



Daphne Booklets: Issues and experiences in combating violence
against children, young people and women

Violence and disability



Disclaimer

This booklet was written by Dr June Kane in collaboration with the Daphne Programme management team of the European Commission. Its contents do not necessarily reflect the policies of the European Union or the positions of its Member States.

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Introduction

One in every 10 people – a total of around 50 million people- in the European Union suffers from some kind of disability or impairment. This means that permanently or temporarily they have special needs. Sometimes it means they need extra support or services of various kinds. It is in my view therefore vital that the European Union- in its daily work- takes into consideration the needs of these people when planning policies and programmes, with as their clear objective that disabled people should not be excluded from everyday life.

Over the last years both the European Union and Members States have taken important steps, promoting the rights of disabled people. Today, however, despite the efforts Europe has taken, disabled people are sadly still victims of rights abuses and targets for violence.

I find that situation unacceptable and our policies must therefore focus on protecting them against the violence they suffer. Indeed, freedoms and fundamental rights cannot be effectively exercised without security and an effective guarantee of protection of the most vulnerable.

We also have to help the disabled to be better aware of their rights and how they can best invoke these rights. In this context the Daphne booklets provide us with a sound overview and analysis of the living conditions of disabled people, and provides concrete recommendations to improve their position and lives.

For my part, I have always committed myself to fighting against discrimination and promoting respect for fundamental rights and freedoms. In my previous function as Commissioner for Transport, I ensured effective access to air transport for the disabled and for people with reduced mobility. As Commissioner for Freedom, Security and Justice, I remain equally committed to protecting the most vulnerable amongst us and finding concrete ways to improve and facilitate their lives. That is not only my institutional duty, it is first and foremost our moral obligation.

Jacques Barrot

Vice-President of the European Commission,
in charge of Justice, Freedom and Security

Foreword

Having the skills, confidence and experience to speak up about things that matter is something that many of us take for granted. But for many disabled people, winning this fundamental right has been a hard-fought battle. For too long, the opinions of disabled people have been ignored, ridiculed or not even sought. Over the last two decades we have seen an encouraging change in attitudes which recognises that everyone has the right to have a say about things that affect their lives and the lives of others.

But having rights is not always enough. Many disabled people need support to develop the skills needed to really take part and effect change. Self-advocacy – speaking up for, or acting on behalf of yourself or another person – can help people express their views effectively, make choices and negotiate or resolve conflict. It can help people understand more about their rights and about how to exercise them. In group form, self-advocacy can become a powerful movement to change something. The experience of Europe is evidence of this; in the last ten years in particular, disabled advocacy groups have had some significant successes in making sure that the voices of disabled people are heard by European policy-makers across a wide range of issues, and those who implement these policies at regional and national levels.

We know that for children and young people in particular it can be hard to have their views taken seriously. ENABLE Scotland has always been committed to supporting self-advocacy for people with learning disabilities of all ages. Children and adults with learning disabilities are at the heart of running our organisation, raising issues that are important to them and playing a lead role in changing things.

The things that matter to people with learning disabilities are, in many ways, the same things that matter to us all – having a job, a home, friends and family. But the barriers that stand in the way are significant – discrimination, violence and negative attitudes. Our Daphne-funded projects have given us the opportunity to start to tackle some of these difficult barriers, such as our work on bullying, financial abuse and sexual abuse. Working with our European partners has meant that we can share new ideas and experiences across Europe. Finally, and most importantly, the projects have clearly demonstrated the ability of people with learning disabilities to be truly involved in effecting change.

I am delighted to contribute to this valuable report on violence and disability. I believe that the strength of the Daphne Programme is its commitment to fund work that is innovative, challenging and led by the people who really matter. Our experience has shown that this is the most effective way of changing attitudes and tackling discrimination – and, more importantly, this is backed up by the people with learning disabilities whom we serve.

John Spence
President, ENABLE Scotland

The problem

Violence and disability: two simple nouns that, in reality, represent some very complex concepts. Together, they reflect a sinister but sadly very real problem that faces all regions of the world, including Europe.

Since the Daphne Programme was launched in early 1997 as an important European Commission initiative in the field of preventing violence against children, young people and women, no strict definition of 'violence' has been imposed. From the outset, the aim of the Daphne Programme was to allow violence to be defined through the experience and insights of the organisations and authorities 'on the ground', those who manage Daphne projects and who are close to the people who have experienced or are at risk of experiencing violence.

In practice, the 470 or so projects that Daphne has supported have followed the general concept of violence used by the World Health Organisation (WHO), that is "the intentional use of physical force or power, threatened or actual, by an individual or group, that results in or has a high likelihood of resulting in actual or potential harm to the [person's] health, survival, development or dignity".¹ This definition, in introducing the concept of 'abuse of power', broadens the traditional view of violence as just a physical act to include harmful treatments such as discrimination, isolation, exclusion, neglect and maltreatment.

The term 'disability' has been much discussed in recent years. Many advocate groups for people with disabilities have shunned the use of the adjective 'disabled' because they argue that many, perhaps most disabled people are quite 'able' but are forced by external circumstances into situations that do not allow them to function to their full potential. Other commentators, and indeed some of the biggest European advocate groups, accept the term as it is defined again by the WHO:

"Disabilities is an umbrella term, covering impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives"²

What is important about the WHO definition is that it acknowledges that disability is not something that characterises an individual person but rather reflects the relationship between that person and the external world. This is often called the "social model" of disability, in contrast to the "medical model", and relates to the way in which "society disables people who have impairments by failing to accommodate their difference".³

It is for this reason that individual people with a disability and disability groups around the world emphasise the need to legislate, advocate and programme so that this relationship is not prejudicial to the person with a disability. In this regard, some key areas that are targeted include discrimination, exclusion, isolation and abuse.

1. World Report on Violence and Health 2002, *World Health Organisation, Geneva 2002.*

2. *This booklet acknowledges the debate around the terms of 'violence' and 'disability' and uses the terms without prejudice to any views and for simplicity.*

3. *B Armer: Involving disabled people in planning future strategies, March 2006, p. 12.*

It is vital that people with disabilities do not find themselves discriminated against – consciously or unconsciously – in law or in practice, and that they are not excluded, again intentionally or unintentionally, because of their impairment. This is true of all facets of life: in travel, education, health, recreation, employment, justice, family matters, and social and community development. Where people with disabilities do face discrimination or exclusion, many commentators argue that this is equivalent to violence, because it stops the person from achieving her or his full potential, in addition to potentially causing psychological or emotional distress. Exclusion is particularly harmful to children with disabilities, because it undermines their opportunities for education and training, recreation and development, thus limiting their life potential.

It is often written that people with disabilities are “more vulnerable” to violence than able-bodied people, but vulnerability is also a contentious concept. Are people with disabilities more vulnerable to violence, abuse and maltreatment? Many people with disabilities and their advocacy groups think not. They argue that disability does not make people ‘vulnerable’ and that suggesting this would imply that they are somehow *de facto* weak or incapable of protecting themselves. They consider that this is disempowering. In fact, vulnerability is not a ‘characteristic’, but rather a phenomenon related to how violent people, exploiters or other abusers perceive the person they victimise. To this extent, it is probable that some impairments are perceived as making a person more ‘vulnerable’. There are documented instances, for example, of children with a physical disability being sexually abused by armed militia in the South East Asia conflicts of the 1970s. These children were singled out for abuse because they were not able to run away or defend themselves. It is likely, therefore, that severe forms of disability do result in increased vulnerability to abuse and violence; however this is not to say that disability *per se* automatically increases vulnerability. The key here, as in so many other areas relating to violence and disability, and indeed for people who do not have a disability, is to ensure that people have the knowledge, tools and means to protect themselves to the full extent of their capacity.

There are many kinds of impairment: physical impairment (for example, loss or weakness of limbs, or limited mobility); sensory impairment (blindness or impaired vision; deafness or hearing impairment); speech impairment; mental impairment ranging from severe to being considered a ‘slow learner’. Impairments may be moderate or severe; they may be permanent or temporary. Some people are born with an impairment; some impairments occur later in life, including through accident or injury, or as a result of old age.

Although it is important to understand all these key factors, it is overwhelmingly important to remember that all people with disabilities – regardless of impairment, age, duration or severity – must be able to fully enjoy the same rights as all other Europeans.

This has long been recognised in Europe and a strong, dynamic disabled rights movement has championed this cause. The work of these groups – often known as “self-advocacy” because so many of the players are themselves living with disabilities – has been largely responsible for the shift towards independent living for people with disabilities, reducing their dependence on people or services. ‘Independent living’ as a concept grew out of a 1959 Californian law enabling people who had acquired a disability as a result of polio to leave hospital wards and move back into the community with appropriate support. The origins of self-advocacy are in the US civil rights movements of the late 1960s, but this movement quickly spread worldwide.

The focus of independent living has been very much on the elements of everyday life that non-disabled people take for granted: transport, employment, education, access to information and technology, accessibility of buildings, but increasingly also rights issues such as equal opportunity and representation. Until very recently, there has been little focus on the rights of people with disabilities to protection from abuse, maltreatment and violence.

A 2006 report⁴ noted that people with disabilities themselves had identified barriers standing between them and social inclusion: prejudice and stereotypes; inflexible organisational procedures and practices; inaccessible information; inaccessible buildings; and inaccessible transport. Many commentators consider these as acts of violence, since they are fundamentally a violation of the rights of equality and inclusion. However the right to protection from direct physical and psychological violence is an important consideration, especially in the case of children and young people, who may encounter bullying and assault, including from other young people.

An important reminder of the right to protection came in a Statement on Children and Young People with Disabilities released in Barcelona in October 2007 by the European Network of Ombudspersons for Children (ENOC). The statement began with a quote from a member of the editorial board of the United Nations Secretary-General's study on violence against children ('the Violence Study'): "We must remember that children with disabilities are first and foremost children. They, like children without disabilities, must have the right to be free from violence; they too have the right to be respected and protected. It is our legal responsibility to ensure that this happens."⁵

The Violence Study paid particular attention to violence against children and young people with disabilities, which has been called "a taboo within a taboo"⁶ because the abuse⁷ and maltreatment of children is already often veiled in the silence of stigma, fear and shame, and the stigma too often associated with disability only exacerbates this. A 2005 Daphne project (2005-1/136/YC) looking at this issue noted that there are specific forms of violence that confront children with disabilities but that are often hard to detect. These include abuse or maltreatment of children with disabilities within the family, sometimes resulting from unrealistic expectations that parents have of their children. Such maltreatment may include the improper use of medication or other treatments, or the denial of appropriate healthcare. Families (and others) may deny children with disabilities – and indeed young people and adults – a sexual identity, believing they are somehow protecting the person involved, and may limit their decision-making opportunities, communication and privacy. Often one or both parents of a child with disabilities may leave work to care for the child, and this can in some cases lead to frustration and resentment, which puts the child at risk.

The project lists some of the risk factors that can be identified and that should be taken into account in designing violence-prevention policies and programmes. Parent or caregiver risk factors include mental illness, suicide attempts or psychological suffering, lack of parenting skills, poor coping skills, authoritative parenting style, substance abuse, unrealistic or unmet expectations, social isolation, single parenthood, refusal of support or services. Family risk-factors cover areas such as unsafe housing and inadequate day care, marital conflicts and domestic violence, unemployment and chaotic households, for example as a result of family size. Risk factors relating to the children include physical, cognitive and emotional impairments, inability to understand or report abuse, behavioural disorders and high demand for caring. There are also, of course, 'environmental factors' such as gaps in child protection laws, poor law enforcement, poverty and unemployment, and attitudes that undervalue children in general and minority children in particular.

State-condoned violence must also be considered. This has been characterised as including, for example: incarceration without due process or avenues for appeal or review; enforced sterilisation or abortion; not being permitted to marry or engage in sexual relationships; not being given support to raise children or having children removed without formal assessment or care planning; inappropriate grouping or lack of choice about living arrangements; being forced to observe religious duties not of the person's choosing or not being allowed to exercise religious choices; and exclusion from workplaces or public places.⁸

Whatever form it takes, violence against people with disabilities is unacceptable and universally condemned. And yet it still occurs, including in the European Union.

4. *ibid.*

5. *European Network of Ombudspersons for Children: Statement on children and young people with disabilities, Barcelona, 24 October 2007. The UN Secretary-General's study on violence against children is available at www.unviolencestudy.org*

6. *AIAS Bologna Onlus et al: Childhood, disability and violence, Bologna, 2004, p. 5. This report resulted from Daphne project 2005-1/136/YC. The scientific literature related to the project is available on the project leader's website: www.aiasbo.it/daphne*

7. *Some disability groups argue that the term 'abuse' diminishes the seriousness of acts that would be treated as crimes if they had been inflicted on non-disabled people. Since the two UN Secretary-General's studies on violence against children and violence against women in 2006 however, violence has become widely acknowledged as including abuse, maltreatment and other serious violations of human rights.*

8. *H Brown: Violence against vulnerable groups, Council of Europe, Strasbourg 2004.*

Some facts and figures

In 1993, the European Parliament called on the EU institutions to investigate the problem of violence against people with disabilities⁹ and one of the first initiatives, under the umbrella of the HELIOS programme, was undertaken by the European Disability Forum (EDF), which surveyed its members and produced a report on the situation. The report was relaunched in 1999 on the European Day of Disabled People. It underlined the scarcity of data on the issue of violence against people with disabilities and, as a result, aimed to present a 'general image' of the problem rather than a scientific study.¹⁰

Nevertheless, some chilling facts emerged from the survey. It showed that more than half the people interviewed had experienced some form of violence or harassment in the preceding 12 months. Most believed the violence was a direct result of the fact that they had a disability.

The most common form of violence was psychological, although one in five respondents reported physical violence. The sexual abuse of children (under the age of 18) was four times more prevalent among those with a disability than in the equivalent non-disabled age group. The perpetrators, as in the non-disabled population, most frequently were family members or others in the child's close circle, including neighbours and teachers.

The survey indicated that most respondents believed that violence against people with disabilities was increasing, particularly from young people between the ages of 18 and 25 and professing extreme right-wing ideologies. Verbal abuse of people with disabilities was reported as becoming common among people from all social backgrounds. This is consistent with a reported upsurge in discrimination-based violence across the board.

In one Member State, evidence suggested that a person with a disability is three times more likely to be the victim of a criminal act and that crime is by far the greatest concern of people with disabilities. They fear assault and feel insecure on the streets, but also do not feel safe in their homes. Such fear is particularly widespread among people with restricted mobility or visual impairment. One significant result of this fear, of course, is that those affected risk becoming isolated as they avoid going out unaccompanied, especially at night.

The EDF report also looked at violence among people with disabilities living in various kinds of institutions. While some commentators, the report notes, consider institutionalisation a *de facto* form of violence, most considered that institutions provide care and services and that, when violence does occur, it is not beyond remedy. The report found that the most extreme forms of violence are inflicted on people with mental impairments and that they have little legal protection to safeguard their privacy or rights. One official enquiry pointed to assaults and cruelty inflicted on patients in psychiatric institutions; another showed that almost 60% of women in psychiatric institutions had experienced physical violence as adults, and 58% as children. There were also reports of negligence and extreme control over every aspect of the person's life, from the time they were woken in the mornings to the times they ate or took a bath. While this may seem a necessary evil of institutional life, the report suggests that it fosters an environment of control that allows other abuses to occur and go unreported.

9. European Parliament Resolution B3-580/93 of 22 April 1993.

10. European Disability Forum: Report on violence and discrimination against disabled people, Brussels 1999.

The UN Violence Study looked at violence against children with disabilities in educational or residential/care institutions across the world and found that children are often beaten, abused or bullied by teachers, fellow students and school staff. A major problem is that institutionalised children generally have no recourse to independent reporting mechanisms and there is often no independent supervision of such establishments. Children with disabilities – particularly hearing, sight or intellectual impairments – are also disproportionately represented in the criminal justice system and often have no access to specialised support to help them through this. In some parts of the world, children with disabilities are also increasingly exploited as beggars on the streets and, in extreme cases, non-disabled children are intentionally maimed for this same purpose. The Violence Study notes that not only are children with a disability often at risk of violence, but that violence is often a precursor to disability, for example when a female victim of domestic violence is beaten during pregnancy, with harm to the unborn child. Conflict is also closely linked to disability: the UN notes that for every child killed in warfare, three are permanently disabled.

While in recent years research on the situation of people with disabilities has improved, efforts to collect statistical data – at UN level, through Eurostat and in some Member States – have been slow, despite the fact that there are now a number of initiatives to do this. As early as 1992/3, Eurostat set up the first series of statistics on the characteristics and socio-economic situation of people with disabilities. Comparable statistics on disability have been collected from the Member States since 1994 by the European Community Household Panel, set up within the European Statistical System. The goal of the data collection is to create a system for reliable and comparable data between Member States on people with disabilities and their integration into social life. This will help states and the European Commission to plan, monitor and evaluate initiatives taken at national and Community level.¹¹

In all the various statistical exercises, data questionnaires have been developed and tested, and a framework for data collection and analysis is now in place. Despite this, all the estimates currently available are presented with a warning that they are at this stage unreliable because of differing national definitions of 'disability' and because data has not been collected using standardised methodology. Some countries, for example, include all people with disabilities, from birth onwards. Some collect data only on those above school age, or at some arbitrary age such as ten years. Some include permanent disability only; others attempt to reflect temporary disability. Some do not include those who are blind, deaf or speech-impaired. Some do not include learning disabilities but only physical impairments. Also, disability is not a static state that can easily be 'counted' – impairments are sometimes temporary, or occur at a point in time, and disability as such is a function of both impairment and social environment, which also changes.

The UN Enable programme has reported that there were 650 million people globally living with disabilities in 2006 – 10% of the world's population. Some 80% of these live in developing countries. WHO notes that this figure is increasing because of population growth, medical advances and the ageing process. In countries with life expectancies over 70 years, individuals spend on average 8 years, or 11.5% of their life, living with a disability. The Violence Study suggested that 200 million of the total represent young people born with a disability or affected before the age of 19. The same study notes research done in 2006, which suggests that violence against children with a disability occurs at 1.7 times the rate of violence against non-disabled children. Targeted studies quoted by the Violence Study suggest that 90% of people with intellectual impairments will experience sexual abuse at some point in their life and a national survey of deaf adults in Norway found that eight in ten of them had been sexually abused as children. The International Labour Organisation estimates that approximately 160 million of all people with a disability are women.¹²

The EDF (2007) cites 50 million people with disabilities in the EU (10% of the EU population) and reports that one family in four has a member with a disability. Children and young people with a disability are more than twice as unlikely to reach tertiary education as non-disabled people. Income for people with a disability is generally significantly lower and they are affected by unemployment rates which are double those for non-disabled people. One in two people with a disability has never participated in leisure, sport or cultural activities; more than 200 000 people with disabilities live in closed institutions.¹³

11. In April 2007, the Commission published a report analysing the data collection systems and looking at the trends that are emerging, Men and women with disabilities in the EU: Statistical analysis of the LFS ad-hoc module and the EU-SILC. Downloadable at http://ec.europa.eu/employment_social/index/lfs_silc_analysis_on_disabilities_en.pdf

12. Figures quoted in L Despouy (Special Rapporteur of the United Nations Sub-Commission on Prevention of discrimination and protection of minorities): Human rights and disabled persons, 2004.

13. Press pack for '1million4disability' campaign, available at: www.edf-feph.org

National and European legislation and frameworks

Most Member States have specific provision for people with disabilities in legislation relating to rights, employment, education and building design/town planning. Some have been slow, however, in areas such as universal design and accessibility to technology, and recently there has been much discussion around travel and access issues relating to the importance of people with disabilities being able to benefit from Europe's open borders.

These issues have been taken up by European disability advocacy groups, including the European Disability Forum and DPI International (Europe Region), which represent and most often include people with disabilities. These groups are strong advocates and have notched up some significant achievements.

Increasingly, advocacy focuses on the importance of mainstreaming the diverse needs of people with disabilities into all areas of law and implementation, although this happens to varying degrees.¹⁴ Little has been done so far to directly assess the central issue of the nature of social relationships that is fundamental to the definition of disability. This is particularly important in an era of increasing discrimination and exclusion of many individuals and groups seen in some way as 'different'.¹⁵ Daphne projects in the area of violence and disability have therefore focused on this issue, providing systems, structures, tools and knowledge to address both physical (including sexual) and psychological violence towards children, young people and women (see the next section).

With regard to specific legislation and frameworks at European level, the importance of mainstreaming the concerns and needs of people with disabilities has long been recognised. Article 21 of the Charter of Fundamental Rights of the European Union focuses on combating discrimination, including that originating in various forms and kinds of disability; Article 26 deals with the integration of people with disabilities and their right to benefit from measures designed to ensure it. In 1995, a Resolution of the European Parliament on the Human Rights of Disabled People called on Member States to forbid discrimination on the grounds of disability.

In 2003, the European Commission issued a Communication on a European Disability Action plan with the target date of 2010. The action plan is based around three pillars: legislation, mainstreaming and accessibility. It is also complemented with specific actions to mobilise and support the key actors in the field, particularly organisations of people with disabilities. Every two years since, the Commission has published a Communication on the priorities of the European Disability Action Plan and reported on the achievements of previous years.

In 2006, a European Parliament Resolution on the situation of people with disabilities in the enlarged European Union: The European Action Plan 2006-2007 (2006/2105(INI)) – responding to the Commission Communication on the European Disability Action Plan – called on all Member States to repeal any national legislation that discriminated against people with disabilities and to address a range of areas that are vital to independent living and equality, including employment, training, transportation, access to information, involvement in recreation and sport, physical infrastructure and services. It called for more coherent data collection and requested the European Commission to include disability as an indicator in the EU survey on income and living conditions data. In this

14. The European Commission's DG Employment, for example, has commissioned comprehensive research from the United Kingdom's Brunel University on how disability is dealt with in employment legislation across the EU, and there is a recent study on access to information technology called Measuring eAccessibility in Europe.

15. This series of Daphne Booklets, which began in 2007, has to date covered a number of areas of violence, in addition to this present one, in which the perception of 'difference' is a major factor in the singling out of individuals or groups as victims of violence. This 'difference' resides sometimes in skin colour or ethnicity, in gender, religious affiliation or a disability.

regard, it also requested a European definition of disability. Crucially, the 2006 Resolution called on all Member States to "take vigorous measures against all forms of violence against people with disabilities, in particular women, elderly people and children".

The European Disability Action Plan runs from 2004 to 2010. Phase 1 (2004-2005) focused on the access of people with disabilities to the labour market and to related measures such as training, technology and the built environment and, building on the European Year of People with Disabilities, public awareness. Phase 2 (2006-2007) focused on active inclusion and independent living, while phase 3 (2008-2009) focuses on accessibility.

In March 2007, for the first time, the European Community signed an international human rights charter, the United Nations Convention on the Rights of Persons with Disabilities.¹⁶ The Convention enshrines the principle that people with disabilities should enjoy the same rights as the able-bodied. It protects people with disabilities from all kinds of discrimination and covers civil, political, economic, social and cultural rights. The preamble also recognises 'that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation'. Article 16 covers 'Freedom from exploitation, violence and abuse' and calls on State parties to take measures, among other things, to provide information and education on how to avoid, recognise and report instances of violence. Facilities and programmes designed to serve people with disabilities are to be monitored by independent authorities to minimise the occurrence of violence.

An Optional Protocol to the Convention creates two procedures:

- An individual complaints procedure: An individual who claims to be victim of a violation of the provisions of the Convention can present a Communication to the UN Committee on the Rights of Persons with Disabilities, established by the Convention. After examining the request, the Committee can then forward suggestions and recommendations to the state party.
- An inquiry procedure: In case of grave or systematic violations by a state party, the Committee can conduct an inquiry. The findings are then transmitted to the state party.

However, shortly before signing the Convention on 30 March 2007, the United Kingdom, Denmark and Poland expressed concerns that the legal implications of the Optional Protocol would be too far-reaching in the employment field, where the European Communities have competences. They feared an EC signature would be equivalent to their being a party, even when they are not.¹⁷ Consequently the Council issued a Declaration annexed to the Decision on the signing, on behalf of the European Community, of the United Nations' Convention on the Rights of Persons with Disabilities, stating that it will reconsider the question of Optional Protocol as soon as possible.

Although the Optional Protocol has not been signed by the European Community, the UN Convention, signed by the EC, remains the single most important framework instrument to date that specifically covers violence and disability.

In 2006, the Council of Europe adopted a recommendation on an Action Plan to promote the rights and full participation of people with disabilities in society.¹⁸ This focuses on mainstreaming considerations of disability in all policies and programmes, and underlines a "paradigm shift from patient to citizen". Action line No. 13 covers 'protection against violence and abuse' and calls on Council of Europe Member States to take a number of actions, including training, improving detection of violence and action against perpetrators, and ensuring access to support services and redress for victims. The Plan (2006-2015) has a Coordination Forum that meets once a year, produces reports and recommendations, and helps states and institutions to implement the Plan.

16. In 2003, the European Parliament had resolved to support drafting of the UN Convention and had, on the basis of full consultation, provided detailed input to its contents. Unfortunately, these did not include mention of the right to protection from violence: European Parliament Resolution on the Communication from the Commission to the Council and the European Parliament of 24 January 2003, Towards a United Nations legally binding instrument to promote and protect the rights and dignity of persons with disabilities (COM(2003) 16-2003/2100(INI)). See also the report on the Communication from the Commission, Towards a United Nations legally binding instrument to promote and protect the rights and dignity of persons with disabilities (A5-0270/2003), Committee on Employment and Social Affairs, 11 July 2003.

17. The Commission, however, considered that "Before addressing a complaint to the committee, the individual must in any case have exhausted all the available domestic remedies at national level, so resort to the committee does not come lightly."

18. Recommendation REC(2006) 5 of the Committee of Ministers to Member States on the Council of Europe's Action Plan to promote the rights and full participation of people with disabilities in society: Improving the quality of life of people with disabilities in Europe 2006-2015. Adopted 5 April 2006.

In 2007, the EDF organised a '1million4disability' campaign to get 1 million signatures to advocate around the principle of participatory democracy for the 50th anniversary of the Treaty of Rome. The 1 million target was reached well ahead of the deadline.

Globally, the World Health Organisation launched its Disability and Rehabilitation Action Plan 2006-2011 in 2006. It is based on two guiding documents: the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities and the World Health Assembly (WHA) Resolution on Disability, including prevention, management and rehabilitation. The key activities of the Action Plan are: production of a world report on disability and rehabilitation; awareness raising about the magnitude and consequences of disability; support to Member States (of the WHA) in data collection, analysis and dissemination of disability-related data and information; support to national, regional and global efforts to promote health and rehabilitation services for people with disabilities and their families; promotion of community-based rehabilitation; promoting development, production, dissemination and servicing of assistive technology; building capacity among health/rehabilitation policy-makers and service providers; contributing to the development of local, national and international public health policies on disabilities and rehabilitation; and fostering multi-sectoral networks and partnerships.

In relation to children with disabilities in particular: Article 23 of the United Nations Convention on the Rights of the Child (CRC) commits state parties to protect the rights of children with disabilities by promoting dignity and self-reliance, and by facilitating the active participation of children with disabilities in their communities. All the other rights guaranteed in the CRC, of course – including the right to protection from violence – are equally applicable to children with disabilities. All EU Member States have ratified the CRC.

The United Kingdom's Disability Discrimination Act of 1995 (extended in 2005) is a good example of the kinds of initiative taken by Member States in the area of disability. The Act made it unlawful to discriminate on the basis of disability in employment, access to goods, facilities, services, managing, buying or renting land or property, and education. Businesses must make reasonable adjustments to policies or practices, or physical aspects of premises, to avoid discrimination. Financial and care support services are available including Incapacity Benefit and Disability Living Allowance. Importantly, the Act makes it lawful to discriminate in favour of people with disabilities. In 2006, the Prime Minister's Strategy Unit (PMSU) reported that 21% of the United Kingdom's population is disabled.

As in other legislation, daily living in the broadest sense is covered in the UK Disability Discrimination Act, with a view to ensuring the integration of people with disabilities and, rather than focusing on their impairment, the Act focuses instead on the responsibilities of other sectors of society, such as employers, developers and town planners, and education authorities, to take their needs into account. However, the direct abuse and violence that often results from discrimination is not considered. Many other European countries have also developed disability legislation or are in the process of doing so.

Now that many of the battles to highlight the fact that people with disabilities were traditionally 'missing' from legislation have been won, perhaps the next challenge is to ensure that the right to protection from abuse, maltreatment and violence is also guaranteed.

Experiences from the Daphne Programme

Since its first round of projects in 1997, the Daphne Programme has covered a number of different actions designed to support people with disabilities in their own work and to increase understanding and action across Europe. The first three projects supported by the programme in this area show the range of actions that can be undertaken. They included research and publications, online information, awareness raising, the development of tools and training.

A project led by the Spanish NGO *Iniciativas y Estudios Sociales (IES)*, with partners in Denmark, Germany and Sweden, set out to research the kinds of violence women with disabilities face across Europe and to mount a campaign based on this to increase public understanding of the issue (project 1997/047/W). The partners soon found that little official data was available and that information on women with disabilities was subsumed into general data relating to women.¹⁹ In data from North America, however, they learned that most commonly women with disabilities are maltreated by their parents, followed by caregivers, doctors, boyfriends, brothers, uncles and grandparents. Women with sensory, learning or communication impairments were shown to be more likely to face abuse and violence than women with other forms of impairment. Many of the organisations working with disability reported that they were not aware of problems relating to violence but that they did want to learn more.

Another project that same year (1997/177/WC) developed a campaign to raise awareness of violence against autistic women and children, underlining the importance of distinguishing different kinds of impairment in order to fully understand the needs and realities of individual people with disabilities. The Belgium-based network *Autism Europe* brought together organisations from seven EU countries to develop a Code of Good Practice to prevent violence and abuse against people with autism (available in several languages at www.autismeurope.org). It includes the input of parents of children and young people with autism.

A project run by *Mobility International* and including MI members from across the EU (1997/182/WC) focused on prevention of sexual violence against women and children with disabilities. The project included both awareness raising and training, building up a multiplier network of trainers across the Member States, linked through an online network hub. A 13-unit training programme developed in the Netherlands was adapted in English and French, and 30 women were trained as trainers. The aim was that each of them would train 12 more women, forming a core for the network of almost 400 women. This first batch of trainees were involved in evaluating and then developing the training course so that the lessons learned could be built into the next round of training.

The following year, the issue of sexual violence was also addressed in a project led by *TAU Group*, a Flemish consortium of service providers for people with disabilities, with the *Home Farm Trust* in the United Kingdom. This project (1998/125/WC) looked at the sexual abuse of women, children and young people with a mental disability with a view to recommending appropriate preventive and rehabilitation interventions. The project included pilot testing of these interventions and a statistical study of the pilot group. The ultimate aim was to produce a first draft European Code of Good Practice on the prevention of sexual abuse of people with a mental disability.²⁰

19. Because of this, the same partners ran a Daphne project in 1999 (1999/268/W) that developed a tool to facilitate the process of obtaining information on whether a woman with disabilities has been a victim of violence and to act as a resource for planning responses. Most of the women working in the project organisations are themselves people with a disability, and an external evaluator noted the importance of this in lending credibility to the outcomes of the project.

20. A follow-up to this project was run in 2001, by the European Association of Service Providers for People with Disabilities (EASPD) (2001/068/WYC). This one-year project was the first phase in the development of a knowledge centre on the issue of sexual abuse of people with a learning disability, and consisted of initial mapping of available knowledge and development of methodologies for collection and classification.

In 1999, the Scottish organisation ENABLE developed a high-profile, memorable campaign to address bullying and violence against children and young people with learning disabilities (1999/169/C). Partners in Denmark and Portugal adapted the campaign to their own audiences. In Scotland, a series of posters showed young people with a learning disability wearing tee shirts with humorous, ironic slogans. In one of them, a young man wears a shirt that says, "Gee thanks, I never knew I had learning disabilities until you pointed it out!". This young man became something of a media celebrity and the awareness-raising impact of the poster was multiplied a hundredfold as a result. In addition to the campaign materials, the project included seminars in schools, where the 'stars' of the posters and their colleagues worked with children to help them understand what learning disabilities are and how to challenge bullying and discrimination against fellow pupils with learning disabilities.²¹

A project in 2000 led by the Aristotle University of Thessalonika (2000/241/WC) addressed the difficult issue of studying violence that occurs in families where one of the parents is mentally impaired. The project built on a number of international studies in this area and had very practical aims, including making recommendations to improve family services to support families and enhance the awareness and skills of practitioners to deal with the impact of parental mental impairment on children. The project partners in Greece and the United Kingdom exchanged experience and expertise in this area and together developed the methodology for the study and the training materials built on it. The study suggested that services for families with parental mental illness are consistently underfunded in comparison with other sectors of public healthcare, and that this group of families has common, unmet needs across all Member States. Common shortcomings include fragmented services (with the most significant being the separate delivery of adult and child mental health services), lack of systematic recognition of mentally ill adults who are parents, and an absence of comparative epidemiological data across the region. The project found that the problems, difficulties and daily experiences of family members and their mentally ill relatives are very similar in Greece and England.

Projects that were supported between 2001 and 2006 were characterised by the involvement of people with disabilities themselves in research, training, analysis and direct action to prevent violence against particular groups. A second ENABLE project (2001/074/WYC) in 2001, led by young people with learning disabilities, began to develop a training system to protect children, young people and women with learning disabilities from sexual abuse. The project, with partners in Ireland and France, learned some very valuable lessons that were used to develop the second stage of the work in 2003 (2003/008/WYC). The project originally aimed to begin working with some of the participants to prepare them as co-trainers working alongside professional sex-education trainers, but it soon became clear that the very sensitive and intimate nature of the discussions on sexual behaviour needed more time to prepare. Development of the project was slowed down to allow for this 'tuning in' of the participants to the frank discussions required and, as a result, the 'training of trainers' element was deferred until the second stage and eventually, in fact, abandoned in favour of using professional sex educators alone, with more interactive training. In stage two, also, it was decided to include drama in the training, to break through the sensitivity barriers, and to produce a training video/CD-ROM for both training and awareness raising.

Three projects in 2002 and 2003 focused exclusively on women with disabilities. The first (2002/007/W), led by DPI Italy with partners in France, Italy and Spain, organised focus groups of women and produced a kit containing the results of their discussions, to be used in motivating other women with disabilities to get together, share problems and experiences, and search for answers. In the process of surveying these issues, the project learned important lessons about the issue and ways to approach efforts to empower women with disabilities and protect them against violence. It learned, for example, that the family often has difficulty in accepting a disabled woman as a woman. Certain behaviour by family members as a girl child develops can be harmful to the girl. Parents showed uncertainty and fear of the unknown for their daughter, but also unwillingness to accept the child and her impairment. The research also suggested that a woman with a disability is excluded among the excluded: often she does not enjoy equal opportunities or the respect of other women or men. Women with disabilities are often seen as not having a right to sexuality and it is difficult to communicate this aspect to professionals and ordinary people with whom they are in touch. During the growth and development phase of a woman with a disability, it is very important that she be in a position to meet other women with impairments so that she can share experiences relating to her situation.

21. The posters can be seen on the Daphne Toolkit website, and an analysis of the communication value of the campaign is included in the publication, *Europe against violence: Messages and materials from Daphne, which can be downloaded from the European Commission's Europa site.*

A valuable lesson was also learned about the methodology of using focus groups to develop understanding. Each partner country had its own particularities, but the transnational working group was able to find and construct a common approach. Three common threads emerged which need to be studied more in depth: sexuality, power and guilt. In each of the groups, the emerging questions all led in the same direction: what does it mean to be women and to be women with disabilities? The women taking part in the research said it means demanding the role of a woman along with the possibility of having children. To be a woman is to be a person; an impairment must not be an identity, they said. Society, however, often sees the disability before the person.²²

The Union Européenne des Aveugles and its partners in France, Italy and Spain, focused on preventing violence against visually impaired women in the EU. An important starting point for their work was the Daphne projects that had already dealt with violence and disability, and the groups involved in those projects were among the organisations contacted. The project (2002/047/WY) set out to investigate and combat violence against women who are blind or partially sighted by raising awareness of it and helping to put it on the public and political agendas. It included surveying the issue, setting up discussion groups, self-defence training for women at risk and setting up a network. The outcomes also included two seminars in which violence against women with visual disabilities was discussed, ways to combat the violence were investigated and good practice ideas were exchanged.

Violence against women by those responsible for their care was the focus of work by DPI Italy and partners in the United Kingdom, France and Germany in 2003. Women with disabilities were involved in focus group discussions that led to the development of a kit called *Disabled women and personal assistance* (available in English, Italian, French and German). A closing conference, 'Disabled women and personal assistance – an instrument to guarantee equal opportunities and a life of quality' was held in April 2005 in Italy. The aim was to study in depth the importance of personal assistance as an instrument that guarantees women with disabilities an independent, free and full life.

AIAS Bologna and its partners in Greece, Portugal and Spain, looked at the role of disability organisations in preventing violence against children with disabilities (2003/215/C). The project began with the premise that violence in families of children with disabilities is difficult to trace and prevent. Too little accurate epidemiological data is available to have a clear idea of the incidence of domestic maltreatment involving these children, although what is available indicates a higher risk for certain groups. The project aimed to raise awareness about the issue, to empower the leadership of disability-related organisations and provide them with building blocks to develop prevention policies. It also aimed to evaluate the appropriateness of existing indicators of risk and underpin multi-agency prevention and support strategies. It did this through development of a 'discussion paper' tool/booklet that was widely distributed to the target groups, an online resource and national seminars, all of which aimed to engage professionals working with people with disabilities in debate and development of strategies. The *Childhood, disability and violence* project raised the awareness that primary prevention has to focus on empowering families and enhancing their protective role. The project showed that effective prevention of violence against children requires multi-level interventions that simultaneously address risk factors and protective factors at different levels. Primary prevention, they concluded, is effective if it empowers the family, the child and the professionals who work with them. AIAS Bologna and its Greek and Portuguese partners developed this work further in 2005, training organisations in two new Member States: Estonia and Latvia (2005-1/136/YC).

Bringing new Member States into discussions and exchanges around the issue of violence and disability was the focus of several projects from 2004 to 2006. A project led by EASPD with partners across the EU (2004-1/061/WYC) aimed to contribute towards preventing the sexual abuse of people with learning disabilities by involving them and four main target groups – families, service providers, scientific and health experts, as well as policy-makers at national and European levels – in a number of actions. The objective was to raise awareness of the issue across the 25 EU Member States by consulting with these various groups on the contents of a report by the Council of Europe called *Safeguarding adults and children with disabilities against abuse*, and to implement the report's recommendations to improve the capacity of the target groups in preventing, detecting and responding to sexual abuse. An important element of the project was the way it linked European policy (the report) with available expertise and field experience. The project resulted in a number of publications, including a conference report

22. In a follow-up to this project in 2004 (2004-2/094/W), DPI Italy and partners in the United Kingdom, Italy, Portugal and Hungary shared the good practices they had identified, exchanged self-help instruments and methodologies for women with disabilities, and promoted peer counselling as a tested methodology for empowering women with disabilities against violence. A 2006 project (2006-1/147/W), which brought in new associate partners in Croatia and Romania, developed the work further with a focus on the health sector as a venue for violence and discrimination against women with a disability.

in English, French and German, an easy-to-use guide for families, carers and professionals in English, French and German (plus Spanish in electronic format only), and updated information on partners and legislation in 25 EU Member States, which is available at www.stoppingabuse.org

Also in 2004, the National Council for the Blind of Ireland led a project to encourage vision-impaired young people to seek support and become more confident and able to handle risk situations. It did this by developing peer support groups for blind and partially sighted young people, and training them on strategies to deal with abusive behaviour. The pilot materials produced could be tested and adapted to other EU countries (www.ncbi.ie).

The following year, two interesting projects targeted very different areas of violence and disability, with good results. The Italian Istituto per gli studi sui servizi sociali (ISTISSS), with partners in Sweden, Italy and Lithuania, set out to identify and exchange good practice in preventing violence perpetrated by caregivers on elderly women suffering from Alzheimer's disease (2005-2/068/W). The project developed good practice guidelines, and adapted and translated a *Caregiver manual* that was shared across Europe. The partners recognised the differences between Sweden, Italy and Lithuania in relation to policies and actions being taken in this field, but noted they related mainly to the structure and organisation of the respective welfare systems and to the resources made available for professional care services. They found many common elements, including the fact that in all three countries the problem of Alzheimer's is growing, particularly among older women.

In none of the countries were training and support provided to informal caregivers (family or home helps) and the formal caregiver, generally employed by social services, is almost always a woman with a good level of education who accepts a poorer salary and career path than men in equivalent work. All the partners agreed that potential violent behaviours perpetrated by female caregivers against elderly women with Alzheimer's disease and other forms of dementia are rooted in cultural patterns and cannot be tackled just with practical measures. The problem has to be approached within a more comprehensive strategy that includes research and sharing of results, awareness campaigns and attitudinal change about both dementia and care work, policies and active support for caregivers, innovative and gender-sensitive work policies, education and training, and the provision of community-based facilities. The group concluded that, whether formal or informal, paid or unpaid, public or private, care-giving has a strong gender dimension, which is probably rooted and legitimised within traditional family roles that look upon the woman as the exclusive provider of protection and care for dependent family members. This has important repercussions for the structure of support services, the allocation of resources and the consequences of these on the relationship between the caregiver and the person with a disability.

Finally, in 2005 ENABLE Scotland broke new ground by developing a project that, for the first time, focused on the financial abuse of people with learning disabilities and the links between this and other forms of abuse. It targeted those working with people with learning disabilities, to help them understand the financial difficulties they face, and included research and awareness raising. With partners from Portugal and Lithuania, ENABLE set out to highlight the important link, emphasised throughout this booklet, between promoting self-reliance for people with disabilities and their ability to protect themselves from violence and abuse.

Gaps and challenges

There has been considerable progress in recent years in both the understanding of and action to prevent violence against people with disabilities. However, as understanding grows, it also becomes evident that there remains much to be done. There are so many different categories of impairment, so many forms of violence and consequently a plethora of ways in which these come together, that a whole booklet could be written just on the possibilities for future policies and actions.

Many of the Daphne projects described in the preceding section produced analysis and recommendations relating to the specific area in which they worked – learning disability, blindness, Alzheimer's, for example – and these are available on the project pages of the Daphne Toolkit site. The recommendations that follow are of a more general nature, and are given here as overarching principles relating to violence and disability in general. They come from the landmark report of the European Disability Forum, and the work on violence and children done by AIAS Bologna and partners:

- There must be suitable education and training for people with disabilities to prepare them to prevent and confront violence;
- Similarly, training for social services staff is vital, as is careful selection of people responsible for helping people with disabilities;
- There should be appropriate training and awareness raising for the police and public prosecutors so that they know how to deal with violence and disability, including how to deal with victims and perpetrators with disabilities;
- There should be equal access for people with disabilities to justice and adapted legal protection, ideally within the framework of comprehensive anti-discrimination legislation;
- Law enforcement must be geared to integrating people with disabilities into society and allowing them to live in as open an environment as possible;
- Public awareness raising and education regarding disability are essential in order to combat what has been referred to as 'handicapism', i.e. a set of beliefs and practices that encourage unequal or unjust treatment of people with disabilities on the grounds of apparent or presumed physical or mental disabilities.

In relation to children with disabilities:

- There is a need for increased awareness of violence against children with disabilities within international, bilateral and NGO communities – recognising that children have special rights and needs;
- National governments, regional authorities and local municipalities must take leadership in ensuring that violence against children with disabilities does not take place;
- Civil society must be at the forefront of public campaigns to improve the lives of children with disabilities and foster inclusion as a major component;
- People responsible for or working with children with disabilities must be made aware of the risk of violence;
- There is a need for overseeing administrators, professionals, staff and volunteers, and for workable, comprehensive reporting mechanisms;
- Violence against children with disabilities in institutionalised settings warrants particular concern and the need for particular authority;
- Families of children with disabilities and the children themselves must be empowered to advocate on their own behalf;
- Families of children with disabilities must be included in all outreach efforts to end violence against children in the home, and such interventions must address the special needs of such families;
- More research is needed to allow better understanding of patterns of violence towards children with disabilities and improved knowledge of effective interventions to prevent it.

Also:

- Disability advocacy groups must not neglect the specific needs of children with disabilities and should include representatives of children with disabilities in their work;
- Intervention programmes and facilities must be disability-accessible, in particular all materials produced by organisations and projects working on violence and disability – including online versions – should take the needs of people with learning disabilities or sight impairments into account.

Selected on-line resources

- The Daphne II and III Programme websites can be accessed through the European Commission Europa site:
Daphne II: http://ec.europa.eu/justice_home/funding/2004_2007/daphne/funding_daphne_en.htm
Daphne III: http://ec.europa.eu/justice_home/funding/daphne3/funding_daphne3_en.htm.
- The Eurobarometer conducted for the European Year of People with Disabilities 2003 can be found at http://ec.europa.eu/employment_social/index/eurobar_highlights_en.pdf.
- Eurostat statistics on people with disabilities in Europe:
http://ec.europa.eu/employment_social/soc-prot/disable/statistics_en.htm.
- The Daphne Toolkit, which includes descriptions, lessons and comments on all completed Daphne projects as well as useful links, 'tools and tips' and multimedia materials from the projects, is at http://ec.europa.eu/justice_home/daphne-toolkit.
- The United Nations Convention and progress reports related to implementation are available at www.un.org/disabilities The text of the *UN Convention on the rights of persons with disabilities* and its Optional Protocol can be found at www.un.org/esa/socdev/enable/conventioninfo.htm.
- The World Health Organisation website has a range of resources on disability: www.who.int/topics/disabilities.
- The text of the *Madrid Declaration about discrimination* can be found at www.disabilityworld.org/09-10_02/news/madrid.shtml.
- Inclusion International: www.inclusion-international.org.
- European Disability Forum: www.edf-feph.org.
- Disabled People's International: www.dpi.org The European regional committee's website is at: www.dpi-europe.org.
- Disability Rights Promotion International (Canada): www.yorku.ca/drpi.
- UK Disability Forum for European Affairs: www.edfwomen.org.uk.
- JP Das Developmental Disabilities Centre (Canada): <http://www.ualberta.ca/~jpdasddc/INDEX.html> includes videos from a training programme on sexual assault of people with developmental disabilities and links to the International Coalition on Abuse and Disability Listserv.

- European Association of Service Providers for Persons with Disabilities: www.easpd.org.
- European Union of the Deaf: www.eudnet.org.
- Centre for Disability Research, University of Leeds, United Kingdom: www.leeds.ac.uk/disability-studies/links.htm.
- Disabilities Online Database: www.disabilities-online.com/.
- Wiki 'for everything related to disability': www.disapedia.com.
- Disability Awareness in Action: www.daa.org.uk.
- UK Disability Forum: www.edfwomen.org.uk.
- The UK National Society for the Prevention of Cruelty to Children: www.nspcc.org.uk.
- Disability Social History Project: www.disabilityhistory.org/.
- Disability History Museum: www.disabilitymuseum.org.
- European Disability Action Plan: http://ec.europa.eu/employment_social/index/7003_en.html.

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United Nations	<i>Speech of the UN Special Rapporteur on disability to the UN General Assembly 61st session</i> , New York, September 2006
United Nations	<i>Violence against disabled children</i> , UN Secretary-General's study on violence against children, thematic group on violence against disabled children, New York, 28 July 2005
United Nations	<i>Human rights and disabled persons</i> , Report of the Special Rapporteur of the Sub-Commission on prevention of discrimination and protection of minorities, Geneva, 2004
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World Health Organisation	<i>Disability and rehabilitation: WHO Action Plan 2006-2011</i> , WHO, Geneva, 2006

Daphne-supported projects in the area of violence and disability

1997/047/1/W	Situations of violent abuse of handicapped women – The METIS campaign
1997/177/2/WC	Violence and abuse of autistic women and children
1997/182/2/WC	Disabled girls and women – Prevention of sexual violence
1998/125/W	Statistical study on the sexual abuse of women, young people and children with mental disability among the Andalusian population – The STOP project
1999/169/C	Learning disabilities against violence and bullying of children and young people – A campaign by people
1999/268/W	Violence towards disabled and battered women – Instrument for data – The IRIS project
2000/241/WC	Violence in the home and mental illness – Comparative analysis, training for practitioners involved with parental mental illness
2001/068/WYC	Safeguarding and assisting children and adults with learning disabilities from sexual abuse – A knowledge centre
2001/074/WYC	Sexual abuse – Training project to protect children, young people and women with learning disabilities
2002/007/W	New opportunities for care and support for women in contact with disability – The ALBA project
2002/047/WY	Visually handicapped women – Preventive measures to struggle against violence – Questionnaire – workshops – dissemination of good practices
2003/008/WYC	Protect people with learning disabilities from sexual abuse – User-led pilot sex-education peer-education project
2003/207/W	Disabled women and personal assistance against violence – Connection between the lack of intimacy
2003/215/C	Childhood, disability and violence: Empowering disability organisations to develop prevention strategies
2004-1/061/WYC	Safeguarding people with learning disabilities against sexual violence – Insights of families
2004-1/076/Y	Developing peer support networks among visually-impaired young people
2004-2/094/W	Violence on women with disabilities – Methodologies and means – Walking roots
2005-1/136/YC	Children with disabilities and violence: primary prevention targeting families
2005-1/236/WYC	Challenging the financial abuse of people with learning disabilities
2005-2/068/W	Care for carers – Violence against Alzheimer elderly women
2006-1/147/W	Lighthouse – Health institutions: A place of violence for women with disabilities? An issue of ethics and human rights

Note: Full details of these projects and the organisations involved are available in the online resource Daphne Toolkit: http://ec.europa.eu/justice_home/daphne-toolkit. Projects supported through the 2006 Call for Proposals (06-) run through 2007 and complete reporting in 2008, but they are outlined in the Daphne Toolkit project listing.

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