protection from violence of women and girls with disabilities; (c) availability of existing services for women and girls with disabilities, and the staff capacities to handle them; (d) building, procedural and communication accessibility in the existing centers that provide services for women victims of violence. The institutions were also required to share information on cases that they had handled or that they were aware of, about women and girls with disabilities.

The second questionnaire was used for the focus groups with women and girls with disabilities, containing open questions which were aimed at obtaining information about their knowledge and perceptions on violence: (a) the main forms of violence exercised against this category; (b) who are the perpetrators/offenders; (c) which categories of disability are the most exposed/subjected to violence; (d) why do we see such a small number of denouncements; (e) to what extent were the women and girls with disabilities aware of the services protecting women from violence, and how was their access to these services.

Outcome

Chapter I.

A general overview on the legal framework on violence against women and girls with disabilities

I.1 Inclusion of fundamental rights and freedoms of women and girls with disabilities in international documents

Issues of women and girls with disabilities are part of a series of international documents. Below are some of them:

Convention on the rights of persons with disabilities¹⁰ (CRPD)

The main aim of CRPD “is to promote, protect and ensure full and equal enjoyment of all fundamental rights and freedoms by all persons with disabilities, and to promote respect for their dignity”. The CRPD is characterized by its inspiring motto, which is now an international motto: “Nothing about us, without us”. CRPD is one of the most recent conventions and as such includes highest standards of protection of rights of persons with disabilities, while being sensitive to gender perspectives which has been developed during the recent years. It is important to point out that the Convention and in particular some of its articles comes as a response to overdue negligence of international legislation on issues of discrimination against women and girls with

disabilities¹¹. Below, we will refer to some of the articles related to gender perspective and violence, but it is important to reiterate as a final interpretation of all articles, based on the spirit of the Convention and its principles, we can say that CRPD is binding when it comes to the inclusion/mainstreaming issues of women with disabilities in all areas and for every right. Non-discrimination, taking positive actions, reasonable accessibility and accessibility are principles that should apply in the context of protecting women and girls with disabilities from violence, keeping in mind, when applying all principles and rights of the Convention.

Provisions that address gender issues and violence are referred to in the Preamble of CRPD, to follow with articles 3 and 6. Article 3 refers to the general principles for all international treaties, focusing on equality of men and women. In line with article 6, women and girls with disabilities are subject to multiple discrimination and state parties should take measures to guarantee their rights. It is important to point out that CRPD devotes particular articles to women and girls with disabilities, acknowledging their multiple discrimination, while also making space for specific provisions and measures.

10. http://www.un.org/disabilities/documents/convention/crpd_albanian.pdf; adopted by the General Assembly of the UN, on December 13, 2006 and ratified by the government of Albania through law no. 108/2012.

11. Convention on occupational rehabilitation and employment (persons with disabilities) ILO Convention, 1983 (Nr. 159). It is the first and only Convention to address gender equality among women and men with disabilities who are employed. General comment on article 6 of CRPD drafted by the Committee on the rights of persons with disabilities, 22.15.2015

Another article that addresses gender aspects and violence against women and girls with disabilities is article 8. Article 8 establishes the obligation for awareness raising on violation of rights of persons with disabilities, with specific reference to discrimination, prejudice, stereotypes, and gender-based detrimental practices. This article substantially refers to women and girls with disabilities, with specific reference to gender based discrimination, including which practice is more often subject to discrimination, forms of discrimination, including the right to be free from violence and detrimental practices. Article 8 refers to very high aspirations and requires substantial changes in terms of attention that should be devoted to women and girls with disabilities. It calls for changes in the cultural models, of male superiority and stereotypes in the roles of women and men¹².

Article 16“Freedom from exploitation, violence and abuse”¹³, in addition to recognition of violence against persons with disabilities refers to double discrimination of women and girls with disabilities, as well as reiterates the need to take into account in all services, programs and education and information in terms of gender perspective and violence. Article 16 poses on the state parties the obligation to take the necessary and appropriate legal, administrative, social, and education measures to protect persons with disabilities, including the gender aspect. One of its key provisions refers to the obligation to ensure the appropriate forms of assistance based on gender and age. CRPD closely links this article with article 15 which

prohibits any form of inhuman or degrading treatment of punishment. International law often times draws a line between domestic violence and violence outside the walls of a home. The article sets forward from the outset that persons with disabilities (focusing on women and children with disabilities) shall be protected from all forms of violence, domestic or otherwise. The focus on women and children is on domestic violence, and these two categories are most at stake by this type of violence, and hence mentioned in the Convention¹⁴.

Convention on the elimination of all forms of discrimination against women¹⁵ (CEDAW) adopted in 1979, became effective in 1981 and ratified by the Albanian Government in 1993¹⁶.

Even though at the time this Convention was drafted it did not include provisions on women and girls with disabilities and hence it did not respond to their specific needs, sometime after its adoption, specific recommendations were drafted to address issues of women with disabilities.¹⁷

Recommendation 18 is based on Article 3 of CEDAW, and provides for obligations of states in every domain in the context of rights provided for in the Convention. This recommendation came as a response to the concern of the Committee about the situation of women with disabilities, while recognizing their double discrimination. In line with the Recommendation, state parties are required to provide feedback about women with disabilities and the measures taken by the state with regard to their access in education, health and employment.

Another recommendation,

12. Guidelines on the rights of persons with disabilities, Understanding the Convention on the rights of persons with disabilities, Marianne Schulze, 2009. http://iddccconsortium.net/sites/default/files/resources-tools/files/hi_crp_d_manual_sept2009_final.pdf

13. State Parties shall take all the necessary legal, administrative, social and education measures, to protect persons with disabilities, in their homes and elsewhere, from all forms of exploitation, violence and abuse, while including gender-based aspects. In addition, State Parties shall take all the necessary measures to prevent all forms of exploitation, violence, and abuse, while ensuring inter alia, appropriate forms of assistance based on gender and age and support for persons with disabilities, their households and caretakers, including through information and education on how to avoid, recognize and report cases of exploitation, violence or abuse. State Parties shall make sure to guarantee that protection services take into account all issues related to the age, gender and disability.

14. Guidelines on the rights of persons with disabilities, Understanding the Convention on the rights of persons with disabilities, Marianne Schulze, 2009. http://iddccconsortium.net/sites/default/files/resources-tools/files/hi_crp_d_manual_sept2009_final.pdf

15. <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>

16. Ratified by Law no 7767/ 1993

17. It is worth pointing out that Albania has ratified the additional Protocol of the Convention against Discrimination of Women through Law no. 9052, 17.4.2003).

recommendation 24, which refers to women and their health (Article 12, CEDAW) makes specific reference to women and girls with disabilities. Recommendation 24 suggests that special attention should be paid to women and girls in vulnerable and disfavored situations, such as women and girls with physical and mental disabilities.

**Convention of the Council of Europe
“On preventing and combating violence
against women and domestic violence”
(Convention of Istanbul)¹⁸ signed by
the Government of Albania in 2011 and
ratified on 04.02.2013 (in line with law no
104/2012)¹⁹**

The Istanbul Convention was ratified in 2012 through law no. 104/201. The Istanbul Convention is the first instrument in Europe that places legal obligations and standards, specifically for addressing prevention of violence against girls and women.

The Istanbul Convention provides for a broad range of measures, starting with the collection of data and awareness raising up to legal measures, penalization of different forms of violence against women, protection measures, provision of support services and special measures for asylum seekers or migrants. In this context it is worth pointing out that the European Union is considering its ratification. In the review of the first report of the EU before the Committee on the Rights of Persons with Disabilities, the Committee recommends to the EU to ratify the Convention “On preventing and combating violence against women and girls and domestic violence” as a step in the fight against violence on women and girls with disabilities.

With regard to the disability, the Istanbul Convention refers to the UN Convention

on the rights of persons with disabilities. In addition article 71 of this Convention ensures harmonization with other international treaties and instruments.

Article 4 of the general principles of the Convention refers to women with disabilities reiterating the enforcement of the provisions of this Convention by the parties, in particular measures for protecting the rights of victims, without discrimination, on grounds including inter alia gender and disability. This article is set in the meaning of Article 14 of the European Convention of human Rights and its Protocol 12, adding some additional characteristics such as: age, civil status, gender orientation and disability, to mention but some of them. In the meaning used in this Convention, persons who are victims of violence under specific circumstances may also be persons with disabilities, including persons with mental or cognitive disabilities²⁰.

In addition, in this convention as well special measures that are necessary for preventing and protecting women and girls from gender based violence are not considered as discrimination, which means that they can be applied to women and girls with disabilities as well.

Article 28 of the Istanbul Convention refers to reporting by professional who may be physicians and/or psychiatrists. According to this article, parties shall take the necessary measures to ensure that rules of confidentiality among professionals and patients do not constitute an obstacle to the possibility, under appropriate conditions to report violence, in case of reasonable doubt to believe that a serious act of violence has been committed or that a repeat of violence is expected in the future. According to the explanatory brief that accompanies

18. <http://www.coe.int/web/conventions/full-list/-/conventions/treaty/210>
19. See: <http://www.conventions.coe.int/Treaty/Commun/ChercheSig.asp?NT=210&CM=&DF=&CL=ENG>

20. Clarification report for the Council of Europe on the Council of Europe Convention “On preventing and combating violence against women and domestic violence, Istanbul, 11.05.2001. <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016800d383a>

the Convention, the wording “particular circumstances” shall mean that states are in charge of determining the situations and terms. Thus, for e.g. a state may determine that it is necessary to have the approval of the victims for the reporting, but in the case of children or persons that cannot defend themselves due to their physical or mental disability may bypass it²¹. Article 46 of this Convention provides that violence is an aggravating circumstance which has led to severe physical or psychological harm of the victim.

*Standard rules on equalization of opportunities for persons with disabilities*²² 1993 provide that parties “... should take measures to change the negative attitudes that are still prevailing in the society regarding marriage, sex, and the right to a family for persons with disabilities, and in particular women and girls with disabilities”.

*The World Program of Action concerning disabled persons 1983*²³ specifically addresses the situation of women and girls with disabilities. It refers to social, cultural and economic difficulties that have an impact on the health of women, and their limited access to health care, vocational training and employment.

*Declaration on Elimination of Violence against women 1993*²⁴ reiterates that “women with disabilities are exposed to violence” and its article 3 reiterates that women “are entitled to enjoyment and equal protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field”, and in particular “The right for being free from any form of discrimination”, “The right to enjoy physical and mental health, in line with the highest standards.”

Beijing Declaration and Platform for

*Action 1995*²⁵ provided a platform for women with disabilities and gave concrete recommendations to be applied by the governments. The declaration also addresses the problem of violence against women and girls with disabilities.

*Malaga Declaration 2003*²⁶ provides that women with disabilities should be more visible and demand more special attention. The same Declaration reiterates that the approach of gender perspective inclusiveness should be articulated in all disability related policies.

*Council of Europe Disability Action Plan 2006- 2015*²⁷ includes a specific objective on violence against women and girls with disabilities. The action plan recognized that women and girls with disabilities encounter major obstacles due to their gender based and disability discrimination. Their specific circumstances require taking of measures and inclusion of disability and gender aspects in development programs. This Action Plan recognizes that there is evidence that proves that violence against persons with disabilities is higher, in particular against women and girls with disabilities, and in particular women and girls with severe disabilities. The action plan refers in particular to violence in closed institutions.²⁸

Article 12, CEDAW makes specific reference to women and girls with disabilities. Recommendation 24 suggests that special attention should be paid to women and girls in vulnerable and disfavored situations, such as women and girls with physical and mental disabilities.

21. Ibid.

22. <http://www.un.org/disabilities/default.asp?id=26>

23. <http://www.un.org/documents/ga/res/37/a37r052.htm>

24. <https://www.umn.edu/humanrts/instrree/e4dev8.htm>

25. <http://www.un.org/womenwatch/daw/beijing/platform/declar.htm>

26. http://www.coe.int/T/E/Com/Files/Ministerial-Conferences/2003-Disabilities/Decl_finale.asp

27. http://www.coe.int/t/e/social_cohesion/soc-sp/Rec_2006_5%20Disability%20Action%20Plan.pdf

28. Another document which is worth mentioning is the European Strategy on Disability 2010- 2020, which addresses in particular the area of employment, and the difference in the situation of women with disabilities versus men with disabilities. <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:en:PDF>

Two very important comments are mentioning, which up to a certain point address issues of gender equality and violence against women with disabilities –Committee on economic, social and cultural rights: Comment 5, Persons with disabilities E/1995/22 which calls on State Parties particularly to include women with disabilities in all programs about economic, social and cultural rights. The Comment recognizes that persons with disabilities are perceived often as gender less persons, and consequently women with disabilities are found in situations of neglect. <http://www.refworld.org/docid/4538838f0.html>

Convention on the rights of the children: Comment no. 9 (2006), On the rights of children with disabilities also addresses the issues of girls with disabilities, recognizing multiple discrimination, and asking from State Parties to take the necessary measures, as well as special measures. The Committee through this comment expresses concern regarding the phenomenon of sterilization of girls with disabilities, calling for the state parties to stop such practices, and abolish them, while reiterating the damage that could come to girls with disabilities through such interventions. <http://www.refworld.org/docid/461b93f72.html>

1.2. Inclusion of women and girls with disabilities in the national legislation on violence

Law “On measures against domestic violence” no. 9669, 18.02.2006 (amended by law no 9914, 12.05.2008 and law no. 10329, 30.09.2010)

The law was drafted in the context of the initiatives of the Government of Albania for the harmonization of the national legislation with international standards, with the main goal of protecting, preventing and reducing domestic violence, and guaranteeing legal protection to all members of the household that are victims of violence. Article 1 of the law stipulates that: “The goal of the law is: (2) to guarantee protection through legal instrument for the members of the household who are victims of domestic violence, with special attention to children, elderly and persons with disabilities”. The law does not make specific reference to women and girls with disabilities as part of its scope. However, it is positive that there is provision for special protection of persons with disabilities, which by default includes women and girls with disabilities. On the other hand, considering the characteristics of women and girls with disabilities, and men, as well as the fact that they are more affected by violence than women and men with no disabilities more details and specifications would be needed²⁹. We can mention for instance lack of accurate information, the obligation for sterilization, interrupting the pregnancy, failure to provide information on purpose, or keeping in ignorance.

Another gap in the law is related to collection and processing of statistics. The Law establishes the authorities for keeping statistics, but does not go further to specify for specific statistics keeping

related to characteristics that are grounds for discrimination, according to the Anti-Discrimination Law. This obligation should be valid for all institutions provided for in the law, and for the main responsible authority, as well as for other responsible authorities.³⁰

Another aspect is the absence of legal provisions for women and girls with disabilities in residential care centers. Certainly, for many women and girls these centers have become their homes. In this context it is important that the law includes provisions for these centers as well, in order to ensure access to legal mechanisms established in these institutions for the use of women and girls.

The law provides for measures for the protection, and rehabilitation of victims of domestic violence, which requires the commitment and coordinated action of the governmental structures and NGOs in the delivery of social services. The question in the end remains how accessible are these services for women and girls with disabilities? From this perspective as well, the law does not provide details on the elements of accessibility of services to be delivered. Decision of Council of Ministers, no. 505, 13.07.2011 “On adoption of standards of social care services for victims of domestic violence in public and non-public residential care centers” does not include provisions for women and girls with disabilities. It is important to reiterate that with regard to physical infrastructure there is a special regulation in place³¹, which is binding for such institutions to respect the rules and standards for persons with disabilities. The low level of recognition in the legislation in general has been detrimental to this field as

Another aspect is the absence of legal provisions for women and girls with disabilities in residential care centers. Certainly, for many women and girls these centers have become their homes.

29. General comment (draft) on Article 6 of CPRD formulated by the Committee on the rights of persons with disabilities 22.15.2015

30. Article 17 of law no 93/2014 “On inclusion and accessibility of persons with disabilities, 24.07.2014 is binding for all institutions at central and local levels for the collection of statistics regarding persons with disabilities, in their relevant fields.

31. Decision of Council of Ministers no.1503, 19.11.2008, Regulation on Utilization of spaces by persons with disabilities”

well. Actually, despite all mechanisms and facilities established in line with this law there is almost no reference to women and girls with disabilities, despite the fact that they are quoted to belong to a category that enjoys special protection under the law.

The law is innovative in terms of procedures and protection measures against domestic violence in the shape of immediate protection order (IPO) and protection orders (PO) for victims of domestic violence. It is worth pointing out that protection orders should give priority to cases of domestic violence against women and girls with disabilities. Even though courts in general are found to be expeditious, given the complexity of the case, and the fact that women and girls with disabilities are a lot more vulnerable and do not have communication opportunities, and are dependent on their families, which in turn can be the main abusers there is need for a faster and more complex reaction regarding issuing of protection orders and their enforcement. The law, at this point does not refer to such specific circumstances (calling for the disability expert, a psychiatrist, sign language interpreter)

Also, regarding the provision for a green line 24/7 there are elements like messages and visual contacts for persons with hearing impairment, or sign language interpreters.

The law also fails to address in particular issues of women and girls with mental health problems, in particular when they do not have the legal power to act, and violence can be perpetrated by their caretakers. This holds true in the case of women and girls locked and abandoned in residential centers or hospitals, whose issues need to be addressed in the law "On Measures against domestic violence", *to be further explained*. In this case as well, the measures of the law should be more rapid, more complex, and coordination should also be more comprehensive. It is important to put in charge specialized persons for

detecting the circumstances, facilitation of testimony and further coordination both at central and local levels. This requires from the involved institutions, in particular the courts, municipalities and the police to be put under obligation by law to call for disability expertise.

Law On gender equality in society, no. 9970, 24.07.2008

The law aims at ensuring equal opportunities for men and women, eliminating gender-based discrimination or any other form that promotes discrimination, and establishment of national and local authorities for promoting gender equality in society. Provisions of this law, regarding women and girls with disabilities are almost nonexistent. Issues of women and girls with disabilities have been mainly addressed in the context of non-discrimination in terms of employment. The terminology used for persons with disabilities is totally inappropriate and inconsistent with the terminology proposed in the CRPD, with reference to "people with disability" or "disability". It is worth pointing out that legislation guaranties that special measures do not constitute discrimination, through recognition and evaluation of the special work done by persons who take care of persons with disabilities. In Albania, the majority of persons who take care of persons with disabilities are women. In addition, the law provides for monitoring of disability benefits, in line with gender equality principles.

Criminal Code

Following changes in the Criminal Code³², it has taken new gender perspectives. For the

32. Law no.23, 01.03.2012 "On some additions and amendments to law no.7895, 27.01.1995 "Criminal Code of the Republic of Albania"; Law no.144/2013, 2.5.2013 "On some additions and amendments to law no.7895, 27.01.1995 "Criminal Code of the Republic of Albania"

first time, Article 130/a provides for domestic violence as a criminal offence. The provision for such an offence is an important step for punishing daily domestic violence, and for more severe penalties, when offences such as serious threat for murder or premeditated wounding take place in the context of domestic relations³³. This article provides for more severe punishment in case of temporary disability exceeding 9 days³⁴. In addition positive changes have been introduced in the Criminal Code with regard to trafficking. Articles 114/b and 110/a provide for punishment in case of recruitment, transportation, forcing, or cheating someone or making use of a person's social, physical and psychic situation, and articles 110/a , 114/a of the Criminal Code. Article 114/a) establishes that "exploitation for prostitution purposes ...abusing with the physical and mental disability of a person³⁵ ...is punishable from 7-15 years of imprisonment".

Policy framework

National Strategy on Gender Equality, Reduction of gender based violence and domestic violence, 2011-2015, adopted by DCM no.573, 16.6.2011

The *National Strategy on Gender Equality, Reduction of gender based violence and domestic violence* is a cross-sectional strategy which indicates the path and the institutional mechanisms for inclusion of gender issues in public policies, for mitigation of gender differences and preventing and fighting gender based violence.

Stemming from the enforcement of the *National Strategy on Gender Equality, Reduction of gender based violence and*

domestic violence and the action plan for its implementation, 2007-2010, which in brief and only in passing touches upon issues of women and girls with disabilities, the *National Strategy on Gender Equality, Reduction of gender based violence and domestic violence* 2011-2015 is a step forward in terms of their inclusion in this document. Hence, from the outset the document recognize that the focus of the previous strategy was more oriented towards women from the urban areas, and the proposal is to include women from the rural areas as well, but also vulnerable categories from poverty and violence, such as women from ethnic minorities, women heads of households and women with disabilities. This approach is a reflection upon some of the remarks of the Committee on Elimination of all forms of discrimination against Women, in line with the Convention (CEDAW), as well as due to awareness raising about issues of women and girls with disabilities.

It is clear that issues of women and girls with disabilities take up a lot more space in this strategy compared to the previous one. However, aspects of particular importance are those of monitoring and reporting regarding the implementation of these provisions. Provisions often times are very generic, and do not leave space for development of indicators for measuring their effective implementation. It is acknowledged in this strategy, as well as in the fourth period reporting for CEDAW implementation that women and girls with disabilities did not get proper attention, were not involved at the appropriate levels, and under the perspective of economic benefits, rather than subjects with full rights vis-à-vis the law. Women with disabilities are referred to in areas such as: employment, education, vocational training, social protection, access to health services, raising their awareness about rights, civic engagement, financial independence,

33. Avokatia magazine, Albania's Bar Association, Dimension Gjinnor në Jurisprudencën e Gjykatave Shqiptare dhe përmirësimi i cilësisë të përfaqësimit në gjykim, 2014. <http://avokatia.al/revista/avokatia-3/item/19-dimensioni-gjinnor-ne-jurisprudencen-e-gjykatave-shqiptare-dhe-permiresimi-i-cilesise-se-perfaqesimit-ne-gjykim#V19zKvmrTIU>

34. We refer to the terminology as used in this Code.

35. Ibid.

property, media, justice, accessibility, domestic violence, but just in the context of disability, and not in the context of violence prevention and treatment. With regard to violence, the strategy provides for awareness raising actions that reduce discriminating and abusive attitudes towards women with disabilities, and women from minorities.

The action plan as well provides for specific provisions for persons with disabilities, in different domains, considering the cross-sectional nature of the strategy. The main priorities remain: employment (employment promotion), including decision-making positions, and in general participation of women with disabilities in decision-making processes, enhancing economic independence, research, disability benefits for women and girls with disabilities, training for women and gender officers at the central and local levels, and training for education officers. Here as well provisions are generic and often uncoordinated.

Law no. 10 221, 04.02.2010 On anti-discrimination

In Albania the Law on Anti-Discrimination on 04.02.2010 provided for the establishment of the Anti-Discrimination Commissioner and the necessary mechanisms to effectively fight against discrimination. The law enumerates several categories at risk of discrimination, such as gender and disability. Like in many countries there is no specific provision for discrimination due to many factors. This fact is implicit in the law. However, reference explicitly would create a clearer picture of the damage caused, as a result of discrimination and its severity. This would be of particular importance in a court case, when settling the compensation. Women with disabilities could be subject to multiple discrimination due to their gender and disability.

Decision of Council of Ministers, no 505, 13.07.2011 On adoption of social care service standards for victims of domestic violence in public and non-public residential centers

With reference to standards, this DCM does not reflect aspects that regulate accommodation and treatment of women with disabilities in particular. The principle of non-discrimination also includes disability. Whereas Instruction no. 13, 17.12.2012, “On implementation of standards for social care services for victims of domestic violence in public and non-public residential centers” is directly referred to in point 8.4, “If the centers accommodate women and girls with disabilities, their premises need to ensure accessibility for them.”

In the Annexes attached to the Instruction, which are set only for orientation purposes³⁶, the summary forms/annexes for the delivery of services, among the admission evaluation criteria should also include physical and mental disability.

There are several positive efforts to include particular aspects that belong to women or children with disabilities. For instance in the complaints section, we notice that subjects who have the right to file official claims regarding services of the centers/shelter include persons with disabilities, who should have access to reasonable accessibility. This is only with regard to complaints, when in fact it should first and foremost apply to direct services offered in the centers, and not the complaints.

Regarding the health status, the observation is that despite the principle of non-discrimination it is more oriented towards the disability diagnosis. There are several classifications regarding the severity of disability. According to these classifications,

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36. Standards for social care services for victims of domestic violence in public and non-public residential care centers”. This is a publication supported by UNDP through funds of Swedish Government, Tirana 2013. <http://www.sherbimisocial.gov.al/wp-content/uploads/2014/03/standarde-per-dhunen.pdf>

women with more complex needs, may get transferred to other centers, while continuing to remain excluded. It is worth pointing out that based on these criteria, women with disabilities may benefit from services only in the instances when they can take care of themselves, which runs contrary to the principle of non-discrimination and ensuring reasonable accommodation.

Orders adopted by the Ministry of Health in line with the law on Measures against domestic violence”³⁷

It is evident that in such substantial documents in terms of reporting domestic violence are not included specific means or instruments for the identification of violence against women with disabilities, in particular with reference to women with intellectual disabilities or women with mental health problems. Case reporting by the health care professionals is very low. These orders and form should include questions for the identification of persons with disabilities, and case reporting should be faster, considering the inability to defend one's self or to comprehend or express oneself.

37. Order no.13, 23.01.2008 of the Minister of Health "On supplying persons victims of domestic violence with the relevant document;
Order no.14, 23.01.2008 of the Minister of Health " On identification of cases of domestic violence in the individual file for cases of domestic violence"
Order no. 410, 12.07.2010 of the Minister of Health "On the re-organization of health care and psycho-social services for persons victims of domestic violence who come to health institutions.
The form of routine screening of domestic violence by health care professionals.
Individual file for persons admitting to abuse/violence
Special report for patients' victims of violence.
http://www.shendetesia.gov.al/files/userfiles/Shendetesi_Publik/pdf_moduli_dhunes.pdf

Chapter II.

Data on levels of violence against women and girls with disabilities

This section of the study addresses results of interviews and focus groups that give feedback on collected statistics at the central and local levels, institutions at the local level part of the case referral and treatment mechanism for domestic violence, as well as organizations and services centers for women victims of abuse, centers for legal aid for the victims and disability area organizations.

This section sheds light on the number of cases of women and girls with disabilities that have been identified and treated by participating institutions and organizations. Consequently, the reader will obtain information on: (a) the typology of violence against women and girls with disabilities; (b) categories of disability on which violence is mainly perpetrated; (c) perpetrators/offenders.

In addition were collected the factors which according to participants make violence against women and girls with disabilities, a hidden, unidentified and unexplored phenomenon.

In line with article 31 of the CRPD³⁸,

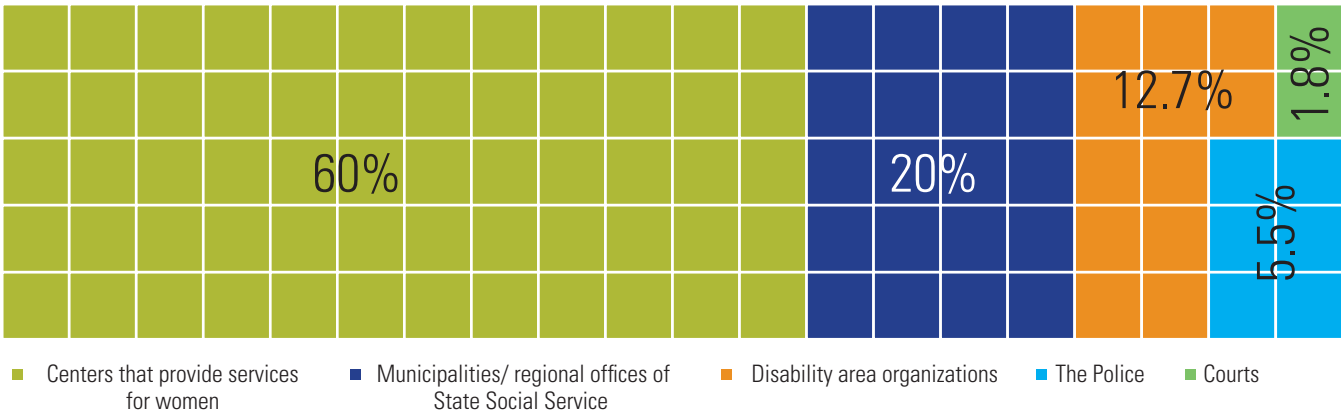
38. Convention on the rights of persons with disabilities, Article 31: Statistics and data collection 1. State Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collection and maintaining this information shall: (a) comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for persons with disabilities; (b) comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics. 2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of state parties obligations' under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights. 3. State Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others. (Article 31 and Recommendation 18 do not conform explicitly the above mentioned)

Recommendation 18³⁹ of CEDAW, and article 17 of Law No. 93/2014 "On inclusion and accessibility of PWDs", the recommendation is to gather information and statistics and data about all forms of violence that women and girls with disabilities are subjected to, based on age indicators, category of disability etc. Concomitantly, the elaborations of the recommendations indicate that women and girls with disabilities should be part of the studies on the phenomenon of violence against women in general.

Despite the fact that the responsible central and local institutions that participated in the study did not show recorded data on violence against women and girls with disabilities, during the process of interviews were identified 55 cases of women and girls with disabilities, which did not get officially reported. Mainly, the cases were reported by the staff of the centers for services for women victims of violence (n=33, 60%). One fifth of the cases got referred by the staff of municipalities and State Social Service Regional Offices (n=11, 20%) and 12.7% of them (n=7) were referred by organizations that are active in the disability area. Table 4 demonstrates the low number of cases

39. General Recommendation no 18: Women with disabilities, 1991 recommends to State Parties to give information periodically to women with disabilities in their reports, about the measures that they are going to take regarding and affecting their special circumstances, including special measures to ensure their equal access to education and employment, health care and social services, and to ensure their participation in all domains of social and cultural life.

Table no 4. Number of cases of violence identified by institutions participating in the study



identified by the institutions and organizations that participated in the study.

Following are more details on the collection and processing of statistics by different institutions at the central and local levels:

a) Institutions of social services at the central and local levels

The interviews with the staff of the Gender Equality Sector in the Directorate of Social Inclusion and Gender Equality, as part of the General Directorate of Social Policies demonstrated that the Ministry of Social Welfare and Youth did not keep special statistics for women and girls with disabilities victims of violence. The Ministry got its data from INSTAT, State Police and the Ministry of Health, which did not report specific data about violence against this specific category. Consequently, the governmental reports did not include information with detailed statistics, in line with CEDAW implementation on violence against women and girls with disabilities.

The Ministry of Social Welfare and Youth reported among its achievements the electronic system of reporting of cases of violence, from a multi-disciplinary angle by the members of the referral mechanism at the local level. This system went online in July 2014, but it is still not spread countrywide,

and it can still not report statistics at the national level. The system includes statistical parameters for the identification of women and girls with disabilities, both those that belong under the social assistance scheme, and those that are part of the social insurance scheme. Full operation ability of the system (following the completion of the process of the territorial reform and full decentralization of local government) will ensure the possibility for regular collection of data, at least with regard to the number of women and girls with disabilities victims/survivors of domestic violence who denounce their cases, and receive multi-disciplinary treatment by the members of the Referral mechanism.

Local government units

Local institutions that are members of the Case referral and treatment mechanisms for the cases of domestic violence, at the municipal level, and the social service regional offices represent the institutions that are in charge for prevention of violence, support and integration of victims of violence. Not all institutions that were interviewed had recorded data specifically about women and girls with disabilities victims of violence. The representatives of these institutions mentioned 6 official cases of violence⁴⁰ and 5 other unofficial (not recorded case) of violence

40. In the statistics they did not come out as women with disabilities

against women and girls with disabilities. Meanwhile, one of these institutions had officially reported data about disabled women victims of violence, which were reported and included in the new database⁴¹. Two of the institutions reported cases of violence acknowledged in the community, but which went denounced, while one of the experts in these institutions reported cases of women with disabilities who tried to keep secret their disability during the evaluation interview with the social worker.

“There are missing statistics about women and girls with disabilities. There are no officially reported data, despite the fact that they are identified during the interviews with women and girls with disabilities. I have been involved in 2 cases of women with minor mental health problems who tried to hide their disabilities.”

b) Health institutions

The Ministry of Health reported to collect data on the cases of identified violence by primary health care centers. In the documentation filled in at these centers there were no specific data on violence against women and girls with disabilities. During 2014, Regional Departments of Public Health had reported about 440 cases of violence, while during 2015, there were 33 cases. None of these cases was referred to be a woman or girl with disabilities, which again points to lack of data details in terms of disability.

None of the contacted Public Health Departments had registered data on cases of women and girls with disabilities, identified by the general practitioner or primary health care centers. Participants from health care institutions listed several reasons for lack of identification of women and girls with disabilities, victims of violence. Three of these reasons included: (a) consensus of

the health care professionals with a victim of violence to hide the perpetrated violence; (b) administrative load of health care professionals, forms being too detailed that need to be filled in for every case; and (c) fear of being vulnerable to the abuser are some of the factors that explain lack of data or very limited number of data on cases of violence against women and girls in general, recorded by the general practitioners. Whereas, another factor that had an impact in lack of data keeping and lack of reporting for women and girls with disabilities victims of violence was the absence of options for this category in the forms and protocols of the Ministry of Health, in line with Law No. 9669 “On measures against domestic violence”, 18.02.2006 (amended).

c) Police institutions

The General Directorate of State Police reports figures of women victims of domestic violence and crime. During 2014, 3,090 women remained victims of violence while for 2015 this number was 2,204 for the same category⁴². For 2,422 of them in 2014 there were filed for restraining orders, while 1,638 women were equipped with protection orders during 2015. The data were collected according to an order of the Directorate of State Police⁴³ which did not ask for maintaining special statistics for victims of domestic violence. Consequently, this institution did not offer any statistics on women and girls with disabilities victims of violence.

Regional police departments involved in the study did not report any case of denouncement of violence by women and girls with disabilities during the last two years. None of these institutions had a separate category classification for denouncements

41. The municipality of Korça and the Regional Directorate of Social Services, Korça

42. The data are collected from the General Directorate of State Police, September 2015.
43. Order no 1531, 24.10.2015 “On the formulation of criminality statistics”

coming from this category. This was identified to be a factor with an impact on the absence of statistics, since any denouncement that might come from women and girls with disabilities got lost in the large number of suits of women and girls who are victims of violence. Police officers admitted to violence against this category, but for women and girls with disabilities it is difficult, not to say impossible to reach the doors of the police due to a number of barriers. Despite lack of official data, participants from these institutions reported of being aware during the last years about 3 cases of women with disabilities victims of violence, who did not agree to denounce violation exercised against them.

d) Judiciary

Institutions of the judiciary from all participating cities point specifically to cases filed for divorce, as a result of violence exercised against women and girls. Recorded cases were mainly those with immediate protection or protection orders. None of the suits filed in the last two years were related to cases of women with disabilities, in terms of violence exercised on them. However, off the record one of the participants from these institutions reported one case of violence against a woman with disabilities.

e) Organizations of the disability area

Organizations of the disability area did not report about any specific projects regarding treatment of women and girls with disabilities. However, from the communication with persons with disabilities, and through their programs, disability area organizations reported about 7 cases that had been identified of women with disabilities victims of abuse, 5 of whom were maltreated by their family members

and only 2 by their husbands. Women with disabilities are not educated, and only one had completed primary education. 3 of them were suffering of physical disabilities, and 4 had mental health problems.

f) Services for girls and women victims of violence

There were 649 women who had received services at the centers for treatment of women, victims of domestic violence and human trafficking that participated in this study, during 2014 and the second half of 2015. Out of the total, only 5% of the clients (n=33) were women with disabilities, victims of violence and trafficking. The centers that provided services for women reported to have specific statistics for women and girls with disabilities that had received services at their centers.

A little more than one third of the women with disabilities in the context of all women victims were women with intellectual disabilities (39%, n=13). As indicated in table 5, women with intellectual disabilities and mental health problems constituted the largest number of women with disabilities that had received services from the centers that offer services for women in general (69,7%, n=23).

Table 5. Women with disabilities, victims of abuse, who had received services in the service centers, according to the type of disability

Category of disability	%	Total
Mental disability	39%	13
Mental health problem	30.7%	10
Physical disability	27.3%	9
Communication disability	3%	1

Women and girls with disabilities that participated in the focus groups confirmed that women with intellectual disabilities were

The results of the study indicated that women and girls with disabilities were no strangers to trafficking of human beings. Three of the referred cases (9%) were women with moderate intellectual disabilities and mental health problems.

the most vulnerable to violence than the rest of the women who had physical disabilities or visual or speech impairment problems. They admitted that women and girls of this category are more at risk because they do not have any sexual education information and are not hence able to make a distinction between normal and abusive behaviors. They are vulnerable to violence because of their poverty, and are totally dependent on their relatives who in some cases are also their abusers and exploit them for financial benefit or trafficking purposes. But, women with physical disabilities (speech and visual impairment) are also as exposed to violence due to their physical and emotional disabilities. Barriers to communication prevent them from reporting violence, the lack of vision prevents them from identifying the violator, as well as does not let them move or leave immediately to escape a situation of violence. On the other hand, lack of physical access to institutions and centers deprives them from the right to obtain the necessary services. These difficulties resounded in the sayings of the women and girls with disabilities who were part of these focus groups.

“...it is more difficult for persons with mental disabilities because they are more dependent from others....”

“...if you are suffering from a severe disability you have to depend on someone and the caretaker or relative is also the author of violence or abuser...”

“...people with mental health problems are given drugs to put them to sleep more, and this is a type of violence...”

“...I think that persons with mental disabilities and those with hearing impairment are the ones that suffer most...”

II.1. Typology of violence

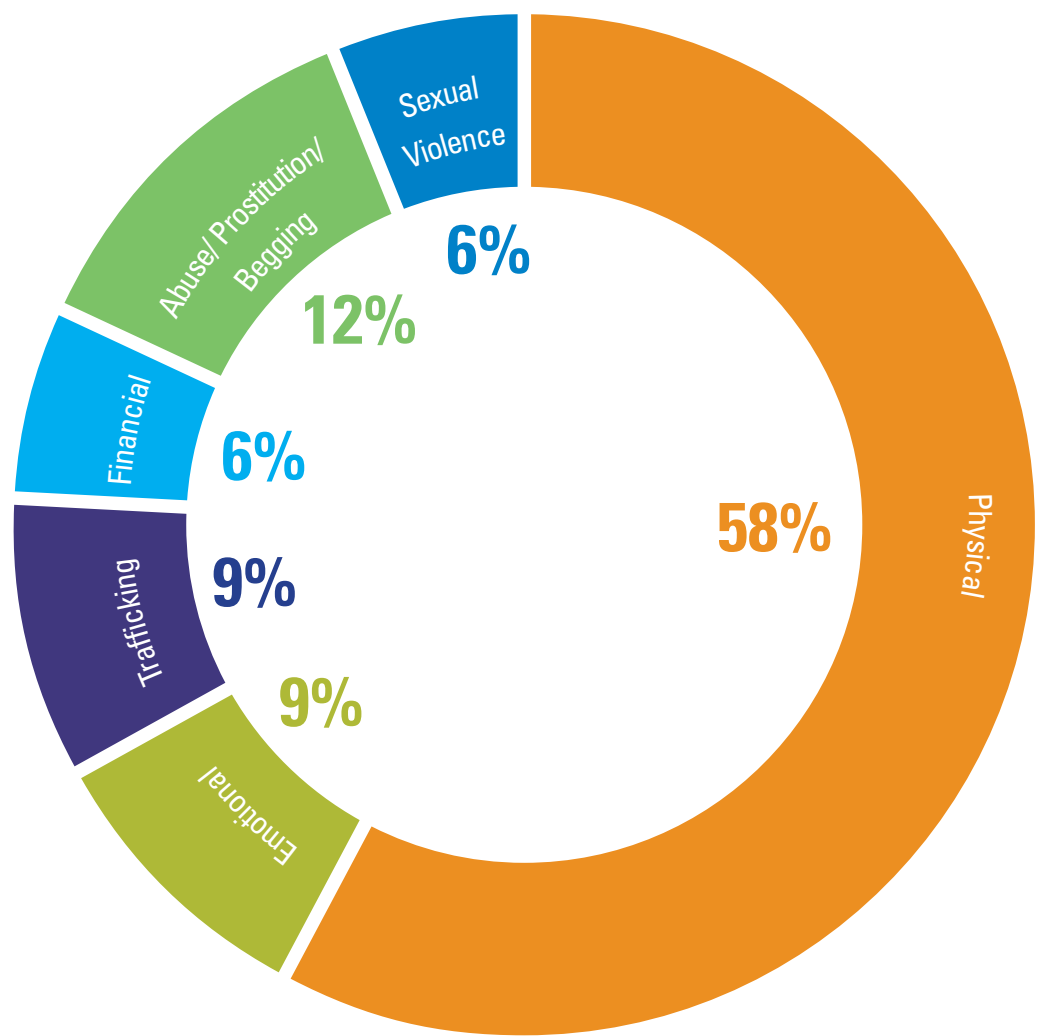
Cases brought forward in this study by service providers demonstrated that women and girls with disabilities are victims of the same forms of violence as women with no disabilities, but as well to other forms of violence related to their disability. More than half the women and girls with disabilities (out of a total of 33 cases submitted in the table 5 above) were victims of physical violence (58%, n=19). What is evident in the cases brought forward is that a part of them have been subjected to physical violence related to their disability. Some of the types of physical violence against women and girls with disabilities include but are not limited to: preventing them from taking medication, isolating them at home since the wheelchair is broken or tying them with a rope at home due to lack of support services.

9% of women with disabilities that were treated at the centers (n=3) had been subjected to emotional violence. In this case, as well emotional violence was related to disability. Threatening with abandonment by the members of the household for a woman in a wheelchair, or threatening to send girls with disabilities in an institution were some of the examples of emotional violence exercised in the context of disability.

The results of the study indicated that women and girls with disabilities were no strangers to trafficking of human beings. Three of the referred cases (9%) were women with moderate intellectual disabilities and mental health problems.

As demonstrated in Table 6, financial pressure is present in the life of women and girls with disabilities. It is a fact that in Albania disability benefits are administered by members of the household of persons with disabilities, but despite this, the study shed light on cases when women and girls with

Infographic 4: Forms of violence



disabilities had been denied their properties and had been dispatched to institutions or left to the mercy of the fate (2 cases).

A little more than one tenth of the reported cases by the service centers were women victims of abuse by their family members exported to prostitution and begging (12%, n=4).

Two of the reported cases were cases of sexual violence of girls with disabilities, even though in the context of disability the family members had not trusted in the denouncement of the women with mental disability and the case had hence been suspended.

The above mentioned data are completed with the data obtained from 35 women with disabilities that participated in the study through the focus groups. In their recounts, almost all women confirmed that psychological violence is one of the forms of violence that they are most often subjected to. They mentioned that one of the main factors that causes psychological violence is related to the prejudice of the society about these women. Women and girls with disabilities feel and are victims of double prejudice at home and in the society. Because of the mere fact that they are women, and also because of their disability, they in most of the cases do not enjoy the right to education, employment, to a family, to give birth and to be included in the community. The participants in the focus groups reiterated that their families are their first barrier to an independent life. Family members and relatives who are mainly responsible for their wellbeing, both in the moral aspect, and in the role of the caretakers are those that hinder them from participation in active life. Often times it is precisely the members of the households under the role of the so-called protectors for their relatives with disabilities that mainly expose women and girls with disabilities to insults, rejections, labelling, which they so often encounter outside their home, who refuse to ensure their

involvement in the society. This so-called “protection” leads to the isolation of women and girls with disabilities, make them take to themselves, and not express their dreams and wishes, and have low self-esteem. Thus, they do not have an opportunity to prove their skills and come out of isolation. They say that at home this kind of “protectiveness” leads to continuous psychological violence.

“...we are more often subjected to emotional and psychological violence. Our families make us feel dependent. Because we have a disability, they often tell us, you have your brother/sister that you can depend on. They do not let you develop your own personality, but oblige you to depend on them. This is more the case for women, in particular when it is the case of women with disabilities. As people with disabilities we are taught that the brothers and sisters will take care of us. This can be considered as domestic violence, even though it is in the name of protectiveness. Families are there to make you stronger and build you, not break you.”

Women with disabilities indicated that in the communities where they live and work, they often times feel insulted, neglected and underestimated.

“...I believe psychological violence is more prevalent than other types of violence. It is linked with many factors. The society is not emancipated...”

“...there is verbal violence as well. We find it in schools, at home... We are victims of a double violence”

“...I think there is a lot of violence outside. I hear them saying to my mother: You are healthy. Why is your daughter born like this?” I think society is very abusive...”

Even in the instances when the disability is not related to the mental development of a person with disabilities, society looks at people with disabilities as individuals who are totally incapable of being involved and contribute in the active live, or carry out their gender role.

“...I am employed, and in my job i see parents

who bring their children for counseling, and they look at me disbelievingly and say: “She is the one who is going to help my kid?” I think this is related to the mentality. There are other mothers who look at me as an example, but they are rare in numbers...”

Following are some cases of violence against women and girls with disabilities:

Case 1

I.L. is a girl with physical disabilities and a wheelchair user who was being used by her brothers. They let her in the street and used her disability benefit. The case has been addressed and the brothers were prosecuted. The sister became her custodian.

Case 2

K.M., 19 years old, with intellectual disabilities, child of a mother with disabilities. She gets sexually abused and brings a baby to life. Her family members do not believe that the man she is accusing to be the offender is the abuser, so the case was closed. She received assistance in one of the centers, for some time, and now she is back home

Case 3

I.B. is a girl with mental disabilities, and was subjected to physical violence by her brother. Her brother managed her disability benefit. She received assistance in one of the centers. A lot of work was done with her parents and family. The decision was that the girl and the parents would not live with the abusive brother, and the brother were to find another possibility for his housing.

Case 4

A girl with physical disabilities living in a rural area was subjected systematically to physical and psychological violence by her stepfather. Her mother asked for the divorce from her stepfather and they moved to the city, where the girl could go to high school, while the mother went to a vocational training course, and later on found a job.

II.2. Main perpetrators of violence

Cases of violence brought forward in this study by the service provider centers shed light on the fact that in the case of women and girls with disabilities, their family members and legal custodians are the main perpetrators of violence, mainly. Table 7 demonstrates that almost half of the women with disabilities were victims of abuse by the members of their households (mother, father, brother, sister, grandmother) (51%, n=17). Only one third of the women (34%, n=11) were victims of abuse by their spouses or partners.

Table 7. Perpetrators

Perpetrators	%	Total
Members of the household	51%	17
Spouses	34%	11
Trafficking ⁴⁴	9%	3
Sexual abuse ⁴⁵	6%	2

Results of the focus groups demonstrated that women with disabilities often times find themselves at neglect or in abusive situations because they are dependent either financially or physically from their spouses, family members, or caretakers who are among the abusers and perpetrators of violence. Living in circumstances of dependence from others makes it difficult to abstract oneself from the reality and adds to the barriers for denouncing violence or seek support at specialized centers. Giving in to abuse or violence from spouses or household members is mostly a result of the financial dependence for covering their needs such as for equipment's, medicine etc., which are a consequence of the specifics of the disability. In their opinion, all of the above increase possibilities for continuous physical and psychological exploitation and abuse.

44. Persons outside the family

“...I have heard of a case in a village where a girl with disabilities comes out of her house, alone and only shouts in the streets. She is being physically abused by her brothers because they think that she should not come out of the house. Mentality is a strong driver to violence against women with disabilities because they should not be outside, for “the others” to see them...”

Women with disabilities that participated in the focus groups admitted that in addition to the family members they had also been abused by service providers. Some of them pointed to being subject of violence in the health care centers, where they had not been given proper medicine or had been waiting for hours for an

injection.

“...I went to ER and I had to take medication on time, because for me taking medication on time is vital given my illness....The doctor did not give me the injection because according to him the Director of the health care post had told him no injections that day. I did denounce the case but nothing happened.”

“...I was given the wrong prescription for a long time. The doctor who did that was never found responsible. He has taken years off my life. I denounced him, but nothing...”

Following are some of the cases of women and girls with disabilities victims of abuse by their household members or spouses:

Case 1

D is a 30 year old woman with physical disabilities. She gets to know a boy and she gets pregnant. She is neglected by her family and for 6 months she manages to hide her pregnancy because she is afraid of the violence that she may be subjected to. When she was asked whether her family knew that she was pregnant, she said that she was afraid to tell them, since her brothers and mother would exercise violence on her, and be ashamed that their paraplegic daughter and sister was pregnant. The girl asks for help in one of the centers that provided services, the staff met with the family members. The family refused to have their daughter back. The staff of the center talked to another residential center that kept the girl until she gave birth. The staff of the center talked to the father of the child, who accepted to live with them. So they live together.

Case 2

M. P. is a woman with mental health problems, mother to 7 children, who was subjected to extreme violence any time her husband came home drunk. Her case was referred by a community organization who is working in the area of protection of Roma and Egyptian communities. After receiving the information, the woman was sent by the police to the forensic service

and the husband was criminally prosecuted. Actually, the offender is still in prison, but social services observed that the woman had returned with her husband and that the money she got from the social assistance benefit she used to send it to him in prison.

Case 3

B.C., a 15 years old girl with mental disabilities was subjected to violence by her mother and brother, and was taken to the street to beg, or to have sexual relationships. The girls used to run from home, for days, to avoid violence. The police found the girl in an half-finished building where she used to hide when the family sent her away. All procedures were completed for protection orders against her mother and brother. In the court she was represented by the social service staff. After the protection orders were issued, the girl's life changed somehow, but not for good, because her mother married her off to a man who was 32 years old. After one year, the girl returned home because her husband was violent. In cooperation with the local coordinator for the referral of cases of domestic violence in the municipality, the specialist in domestic violence in the regional police directorate, the specialist handling different communities, they filed suit at the police station, and the evidence was sent to the prosecution office.

II.3. Reasons behind the low reported number of cases of violence, by women and girls with disabilities

All participants in the study, representatives of institutions, service providers, representatives of NGOs and women and girls that participated in the focus groups almost unanimously believed that violence against women and girls with disabilities is hidden, unidentified and under-reported, so much more than other women and girls with no disabilities. This is due to a number of factors: (a) lack of information about the institutions that they can address to make their denouncement. However, since 3-4 years ago, five municipalities (out of a total of six)⁴⁵, that participated in this study have their own units for protection against domestic violence (i.e. Referral Mechanisms), and the respondents state that they are not aware of the existence or role of these mechanisms.

“...when a woman is locked in, it is difficult for her to get information...”

“... I am not aware of this mechanism that is operational at the municipality. The only institution I know that I can go to is the police.”

b) Lack of trust in institutions that they can protect them, and that they are not going to be judgmental

“...I believe that even in the case I make a denouncement I will not get professional service. One of my friends lost her phone and went to the police to ask for help. The police officer there instead of helping her said: How come you are blind and you carry such a phone”...

“...No, we do not denounce violence because there are employees that when we go to them to complain they treat us very badly, and respond as bad. They have no ethics, they do not believe

in what we tell them, and they insult us. Calling us retards”

“...If we go at the police, they insult and make fun of us, the moment we turn our backs...”

(c) Fear of retaliation, behavior of spouse or household member perpetrator of violence, after denouncing the case in the police.

“...one of my friends with disabilities lives in a village and is victim of physical abuse by her husband, who is physically disabled as well. She tells me that she cannot denounce her husband because she is part of an extended family and her husband’s relatives not only will make fun and insult her, but they would also hurt her. She also said that even if she were to denounce him, she would have nowhere to go to, and no safe place...”

“... Women in general are afraid, afraid of what might happen the day after the denouncement. Let alone women with disabilities...”

(d) Lack of a safe house for them and their children, after denouncing violence.

“...It is important to denounce violence, but there are no support services after that...”

(e) Lack of ability to distinguish between violence and then denounce it.

“...A woman with mental disabilities cannot understand what is happening to her, and the situation she is in. Let alone denounce violence...”

“...Often times women with disabilities misinterpret violence. It seems to them that their spouses or family members should behave in a certain manner, and it is legitimate. They look at them as their only source of support...”

(f) Lack of access to institutions due to inaccessible infrastructure.

“...except for a ramp at the offices of the municipality for the paraplegics, no other institution is accessible...”

(g) Prejudice

“... We see ourselves as a burden and hence we endure violence and do not denounce it...”

Following are some of the cases related to denouncement of violence by women and girls with disabilities:

45. In Shkodra, the referral mechanism is in place since 2008, in Korça and Kukës since 2010, in Elbasan since 2011, in Tirana in 2012, while in Dibra is not there yet. In the four above mentioned municipalities, the mechanism was initially established as a form of coordinated reaction against domestic violence, and later on through DCM no 334/2011, the mechanism was turned into a referral mechanism (so the agreements with the institutions have been re-written after 2011, to ensure compliance with the respective DCM).

Case 1

A 25 years old woman with mental disabilities living in the rural area was being subjected to violence by her husband. She went to the social service offices to re-apply for her disability benefit. She had bruises in her face. She had a 2 year old daughter. She burst into tears while asking for help. She wanted to be away from her abusive husband. She was afraid to file a suit against him. The staff at the social services office introduced her to the specialist responsible for addressing cases of domestic violence at the Police Directorate, and she took measures for the supervision of the family by the police inspector. Once there was a repetition of violence, the police intervened to save the woman and her two years old child. For the moment, the woman and her daughter are in a shelter for women victims of violence..

Case 2

V.L. is a girl with physical disabilities who for ten years had been subjected to physical violence by her

husband. She was afraid to denounce him because of fear of retaliation, and because of the prevailing mentality, and what would the others think. It took her ten years to take the courage, and today the offender is locked away in prison.

Case 3

A woman with mental health problems was being subjected to violence by her husband. She tried to commit suicide, but the police saved her. She did not want to denounce him since she did not want him to go jail. She felt she was a burden for her husband and her children. She went back to her family.

Case 4

D.S. is a woman who is being abused by her husband. She is a woman with mental disabilities, but she does not declare that. The staff of the center during the interview understood what her problem was and tried to show caution. The woman was assisted to complete divorce procedures and was guided to the services of a local day care center.

Chapter III.

Information, awareness raising and capacities of professionals or service providers regarding addressing issues of women and girls with disabilities

This chapter is about the results related to: (a) how informed are responsible institutions about the violence that is exercised on women and girls with disabilities; (b) their capacities for the identification and treatment of women and girls with disabilities; (c) information and awareness raising of women and girls with disabilities about violence and services available.

Participants from central and local institutions in charge of prevention, treatment and rehabilitation of cases of victims of violence were asked about „How aware were their staff of cases of violence against women with disabilities”. Results demonstrated that none of the central (n=3) or local institutions (n=29) participating in the study were aware or had sufficient information to bring to attention and to address violence against women and girls with disabilities. In addition, the staff of these institutions had not had any training whatsoever on violence against women and girls with disabilities.

Almost none of the campaigns organized in these institutions focusing on violence against women had targeted specifically violence against women and girls with disabilities. The only exception being 16 days of Activities against gender based violence and domestic violence during the last two

years (2014 and 2015). These activities are in line with the UNiTE campaign. They are supported by the UN agencies (UN Women, UNDP, and UNFPA) and are coordinated by MoSWY. Since 2014, the campaign has resulted in several publications specifically targeting persons with disabilities, while for the campaign of 2015, persons with disabilities have a larger „share“ of attention with more specific and diverse materials (TV spot for PWDs, photo-novels, etc.). In addition, the UN women campaign He for She, which is being organized in Albania as well for more than one year has targeted persons with disabilities, as one of the target groups that need to be informed and involved in different activities in the context of this campaign (to this end, different meetings have been organized with the support of disability area organizations).

However, despite all of the above, according to MoSWY there have been no

specific or continuous, properly coordinated interventions, where in addition to awareness raising campaigns, there should have been other actions regarding information, awareness raising and building capacities of the staff of institutions at the central and local level for addressing issues of women and girls with disabilities. An important aspect that came out was launching of initiatives for specific training of the staff of the Ministry on violence exercised against women and girls with disabilities.

State Police, and all of its regional directorates that were part of the study admitted to have been part of many awareness raising campaigns on domestic violence. There have been continuous efforts for taking measures for enhancing capacities of the staff of these sectors regarding acknowledgment and implementation of the legislation, for a dignified treatment of victims, and coordinated reactions against violence. However there have been no training sessions in place for preventing and addressing cases of women and girls with disabilities.

„In general, there has been no focus for specifically addressing issues of women and girls with disabilities. This is a passive category, and the institutions themselves do not have the capacities in place for identifying them.“

The Ministry of Health, in cooperation with the Institute of Public Health has organized awareness raising days and weeks. 4400 health professionals were trained for the identification and treatment of cases of domestic violence. However, training modules do not include specific information on the types of violence against women with disabilities. There is no awareness raising, no information available and no capacities.”

“It is important to start thinking about this unidentified phenomenon. It should be part of trainings, forms and standard protocols and it should also be carefully monitored.”

The local government units in charge of domestic violence reported to being continuously involved in awareness raising campaigns against violence on women. Issues related to violence against women with disabilities have taken up very little space in terms of campaigns and little has been in terms of capacity building.

Representatives of all participating institutions brought forward the problem of lack of awareness and information among women and girls with disabilities themselves regarding identification, denouncement and treatment of violence. They were sure that women and girls with disabilities were not aware of their rights, and had no information on the phenomenon and ways for preventing and treating it, in particular so in the rural areas and city suburbs.

„ They are not aware of their rights, and this is particularly the case of women with intellectual disabilities who are isolated and victims of violence from their members of the households. “

„ Women and girls with disabilities are not present during awareness raising days. We cannot reach out to them. We do not know what happens to women with disabilities in the rural areas. They totally lack information and are isolated. “

The participants appreciated the role of disability area organizations in terms of awareness raising and building capacities of local and central governmental institutions in different areas related to disability rights, while reiterating that they should do more in terms of information, awareness raising, and mobilization of women with disabilities themselves.

„Stakeholder groups should take a more active approach in informing their members about issues related to women and girls with disabilities, and how they should be prevented and addressed.“

One of the issues that warrants further

“Women and girls with disabilities are not present during awareness raising days. We cannot reach out to them. We do not know what happens to women with disabilities in the rural areas. They totally lack information and are isolated.”

exploration and efforts was provision of information and training with the members of household and caretakers of persons with disabilities. Representatives of two disability area organizations brought forward this problem, and suggested its importance in terms of the process of prevention and identification of the phenomenon of women and girls with disabilities.

“The life of women and girls with disabilities is closely linked with the presence of their family members or custodians. They should definitely participate in the training sessions where the topics include specific forms of violence exercised against women and girls with disabilities.”

Improving the capacities of custodians was considered among one of the important aspects by the women with disabilities that participated in the focus groups.

“...It would be good for the custodian to be aware of the rights of PWDs, as well as about the legislation. We should not be subjected to violence, but protected. Perpetrators should go punished. The custodian should enjoy a status. The rights should be properly and specifically articulated because in this area as well there is no information...”

Participants from different institutions reiterated the importance of training of social administrators regarding issues related to violence against women and girls with disabilities.

“Social administrators know the community better than anyone else. Consequently, they should be properly informed about the specific types of violence against women and girls with disabilities, since they can help women and girls with disabilities identify and denounce violence exercised against them.”

On the other hand, women with disabilities included in the focus groups had the feeling that the representatives of the institutions were not aware of the violence that they might be subjected to. In their view, professionals, specialists and service providers are part of

the society, and as such are full of prejudice. Consequently, they neglect women and girls with disabilities in terms of service delivery, which is part of their mandate.

The respondents believed that it was important for professionals of the centers, institutions and custodians to be informed about the rights of women with disabilities. They also pointed out that women with disabilities themselves should be involved in training and information sessions on topics related to violence against women with disabilities.

“...every organization/center that provides services for women should train their staff on issues related to violence on women with disabilities....”

“...they need to involve us in their activities... they do not involve us...”

The respondents reiterated that they are informed about the structures established at the local level in support of women victims of abuse. They did not have any information about the centers that provided services for women victims of violence, offered by the municipalities through the local coordinators on domestic violence. They were also unaware of the Case Referral and Treatment Mechanism for domestic violence at the local level.

They also confirmed the statements of the institutions of not being invited and not participating in meetings about issues of violence against women or informative meetings for services in their cities related to women victims.

“...I am not aware of the centers, neither about the mechanism. This is the first time I hear about them... We feel isolated...”

“...women with disabilities are isolated, in particular in the villages. It is difficult for them to obtain information... But when a woman does not hear, or see... she is poor, she does not have a phone... where can she get the information... I don't know...”

Chapter IV.

Services for women victims of domestic violence and access to services of women with disabilities

This Chapter dwells on the information about the typology of services for women and girls with disabilities, in the context of services for women and girls victims of violence, and on the level of development of these services to address and guide cases of violence against women and girls with disabilities.

Article 16 of the UN Convention of the rights of persons with disability (CRPD) establishes the need for taking all of the measures to promote physical and psychological recovery, rehabilitation and social integration of women and girls who are victims of any form of violence or abuse.

Participants from the centers that provide services for women victims reported to have addressed cases of women and girls with disabilities, in the same way they have for any other case of women victims. The range of services is diverse, and starts from legal aid for obtaining protection orders, following divorce procedures and representation in court, up to psychological treatment and counseling, short to long-term accommodation, referral to the centers or other service delivery centers, communication with the households and coaching and vocational training. Obstacles in handling cases of women and girls with disabilities in terms of services have not been negligible. Participants listed a series of obstacles such as: (a) inaccessible premises

in all aspects; (b) lack of capacities in some instances to communicate with women with developmental disabilities, mental health problems or hearing problems; (c) lack of special premises for women with severe disabilities; (d) absence of support staff; (e) obstacles after completion of treatment at the center and referral to other services etc. Lack of community services for persons with disabilities, after coming out of the accommodation centers, lack of social housing, absence of services for an independent life, lead women and girls with disabilities to return to their homes with the abusers and enter again the cycle of violence. Participants from the service centers reported that in other cases women and girls with disabilities are sheltered in social care residential institutions away from their homes, and often not appropriate for their age, needs and disability. However, stories indicate that there have also been success stories, when after the divorce, women with disabilities have been guided to vocational training and employment and

now live independently.

“Cases of treatment of women with disabilities are difficult.”

“I think that, very little or nothing at all is done for women and girls with disabilities victims of violence. Our services are not accessible for women with disabilities, and on top of that they are very limited. We do not have the expertise for addressing these cases.”

Only two of the service providers admitted to have participated in training sessions focusing on addressing violence against women with disabilities. However, the majority of the participants believed that if women with disabilities were to contact their services they would be met with professionalism and sensitivity. The majority of service providers believed that women with disabilities themselves had chosen not to seek help, and hence, that explained the limited number of services.

“We have attended short-term training sessions, including the topic of violence against women with disabilities. We do not have experts for the evaluation of severe disability cases.”

Among the positive factors, participants listed the cooperation among different services to find the best solution for addressing serious cases of women with disabilities victims of violence.

“When we cannot address the problem ourselves we seek the help of specialized centers, in particular in the cases of mental health problems.”

“It is not easy to communicate with a woman with disabilities. You have to work hard to understand and then look for services which are appropriate to her disability. We need to

be more sensitive, and services for persons with disabilities are largely missing.”

The cases brought forward in the study by the participants indicate that women with disabilities enter a long cycle of violence from where it is difficult to escape. The cases brought forward in the interviews indicate that very few women with disabilities, victims of violence have managed to re-integrate. Very few of them have divorced their abuser husbands and most of them have returned to their homes to be subjected again to violence or to enter again the cycle of trafficking. Moving away from the environment of violence and being placed in residential institutions is perceived as the only escape for women victims, but also of the institutions and centers that offer emergency services for women who are victims of violence and abuse. Absence of all types of community services for persons with disabilities limits treatment and rehabilitation for women with disabilities, and does not allow them to come out of the vicious cycle of violence.

“There are no services delivered at home. Having a child with disabilities who is totally dependent on the family is a long and painful journey. There are cases of violence, children who are found tied up, and that is because there are no community services and no personal assistance. Violence against persons with disabilities in Albania is closely related with the absence of all services for them and their households.”

Even in the cases when women with disabilities victims of abuse may be financially independent, they cannot have social housing.

“...I have a friend who is blind and is victim of violence. She is a teacher...After denouncing her husband she was told she could go to a shelter, but she refused. She said she could take care of herself, and did not go to the shelter.

...I have a friend who is blind and is victim of violence. She is a teacher...After denouncing her husband she was told she could go to a shelter, but she refused. She said she could take care of herself, and did not go to the shelter. She said she wanted an apartment where she could live and continue to be independent. Social housing could be useful in these cases...”

She said she wanted an apartment where she could live and continue to be independent. Social housing could be useful in these cases...

One of the women with disabilities, who participated in the focus group said:

“...there is violence also in the provision of services. There are no experts. The absence of service delivery is violence in itself...”

One of the problems raised was related to treatment of women and girls with severe disabilities, in centers for long-term treatment. Participants raised the problem of lack of capacities, absence of medical and social staff working full-time. They put forward the option of establishment of special centers for the treatment of women and girls with disabilities, victims of violence and those with severe disabilities.

“Given the long permanence at the center, I would suggest establishment of a specialized center only for women with mental health problems. The centers accommodate many children. Furthermore, the medical and social staff should be available.”

Women with disabilities look at lack of access to services often times related to barriers introduced by the directors or managers of the centers who are not aware about the group of persons with disabilities, do not understand them, are indifferent to their needs, and do not let persons with disabilities express themselves.

“...I do not trust the centers that provide services; they do not know how to handle cases of women with disabilities, and in some cases there is prejudice...”

Chapter V

Accessibility and availability of institutions/ centers/organizations/service providers regarding women and girls with disabilities

This chapter is a summary of the responses and perceptions of all participants in the study, regarding physical, procedural and communication accessibility, in order to facilitate access of women and girls with disabilities victims of violence to services for all women.

Out of 16 centers/organizations that provided services for women, none admitted to having accessible premises for ensuring access to their services for women and girls with disabilities, victims of violence. Out of 14 organizations/centers that operate in the disability field, only 2 said that their services were physically accessible for the accommodation of women and girls with disabilities, victims of violence, but not in all aspects. Accessibility is limited to ramps at the entrance, wide corridors in one of the organizations, and accessible parking in another. As can be seen from table 8, other elements of physical accessibility were missing in other disability area organizations. However, when talking about disability, most of the respondents linked it to women with physical disabilities only. None of the participants had included indicators of accessibility for women and girls with hearing and visual impairment. Table 8 is a summary of accessibility criteria for the service centers for women, and those working in the disability area.

Table 8. Criteria of service accessibility

Accessibility criteria	Services for women	Disability area organizations
Ramps	0	2
Wide doors and corridors	0	2
Braille or voice activated lifts	0	0
Accessible toilets	0	1
Parking	0	1

„There is no accessibility in our premises. In the cases of persons with disabilities, we have gone outside our offices to meet with them. “

„The service was set up in a hurry, but we have had no cases of women with disabilities seeking help. May be accessibility is one thing to think of, for the future. This would increase the number of clients. “

Table 9 is a summary of the level of physical accessibility of local institutions, part of the case referral and treatment mechanism for domestic violence.

Table 9. Accessibility criteria for the institutions

Accessibility criteria	Units in the municipalities	Police	Public health institutions	Justice institutions
Ramps	1	1	0	1
Wide doors and corridors	1	1	0	1
Braille or voice activated lifts	0	0	0	1
Accessible toilets	0	0	0	0
Parking	0	0	0	0

None of the participants mentioned the existence of specific guidelines or protocols for managing cases of violence against women with disabilities. The staff is trying to be flexible and make their evaluation forms accessible for all women, to include women and girls with disabilities. The majority of the participants reported not to make any differences in terms of services, for women with or with no disabilities.

None of the participants had written communication and information strategies for women and girls with disabilities. All participants declared that they had taken no measures in terms of accessibility of information/communication for persons with visual or hearing impairment.

Participants reiterated lack of financial resources as one of the causes for lack of access to their services by women and girls with disabilities. More financial resources would help them improve services through building

accessibility and generation of information in alternative formats, according to the disability category.

Participants brought up the problem of lack of accessible transportation with regard to the distance of services from the centers of the cities in some cases.

Women with disabilities linked lack of access to services not only with lack of building accessibility of buildings of institutions or service provision centers, but also with lack of accessible formats to convey the information to women with hearing and visual impairment. Women said that they strongly feel the need for more information, and for their voice to be heard.

Conclusions

The results of “Invisible violence –An overview on the phenomenon of women and girls with disabilities in Albania” clearly pointed out that the issues related to violence against women and girls with disabilities are very complex, and include specific qualities due to the disability. Progress has been made in terms of better policies and legal framework on issues related to domestic violence and gender based violence for a dignified treatment, in line with the standards of women, victims of violence, including women and girls with disabilities.

The analyses of the legal framework pointed to increased attention to women with disabilities in the recent years. However, progress with regard to inclusion of women with disabilities in the legislation is still insufficient and slow.

There is more inclusion of issues of women and girls with disabilities, and they are more represented in a considerable number of legal documents. Institutions have learned from the studies, monitoring and recent developments with regard to violence against women in general, and women with disabilities in particular. They have been reflected in legal and strategic documents. Some of the influential factors include: signature of CRPD, recommendations of UN Committee on Elimination of Discrimination and All Forms of Violence against Women (CEDAW), ratification of Istanbul Convention, and commitments in the framework of efforts for membership in the EU, in line with the Stabilization-Association Agreement.

Another positive development, even though in the context of formal inclusion is the fact that issues of women and girls with disabilities are considered as correlated to other aspects of disability, such as: employment and training, social

protection and education. In addition to these achievements, it is important to review the legislation/policies and their implementation in terms of inclusion of women with disabilities, as a specific category in terms of actions to address these specificities.

In line with the CRPD, the government of Albania has to ensure inclusion in all pieces of legislation and policies of all issues of persons with disabilities, including the gender aspect, but this obligation is still pending. The twintrack approach proposed by CRPD is still not enforced. Consequently, there are no special legal provisions for women and girls with disabilities, to ensure their protection from violence, while on the other hand they are not part of the mainstream legislation on violence.

As part of the scope of the law on Measures against domestic violence, with regard to women with disabilities, as specific categories, there is no instrument, mechanism or possibility to refer to them as special categories. There is no specific binding in the law for the institutions regarding women with disabilities, in terms of ensuring accessible format or services for them.

Another important element is the

absence in the national legislation of a definition about violence against women with disabilities, which leaves them without protection at the same levels as for the rest of the women and girls with no disabilities.

Information and adoption or consent, in the case of women with disabilities are two key elements. The existing legal framework provides for procedures that allow taking of action on behalf of women with disabilities by their legal custodians/caretakers, with the argument that these actions are taken to their benefit, which in fact means without their consent, or with no information in accessible formats.

In addition, the study pointed out that women with disabilities do not have access to legal aid for effective protection from violence. Due to the existing barriers, they cannot reach for an attorney-at-law or make their denouncement directly to the institutions in charge.

In addition to gaps in legal provisions, in practice women and girls with disabilities are left out of the measures taken to protect women in general from violence. There is no monitoring of legislation and strategies for the respect of obligations vis-à-vis women with disabilities. There is no information regarding the impact of legislation on violence against the community of women with disabilities.

The study also aimed at evaluating the phenomenon of women and girls with disabilities, from the perspective of responsible institutions and service providers on one hand, and the perception of women and girls with disabilities on the other.

A revision of evidence taken from all responsible institutions reporting on the level of violence against women and girls pointed to the fact that it does not reflect the data on women and girls with disabilities victims of violence, and there are no specific disability-related indicators.

The study also demonstrated that MOSWY has made steps forward in the context of piloting the electronic data collection system for treatment of cases of domestic violence in a cross-disciplinary fashion by the members of the referral mechanism at the local level. MOSWY has included indicators on reporting of cases of violence against women and girls with disabilities. However, database indicators need to be reviewed since processing of the collected data does not lead to comprehensive and objective reports on this category, and consequently they do not guide properly formulation of policies and programs in support of specific needs of women and girls with disabilities victims of violence. In the context of improving keeping and reporting data on the mainstream gender indicators, MOSWY is in the process of drafting by-legal acts, which inter alia need to take into account accommodation of issues related to specific indicators of disability.

Through the official sources of information and testimonies of women and girls with disabilities, the study confirmed that they are exposed to all forms of violence. Depending on the type and specificity of disability, women and girls with disabilities are faced with many challenges required to overcome the situation of violence. The most vulnerable group being women and girls with intellectual disabilities and those with mental health problems due to difficulties they have in terms of understanding and reporting physical and sexual violence exercised on them. Women and girls with disabilities from other disability groups are also impacted by violence, including women with physical disabilities, hearing and visual impairment, who are victims of psychological and physical disabilities, due to their dependence. Passive violence leads to severe psychological distress, and it is present continuously in the lives of women with

The study pointed out that women with disabilities do not have access to legal aid for effective protection from violence. Due to the existing barriers, they cannot reach for an attorney-at-law or make their denouncement directly to the institutions in charge.

disabilities, due to prejudice in the families and society because of their disabilities.

Physical, economic, and social dependence of women and girls with disabilities from their spouses, household members or caretakers significantly increases their risk of being found unprotected and in situations of violence. Most of the cases they are the main perpetrators of violence. However, women with disabilities pointed out that they are subjected to violence outside their homes as well, mainly in the institutions responsible for fighting violence or by the social and health service providers, whose staff with their inappropriate behavior, rejection or neglect turn themselves into perpetrators of violence. This reaction of the representatives of the institutions and centers in charge of service delivery was due also to poor knowledge and information on the specificities of violence against women with disabilities. Awareness raising campaigns and meetings in the context of donor sponsored programs have never addressed this issue. The study identified that failure to denounce cases of violence against women and girls with disabilities is related to factors mainly due to lack of information to report about violence, lack of trust in responsible institutions for being able to provide services and support, and fear of retaliation from spouses, household members, and caretakers, in case of denouncement.

Inclusion and access of women with disabilities to information about mechanisms established at the local level for the protection and treatment of women victims of violence, and about the centers that provide services for them is totally missing. It is important for local and regional government actors to take measures for facilitating exchange of information between service delivery structures and women with disabilities.

Increased capacities of women with

disabilities, but also of their caretakers and household members for issues related to their rights, identification of violence and the ways for reporting and denouncing it, is deemed to have a direct impact on the prevention, limitation and addressing cases of violence through the appropriate instruments.

The study inter alia pointed to the fact that centers providing services for women victims of violence which are in fact limited in number, are not prepared to accommodate women, victims of violence. They are not accessible, and their staffs are not trained. Lack of building accessibility is a fact for all governmental institutions responsible for addressing and handling issues of violence against women with disabilities, both at the regional and local levels, thus becoming from the outset an obstacle for victims of violence, women with disabilities, in terms of their access to their rights protection institutions.

Cross-institutional cooperation among local actors in the context of the Case Referral and Treatment Mechanism for the cases of domestic violence is partially operational. Even in cities Korça and Elbasan, where efforts are coordinated through the Multi-Disciplinary Technical Team there were no support services for addressing the cases.

In the context of referral of cases of violence against women with disabilities, cross-institutional coordination and cooperation is deemed very important given that the specificities for addressing such cases required consultation of a whole range of professionals.

Based on the above mentioned conclusions, below are some recommendations that central and local governmental institutions can take into consideration, for improving the situation for addressing issues of violence against women and girls with disabilities.

Recomandations

1. Improving the legal and policy-making framework for addressing the phenomenon of domestic violence in order to reflect specifically measures for protection of women with disabilities, in line with the obligations for including gender elements and disability according to the Convention of the Rights of Persons with Disabilities.

1.1 Inclusion of specifications about women and girls with disabilities, in particular in the Law on Measures against Domestic Violence⁴⁶:

- a) Completing the definition;
- b) Recognition of multiple discrimination;
- c) Obligation for ensuring accessible formats, procedures and services;
- d) Inclusion of the concept of reasonable accommodation;
- e) Collecting disability related specific statistics;

1.2 Application of twin track approach in the legislation on violence;

1.3 Finalizing all legal and by-legal acts⁴⁶ related directly to addressing violence, with the entirety of specific elements of violence against women with disabilities;

1.4 Amendments to the Civil Code, Criminal Code and Family Code, in order to guarantee recognition by law of women with intellectual and mental disabilities, and provision of necessary support in decision-making;

1.5 Systematic and continuous monitoring

of the implementation of the legislation and its impact on women with disabilities;

1.6 Effective and comprehensive consultations with women with disabilities and their organizations with the appropriate/right expertise in the area of violence and disability, during drafting of legislation and policies;

1.7 Special guidelines and training for gender equality officers and staff of the institutions, part of the referral mechanism regarding special needs of women with disabilities;

2. Improving the system for data collection and reporting on violence against women, by completing the existing system with specific data for women and girls with disabilities (according to gender, age and disability specific indicators), including its spread, causes and consequences of violence.

2.1 institutions such as: the police, prosecution, courts, public health departments should improve their systems for data collection and reporting, including data on cases of domestic violence, based on disability indicators.

2.2 Processing and analyses of collected data, with the goal of identifying specific needs for support of women and girls with disabilities, victims of violence.

3. Increased cross-institutional cooperation and coordination among institutions at the local level, part of the referral and case treatment mechanism for cases of domestic violence, in order to ensure qualitative services for women and girls with disabilities, victims of violence.

46. For e.g. Decision no. 334, 7.12.2011 "On the mechanism for the coordination of work for the referral of cases of domestic violence and the relevant procedures", DCM no. 505, 13.07.2011 "On adoption of social care services for victims of domestic violence in public and non-public residential centers.

3.1 Review of the structure of the Steering Committee, and of the Multi-Disciplinary Technical Team, as integral parts of the Referral Mechanism, in order to include people from the disability sector.

3.2 Review of the responsibilities of the institutions, part of the referral and treatment of cases of violence, with the goal of improving their performance vis-a-vis addressing the specific needs of women and girls with disabilities, victims of violence.

3.3 Inclusion of issues related to violence against women and girls with disabilities, in the program of usual meetings of the Referral Mechanism, in order to discuss, plan and propose to the responsible structures specific necessary interventions to come to the assistance of this category.

4. Enhancing the capacities of the professionals of the institutions responsible for handling cases of violence against women and girls with disabilities.

4.1 Assessment of needs for technical assistance and training for the staff of the responsible institutions at the local and central levels, and for the providers of services for women, victims of abuse.

4.2 Re-evaluation of the service providers programs, in order to include in them components related to treatment according to the specific needs of women and girls with disabilities victims of abuse.

4.3 Planning training for staff of all institutions and centers that provide service in the context of violence against women.

5. Increasing access to information for women and girls with disabilities, with the view to prevent cases of violence, and protect and address problems of women and girls when they are victims of violence.

5.1 Counseling lines for women and girls, victims of violence and trafficking, in public and private institutions provide information

and counseling for all categories of women with disabilities through accessible instruments and formats of communication.

5.2 Responsible structure at the local level (municipalities, other local and regional institutions and organization) should ensure access to information about methods for preventing, recognition and reporting of cases of exploitation, violence and abuse, in accessible formats, as close to the places where they live, as possible.

5.3 Strengthening the role of the general practitioner, social administrators, and school psychologist, in order for them to serve as a bridge of information, education, identification and prevention of violence.

5.4 Inclusion of the social worker in the structure of the responsible institutions for handling cases of violence against women, in order to facilitate the relationships between the victims and the institutions, as well as among the institutions themselves.

6. Delivery of accessible support services for women and girls with disabilities victims of violence.

6.1 the existing services in cases of emergency (48 hours) for women and girls victims of domestic violence, and victims of trafficking should re-dimension their role, in order to become accessible and available to women and girls with disabilities victims of violence.

6.2 Each municipality should have centers for services for women and girls, victims of domestic violence, which should be accessible for women and girls with disabilities victims of violence.

6.3 Health services should offer services for women and girls with disabilities victims of violence, while improving their accessibility, and ensuring accessible transportation and communication, and accessible procedures, protocols and treatment.

6.4 Institutions like: police, courts, and prosecution offices should make their

services accessible and qualitative for women and girls with disabilities, while improving their accessibility, and ensuring accessible transportation and communication, and accessible procedures, protocols and treatment, and by appointing specialized staff to address the needs and handle the cases of women with disabilities victims of violence, and to enable the right for free legal aid and defense.

6.5 Other institutions which are part of the referral and treatment mechanism for cases of domestic violence, in the area of education, vocational training, social services and housing should offer accessible and comprehensive services to include women and girls with disabilities, victims of violence, and that is necessary to ensure the latter's integration in society.

6.6 Review of the standards for the centers that handle victims of violence and those of trafficking in order to ensure their consistency with the CRPD and the Istanbul Convention, including review of procedures, protocols, human resources that would ensure proper management of cases, based on an individual and multi-dimensional and multi-sectorial approach.

7. Ensuring building accessibility, in line with the adopted standards, for the buildings of institutions and centers that provide services for

women victims of violence, in order to ensure access for women and girls with disabilities.

8. Increasing cooperation among disability area organizations and centers in charge of service delivery for women victims of violence, in order to ensure exchange of information on issues related to violence against women with disabilities, and services that should be offered to them.

9. Improving capacities of the members of households and caretakers of women with disabilities, in order to raise their awareness on issues related to the rights of women with disabilities, identification of the forms and violence and their reporting.

10. Progressive financial planning by all responsible institutions, while ensuring inclusion and consultation with the stakeholder groups, for the delivery of services to women victims of violence, in order to meet the obligations, and respect the standards of services for women and girls with disabilities, victims of violence.

11. Strengthening the system of monitoring and evaluation for the implementation in practice of the legal and by-legal framework, for women victims of violence, including women and girls with disabilities.

ANNEXES

Attachment I. Institutions that were involved in the study

Tirana

1. Ministry of Social Welfare and Youth
General Directorate of Social Policies
Directorate of Social Inclusion and Gender Equality
2. Ministry of Health
Directorate of Public Health
Sector for Early Prevention and Diagnosis
3. State Police Directorate
General Directorate of Public Safety Sector for Minors and Domestic violence
4. National accommodation/hosting center for victims of domestic violence
5. National accommodation center for victims of trafficking, Tirana
6. Albania Helsinki Committee
7. "Ndihmoni Jetën" association
8. MEDPAK
9. Legal aid service, Tirana
10. Center for Civic Initiatives
11. The shelter for women and girls victims of violence
12. Legal program, ADRF

Elbasan

1. Municipality, Elbasan
Social care Directorate
Violence coordinator
2. Regional Directorate of Public Health
3. Prosecution office of judicial district, Elbasan
4. The court of the judicial district of Elbasan
5. Regional police directorate, Elbasan
6. Women Forum, Elbasan
7. Tjeter Vizion
8. The association of the blind, Elbasan branch
9. The association of paraplegic individuals, Elbasan branch
10. Bailiff's office in the district court of Elbasan
11. Regional Educational Directorate
12. Regional Directorate of the National Employment Service, Elbasan
13. "Balashe" center

Kukës

1. The municipality
Directorate of Social Services
Violence Coordinator
2. Regional directorate of public health
3. State Social Service regional directorate
4. Court of the judicial district of Kukës
5. Kukës regional police directorate
6. Bailiff's office in Kukës district court office
7. Counseling line for girls and women
8. AlbAid

9. Prefecture of Kukës
10. Kukës Prosecution Office
11. Child Observatory
12. The Ombudsman
13. RSL (youth organization)

Dibra

- Dibra judicial district court
Prosecution's office
The municipality of Peshkopi
Prefecture of Dibra
Dibra regional police directorate
Regional State Social Service Directorate of Dibra
Public Health Directorate, Dibra
"World Vision", Peshkopi
"Agritra" center
The association of the blind, Peshkopi
Association of labor invalids, Peshkopi

Shkodra

- Shkodra judicial district court
Social Service Office in the municipality of Shkodra
Regional Police Directorate, Shkodra
State Social Service Regional Directorate, Shkodra
Directorate of Public Health, Shkodra
Regional Directorate of national employment service, Shkodra
"The Door" association, Shkodra
Shelter for women victims of violence, Shkodër
"Mary Ward Loreto" association
" Gruaja tek Gruaja" association, Shkodër
"Trokitje", youth center, Shkodër
Center for psychological counseling and services, Shkodër

Korça

- Judicial district court of Korça
Prosecutor's office, Korça
Regional police directorate, Korça
State Social Service regional directorate, Korça
Public Health Directorate, Korça
Regional Directorate of National Employment Service, Korça
The municipality of Korça
Mental Health Community Center
Day care center for persons with disabilities, Korça
Development residential center for persons with disabilities, Korça
"Physical Enabling" association, Korça
"Gruaja në Zhvillim" organization, Korça
"World Vision", Korça
Association of labor invalids, Korça
Association of the blind, Korça

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