



Specific forms of gender-based violence requiring stronger response

Sara Rocha 2024

Gender-based violence

There is a lack of recent data on violence against women and girls with disabilities, but we know that:

1. Women with disabilities are 2 to 5 times more likely to face violence than other women.
2. 34% of women with a health problem or a disability have experienced physical or sexual violence by a partner in their lifetime (comparing to 19% of women without disabilities), and 61% have experienced sexual harassment since the age of 15 (comparing to 54% of women without disabilities).
3. A study by EUCAP showed 86% of 169 autistic women reported having suffered domestic violence.

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

2. FRA, Survey on violence against women (2014), page 186.

3. EUCAP project on experiences of violence against autistic people, www.eucap.eu/project-on-violence

Directive – the main gaps

A stronger response is needed, but the Directive did not do enough.

1. The failure to criminalise rape based on consent - "yes means yes" definition.
2. Removal of the criminalisation of forced sterilisation.
3. No obligation to collect and disaggregate data and statistics by disability.

Rape definition

91% of autistic women in our study were diagnosed after the age of 18



1 in 3 of autistic women who responded to the survey reported being raped, while EU data reports 1 in 20 women overall in Europe. 76% suffered sexual violence before the age of 18.



Reports of autistic people struggling to deny or revoke consent during sexual encounters, and getting overwhelmed and dissociated, making it difficult to prove sexual violence under a 'no means no' legislation.



A 'no means no' definition will further victimise autistic women and girls, especially those without a diagnosis, and make it harder for them to seek justice.

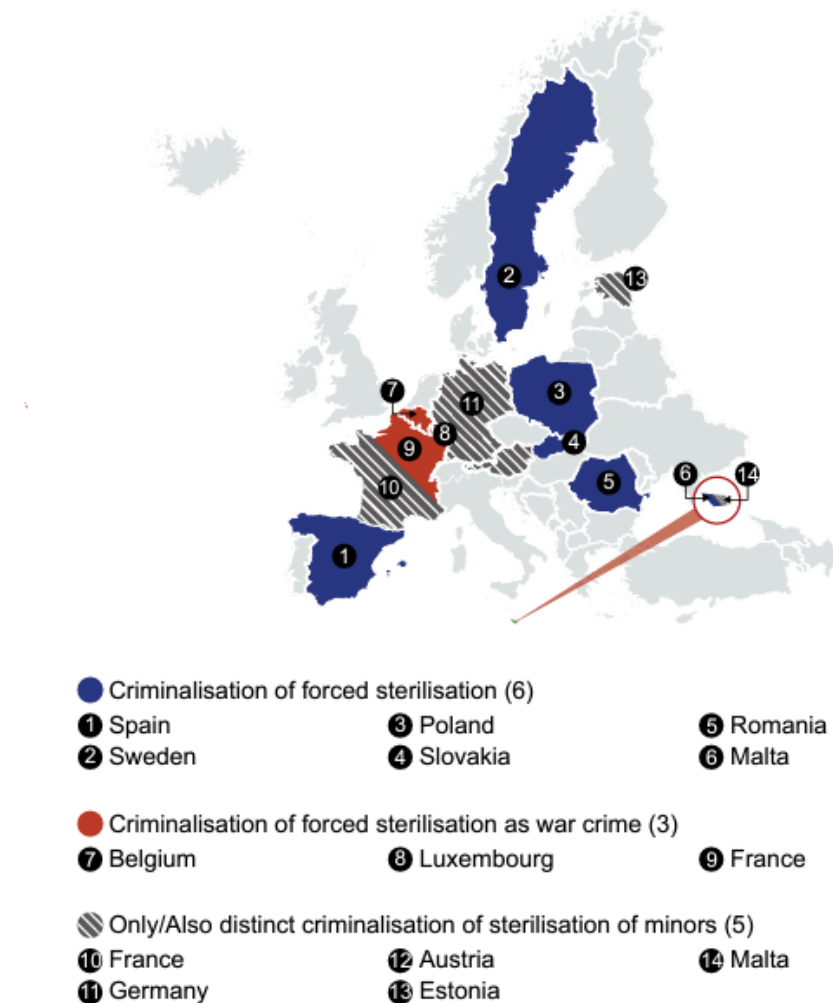
Criminalisation of forced sterilisation

Prohibited by the CRPD, the Istanbul Convention, and other international human rights treaties, but not by the new Directive. It was added by the Parliament, and not accepted by the Council of the EU.

- Only 9 countries criminalise forced sterilisation as a distinct offence.
- 12 countries allow forced sterilisation of persons with disabilities (sometimes as exception of the general offence).
- 3 countries (Portugal, Czechia and Hungary) allow it in minors.

Forced sterilisation is a violation of sexual and reproductive health and rights, a form of violence against women, and linked to sexual exploitation.

EU Member States criminalising forced sterilisation as a distinct offence



[Map from EDF 2022 Report on Forced sterilisation of persons with disabilities in the European Union.](#)

Disaggregate data and statistics by disability

- There is a lack of recent and comparable data on violence against women and girls with disabilities and **the Directive fails to mandate disaggregation of data by disability.**
- Disaggregated data allow us to understand the scope and dimension of the problems, and advocate for policy changes that addresses them. All EU policy and strategies defining data requirements from State Members **NEED** to mandate disaggregation by gender and disability.
- This will not make the problem disappear, it will only hide it, potentially worsening it, and make it harder for us to advocate on this topic.

Other forms of disability-specific violence

- Women with disabilities face disability-specific violence, including forced abortion, forced contraception, restraint, sexual abuse during daily hygiene routines, overmedication or withholding medication, gynaecological violence and gender-based violence in institutions and other forms of closed settings.
- In 2022 in the EU, 29.5% of women had a disability and it is the minority where any woman can become a part of it at any point. These are not only disability issues. These are women issues.
- Excluding specific types of violence suffered by women with disabilities is a form of discrimination.

Participation

- We need a stronger position of civil society and women with disabilities as advisors and leaders for the European Union and Member States.
- Representative organisations should always be consulted by the European Commission for the development of proposals, and amendments suggested should be implemented.
- Political participation of women with disabilities and their leadership in the development of policy are essential to ensure a more inclusive EU.

Conclusion

- A rape definition based on “no means no” will make women and girls with disabilities, especially undiagnosed, exposed to further victimisation. We need a rape definition based on consent – “yes means yes”.
- We need to not only ensure forced sterilisation is not allowed by law in the EU but criminalise this practice.
- The Directive intended to fill the gaps in European legislation to fit international standards such as the Istanbul Convention and the CRPD and failed to do so. This failure will especially impact women and girls with disabilities.
- State Members should go beyond the requirements set by the directive, since they have additional obligations under the CRPD and Istanbul Convention.
- The failure to include specific forms of violence that disproportionately impact women with disabilities means the Directive is not for ALL women.

Thank you for your attention

The European Disability Forum

www.edf-feph.org

Avenue des Arts 7-8, Bruxelles
1210, Belgium

Twitter: @MyEDF

Facebook: @MyEDF

