

INVESTIGATIVE
REPORT

PREVENTING GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES



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Organization for Security and
Co-operation in Europe
Mission to Skopje

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The content of this publication does not necessarily represent the views or the position of the OSCE Mission to Skopje.

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List of acronyms

CRPD	Convention on the Rights of Persons with Disabilities
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CRC	Convention on the Rights of the Child
UN	United Nations
UNICEF	United Nations Children's Fund
IC	Istanbul Convention (The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence)
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
GBV	Gender-based violence
DV	Domestic violence
CSW	Centre for social work
PIICSW	Public institution Intermunicipal Centre for Social Works
PHI	Public health institution
PISI	Public institution Special Institute
PPO	Public Prosecutor's Office
BPPO	Basic Public Prosecutor's Office
OI	Ombudsperson Institution
PS	Police station
MOIA	Ministry of Internal Affairs
MLSP	Ministry of Labour and Social Policy
CSO	Civil society organizations
MYLA	Macedonian Young Lawyers Association
ULSG	Units of the local self-government
LSP	Law on Social Protection
OPD	Organization of Persons with Disabilities
CPT	European Committee for the Prevention of Torture
FLA	Free legal aid

INTRODUCTION

Gender-based violence, in all its shapes, is an everyday occurrence in the lives of women in this country and around the world. In North Macedonia, almost half (45%) of all women have experienced some form of violence from an intimate partner (physical, sexual and/or psychological) starting from the age of 15, while one in three women (30%) has experienced sexual harassment¹. Data show that over 80% of victims of domestic violence are women. The prevalence of violence against women in this country is significantly lower than that of EU countries, which indicates a fear and shame of reporting this violence and a distrust in institutions². Another fact that elicits concern is that three times more women believe that domestic violence is a private affair that should stay in the family as compared to women across the EU, while a significant amount of women believe that some “lesser” violence is a normal behaviour³.

Sexism and sexist behaviour are related to violence against women and girls, whereas the acts of “everyday” sexism are a part of the continuity of violence that creates an atmosphere of intimidation, fear, discrimination, exclusion and insecurity which limits the opportunities and freedom of women and girls. Gender stereotypes and prejudices give shape to the norms, behaviour and expectations of men and boys, which lead to acts of sexism⁴. Many analyses and research over the last few years have shown that stereotypical traditional beliefs about the place and role of women and men in the home and in the society are still dominant in this country, presenting an obstacle for the advancement of women in almost all spheres of private and public life. Men are still considered dominant in the home and in public life, while women are expected to put their own needs and ambitions on the personal and professional front second to their primary dedication to the household⁵. There is still a significant number of women (37%) who believe that a woman should submit to her husband, even when she disagrees with him, and a similar number (32%) who believe it is important for a man to show to his partner who’s in charge⁶. Furthermore, one out of three women shows suspicion of the statements of other women who have reported harassment or violence⁷. Additionally, 14.5% of women in rural environments aged 15-49 are willing to justify a man beating his wife for neglecting their children (as opposed to 4.5% in urban environments), 7.3% of women in rural environments believe it is justified for a man to beat his wife for arguing with him (as opposed to 2% in urban environments) and 6.7% of women in rural environments are willing to justify a man beating his wife for leaving the house without notifying him (as opposed to 1.5% in urban environments)⁸.

Throughout human history, even in the 21st century, persons with disabilities are still marked as useless and dependent persons, hidden and excluded from society, either in their homes or institutionally. This history of isolation is gradually changing, but very slowly, weaving a new thread into society and affecting the established societal values regarding the perfect and superior look of the human being. This process requires and imposes the active inclusion of persons with disabilities in all aspects of society.

Disability-based violence is related to the social stigma and imbalance of power between persons with and without disabilities. Persons with disabilities may be belittled or pitied, but in general are not considered to be holders of rights, persons who ought to enjoy their rights on equal basis as others. From a young age, children with disabilities who are included in schools’ mainstream classes face discrimination from classmates and parents who believe they do not belong in mainstream classes⁹.

Due to the intersectionality of their discrimination, meaning the existence of multiple grounds for discrimination, women and girls with disabilities face even more barriers and obstacles, as well as isolation and stigma in their society and community. According to the European Parliament’s report¹⁰, women with disabilities face a risk of sexual violence 4 times higher in comparison to that of women without disabilities. Also, 80% of people residing in institutions are at risk of violence from the people surrounding them, whether it is the parents themselves, guardians, health workers, social workers etc. According to the regional study by USAID¹¹, women with disabilities are especially disadvantaged in several areas, including their rights concerning sexuality, marriage, motherhood, social integration and employment. Additionally, often masked as “good intentions” are in fact acts of ableism¹², discrimination and violence, like for example, treatments without informed consent, forced sterilization and abortion, acts based on prejudices, misconceptions and established social norms and values related to disability itself¹³.

According to the OSCE survey on violence against women¹⁴, almost two thirds of women with disabilities in the region (63%) who have had a partner, have reported experiencing psychological violence from an intimate partner since the age of 15. Furthermore, women with disabilities are more likely to experience more serious forms of physical violence (10% of

1 OSCE (2019) OSCE-led Survey on the Well-being and Safety of Women for North Macedonia, North Macedonia: Results Report, p. 21.

2 Ibid., p. 13.

3 Ibid.

4 Council of Europe, Recommendation CM / Rec (2019)1 “Preventing and combating sexism”, adopted by the Committee of Ministers of the Council of Europe, 27 March 2019.

5 UN Women (2018) Public Perceptions of Gender Equality and Violence against Women, Infosheet, p. 5.

6 Ibid., p. 14.

7 Ibid., p. 16.

8 State Statistical Office and UNICEF (2020) 2018-2019 North Macedonia Multiple Indicator Cluster Survey and 2018-2019 North Macedonia Roma Settlements Multiple Indicator Cluster Survey, Survey Findings Report, p. 251.

9 UNICEF and The European Union (2018) *Inclusion of Children and Youth with Disabilities in Mainstream Secondary Education*, p. 23.

10 European Parliament (2004) Report on the situation of women from minority groups in the European Union (2003/2109(INI)), p. 13. Available at: <https://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A5-2004-0102+0+DOC+PDF+V0//EN>

11 USAID (2012) *Women with Disabilities in the Europe & Eurasia Region: Final Report*. Available at: <https://www.usaid.gov/sites/default/files/Women-with-Disabilities-EE-Region-FINAL-2012.pdf>

12 Ableism is a social prejudice towards people with disabilities and/or people with assumed disabilities, characterizing people with disabilities as inferior to people without disabilities.

13 International Network of Women with Disabilities (2010) Document on Violence against Women with Disabilities.

14 OSCE (2019) Well-being and safety of women, OSCE-led survey on violence against women – Experiences of disadvantaged women: Thematic Report. Available at: <https://www.osce.org/files/f/documents/b/1/430007.pdf>

women with disabilities say they have been assaulted by an intimate partner, compared to 6% of women on average)¹⁵. After experiencing violence, women with disabilities are also more likely to require financial support (24% compared to 14% on average), medical support (23% compared to 16%) and help in reporting the incident to the police (14% compared to 9%)¹⁶.

Women are also the main providers of long-term care for persons with disabilities. Long-term care services may be part of formal care - given by professional workers, or informal care - given by parents, relatives and friends of people with disabilities. With this unpaid labour, informal caregivers sustain the long-term care system, and providing care is a main element of their personal identity, a source of inequality, stigma and societal exclusion. In the absence of services and measures for care and aid, all of their needs, plans and desires are related to the person they are caring for¹⁷.

During the COVID-19 pandemic crisis, the domestic violence situation worsened significantly due to the preventive measures which imposed constant presence in the home. In April and May 2020, when the state had implemented the most rigorous measures of restriction of movement, two women were killed in the span of two weeks. Throughout April-May 2020 reports of domestic violence rose by almost 45% compared to the same period of time in the previous year¹⁸. By September 2020 there had been 3 femicides (murders of women) whose perpetrators were the victims' partners. The measures implemented at the beginning of the pandemic had not accounted for the needs of people with disabilities, especially of women and girls with disabilities, and therefore failed in providing adequate and complete protection and safety¹⁹. Additionally, women and girls with disabilities, during the course of the pandemic, face other challenges and obstacles, such as the mandatory wearing of masks which are not inclusive, making communication more difficult for people with impaired hearing, or wearing gloves, which makes movement and the exercise of everyday routine more difficult for people with impaired vision²⁰.

Considering that there are multiple terms regarding this issue in widespread use, for the purposes of this report we are using the term "women and girls with disabilities", where the term "disability" refers to the marginalization of a group of people in the society due to social and cultural attitudes, as well as physical barriers in the environment. The challenges and risks faced by women with disabilities are therefore a direct consequence of social stigma, which creates a double burden of discrimination towards these women.

This is the first research focused on acknowledging and presenting the situation on violence against women and girls with disabilities in the country, a topic which is sensitive and mostly considered taboo, remaining concealed and ignored. The research aims to bring to the surface the issues faced by women and girls with disabilities regarding violence and discrimination and to give specific recommendations for overcoming those issues, obstacles and barriers.

¹⁵ Ibid., p. 32.

¹⁶ Ibid., p. 80.

¹⁷ Kotevska, B., Anchevska, E., Kacarska, S. (2016) *The Art of Survival: Intersectional inequalities in social protection in Macedonia - Results of empirical research*, EPI Skopje.

¹⁸ <https://www.pravdiko.mk/chulev-prijavite-za-semejno-nasilstvo-za-april-maj-zgolemeni-44-6-otsto-za-razlika-od-lani/>

¹⁹ Jovanovska, B., Petkovska, N. (2021) *The effects of the COVID-19 crisis on people with disabilities in North Macedonia*, Westminster Foundation for Democracy, North Macedonia, p. 28.

²⁰ Risteska, M. (2020) Analysis of the effects of COVID-SARS-19 on gender and differences, OSCE Mission Skopje. Available at: <https://www.osce.org/files/f/documents/1/9/480413.pdf>

EXECUTIVE SUMMARY

Discrimination, abuse and violence are everyday occurrences in the lives of many women and girls with disabilities in North Macedonia. Their experiences with discrimination tend to begin at a very young age, within the family, then continuing in all spheres of society in which they participate. A little less than half of women and girls with disabilities who participated in the research (44%) said they have directly experienced some form of violence, and one in three (35%) has witnessed violence and/or abuse. Compared to this, civil organizations working with women who are victims of violence record 1-3 cases of violence against women and girls with disabilities per year while social work centres record 1-2 cases per year. Women with disabilities who have been victims of physical violence experience long-term psychological and emotional consequences in the form of trauma, fear, and seclusion, and they predominantly distrust institutions and have feelings of hopelessness.

The main support in the lives of women and girls with disabilities is usually provided by the mother, while in cases of violence, the first point of reaction is the police (36 out of 75 women would call the police first). Women and girls with disabilities are generally not acquainted with the services and aids provided by civil society organizations, while only several CSOs produce materials in accessible formats, usually if the activity directly concerns persons with disabilities and if the budget provides the funding for it.

The institutional response to violence against women and girls with disabilities is at an extremely low level. Professionals working in institutions are quite familiar with the concept of gender-based violence, but almost none of them have attended training courses on the prevention of violence against women and girls with disabilities. Within institutions, inclusivity is at an unenviable level as well, having a very small number of employees with disabilities. Another large problem is the institutions' failure to record and classify data on the basis of gender and disability.

Traditional views on family and gender roles are still predominant among women and girls with disabilities, even though more progressive views are noted among the younger generations in regards to recognizing patriarchal stereotypes and norms, emphasizing freedom of expression and the desire for independence. Still, the prevailing opinion is that the cause of violence and/or abuse is the victim - more than half of women and girls who participated in the research (40 of 75) believe women are often themselves responsible for the violence they've experienced.

The biggest obstacles for women and girls with disabilities in regards to discrimination and violence are that they are not empowered from a young age, are treated as incapacitated, the measures to integrate them into society are insufficient, which contributes to their economic dependency on their parents or partners. They are severely stigmatised and isolated, and the environment is not adjusted to their needs. Another huge obstacle is the institutional unpreparedness to respond to and prevent violence against women and girls with disabilities, due to their inaccessibility, employees' lack of education and knowledge of the issue, ignoring and disregarding the complexity and intersectionality of the issue, as well as the widely accepted culture of impunity.

The COVID-19 crisis and the accompanying measures of restriction of movement have contributed to a rise in cases of gender-based violence, and to an even more severe isolation of women and girls with disabilities, increasing their vulnerability to violence and abuse. The measures for alleviating the consequences of the pandemic and protecting the population, did not take into consideration the special needs of women and girls with disabilities and not one measure was put forward to directly protect and support this vulnerable category.

LEGAL FRAMEWORK

INTERNATIONAL LEGAL FRAMEWORK

The UN Convention on the Rights of Persons with Disabilities (CRPD)²¹ along with the Optional Protocol to it is the first binding legal act and basic international instrument relating to the rights of persons with disabilities²². One of the principles of the CRPD is “[r]espect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons”²³, which recognizes people with disabilities as holders of rights having regard to the specifics of their situation. Article 6 of the CRPD is applied horizontally and is interconnected with the other provisions, especially those regarding violence against women with disabilities (Article 16) and the sexual and reproductive health and rights, including the respect of home and family (Articles 23 and 25) as well as areas of discrimination against women with disabilities in the other relevant articles²⁴.

The gender perspective and intersectional disadvantage is additionally explored by the Committee for the Rights of Persons with Disabilities in **General comment No. 3** (2016) on women and girls with disabilities²⁵. The Committee not only emphasizes that “[w]omen and girls with disabilities are more likely to be discriminated against than men and boys with disabilities and the larger population of women and girls”, but also expresses concern over “the lack of inclusion of a gender perspective in disability policies” and “the lack of a disability rights perspective in gender policies”. Women and girls with disabilities’ enjoyment of their right to freedom from exploitation, violence and abuse can be impeded by harmful stereotypes and practices which are justified by appealing to sociocultural and religious customs and values, which enhances the risk of violence against women and girls with disabilities, preventing them from exercising their rights established in Article 16. In the General comment No. 3, the Committee provides numerous examples of exploitation, violence and abuse of women with disabilities which can be considered cruel, inhuman or degrading, and therefore violating Article 15 as well as Article 16. Among these are forced and otherwise unwanted pregnancy or sterilization; all medical procedures and interventions performed without free and informed consent, including those related to contraception and abortion; invasive and irreversible surgical practices, including psychosurgery, female genital

²¹ http://vlada.mk/sites/default/files/dokumenti/uncrpd_mk_prevod_rcclip-poraka.pdf

²² Poposka, Zh. (2018) *Interpreting the UN International Convention for the rights of people with disabilities*, Polio plus - Skopje, p. 14. Available at: https://vlada.mk/sites/default/files/dokumenti/tolkuvac-un_konvencija

²³ CDRP Article 3 (a).

²⁴ Kochoska, E., Trpevska, M. (2020) *Guidebook on reasonable accommodation*, Skopje: OSCE, p. 21. Available at: <https://www.osce.org/files/f/documents/d/6/446743.pdf>

²⁵ General comment No. 3 (2016), Article 6: Women and girls with disabilities, UN Committee on the Rights of Persons with Disabilities, CRPD/C/GC/3, Available at: <https://undocs.org/CRPD/C/GC/3>

mutilation and procedures performed on intersex children without their informed consent; electroshock therapy and chemical, physical or mechanical immobilization; and isolation²⁶. As emphasized by the Committee, women with disabilities face barriers to accessing justice, due to constant “*harmful stereotypes, discrimination and lack of procedural and reasonable accommodations, which can lead to their credibility being doubted and their accusations being dismissed*”²⁷. Negative attitudes in the conducting of procedures, complicated or degrading reporting procedures, referring victims to social services instead of the pursuit of legal remedies, passivity and/or rejection of allegations on the part of the police or other judicial organs can intimidate victims or discourage them from pursuing justice. This can lead to impunity and invisibility of the issue, which in turn may result with violence lasting for extended periods of time²⁸.

The CRPD points to the state’s obligation to protect people with disabilities “*from all forms of exploitation, violence and abuse*”, taking into account the gender and age dimension (Article 16 paragraph 4). States are also required to provide programs for the promotion of recovery, rehabilitation and social reintegration of persons who have been subjected to abuse and violence (Article 16 paragraph 4). Concerning the forms of violence, apart from the basic forms of violence, the Committee for the rights of people with disabilities especially emphasizes institutional and/or structural violence (paragraph 29), which encompasses “*any form of structural inequality or institutional discrimination that maintains a woman in a subordinate position, whether physical or ideological, with regard to other people within her family, household or community*”. General comment No.3 of the Committee on the Rights of Persons with Disabilities provides numerous examples of exploitation, violence, and abuse of women with disabilities violating Article 16. Additionally, this comment states that “*some women with disabilities, in particular, deaf and deafblind women, and women with intellectual disabilities, may be further at risk of violence and abuse because of their isolation, dependency or oppression*” (paragraph 33).

States have the obligation to require from all health and medical professionals, including psychiatric professionals, to obtain free and informed consent from persons with disabilities before attempting any medical treatment. The absolute prohibition from deprivation of freedom should be viewed in close correlation with Article 12 of the CRPD. Depriving persons with disabilities of their working capability and their detainment in institutions against their will, without their consent or the consent of their guardian represents an arbitrary deprivation of freedom and is a violation of Article 12 as well as Article 14 of the CRPD. States must therefore refrain from such practices and establish a mechanism for the examination of cases where people with disabilities are institutionalized without their specific consent²⁹. Additionally, violations related to the deprivation of freedom disproportionately affect women with intellectual or psychosocial disabilities and ones in institutional care. “Those deprived of their liberty in places such as psychiatric institutions, on the basis of actual or perceived impairment, are subject to higher levels of violence as well as cruel, inhuman, degrading treatment or punishment, are segregated and exposed to the risk of sexual violence and trafficking within care and special education institutions”³⁰.

²⁶ General comment No. 3, paragraph 32.

²⁷ General comment No. 3, paragraph 52.

²⁸ Ibid.

²⁹ General Comment No. 1: Article 12: Equal recognition before the law, Committee on the Rights of Persons with Disabilities, Eleventh session, CRPD/C/GC/1, 19 May 2014, paragraph 40.

³⁰ General comment No. 3, paragraph 53.

According to the CRPD, accessibility is elevated to the status of a fundamental principle, provided that states take adequate measures to identify and eliminate all obstacles and provide people with disabilities equal access to the physical environment, transportation, information and communication, including information and communication technologies and systems, as well as other capacities and services open and accessible to the public in urban and rural environments (Article 9)³¹. Additionally, the CRPD (Article 33) provides the active inclusion of civil society, persons with disabilities and their representative organizations in the process of monitoring the implementation of the Convention.

The Republic of North Macedonia ratified the CRPD and its Optional Protocol in 2011. According to Article 118 of the Constitution, ratified international conventions are part of national legislation and cannot be amended by law, meaning that they are directly applicable³². The National Coordinative body for the implementation of the UN Convention on the Rights of Persons with Disabilities, composed of 14 members and their deputies, representatives from the Office of the prime minister, ministries and organizations of persons with disabilities was formed in 2018³³.

The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)³⁴ in its Article 1 identifies four elements necessary to achieve the threshold of torture: serious pain and suffering, physical or emotional; a goal; and the involvement of the state, meaning that an act or a failure to act on the part of a state authority. When certain practice does not fulfill these four elements of torture, it is instead seen as ill-treatment (a term which encompasses “cruel, inhuman, or degrading treatment or punishment”) which is also prohibited under Article 16 of the CAT. The protection from torture and ill-treatment is in line with Article 15 of the CRPD. These protections are absolute and do not allow for exceptions and they cannot be suspended, even during times of war, political instability or a state of emergency. This level of protection is of key significance to people with disabilities in any country, since the state can declare the lack of resources or services as an excuse to justify torture or ill-treatment³⁵. For people with disabilities, in the context of medical or social services, the criticizing language of the CAT is that pain cannot be used for coercion or for any goal based on discrimination on any grounds, including disability³⁶. This is especially relevant in the context of “*treatment of persons with disabilities, where serious violations and discrimination against persons with disabilities may be masked as “good intentions” on the part of health professionals*”³⁷. Article 4 of the CAT demands that states “*ensure that all acts of torture are offences under its criminal law*”. As underlined by the Committee Against Torture³⁸, the prohibition of torture must be enforced in all institutions (public and private) and “*states ought to exercise due diligence to prevent, investigate, prosecute and punish*

³¹ Jovanovska, B., Petkovska, N. (2021) *The effects of the COVID-19 crisis on people with disabilities in North Macedonia*, Westminster Foundation for Democracy, North Macedonia, p. 27.

³² Poposka, Zh. (2018) *Interpreting the UN International Convention on the Rights of Persons with Disabilities*, Polio plus - Skopje, p. 15

³³ <https://vlada.mk/KoordinativnoTelo/PravaNaLicaSoPoprechenost>

³⁴ <https://www.ohchr.org/en/professionalinterest/pages/cat.aspx>

³⁵ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, A/HRC/22/53, paragraph 83. Available at: <https://bit.ly/2ZZprek>

³⁶ *Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, A/63/175, paragraph 48. Available at: <https://www.un.org/disabilities/images/A.63.175.doc>

³⁷ *Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, A/63/175, paragraph 49. Available at: <https://www.un.org/disabilities/images/A.63.175.doc>

³⁸ *General Comment No. 2: Implementation of Article 2 by States Parties*, 24 January 2008, CAT/C/GC/2, paragraph 18. Available at: <https://www.refworld.org/docid/47ac78ce2.html>

such non-State officials or private actors". Thus, in the case of *Mr. X vs. United Republic of Tanzania*³⁹, the Committee clearly states that the state's positive obligation is to stop and punish the acts of torture or cruel, inhuman or degrading treatment or punishment committed by state and other (non-state) actors, in accordance with General comment No. 20 of the Human Rights Committee⁴⁰. Additionally, the Committee emphasizes that promptness and effectiveness are particularly important in the courts' judgment of these cases. In this specific case, where the applicant who is a person with albinism had his left arm chopped off below the elbow by two strangers, the Committee considered that the suffering experienced by the applicant due to the lack of action on the part of the state that would enable the effective prosecution of the suspected perpetrators of the crime, to be a reason for revictimization and represented a form of psychological torture and/or ill-treatment, therefore finding a violation of Article 15 of the CRPD⁴¹.

Viewed from the aspect of Article 14 paragraph 2 of the CRPD, *"States have the obligation to ensure that persons deprived of their liberty are entitled to provision of reasonable accommodation"*⁴². Along these lines, the Special Rapporteur on torture⁴³ points out that *"the denial or lack of reasonable accommodations for persons with disabilities may create detention and living conditions that amount to ill-treatment and torture."* The Special Rapporteur on torture and other cruel, inhuman and degrading treatment or punishment⁴⁴, on the other hand, emphasizes that forced abortions and sterilizations of women with disabilities as a result of a legal procedure through which decisions are being made by their legal guardians, against their will, represent torture or ill-treatment.

The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment notes that people with disabilities are often segregated by society, deprived of liberty for a long period of time, including what could be considered a lifetime experience, either against their will or without their free and informed consent. Besides institutional torture and violence, The Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment also indicates violence and torture against persons with disabilities in the private sphere, in which *"persons with disabilities, men and women alike, are up to three times more likely to be victims of physical and sexual abuse and rape, both at the hands of family members and by their caregivers. Women and girls experience high rates of violence, including intimate partner violence, as a result of double discrimination on the basis of gender and disability"*⁴⁵.

The primary aim of the **Convention on the Rights of the Child (CRC)**⁴⁶ is to recognize all civil, political, economic, social, and cultural rights of all children, having regard to the specific

39 <https://www.ohchr.org/Documents/HRBodies/CRPD/CRPD-C-18-DR-22-2014.pdf>

40 *General Comment No. 20: Prohibition of torture or other cruel, inhuman or degrading treatment or punishment (article 7)*, Human Rights Committee, Forty-fourth Session, A/44/40, 10 March 1992, paragraph 13. <https://www.refworld.org/docid/453883fb0.html>

41 Poposka, Zh. (2018) *Interpreting the UN International Convention for the rights of people with disabilities*, Polio Plus. Available at: https://vlada.mk/sites/default/files/dokumenti/tolkuvac-un_konvencija

42 *Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, A/63/175, paragraph 54. Available at: <https://www.un.org/disabilities/images/A.63.175.doc>

43 Ibid.

44 Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak A/HRC/7/3, 15 January 2008, p. 38. Available at: <https://www.refworld.org/pdfid/47c2c5452.pdf>

45 *Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, A/63/175, paragraph 68. Available at: <https://www.un.org/disabilities/images/A.63.175.doc>

46 <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

position of children within societies and to establish specific obligations for the protection of children from possible violations of those rights, especially those violations to which they are most vulnerable (violence, kidnapping, human sale or trafficking, economic exploitation, sexual abuse etc.). The only approach to a gender and disability perspective is in Article 2 of the CRC, which, *inter alia*, prohibits discrimination on the grounds of gender and disability and which states that *"States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members"* (Article 2 § 2). In Article 19 § 1 the CRC points out that *"States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or psychological violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse"*, as well as adopting preventive measures such as social programs for supporting children and their guardians, measures for the identification, reporting, referring, investigation, treatment and follow-up of instances of child maltreatment, as well as measures for judicial involvement (Article 19 § 2). The CRC also calls upon states to take *"appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment"* (Article 39). In the General comment No. 9 (2006)⁴⁷ on children with disabilities, the CRC Committee in § 10 points to gender-based discrimination stressing that girls with disabilities are often more vulnerable to discrimination and states are required to devote special attention to girls with disabilities by taking necessary measures including additional measures, with the aim of making sure they are well protected, have access to all services and are entirely integrated in society. General comment No. 13⁴⁸ on the rights of the child to freedom from all forms of violence adopts a clearer gender perspective and encompasses the issue of disability. In this comment, the Committee of the CRC reminds that states should take *"all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or psychological violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child"*, as well as taking *"effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement"*. The CRC additionally requires the active participation of children with disabilities in the community (Article 23 § 1) and specifically refers to the freedom of expression, thought, and access to information (Articles 13 and 17) which are of vital significance for enabling the child to recognize violence and seek help.

The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979)⁴⁹ along with the **Optional protocol to the Convention** is one of the essential documents on women's rights. The CEDAW requires states to eliminate discrimination against women in the public and private sphere, including within the family, and recognizes that traditional gender roles and stereotypes must be eliminated in order to put an end to all forms of discrimination against women and girls. The CEDAW points out that states need

47 *General comment No. 9 (2006) on the rights of children with disabilities*. Available at: <https://www.refworld.org/docid/461b93f72.html>

48 General comment No. 13, Committee on the Rights of the Child, CRC/C/GC/13. Available at: <https://www.refworld.org/docid/461b93f72.html>

49 <https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>

to provide equal access, equal opportunities and equal results for women and girls. Despite the comprehensive framework, the CEDAW still lacks explicit reference to the issue of disability. This omission is supplemented by the Committee for the Elimination of all Forms of Discrimination against Women through two general recommendations. Through General recommendation n. 18⁵⁰, the Committee calls upon the states to reference in their reports on the situation and status of women with disabilities, especially in relation to employment, education, and social security, as well as their participation in social and cultural life. General recommendation n. 24⁵¹ concerns women and girls with disabilities and health, and requires a commentary and analysis of the health conditions of women with disabilities on the part of the states. The notion of violence as a form of discrimination and violation of human rights is recognized in General recommendation n. 19⁵² (1992) where the Committee points out that “gender based violence is a form of discrimination against women”. The Committee adopted General recommendation n. 35⁵³ in 2017, which updates General recommendation n. 19 and gives clear directions for states on which measures should be taken in order to address all forms of gender-based violence. This Recommendation suggests removing “provisions that allow, tolerate or condone forms of gender-based violence against women, [...] provisions allowing medical procedures on women with disabilities without their informed consent, as well as legislation that criminalizes abortion...” (paragraph 29, point c, a.i). This Recommendation also recognizes the communication barriers for victims with disabilities (paragraph 31, point a, a.ii) as well as the necessity of providing accessible information (paragraph 31, point d).

In 2018, the Committee for the Elimination of all Forms of Discrimination against Women and the Committee of the CRPD, regarding the sexual and reproductive health and rights of women, especially women with disabilities, called upon the states “to decriminalize abortion in all circumstances and legalize it in a manner that fully respects the autonomy of women, including women with disabilities. In all efforts to implement their obligations regarding sexual and reproductive health and rights, including access to safe and legal abortion, the Committees call upon States parties to take a human rights based approach that safeguards the reproductive choice and autonomy of all women, including women with disabilities”⁵⁴.

The Republic of North Macedonia submitted its sixth periodic report in 2017⁵⁵, and the Committee published its conclusions and recommendations in 2018, where it strongly recommends, *inter alia*, the implementation of special measures focused on women who are subject to intersectional forms of discrimination, including women and girls with disabilities (20(c)) as well as adopting an all-encompassing strategy for the prevention of all forms of gender-based violence, having particular regard to situations with a higher risk for women with disabilities (24(d))⁵⁶.

50 <https://www.un.org/womenwatch/daw/cedaw/recommendations/>

51 <https://www.un.org/womenwatch/daw/cedaw/recommendations/>

52 [https://tbinternet.ohchr.org/Treaties/CEDAW/Shared Documents/1_Global/INT_CEDAW_GEC_3731_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_3731_E.pdf)

53 Committee on the Elimination of Discrimination against Women (2017) General Recommendation No. 35 on gender based violence against women, updating general recommendation No. 19, U.N.Doc. C/GC/25.

54 Joint statement by the Committee on the Elimination of All Forms of Discrimination against Women and the Committee of the CRPD on the sexual and reproductive health and rights of women, especially women with disabilities. Available at: <https://www.ohchr.org/Documents/HRBodies/CRPD/Statements/GuaranteeingSexualReproductiveHealth.DOCX>

55 <https://www.mtsp.gov.mk/content/word/dokumenti/dokumenti%202017/CEDAW%202017%20final.doc>

56 <https://bit.ly/3ppuEn8>

The Republic of North Macedonia is a signatory of the **Beijing declaration and Action platform (1995)**⁵⁷ which sets an obligation towards the improvement of the status of women and their empowerment in public and private life. One of the areas within the scope of the Beijing declaration is violence against women, where women with disabilities are singled out as an especially vulnerable group to violence, and states are called upon to establish appropriate systems for protection and support. **The Sustainable Development Cooperation Framework between the Republic of North Macedonia and the United Nations 2021-2025**⁵⁸ was signed in 2020, and directs the work of UN agencies in the country for the next 5 years. The Framework points out that although North Macedonia has ratified the primary human rights treaties, “results show that the rights of women and girls, children, ethnic communities (in particular Roma) persons with disabilities and refugees are more likely to be compromised. These groups are also more often victims of social prejudices and negative stereotypes, which affects social cohesion” (paragraph 3).

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention)⁵⁹ is the most comprehensive document in the field of violence against women which gives a broad framework for action for prevention, support and protection of victims and punishing aggressors. Women with disabilities can be subject to the same types of violence as women with no disabilities. Yet, living with disabilities brings additional reasons, forms and consequences of violence, therefore requiring more comprehensive attention. This is supported by the Istanbul Convention which states that if “the offence was committed against a person made vulnerable by particular circumstances”, it must be taken into consideration as aggravating circumstances (Article 46 paragraph 1c). Stereotyping and sexism are in close correlation with gender-based violence and discrimination in all areas of life. Article 12 paragraph 1 of the IC further mentions taking measures to “promote changes in the social and cultural patterns of behaviour of women and men with a view to eradicating prejudices, customs, traditions and all other practices which are based on the idea of the inferiority of women or on stereotyped roles for women and men”. Among the obligations set forth by the IC is the requirement for every signatory state to undertake normative changes to the legal framework and to withhold from participating in any act of violence against women (Article 5), as well as to take measures for the promotion and enforcement of equality policies between women and men and empowering of women (Article 6). The establishing of a wider approach, through which special measures which are necessary for stopping and protecting women from gender-based violence are not considered as discrimination within the meaning of this Convention, is significant in this segment. This opens the possibility for taking affirmative measures for protection from violence against women and girls with disabilities in accordance with Article 16 of the CRPD. Despite the fact that Article 11 of the IC does not specifically refer to disability in its data collection obligations, still, invoking to the preamble and obligations of the CRPD, it is positive that such obligations exist for signatory states to collect separate statistical data about cases of all forms of violence against women falling under the IC, as well as to initiate surveys among the population in order to assess the prevalence and trends of violence against women (Article 11 paragraph 2). In accordance with this recommendation, the State Statistical Office of the Republic of North Macedonia will conduct a survey on gender-based violence for the first time, the data in which will also be divided by disability.

57 https://beijing20.unwomen.org/-/media/headquarters/attachments/sections/csw/pfa_e_final_web.pdf

58 <https://northmacedonia.un.org/mk/100160-ramka-za-sorabotka-za-odrzhliv-razvoj-megu-republika-severna-makedonija-i-obedinetite-nacii>

59 <https://rm.coe.int/168046253a>

Article 36 of the IC - Sexual violence, including rape, points out that “[c]onsent must be given voluntarily as the result of the person’s free will assessed in the context of the surrounding circumstances” (paragraph 2), and additionally, in cases of forced abortion and forced sterilization (Article 39) signatory countries shall take “the necessary legislative or other measures to ensure that the following intentional conducts are criminalized: (a.) performing an abortion on a woman without her prior and informed consent; (b.) performing surgery which has the purpose or effect of terminating a woman’s capacity to naturally reproduce without her prior and informed consent or understanding of the procedure.” These articles are in close correlation with Articles 12 and 16, and in line with Articles 5, 6, and 19 of the CRPD.

Besides prevention, the IC also indicates the need for protection of victims of violence, the establishment of adequate legal and medical aid, as well as procedures for the prosecution and indictment of perpetrators. Such support requires changes in the educational systems for young people, the provision of 24/7 phone services, shelters, legal and psychological counseling, gathering data on gender-based crimes and swift execution of effective investigations into those crimes. The IC also requires its signatory states to strengthen institutional and administrative capacities as well as to create adequate shelters for victims and to provide trained and specialized staff. In this direction, they are also required to form centres as well as to adapt shelters for the needs of different vulnerable groups, including women with disabilities.

The Republic of North Macedonia ratified the Istanbul Convention in 2017, coming into effect in 2018, which set off the process of its implementation and adaptation of the national legal framework to the recommendations of the IC. Also in 2018, the Action plan for implementation of the Convention 2018-2013⁶⁰ was adopted, stating specifically the duties and responsibilities of institutions concerned with the issue of gender-based violence.

The **European Parliament Resolution of 2018 on the situation of women with disabilities**⁶¹ emphasizes that women and girls with disabilities are more likely to become victims of gender-based violence, especially domestic violence and sexual exploitation. It stresses that this also applies to forced sterilization and forced abortions and calls upon member countries to take adequate measures and to provide high-quality, accessible, and appropriately adjusted services with the aim of ending violence against women and children and supporting victims of violence, providing staff that is trained to give specialized advice, as well as adequate legal protection and support. Additionally, member countries are encouraged to provide adequate training for stopping discrimination and violence against women and girls with disabilities.

In its opinion, the Committee on Economic and Social Rights⁶² refers to the concluding observations of the Committee on the CRPD for the EU and points out that a strong legal framework for the protection, promotion, and securing of all human rights of women and girls with disabilities lacks on the EU level, and at the same time calls upon the EU and its member countries to include disability in forthcoming gender equality strategy, policies,

and programs. Parallel to this, the Committee points out that EU and national legislation for the prevention of exploitation, violence, and abuse often lack focus on women and girls with disabilities and the EU needs to take the necessary measures in this direction, for the inclusion of disability in all laws, politics, and strategies, to criminalize violence, and to take all adequate legislative, administrative, social, and educational measures for the protection of women and girls with disabilities, within the home and outside of it, from all forms of exploitation, violence, and abuse, and to ease their access to justice by providing an appropriate community⁶³.

The European Social Charter (revised)⁶⁴ includes the right of people with disabilities, regardless of their age and the nature and origin of their disability, to independence, social integration, and participation in community life (Article 15) as well as the child’s right to protection from neglect, violence and exploitation (Article 17).

The 2012 **Recommendation (CM/Rec(2012)6) of the Committee of Ministers on the protection and promotion of the rights of women and girls with disabilities**⁶⁵ calls upon Member states to adopt the appropriate legal measures and to undertake other positive action in order to encourage women and girls with disabilities to participate in all areas of life as citizens with equal rights and obligations. The Recommendation also focuses particular attention on violence against women and girls with disabilities and, *inter alia*, encourages Member states to teach women and girls with disabilities to know and respect their own physical and psychological integrity, to recognize violence and abuse, to recognize how to defend themselves and report cases of violence and abuse. The Committee of Ministers of the Council of Europe also adopted multiple recommendations referring to the rights of children with disabilities, the rights of children living in institutional care, deinstitutionalization and social services for children with disabilities, etc. Despite the fact that these recommendations are not binding, they can still be good directions for the further development of policies and legal protection of children and adults with disabilities, taking the intersectional approach into account.

The Council of Europe has also adopted the **Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse** (2007)⁶⁶ which determines the different forms of sexual abuse of children as criminal acts, including abuse committed within the home or family, through the use of force, coercion or threats. Among the grounds for discrimination, disability is recognized as a ground for discrimination (Article 2). Article 18 requires Member states to criminalize sexual abuse inflicted, *inter alia*, on children with “a mental or physical disability or a situation of dependence”, whereas Article 28 obliges Member states to take the necessary measures to ensure that the offences committed against especially vulnerable victims “be taken into consideration as aggravating circumstances in the determination of the sanctions”.

The European Commission adopted the **Gender Equality Strategy 2020-2025**⁶⁷ whose aims and priorities include freedom from violence and stereotypes, thriving in a gender-equal economy, leading with equality throughout the whole society, integrating gender policies

⁶³ Ibid, paragraph 5.1-5.3.

⁶⁴ https://www.mtsp.gov.mk/WBStorage/Files/European%20social%20charter%20_revised_%20MKD%20translation.pdf

⁶⁵ https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016805caaf7

⁶⁶ <https://rm.coe.int/1680084822>

⁶⁷ European Commission, 5.3.2020, A Union of Equality: Gender Equality Strategy 2020-2025, COM(2020) 152 final. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0152&from=EN>

⁶⁰ https://mtsp.gov.mk/pocetna-ns_article-nacionalniot-plan-za-sproveduvanje-na-konvencijata-za-sprecuvanje-i-borba-protiv-nasilstvoto-vrz-zen.nspix

⁶¹ European Parliament resolution of 29 November 2018 on the situation of women with disabilities (2018/2685(RSP). Available at: https://www.europarl.europa.eu/doceo/document/TA-8-2018-0484_EN.html

⁶² European Economic and Social Committee, The situation of women with disabilities [Exploratory opinion requested by the European Parliament], SOC/579. Available at: <https://bit.ly/3o9S8wO>

and intersectional perspectives in policies, financing activities for the furthering of gender equality and empowering the women of the world. The Strategy emphasizes that “[w]omen who have a health problem or disability are more likely to experience various forms of violence” and especially stresses the need for an intersectional approach⁶⁸ when dealing with discrimination and violence against women.

The EU Strategy for the rights of persons with disabilities (2021-2030)⁶⁹ points out that people with disabilities have the right to protection from any form of discrimination and violence, equal opportunities and access to justice, education, culture, housing, recreation, leisure, sport and tourism, as well as equal access to all healthcare services (paragraph 5). Regarding violence and the access to justice, the Strategy highlights that the European Commission will be focusing on training the legal authorities, the judiciary. The Strategy states that the Commission will secure the inclusion of disability-related aspects of violence and abuse in the relevant forthcoming EU policies, which will include monitoring of institutions and systematic identification and investigation in cases of violence, crime, or abuse.

The European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) represents a legally binding document for all European countries who have ratified it and have agreed to providing the conditions for the exercising of fundamental human rights within the frameworks of their national systems, as well as to providing legal protection for every individual on a national level. The effects of the judgments of the European Court of Human Rights (ECtHR) have an *inter partes* as well as an *erga omnes* effect. Unlike other international instruments, the CRPD in accordance with Article 44 allows for regional organizations like the European Union to become contracting parties of the CRPD alongside countries, which the Union has done⁷⁰. The international law obliges the EU and its members to collectively promote, protect, and secure the rights of persons with disabilities in accordance with the CRPD, including those of women and girls with disabilities.

The ECHR contains no direct reference to the rights of people with disabilities, nor does it have any specific laws regarding violence. Despite this, it contains rights which are relevant in the context of disability and violence, such as the right to life (Article 2), the right to protection from torture and inhuman or degrading treatment or punishment (Article 3), the right to liberty and security, the right to a fair trial (Article 6), and the right to respect for private and family life (Article 8). The prohibition of discrimination is explicitly provided in Article 14 of the ECHR. Protocol No. 12 to the ECHR additionally defines discrimination, but disability is not explicitly mentioned as a ground for discrimination⁷¹.

Before adopting the CRPD, the ECtHR did not have a stance on the justifications raised by different actors and the states themselves in regard to medical treatments and different regimes of guardianship enforced upon persons with varying states of disability, with an emphasis on work ability, as well as violence and abuse against women and girls with disabilities. In the context of violence against women with disabilities, the case-law is

fairly modest. The existence of obligations for the contracting parties for the protection of persons/women with disabilities within institutions can be seen through the case of *X and Y v. The Netherlands* from 1985⁷², which refers to the rape of a “[m]entally handicapped girl” aged 16 in a foster home for children with mental disabilities. In this case the ECtHR points to the obligation that states must establish procedures to enable children with disabilities to report violence.

The more recent ECtHR cases recognize that poor accommodation conditions for people with disabilities can amount to inhuman or degrading treatment. Thus, in the 2012 case of *Stanev v. Bulgaria*⁷³, the ECtHR found that Mr. Stanev was unlawfully detained for seven years in an institution lacking sufficient food, water, toilet access, privacy or almost any kind of significant activity. According to the ECtHR, these conditions amount to “degrading” treatment - but not torture.

Multiple cases appear in the ECtHR case-law which find the state responsible for insufficient effectiveness at protecting the individual right to life from illegal attacks from other persons. In the case of *Z. and Others v. the United Kingdom*⁷⁴, as in the case of *A. v. the United Kingdom*, the ECtHR indicates the responsibility of states to take measures for the protection of individuals, especially children and other vulnerable persons, from poor treatment, as well as to take steps to stop the ill-treatment that governments should have had knowledge of.

As to the issue of reasonable accommodation, although it is not explicitly mentioned in Article 14 on the grounds for protection from discrimination, it has, however, come up in some of the cases reviewed by the ECtHR, especially under Articles 3, 6, and 8 of the ECtHR. For example, regarding Article 3, in the case of *Price v. United Kingdom*⁷⁵, an obligation is provided to the states for different treatment of prisoners with disabilities, unlike the treatment received by other prisoners, especially those in the carceral system, with the goal of not causing them further damage.

Although the CRPD has been ratified by the EU and its member states, the concluding observations of the Committee on the Rights of Persons with Disabilities have indicated physical, psychological, and sexual violence and abuse against people with disabilities, especially women with disabilities in family and institutional settings, as well as the exercise of medical treatments, including forced abortion and sterilization⁷⁶.

Despite the modest jurisdiction on the issue of violence against women and girls with disabilities, in order to realize and support the fundamental values of democratic societies, the society must address the challenges surrounding the issue of women and girls with disabilities’ enjoyment of their rights, which must be protected and guaranteed on the same level as all others’.

68 According to the European Institute for Gender Equality (EIGE), intersectionality is an analytic tool for examining, understanding and responding to the ways in which sex and gender intersect with other characteristics/identities, and the ways in which these intersections contribute to unique experiences with discrimination (<https://eige.europa.eu/thesaurus/terms/1263?lang=mk>)

69 <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8376&furtherPubs=yes>

70 The Convention entered into force for the European Union in January 2011. See: Council Decision 2010/48/EC of 26 November 2009 concerning the conclusion, by the European Community, of the United Nations Convention on the Rights of Persons with Disabilities, OJ L 23, 27.1.2010. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32010D0048>

71 https://www.echr.coe.int/Documents/Convention_MKD.pdf

72 *X and Y v. the Netherlands*, 26 March 1985, § 23, Series A no. 91. Available at: <https://bit.ly/2ZVmlaG>

73 *Stanev v. Bulgaria* case, Application No.36760/06, January 17 2012.

74 https://www.legislationline.org/download/id/3520/file/Case_of_Z_and_Others_v_UK_2001_en.pdf

75 <https://www.globalhealthrights.org/wp-content/uploads/2013/02/ECtHR-2001-Price-v-United-Kingdom.pdf>

76 European Disability Forum (2021) Violence against women and girls with disabilities in the European Union - Position Paper. Available at: <https://bit.ly/3wpuYWY>

NATIONAL LEGAL FRAMEWORK

Our legislation considers the following as social risks: health risks (illness, injury, disability), risks of old age and aging, risks of single-parent families, unemployment risks, loss of subsistence income on the grounds of work and similar, poverty risks and risks of other kinds of social exclusion⁷⁷. Based on the assessment of the most prominent inequalities and key factors for discrimination, such as identity (age, sex, gender identity, ethnicity, religion, disability), geographic location, vulnerability to shock, adverse effects of governing and specific socio-economic status (facing multidimensional poverty and inequality), the most vulnerable groups in North Macedonia are: youth not in education, employment or training (NEET)⁷⁸, women and girls, the Romani, children, people with disabilities, refugees/migrants/asylum seekers/internally displaced persons/persons without citizenship, LGBTI persons, those living in rural areas, and seniors⁷⁹.

In 2021, the new **Law for the Prevention of and Protection from Violence against Women and Domestic Violence**⁸⁰ was adopted, following the Law for the prevention, stopping of and protection from domestic violence⁸¹, the first systemic law in that area. The new law aims to widen the system for the prevention of and protection from all forms of gender-based and domestic violence, in accordance with the recommendations of the IC, namely “*the prevention and stopping of gender-based violence against women and domestic violence, effective protection of victims of any form of gender-based violence against women as well as victims of domestic violence with respect to the fundamental human rights and freedoms ensured by the Constitution of the Republic of North Macedonia and international treaties*”. The law includes the principle of non-discrimination, according to which the measures, activities and services for prevention and protection of women from gender-based violence are enforced without discrimination on the grounds of disability (Article 5 § 3). Women with disabilities are singled out as a vulnerable category of women (Article 7) and Article 8 states that “the measures, activities and services for victims of gender-based violence against women and domestic violence, shall be appropriately adjusted to the specific needs of women with disabilities”. Essential to the creation of general and/or specific measures for the prevention of and protection from violence is, of course, the obligation of gathering data (Articles 28 - 32). A positive aspect in this direction is that separation on the basis of disability is anticipated as a mandatory obligation in the record-keeping of cases on GBV against women and victims of domestic violence.

Even though the Law itself mentions all forms of violence against women and domestic violence, it does not encompass the definitions of institutional and structural violence against women with disabilities, which most often present as hidden or overt patterns of discriminatory institutional behaviour, discriminatory cultural traditions and discriminatory social norms and/or rules⁸². The text of the Law provides the inclusion of a large number of actors in securing the prevention of and protection from violence, but it does not provide measures through which different actors would reach women and girls with disabilities directly, nor does it provide measures which would guarantee that their opinions have been

77 Spasovska, S., Bornarova, S., Bogoevska, N., Ivanoski, B., Dauti, I., Georgievska, S. (2013) *Handbook for the development of social services for vulnerable groups in local communities*, MLSP.

78 Acronym: Not in Education, Employment, or Training.

79 VNR 2020, p. 15. Available at: <https://bit.ly/3kgimwO>

80 “Official Gazette of the RNM” No. 24, January 29 2021.

81 “Official Gazette of the RM” No. 138, September 17 2014.

82 General comment No. 3 (2016), Article 6: Women and girls with disabilities, UN Committee on the Rights of Persons with Disabilities, paragraph 17(e). Available at: <https://www.refworld.org/docid/57c977344.html>

fully taken into consideration and that they will not be subject to pressures over the expression of their opinions and issues, especially in regard to sexual and reproductive health and rights, as well as GBV, including sexual violence. The state must promote the participation of representative organizations of women with disabilities in the process as a whole, and not just that of consulting bodies and mechanisms related to disability⁸³. Additionally, the Committee on the CRPD indicates, in its concluding observations on the country, that “*the state must conduct an investigation of all allegations of violence and abuse against persons with disabilities, especially those with psychosocial and/or intellectual disabilities as well as suspicious reasons for the deaths of users within institutions*”.

Aiming for a more effective implementation of the Law for the prevention of and protection from violence against women and domestic violence, several sub-legal acts and standard operating procedures have been adopted. In 2015, the Government adopted the Protocol for mutual cooperation between competent institutions and associations for the stopping of and protection from domestic violence⁸⁴, which regulates the cooperation between competent institutions and associations for the protection, help, and support of victims of domestic violence, as well as securing the treatment of perpetrators of domestic violence. In the Rulebook for the method of conducting an assessment of the risk of serious endangerment of the life and physical and mental integrity of the victim and members of their family, the risk of repeated violence, appropriate risk management, enforcement and respect of the measures for protecting women victims of gender-based violence and victims of domestic violence, taken from the Center for social work along with the necessary forms⁸⁵, experts have taken into account the circumstances specific to each individual case (Article 8), and disability is touched on solely as one of the circumstances which could increase the risk of future violence against the victim and their further victimization (Article 9). In the Standards and procedures for the operation of a center for persons victims of domestic violence (shelter)⁸⁶, one of the stated indicators is the center’s accessibility to people with physical disabilities and impeded movement, which exclusively recognizes people with physical disabilities. The standards, thus defined, are not in accordance with the accessibility standard according to Articles 2, 9, and 21 of the CRPD and therefore lead to discrimination against people with disabilities in accordance with Article 5 of the CRPD.

By adopting the National Action Plan for the implementation of the IC⁸⁷ in 2018, the Government has obliged all relevant institutions and authorities to draft operational plans which will provide for the implementation of activities which should be publicly posted on their web pages. Still, some of the institutions do not fulfill this obligation⁸⁸. The Ministry of Interior’s Operational plan for 2020⁸⁹ states one of these activities as “*[e]quipping and adapting pleasant rooms accessible to people with disabilities for avoiding secondary*

83 Report of the Special Rapporteur on the rights of persons with disabilities A/HRC/31/62, § 70. Available at: <https://undocs.org/en/A/HRC/31/62>

84 <https://www.mtsp.gov.mk/content/pdf/pravilnicisocijalna/protokol.pdf>

85 “Official Gazette of the RNM” No. 240/21. Available at: https://www.mtsp.gov.mk/content/pdf/pravilnicisocijalna/rizik_pravilnik_240_21.pdf

86 <https://www.mtsp.gov.mk/content/word/dokumenti/dokumenti%202018/standardi/zasolniste.pdf>

87 https://mtsp.gov.mk/pocetna-ns_article-nacionalniot-plan-za-sproveduvanje-na-konvencijata-za-spreccuvanje-i-borba-protiv-nasilstvoto-vrz-zen.nspj

88 Balshikjevska, M. and Avramovska Nushkova, A. (2020) *Report on the progress of the Republic of North Macedonia in the enforcement of the National action plan for the implementation of the Istanbul convention*, National network against violence over women and domestic violence. Available at: <http://www.glasprotivnasilstvo.org.mk/wp-content/uploads/2021/02/NAP-finalen.pdf>

89 MOI’s 2020 Operational plan. Available at: <https://bit.ly/3bOpb48>

victimization of the victims of gender-based violence". In regards to training, the operational plan cites general training, without taking into consideration raising the capacities of police officers and professionals who provide services, in accordance with Article 16 of the CRPD.

In 2020, a new **Law for the Prevention of and Protection from Discrimination**⁹⁰ was adopted, establishing the legal framework for protection from discrimination on various grounds, with which, according to the Law, "all discrimination on the grounds of race, skin colour, origin, national or ethnic belonging, sex, gender, sexual orientation, gender identity, belonging to a marginalized group, language, nationality, social origin, education, religion or religious belief, political belief, other beliefs, disability, age, family or marital status, property status, health status, personal and social status or any other ground (further in the text: discriminatory ground), is prohibited". The Law represents a significant instrument in dealing with multiple discrimination which women face as a result of the intersection of gender with other identities. Intersectional discrimination is provided for in Article 13 of the Law as one of the "more severe forms of discrimination". The Law mentions disability as one of the grounds for discrimination (Article 5), including a definition of person with disabilities (Article 4) which is in line with Article 1 of the CRPD. The Law prohibits all types and forms of discrimination, including discrimination by association, as well as the lack of reasonable accommodation. However, there is an evident problem in relation to the understanding and application of the principle of reasonable accommodation, which has proved to still be insufficiently clear and is differently interpreted.

In 2019 a new **Law on Social Protection**⁹¹ was adopted, signifying a big step in the promotion of social protection in the Republic of North Macedonia. The aim of this law is the reform of the entire system for social protection for more effective fulfillment of the needs of citizens, among whom women and girls from vulnerable categories have an especially significant place. The new Law for social protection promotes the principle of equal treatment and non-discrimination, including disability as a ground for discrimination. Despite formal equality, essential and inclusive equality are not provided by the Law. Independent living mostly depends on informal support networks. The necessary support services are undeveloped and are mostly parts of public children daycare centers, as well as OPDs and CSOs. Deinstitutionalization is widely understood as the dislocation of people with disabilities into small group homes and changes to the nature and care of institutions⁹². The concerned parties, OPDs and CSOs, including the persons with disabilities themselves and the parents of children with disabilities, have no conception of independent life⁹³. Namely, as the General comment No. 5 of the Committee on the Rights of Persons with Disabilities⁹⁴ states, independent living and inclusion in the community means the exercise of the freedom of choice and control over the decisions which affect one's life with a maximum level of self-determination and interdependence in society itself. This right includes the principle of inherent dignity, autonomy and self-determination, according to which all persons with disabilities should be free to choose to be active and to belong to a culture of their choice, and must have an equal degree of choice and control over their lives as other members of the community.

90 "Official Gazette of the RNM" No. 258/2020, 30 October 2020.

91 "Official Gazette of the RNM" nos. 104/19, 146/19, 275/19, 302/20 and 311/20.

92 Panayotova, K., Kochoska, E. (2020) *Analysis: Work Assistance and Support for Employment of People with Disabilities Leaving Institutional Care*.

93 Ibid.

94 General Comment No. 5 on living independently and being included in the community, Committee on the Rights of Persons with Disabilities, Eleventh session, CRPD/C/GC/5, 27 October 2017. Available at: <https://digitallibrary.un.org/record/1311739?ln=en>

The large number of bylaws in this field do not provide any mechanisms for informing, protecting, or rehabilitating victims of violence accommodated in various forms of non-institutional protection.

Furthermore, a new **Law on Gender Equality** is in the final stages of preparation, establishing a wider framework for gender equality in our legislation. The aim of this law is to include gendered aspects in the making of decisions and measures across all levels, vertical and horizontal, as well as to introduce specific procedures and measures for the full promotion of gender equality and combating gender stereotypes and prejudices, thus preventing gender-based violence and domestic violence.

The **Law on the Protection of Children**⁹⁵ lacks many measures which would lead to an inclusive equality, from the aspect of applying the principle of best interests and preferences of children with disabilities, the principle of promoting the developing identity of children with disabilities, the approach towards defining children and adults with disabilities, as well as their active inclusion in all processes. According to the Law, a child "is considered to be any person up to a full 18 years of life, as well as persons with psychological and physical development disabilities up to a full 26 years of life" (Article 11). The Law is burdened by different terminology and has a medical conception of the state of disability. Article 12(2) prescribes that "all forms of sexual exploitation and sexual abuse of children (harassment, child pornography, child prostitution), violent coercion, child sale or trafficking, physical or psychological violence and abuse, punishment, or other inhuman treatment, all kinds of exploitation, commercial use and abuse of children which violate fundamental human rights and freedoms as well as the rights of children, are prohibited". Despite the listed forms of violence, the Law does not provide special measures for the prevention of and protection from violence against children with or without disabilities.

Persons with psychological disorders especially face many negative prejudices and stereotypes, founded on the mistaken perceptions "that these persons are "dangerous" to the environment, "incapable of independent life", "weak", "incapable of making decisions", "indecisive", "irresponsible", and most defeatingly, that they are "at fault" for their own mental condition"⁹⁶. Such stigmatization has serious consequences on the health and sense of personal value of a person and leads to isolation and exclusion from society⁹⁷. The **Law on Mental Health**⁹⁸ points out that "[t]he protection of people with mental illnesses is founded on providing the best care, treatment, and rehabilitation in accordance with ongoing achievements in the field and within the constraints of available resources, appropriate to the individual needs of the person, with no psychological or physical abuse, with full respect of the dignity of their person and in their best interests". In accordance with Article 1 of the CRPD, persons with psychosocial disabilities are not considered persons with disabilities. According to the latest recommendations from the European Committee on the Prevention of Torture, Inhuman or Degrading Treatment or Punishment⁹⁹, besides the need for regular

95 "Official Gazette of the RM" nos. 23/13, 12/14, 44/14, 144/14, 10/15, 25/15, 150/15, 192/15, 27/16, 163/17, 21/18 и 198/18.

96 Stamenkova-Trajkova, V., (2013) *Prejudices against people with mental disorders and their inclusion in the workforce* (Doctorate thesis), "St. Cyril and Methodius" University - Skopje, Faculty of Philosophy, "Mother Theresa" Institute for social work and social politics, p. 38. Available at: <https://bit.ly/3Cb164j>

97 Ibid.

98 "Official Gazette of the RM" nos. 71/07 and 150/15.

99 Council of Europe (2021) *Report to the Government of North Macedonia on the visit to North Macedonia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 2 to 10 December 2020*. Available at <https://rm.coe.int/1680a359cb>

open-air activities and augmenting rehabilitative activities, all users of the Demir Kapija SI, regardless of whether their intellectual capacity has been removed, should be allowed the effective right to open proceedings on the legality of their institutionalization and stay and to be provided a regular and immediate review and assessment by the courts of the decisions for institutionalization.

For the most part, medical institutions are physically inaccessible¹⁰⁰, as are a large part of public and private health practices. The **Law on the Protection of Patients' Rights**¹⁰¹ provides the right to information for patients with permanently diminished reasoning capacity (Article 11), but due to a lack of training on communication and approach towards people with disabilities, in practice this right is impeded. Disability is not part of the criteria for professional development in the field of public health¹⁰². The implementation of activities from the Action plan for reproductive and sexual health¹⁰³ provided training sessions for primary care physicians and social workers across the country. As to the exercising of the right to terminating a pregnancy, in the existing legal solution¹⁰⁴, the application for a pregnant minor or person whose intellectual capacity has been removed is submitted by their parent or guardian (Article 10). The Law on the Termination of Pregnancy does not provide ways of securing consent from women with disabilities, nor does it provide methods for communication and counseling for women placed in institutions and/or group homes and/or new forms of organized supported living. Stereotypes and the way of thinking are an additional obstacle in the exercising of rights to health protection for people with disabilities¹⁰⁵. With this provision, thus stated, and taking into account the condition of women with disabilities, the forced abortions and sterilization performed on these women, when resulting from a legal process through which decisions are being made by their legal guardians, against their will, could amount to torture or ill-treatment¹⁰⁶. This formulation of the legal framework, as well as the existing system where parents or guardians of some persons with disabilities make decisions on their part, is completely opposed to the obligations of the CRPD and the IC.

The obligation of the state in accordance with the CRPD is to provide systems for the support of victims of any form of exploitation, violence, and abuse with the aim of promoting the physical, mental, and psychological healing, rehabilitation, and social reintegration of persons with disabilities which needs to be enforced in an environment that promotes the health, well-being, self-respect, dignity, and autonomy of persons and takes into consideration the specific needs relating to the gender and age of the person with a disability¹⁰⁷. General comment No. 2 of the Committee on the Rights of Persons with Disabilities¹⁰⁸ imposes an

¹⁰⁰ Velichkovski, R. (2012) *Sexual and reproductive health and persons with physical disabilities - Report from a service needs assessment*, Hera, p. 20. Available at: <https://bit.ly/3vEHUba>

¹⁰¹ "Official Gazette of the RM" Nos. 82/08, 12/09, 53/11 и 150/15.

¹⁰² "Official Gazette of the RM" No. 136/2011.

¹⁰³ <http://iph.mk/wp-content/uploads/2019/08/Nov-tekst-na-AP-usoglasen-so-Sekretariat-za-zakonodavstvo-11.09.2018.pdf>

¹⁰⁴ "Official Gazette of the RM" no. 101/2019, 22 May 2019.

¹⁰⁵ Velichkovski, R. (2012) *Sexual and reproductive health and persons with physical disabilities - Report from a service needs assessment*, Hera, p. 61-62

¹⁰⁶ Convention on the Rights of Persons with Disabilities, Articles 12(4) and 23(1) (b) and (c) and the Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, E/CN.4/2005/51, paragraphs 9 and 12.

¹⁰⁷ Poposka, Zh. (2018) *Interpreting the UN International Convention on the Rights of Persons with Disabilities*, Polio Plus. Available at: https://vlada.mk/sites/default/files/dokumenti/tolkuvac-un_konvencija

¹⁰⁸ General comment No. 2 of the Committee on the Rights of persons with disabilities. Available at: <https://bit.ly/3npFMjX>

obligation on the contracting states to make all safe houses, support services and procedures accessible to persons with disabilities with the aim of providing an effective and significant protection from violence, abuse, and exploitation for these persons, especially women and children with disabilities. Parallel to this, the state also has an obligation to adopt legislation and policies which will guarantee that cases of exploitation, violence, and abuse of persons with disabilities have been identified, investigated, and criminally prosecuted.

The disability community faces hardships in regard to the exercising of their right to access justice which restricts their right to fair and just trial under equal circumstances¹⁰⁹. The courts in this country are almost completely non-functioning for persons with disabilities, and the judges' knowledge of the field of disability¹¹⁰ and knowledge of the rights of the CRPD is still at a very low level. The analysis of court proceedings initiated for protection from discrimination in 2020 point to a lack of data collection of clearly separate statistics in regard to the fields and grounds for discrimination, meaning that courts do not include the ground of disability, therefore lacking data on possible trends and occurrences in this field¹¹¹.

Persons with disabilities very rarely appeal to the Ministry of Justice regional departments for free legal aid, as a result of a lack of information on these services, but also insufficient training of officials for working with persons with disabilities¹¹². Additionally, the organizations offering FLA generally do not have enough resources at their disposal to communicate with persons with disabilities. Some CSOs working with vulnerable groups (persons with HIV, the LGBT community, Romani, women) have not yet cooperated with or included persons with disabilities, not as users nor as part of their teams¹¹³.

Regarding violence against women and girls with disabilities, the Committee on the CRPD has pointed out in its concluding remarks on the state¹¹⁴ that: national gender policies and programmes do not include the issue of disability; there is a lack of special measures for protection of women and girls with disabilities from gender-based violence, especially those with psychosocial and/or intellectual disabilities; there is a lack of consistency in the laws concerning access to justice for persons with disabilities and the lack of legislation on disability-related hate crimes. Along these lines, the Committee indicates that the state should: conduct an investigation on all allegations of violence and abuse against persons with disabilities, especially those with psychosocial disabilities and/or intellectual disabilities as well as suspicious reasons of death of institutional users; to revise the existing legislation and policies in order to add legal remedies and sanctions to prevent all forms of violence, abuse, and mistreatment against persons with disabilities, especially women, girls and children with psychosocial disabilities and/or children with intellectual disabilities, in public and private spheres; to provide training of staff and workers in shelters for a human rights-based approach to disability; to ensure that shelters for victims of violence and their services are available to persons with disabilities; to take measures to change the criminal law, in order to recognize crimes against persons with disabilities as hate crimes; to take measures

¹⁰⁹ Petrovska, N. and Avramovski, D. (2021) *Legal, financial, and physical access to justice in the primary courts in the Republic of North Macedonia*. Coalition "Everyone for fair trials" (Site za pravichno sudenje).

¹¹⁰ Committee on the Rights of Persons with Disabilities (2018) Concluding observations on the initial report of the former Yugoslav Republic of Macedonia.

¹¹¹ Human Rights Institute (2020) *Human rights conditions in the Republic of North Macedonia*. Available at: <https://bit.ly/3pzATYc>

¹¹² Jovanovska, B. (2020) *Legal strengthening in the community in the process of deinstitutionalization: a report*. Helsinki committee on human rights.

¹¹³ Kochoska, E., Jovanovska, B., Ortakovski, T., Stanojkovska-Trajkovska, N., Georgievska, S. (2021) *Analysis of the conditions on the issue of disability in R. N. Macedonia*, UNICEF (working version)

¹¹⁴ CRPD/C/MKD/CO/1. Available at: <https://bit.ly/3bPHPZh>

to ensure that all persons with disabilities have access to justice and that information and communication comes in an accessible format; to introduce special measures for women and girls with disabilities in existing legislation, to include their rights in gender policies and programmes and to promote affirmative actions with the aim of promoting their rights; to implement effective legal, political, and practical measures with the aim of dealing with gender-based violence against women and girls with disabilities; to take all necessary measures for increasing the access to regular services and reasonable accommodation for all women and girls with disabilities; to ensure the inclusion of organizations of women and girls with disabilities in the development, implementation, and monitoring of such services.

RESEARCH METHODOLOGY

In order to provide relevant and credible information, as the first research of its kind in the country, this research was conducted using multiple qualitative investigative methods and tools. A desk research was performed of documents, policies, laws, and other literature in the field of gender-based and domestic violence and the rights of persons with disabilities, with a focus on women and girls with disabilities. Aiming to touch more deeply on the conditions and needs of women and girls with disabilities, the analysis takes into account the national and local context, as well as national policies and legislation aimed towards persons with disabilities, with an accent on women and girls with disabilities and the prevention of and protection from violence against women and domestic violence.

Besides the legal framework, the analysis aims to show the perceptions of those who work on policy creation and practice and those who implement it in direct contact with users - women and girls with disabilities, as well as the views of the women and girls with disabilities themselves. To this end, data was gathered through:

1. Requests for access to information sent to relevant institutions and organizations working in the field of gender-based and domestic violence;
2. Online questionnaires which were sent to relevant parties on a central and local level; and
3. Interviews and focus groups with women and girls with disabilities.

GATHERING DATA AND SAMPLES

Requests for access to information of public character¹¹⁵

One of the methods used in conducting the research was the collection of data by submitting requests for free access to information to the institutions and establishments identified in the mapping of relevant parties to the issue of discrimination and violence against women and girls with disabilities. Requests for free access to information were submitted to:

- 22 PI Intermunicipal centres for social work (PIICSW), in Skopje, Strumica, Bitola, Veles, Tetovo, Ohrid, Shtip, Kochani, Berovo, Makedonski Brod, Gevgelija, Gostivar, Debar, Delchevo, Kumanovo, Kriva Palanka, Kavadarci, Negotino, Prilep, Radovish, Struga, and Sveti Nikole;
- The Ministry of Labour and Social Policy;
- PI Special Institute - Demir Kapija;
- PI Special Institute - Banja BANSKO;
- PHF Psychiatric hospital - Demir Hisar;
- PHF Psychiatric hospital - Skopje;

¹¹⁵ ANNEX 3.

- The Ministry of Internal Affairs;
- Public Prosecutor's Office - Skopje;
- The Ombudsperson Institution; and
- 10 civil society organizations offering assistance and services to women victims of gender-based and domestic violence: Macedonian Young Lawyers Association, "Florence Nightingale" - Kumanovo, WO St. Nikole, Subversive Front, National Network against violence against women and domestic violence, National Council for gender equality, Sky plus - Strumica, WO of the City of Skopje, Crisis Centre "Hope" and HERA - First family centre.

Responses to these requests were received from:

- 14 PIICSW (Berovo¹¹⁶, Bitola¹¹⁷, Veles¹¹⁸, Gevgelija¹¹⁹, Debar¹²⁰, Kavadarci¹²¹, Kochani¹²², Kumanovo¹²³, Makedonski Brod¹²⁴, Negotino¹²⁵, Prilep¹²⁶, Radovish¹²⁷, City of Skopje¹²⁸, and Tetovo¹²⁹);
- PHF Psychiatric hospital - Skopje¹³⁰;
- Special Institute - Banja BANSKO¹³¹;
- Special Institute - Demir Kapija¹³²;
- The Ministry of Internal Affairs¹³³;
- The Ombudsperson Institution¹³⁴;
- Public Prosecutor's Office of the Republic of North Macedonia¹³⁵;
- Macedonian Young Lawyers Association¹³⁶; and
- HERA - First family centre¹³⁷.

116 Archival number: 03-300/2 on 22.07.2021

117 Response received on 11.08.2021

118 Response received on 22.07.2021 in an electronic message

119 Archival number: 03-701/2 on 27.07.2021

120 Response received on 22.07.2021

121 Archival number: 21-1252 on 27.07.2021

122 Archival number: 03-37/1 on 19.07.2021

123 Archival number: 3239/1 on 31.08.2021

124 Archival number: 03-137/3 on 26.07.2021

125 Archival number: 21-370/2 on 29.07.2021

126 Archival number: 03-970 on 20.08.2021

127 Response received on 22.07.2021 in an electronic message

128 Archival number: 2001-9 on 09.08.2021

129 Response received on 28.07.2021 in an electronic message

130 Archival number: 03-891/2 on 30.07.2021

131 Response received on 20.07.2021

132 Archival number: 03-456/3 on 10.08.2021

133 Decision number 16.1.2-989/1 on 30.07.2021

134 Response received on 26.07.2021 in an electronic message

135 Archival number: 523/2 on 15.10.2021

136 Response received on 27.08.2021

137 Response received on 16.08.2021

Online questionnaires¹³⁸

Online questionnaires were sent to the Units of local self-government (ULSs), the members of the Coordinating Body for the implementation of the UN Convention on the Rights of Persons with Disabilities, and civil society organizations (CSOs) working in the field of prevention of and fight against violence against women and domestic violence. The aim of the use of this investigative tool was to observe the perceptions of those working on the creation of policies and practices and those who implement them in direct contact with the users - women and girls with disabilities.

In order to receive data on the situation on a local level, the questionnaire was sent to the Coordinators for equal opportunities for women and men or persons responsible for working with people with disabilities (in municipalities where such a position exists) in every municipality in the country and in the City of Skopje (81 in total). Responses were received from 32 persons employed in 31 ULSs (Gradsko, Aerodrom, Bitola, Brvenica, Valandovo, Vevchani, Vinica, Gazi Baba, Gevgelija, Gjorche Petrov, Debar, Delchevo, Demir Kapija, Kavadarci, Karposh, Kisela Voda, Konche, Kriva Palanka, Lozovo, Mavrovo and Rostushe, Novaci, Probishtip, Staro Nagorichane, Struga, Tetovo, Centar, Centar Zhupa, Chair, Chashka, Cheshinovo-Obleshevo and Shtip). Out of 32 respondents, 26 are Coordinators for equal opportunities for men and women, and 6 have other positions. Most respondents (28) have been working in ULSs for more than 3 years. Only 6 of 32 respondents have answered that they work directly with people with disabilities, and one person answered that they previously worked in such a position, but there had been a change of work positions within the institutions.

The questionnaire was also sent to 26 civil society organizations (CSOs) working in the field of women's rights, with a focus on prevention of and fight against gender-based violence and domestic violence. 13 organizations responded, including: NGO SUN Delchevo, Helsinki Committee for Human Rights, Polio Plus - movement against handicap, Centre for research and policy making (CRPM), Crisis Centre "Hope", EHO Educative humanitarian organization - Shtip, Macedonian Young Lawyers Association, National Network against violence against women and domestic violence, HERA, Alliance-National Council for gender equality and Women's Organization - Strumica.

11 of the organizations which responded to the questionnaire act on a national level, 1 on a local level, 3 on a regional level, and 1 is a national network. All of the organizations have been operating for more than 10 years, 7 of them operating for more than 10 and 6 of them for more than 20 years. Most of the respondent organizations (7) have 5 to 10 employees, 4 have more than 10 employees, and 2 have 1 to 5 employees. Only one organization has employed persons with disabilities. Women and girls with disabilities are a direct target group of the work performed by 4 of the organizations.

Out of the 24 members of the Coordinating Body for the implementation of the UN Convention on the Rights of Persons with Disabilities who are employed in bodies of public administration to whom the questionnaire was sent, 7 persons submitted answers, 2 of them members of the Ministry of Education and Science, 2 of them members of the Ministry of Health and one member each of the Ministry of Foreign Affairs, the Ministry of Justice, and the Secretariat for European Affairs.

138 ANNEX 4 and 5

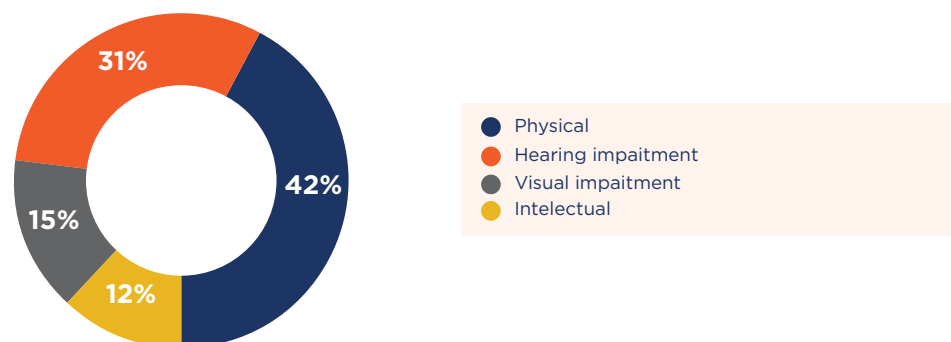
Interviews and focus groups¹³⁹

The research directly engaged a total of 75 women and girls with various disabilities - 15 through individual interviews and 60 through focus groups.

In regards to age, 16 women were aged 20-29, 16 were aged 30-39, 18 were aged 40-49, 18 were aged 50-59, and 7 were over 60 years of age.

In regards to disability, 32 women and girls with physical disabilities, 23 deaf women and girls, 11 blind women and girls and 9 women and girls with intellectual disabilities were included.

Type of disability



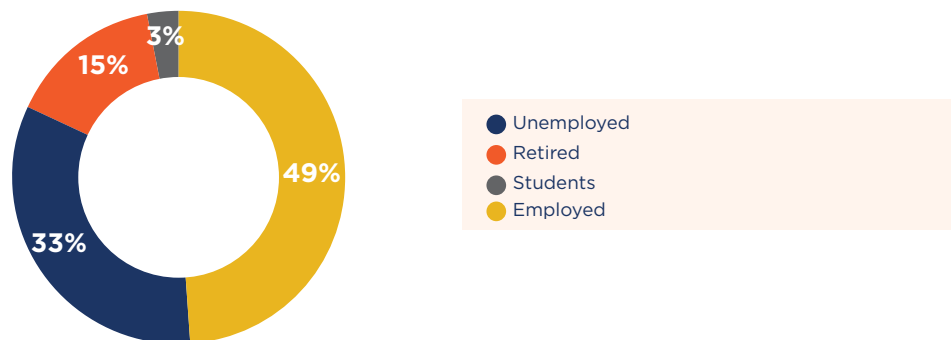
26 of the women and girls are from Skopje, and the remainder are from other cities in the country (Bitola, Strumica, Tetovo, Struga, Veles, Gevgelija, Shtip, Prilep, Resen, Ohrid, and Negotino).

7 of 75 women and girls with disabilities who took part are Albanian, 8 are Romani, 2 are Serbian, 1 is Turkish and the rest are Macedonian.

16 of the women and girls who participated in the interviews and focus groups have completed higher education, 36 have completed high school education, 18 of whom were enrolled in special schools, and the remainder have completed primary school.

25 of the respondents are unemployed, 11 are retired, 2 are students and the remainder are employed.

Employment



Regarding marital status, 26 of the respondents are married, 6 are divorced, 7 are widowed and the rest are not married.

Due to the COVID-19 virus pandemic, part of the interviews and focus groups were conducted face-to-face, and another part via Internet communication tools (Zoom, Viber, WhatsApp). At the beginning of each interview and focus group, the participants were informed that the conversation is being recorded and that confidentiality is guaranteed for their data, information, and statements. Due to the sensitivity of the topic and the need for protection of personal data, the report does not use this personal data, and the quotes and examples do not identify the participants. The identity of the participants in the research is known only to the research team, and the recorded materials are appropriately protected and accessible only to the research team.

DATA ANALYSIS

In accordance with the methods for gathering data and the various actors which the research encompasses, the data analysis took place over three levels, or three different coding frameworks. The questions from the requests for information of public character and the online questionnaires were closed and unified and the coding was conducted according to the established groups of questions, whereas the questions for the interviews and focus groups were mainly open-ended questions which were then coded and analyzed qualitatively, through a wider matrix and with direct quotations, to achieve the inclusion of the most credible testimonials and statements from women and girls who participated in the research directly. Considering the sensitivity of the topic, confidentiality was guaranteed for all participants in the research, whose identity is accessible only to the research team.

RESEARCH LIMITATIONS

As this is the first research of its kind on this topic in the country, there is a lack of relevant national literature which could serve as a foundation and reference for the research. Due to this, the hypothesis was formulated by the findings from research within the country on gender-based and domestic violence against women and girls, which included data on the increased frequency of the occurrence, as well as on the perceptions of women and girls in relation to violence in our country. The research and the analysis also included findings on violence against women and girls with disabilities.

One of the main findings of the previous research on violence against women in our country is that violence is generally not talked about and/or not recognized, which is an even more frequent occurrence among women with disabilities. This represented a particular challenge in the research, due to the fact that women and girls with disabilities found it harder to speak about their personal experiences in larger groups. Because of this, the researchers decided to increase the number of planned individual interviews, and to decrease the number of focus groups proposed in the research plan, aiming to provide the participants with a more intimate and confidential atmosphere.

Finally, the course of the research was impeded as it was conducted during the COVID-19 pandemic. For protection from the virus, the research team decided to conduct most of the

interviews and focus groups via the communication tools Zoom, Viber, WhatsApp, Skype, etc. The small number of interviews and focus groups which could not be organized over the Internet were conducted with personal presence, respecting all measures and protocols for protection against the COVID-19 virus, meaning in an open space, with sufficient distance between the participants, with disinfectants and masks.

RESEARCH FINDINGS

WOMEN AND GIRLS WITH DISABILITIES' UNDERSTANDING AND RECOGNIZING OF DISCRIMINATION AND VIOLENCE

All women and girls who participated in the interviews and focus groups (75 in total) could name some form of violence, and most of them can distinguish between discrimination and violence. Physical violence is prevalent as the most recognized type of violence, but there are respondents who also recognize financial and psychological violence. Discrimination most often occurs within institutions and in the workplace. Women and girls with disabilities often face discrimination during employment (“*We need someone who presents better*”¹⁴⁰), in the educational system (one of the respondents was told by a university professor “*Why bother with a degree, you’re a person with disabilities, normal people can’t find jobs, let alone you with a disability...*”¹⁴¹), at places of employment (usually working in protective companies, regardless of education and qualifications), etc.

However, some types of violence are not recognized even when they have been personally experienced, like, for example, stalking, blackmailing, conditioning, and others. One of the respondents spoke about a former partner who forbade her from seeing friends, followed her movement and affected her abortion decision, but she sees it all through the prism of love and his dedication to their relationship, not recognizing it as abuse. Inappropriate conduct in public places is also seen as normal and usual and not considered a type of abuse or violence.

Although most respondents recognize some form of violence and can make the distinction between discrimination and violence, they are not familiar with the Convention on the rights of persons with disabilities, nor with any of the other definitions, terms, and legal solutions (“*Ableism? That’s a severe illness, when you’re bleating*”¹⁴²).

WOMEN AND GIRLS WITH DISABILITIES' PERCEPTIONS OF VIOLENCE AND GENDER ROLES

To observe the perceptions in regard to violence and the existence of stereotypes and prejudices in relation to gender roles, women and girls with disabilities who participated in the research were asked if they agree with several statements which were formulated to show stereotypical thinking and roles.

The first statement on which the respondents gave their opinions was “**The husband is the one who should be in charge in the family when making decisions**”. In relation to this statement, 8 (of 75 in total) respondents agreed, whereas all the others stated that the man and woman should be equal and make family decisions together. Those who agreed with the statement see the man as the head of the family, the breadwinner who takes care of the others (“*the wife should listen to the husband, should respect him... the husband handles the money and should buy for her*”¹⁴³). One of the respondents emphasized that the situation is slightly different in Albanian families, meaning that the husband and wife are not the only ones

making decisions¹⁴⁴, and another respondent emphasized that the economical powerlessness of women with disabilities places them in a subordinate role within the family¹⁴⁵.

The perception that women provoke the violence inflicted on them still dominates, meaning the guilt is still largely placed on the victims themselves. A surprising 40 (of a total of 75, meaning 54%) of respondents answered in agreement with the statement “**Women are often themselves at blame for violence**”. They identify the victims’ guilt in provocative clothing and behaviour (“*jacket on her head, ass bared*”¹⁴⁶, “*with how much nudity there is, sometimes it’s a blessing not to have sight*”¹⁴⁷), contradicting the man (“*women can talk too much, she always finds something wrong*”¹⁴⁸, “*if someone’s asking for it, they will get it*”¹⁴⁹), causing jealousy in the man (adultery as a reason for physical violence¹⁵⁰, quoting phrases such as “*Beat the wife 3 times per day, if you don’t know why you’re beating her, she will know*”¹⁵¹), etc. The generational difference is evident in the opinions around this statement, meaning that even though a large part of respondents believe that younger girls who dress provocatively cause violence, younger women and girls are opposed to this thinking (for example, one deaf girl does not consider herself guilty “*because someone has an issue with stimuli*”¹⁵²).

Regarding the statements “**Domestic violence is a private affair and should be solved within the family**” and “**It’s nothing serious if a man hits a woman in the heat of the moment or out of anger**”, not one of the respondents agreed. Several respondents did, however, emphasize that reporting domestic violence depends on the severity and seriousness of the argument, meaning that smaller arguments should be resolved in the home and that in those situations it is good for one person to concede (“*If the husband yells, you stay quiet, a time will come when you can sing*”¹⁵³). At the same time, some of the respondents again emphasized that, even though it should not, violence in these parts usually stays between the four walls of the home due to a lack of trust in institutions and their lack of effectiveness in reacting to cases of domestic violence.

Opinions were more divided in relation to the following statement - “**The wife should satisfy the husband even when she has no desire for intimacy**”. 30 respondents disagreed with this statement (“*there’s 7 days in a week, the world won’t collapse*”¹⁵⁴, “*if that’s so, I’ll wait for him to be tired, so I can get him back, rematch 1:1*”¹⁵⁵), while the rest agreed (“*if she denies him, he will immediately suspect she has been with someone else*”¹⁵⁶, “*the woman also has a duty to write her homework... or she bagged somebody on the side too and discarded her husband*”¹⁵⁷, “*if I deny him, he’ll be angry*”¹⁵⁸).

144 Focus group 10.09.2021

145 Interview 2 (17.08.2021)

146 Focus group 24.07.2021 (1)

147 Focus group 24.07.2021 (1)

148 Interview 14 (07.09.2021)

149 Focus group 24.07.2021

150 Interview 2 (17.08.2021)

151 Focus group 10.09.2021

152 Focus group 24.07.2021 (2)

153 Focus group 10.09.2021

154 Focus group 24.07.2021 (2)

155 Focus group 24.08.2021 (2)

156 Interview 4 (24.08.2021)

157 Focus group 24.07.2021 (1)

158 Focus group 24.07.2021 (2)

140 Interview 15 (07.09.2021)

141 Focus group 10.09.2021

142 Focus group 24.07.2021 (1)

143 Focus group 31.08.2021

Almost all of the women disagreed with the statement **“A woman with disabilities is much more likely to stay with a violent partner than other women”**. They emphasized that financial stability and family support are much more important than disability. At the same time, emphasis was put on the role of the victim’s family in their empowerment and building of their confidence during childhood and development (*“some parents teach children that they can’t do anything on their own, if they have such parents, they’re more likely to stay in a violent relationship”*¹⁵⁹). Another statement that no respondents agreed with was **“A woman should put up with it for the children”**.

The last statement was once again regarding perception of victims, or **“Women who say they have been abused often make it up for attention”**. Opinions on this statement were once again divided. 13 (of a total of 75) respondents agreed with the statement, whereas the rest disagreed or declined to respond. However, those who agreed with the statement emphasized that this happens rarely and that in most cases women who have been victims of violence are not lying.

WOMEN AND GIRLS WITH DISABILITIES’ EXPERIENCES WITH DISCRIMINATION AND VIOLENCE

Everyday experiences of discrimination

All of the women who took part in the research (a total of 75) responded affirmatively to the question of whether they face hardships in their everyday lives. Most of them are largely dependent on family members who help them on a daily basis, and a small number have personal assistants. The hardships faced by women and girls with disabilities are related to the type of disability they have.

Therefore, for women and girls with impaired vision the biggest obstacles are movement barriers, meaning the lack of adjustment of streets and public areas, inaccessibility of public transport, dilapidated sidewalks, etc. Respondents with impaired vision also identified the problem of institutional staff not being trained or used to communicating with blind persons, usually addressing their companions instead of them personally, making the respondents feel humiliated and discriminated against, as though they are invisible and unimportant. Very few of them have the opportunity to function independently, largely due to the lack of programs for the education and integration of blind persons, thus making them dependent on their close ones, meaning the female members of their families, mothers and daughters, who take care of them for the most part and accompany them in their everyday lives.

For women and girls with impaired hearing, the largest obstacles for normal functioning in the society are communication problems, such as the lack of interpreters in institutions, hospitals, and health practices, public enterprises and the like, the inaccessibility of TV content due to the dubbing of most content, as well as the long procedures of acquiring an interpreter. An especially large problem for women and girls with impaired hearing is discrimination in the educational and employment processes. Women and girls with impaired hearing cannot receive quality education due to the lack of interpreters, and they have problems reading and writing as well, which additionally complicates their issue of communicating with the environment. For deaf women and girls family support is of utmost

importance - *“Everything comes down to my mother’s help”*¹⁶⁰, *“I always drag my mother along to my primary care physician”*¹⁶¹, and deafness has become a burden on their existence - *“We’ve exhausted the kids and the family who should help us”*¹⁶².

For women and girls with physical disabilities, the biggest problem is accessibility, which significantly restricts their movement. Although progress has been noted among institutions in regard to accessibility in the past several years, it is far from complete. Many institutions are accessible from the outside, meaning that a ramp for persons with physical disabilities exists, but the inside has inaccessible toilets and/or no elevators. One of the respondents suggested that disability becomes visible when architectural barriers exist and when they need to ask for help, which contributes to the development of prejudice. A respondent with a physical disability stated the example of her divorce proceedings, where three people had to carry her into court because it was completely inaccessible. Another respondent indicated that even parks have stairs and inaccessible sections, so she needs to ask to be escorted even to go to the park. Had these barriers not existed, they would be participating in the society as much as anyone else. Women and girls with physical disabilities also pointed out the issue of prejudice in the environment which contributes to exclusion from society. The focus group of women and girls with cerebral palsy¹⁶³ came up with the conclusion that the parents who are constantly by their side feel a massive burden and exhaustion, which reflects on their quality of life, activity, and progress.

Dependence on the care of their close ones and families for everyday functioning, meaning the fact that they are very rarely on their own, also represents an obstacle for women and girls with disabilities in the development of their sexual lives. Parents usually avoid the topic of sexual education and sexual assistants, which restricts normal functioning in that segment of life for women and girls with disabilities.

Only one of the respondents brought up intersectionality, meaning the existence of multiple identity characteristics which stack as aggravating effects of discrimination¹⁶⁴, and several respondents emphasized that above all, there is an institutional and systemic discrimination (for example, in gynecological practices where examination chairs are not adjusted for women with physical disabilities¹⁶⁵).

Experiences with violence and abuse

The research findings have shown that violence is ever-present in the lives of women and girls with disabilities. Most of the respondents (75) have experienced some form of violence and/or have witnessed violence. 33 of the respondents (44%) said they had directly experienced some form of violence, 14 of the 15 interviewed, and 26 (35%) had been witnesses of violence. Experiences and testimonials of violence and abuse come from different environments, starting from within the family, to the place of employment, institutions, all the way to public spaces.

¹⁶⁰ Focus group 24.07.2021 (2)

¹⁶¹ Focus group 24.07.2021 (2)

¹⁶² Focus group 24.07.2021 (2)

¹⁶³ 22.07.2021

¹⁶⁴ Interview 15 (07.09.2021)

¹⁶⁵ Interview 14 (07.09.2021)

¹⁵⁹ Interview 6 (31.08.2021)

Most of the perpetrators of violence and abuse are part of the family, close ones and relatives. Such experiences range from insults and degradation, all the way to physical attacks with cold weapons and throwing objects. Personal experiences with more serious forms of violence were only shared in interviews, whereas in the focus groups the forms of violence and abuse that were most often recognized and stated by women with disabilities were stalking by strangers, harassment in a public space, harassment in the workplace, violence in institutions for persons with disabilities, etc. This once again points to the fact that violence is still a difficult topic to publicly speak about and that there is a fear of judgment from the environment.

Women and girls with disabilities face mockery and degradation from the earliest of ages, often beginning within the family, and then from the environment. 9 out of 15 interviewed women and girls with disabilities said they had experienced insults and degradation since childhood, mostly on the part of the father, who in several instances blamed the mother for bearing a child with disabilities. Degradation from parents usually goes in the direction that women with disabilities cannot do anything on their own, that they are incompetent, unpleasant to look at, spend time with, and similar degradation (“*Look at yourself!*”¹⁶⁶) while often experiencing pity from the environment (“*Look at her, poor thing!*”¹⁶⁷) and offensive remarks (“*You’re mental, illiterate, you don’t understand anything*”¹⁶⁸). Due to the family and environment’s perception of persons with disabilities as incompetent, they are often isolated in the home from childhood, lacking the opportunity to move on their own and depending on their close ones’ care for their entire lives.

For women and girls with disabilities, the mother is the one who most often has the biggest role of help and support in the family. Almost half of the respondents (75 in total), when asked the question of who they would tell first if they experienced some sort of violence, answered - their mothers. Seven of the respondents said they would first tell their closest friend, and three answered that they would first tell a sibling. Four of the respondents who participated in interviews (15 in total) said they would not tell anybody as they have no one in their immediate family or they lack support from their parents (one of the respondents shared the words of her father: “*If I hear of you doing something that embarrasses us, we at home will end you ourselves*”¹⁶⁹). Still, even those respondents- victims of violence who do find the courage to speak out often face judgment from their close circle and environment. Often it is their mothers who have themselves been victims of violence who advised them to keep quiet, “*so that folks won’t laugh*”¹⁷⁰, and to put up with it so they won’t be left alone (“*the husband is the umbrella of the house*”¹⁷¹). For a smaller number of respondents, assistants and responsible persons in the organizations and associations they are members of would be the ones they would first share a violent or abusive experience with.

Inappropriate comments, bullying, whistles, stalking and following in public spaces are perceived as something normal that every girl and woman experiences. These types of sexual harassment are not very common among women and girls with disabilities as they are very rarely moving alone in public areas, often accompanied by their parents, guardians,

assistants, friends etc. Six respondents said that they have been followed by a stranger which additionally reinforced their fear of moving alone and finding ways of always being with somebody, which significantly restricts their freedom of movement (“*When you can’t hear you don’t know what intention someone has coming at you from the back*”¹⁷²).

15 (of a total of 75) respondents spoke about experiences of physical violence. The perpetrators of violence are fathers and former and current partners. The aggressors were most often under the influence of alcohol, and victims usually put up with the violence due to a lack of support from institutions and their families, and lacking the financial independence to be able to leave. One respondent suffered physical, psychological, and financial violence from her husband for over 40 years because she was not financially stable and received no support from her family (her brother threatened her: “*If you mess something up, I’ll hit you with the butcher’s knife*”¹⁷³). Another respondent spoke about the long-lasting psychological and physical torture inflicted by her ex-husband which carries on to today (divorced since 2008, he still stalks and threatens her). A third respondent spoke about instances where she would call an ambulance, lie about being in pain, just so she could stay in the hospital and not be in the house with her violent husband. Often victims of violence take the blame for the violence, such as one respondent who explained that certain days of the month (during PMS) she is very nervous and irritable, only to reveal during the conversation that the husband drinks, comes home late and reprimands her for not greeting him with a smile (because she’s in “those” days of the month), while he had committed adultery in the past.

The most severe forms of physical violence that some of the respondents have experienced include a broken finger, a bitten nose, a screwdriver stabbing, hitting with objects, as well as cuts and bruises. Five of the most severe incidents included children as witnesses.

Physical violence is almost always accompanied by psychological and financial violence. One respondent spoke about her father who took the money paid in damages for the car accident which left her immobile, and spent it drinking and gambling¹⁷⁴. Several other respondents said that violent husbands took their paychecks, making them entirely financially dependent on the partner and having no option to leave.

Respondents who stayed in institutions or foster homes in some periods of their lives spoke about a horrifying atmosphere of violence, degradation and neglect (“*like thrown out dogs*”¹⁷⁵). Within institutions, respondents have experienced physical violence on the part of staff or other wards, neglect (wards learn nothing and no work is done on their development), medical regulation (one respondent claimed that her food was spiked with medication that made her sleep for days), as well as sexual abuse (inappropriate touching, making them take their clothes off in front of others etc.). One of the respondents who participated in the focus group spoke about the violence she suffered in a foster family, where she was not provided the necessary care and treatment, was beaten and had objects thrown at her (rolling pins, chairs, etc.).

166 Interview 9 (01.09.2021)

167 Focus group 03.09.2021 (2)

168 Focus group 03.09.2021 (1)

169 Interview 2 (17.08.2021)

170 Interview 13 (07.09.2021)

171 Interview 15 (07.09.2021)

172 Focus group 24.07.2021 (2)

173 Interview 2 (17.08.2021)

174 Interview 13 (07.09.2021)

175 Focus group 31.08.2021

Consequences of violence and abuse

The consequences suffered by women and girls with disabilities as a result of the violence and/or abuse they experienced vary, depending on the severity of the violence and/or abuse and its perpetrator.

As described above, respondents who experienced harassment in the form of bullying or stalking in public spaces feel a fear of moving alone, especially in later hours of the day and in less frequented places. This restricts their freedom of movement and creates an additional pressure on the people who care for them to not leave them alone.

Women with disabilities who have been degraded and insulted within the family suffer emotional and psychological consequences. They usually have low self-confidence, feel undesirable, humiliated, and distrustful of their environment.

Women with disabilities who have been victims of physical violence suffer long-term psychological and emotional consequences in the form of trauma, fear, and withdrawal. While living with the aggressor, they are constantly in fear of provoking violent behaviour out of him (*"I was always afraid that if I didn't play by his tune I might get hit"*¹⁷⁶), that violence can happen even unprovoked (*"when the door creaks you can feel whether he's drunk or not"*¹⁷⁷) and have feelings of complete powerlessness (*"he can move, I'm in a wheelchair, he can do whatever he wants to me"*¹⁷⁸).

Lastly, women and girls with disabilities who have experienced violence and abuse in homes and institutions whose care they were put in have long-term consequences which can express as a low level of emotional development, distrust of others, fear, low self-confidence and withdrawal from their surroundings.

THE INSTITUTIONAL RESPONSE TO VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

Records of victims and perpetrators of domestic violence with disabilities

Based on the request for information of public character, only 5 PIICSWs (Berovo, Bitola, Gevgelija, Debar, and the City of Skopje) submitted data on the number of women with disabilities who are on record as victims of violence. The remaining 9 PIICSWs that responded to the request for information indicate that they have had no cases of violence against persons with disabilities and do not keep separate records of cases of domestic violence against women and girls with disabilities.

¹⁷⁶ Interview 4 (24.08.2021)

¹⁷⁷ Interview 13 (07.09.2021)

¹⁷⁸ Interview 13 (07.09.2021)

In the period between 2018 and 2021 (first quarter), a total of 13 cases of violence against men and women with disabilities have been recorded, or 2 to 4 cases per year (see table 1).

	Number of recorded cases of domestic violence				Number of cases of violence against persons with disabilities			
	2018	2019	2020	2021	2018	2019	2020	2021
PIICSW - Berovo	20	14	10		2		1	
PIICSW - Bitola	69	73	95	54		1	2	2
PIICSW - Veles	23	29	42					
PIICSW - Gevgelija	33	26	22					1
PIICSW - Debar	7	6	9	7				1
PIICSW - Kavadarci	26	29	31					
PIICSW - Kochani	40	34	31					
PIICSW - Kumanovo	53	67	42					
PIICSW - Makedonski Brod		1	2					
PIICSW - Negotino	8	8	11					
PIICSW - Prilep	155	281	284					
PIICSW - Radovish								
PIICSW - Skopje	478	558	575		1	1	1	
PIICSW - Tetovo		32	34	33				
Total	912	1158	1188	94	3	2	4	4

Table 1: Number of cases of violence against women with and without disabilities

Based on the data submitted by the Intermunicipal centres for social work, 10 out of the 13 recorded cases of violence against persons with disabilities concern violence against women with disabilities, whereas 3 of the cases have been recorded as violence against men with disabilities. Based on disability, violence was recorded against 2 women with light intellectual disabilities, 2 women with light mental retardation¹⁷⁹, 2 men with light mental retardation, 1 woman with impaired sight, 1 woman with a physical disability, 1 man and 1 woman with a severe form of chronic illness and mental illness. Regarding the forms of violence, the PIICSWs recorded physical and psychological violence as well as emotional abuse.

According to the information from the Ombudsperson Institution¹⁸⁰, during 2019, 171 children victims of violence have been recorded, out of which only one boy with disability. One of the findings from the research conducted on domestic violence in 2019 (which encompassed 30 PI Intermunicipal centres for social work, 76 police stations, 34 public health facilities and 25 basic courts), which the Ombudsperson refers to, is that part of the CSWs either lack records on this category of victims or have no recorded cases of a victim of domestic violence who was a person with disabilities. According to the findings of the OI's research and the information received from CSWs, *"in 2019 there were 8 victims with disabilities¹⁸¹, most - 6 of them women, 1 man and 1 boy under 18 years of age, whereas from January to May 2020 there was a total of 5 victims with disabilities - all of them women"*. The OI points

¹⁷⁹ The used terminology is in accordance with the national laws.

¹⁸⁰ Submitted in the form of an electronic message on 26 July 2021

¹⁸¹ The difference in the number presented above is due to the number of CSWs which submitted data.

out that “a discrepancy in the number of victims with disabilities appears in 2019, but this is the data we have received from the centres.” According to the data received for 2019, the OI additionally points out that there was “1 person with physical disability, 2 with intellectual disabilities, 1 person with sensory impairment and 2 with psychological disorders”. The OI also points out that in their research “almost all police stations responded they had no such victims, with the exception of the PS in Ohrid (one woman), the PS in Strumica (one woman) and the PS in Drachevo (one boy under 18 years of age) who indicated a single person with disabilities victim of domestic violence.”¹⁸² In regards to disability, the received data shows that in the Ohrid PS the person had a “sensory disorder (sensory impairment)”, the person in Strumica PS had a physical disability and the person in Drachevo PS had a psychosocial disability. The data which the OI has received from public health facilities on the number of victims of domestic violence indicates 3 persons with disabilities recorded in 2019 (1 man, 1 woman and 1 girl under 18 years of age) and 1 case in the first five months of 2020 (a boy under 18 years of age). The OI additionally points out that “not a single Basic court has submitted data of having recorded victims of domestic violence with disabilities”.

The response submitted by the Public Prosecutor’s Office¹⁸³ states that “...we are unable to provide the requested information, as this is not information which exists and is kept by the Public Prosecutor’s Office of the Republic of North Macedonia. Namely, during the drafting of the Annual reports on the work of the Republic of North Macedonia’s Public prosecution offices the criminal offences of domestic and other types of violence against women and persons with disabilities are not processed separately, nor are they separated by any other basis for which you have requested information...”

The Ministry of Internal Affairs, regarding data collection on cases of gender-based and domestic violence¹⁸⁴ against women and girls with disabilities, indicates that it is in close collaboration with the Ministry of Labour and Social Policy and the judicial bodies over this issue. The records submitted by the MOI lack information on victims with disabilities. As to the forms of violence, or the complaints of such received by the MOIA, most prevalent are complaints of psychological abuse (2019 - 2557 complaints, 2020 - 3207 complaints and 2021 - 1601 complaints), followed by complaints of physical abuse (2019 - 557 complaints, 2020 - 497 complaints and 2021 - 250 complaints). The smallest number of complaints are those of financial abuse (2019 - 82 complaints, 2020 - 55 complaints and 2021 - 32 complaints). There is no data on victims with disabilities, nor any records on perpetrators of violence with disabilities.

Regarding the data collection of violence against women and girls with disabilities by civil society organizations, the Macedonian Young Lawyers Association¹⁸⁵ recorded one instance of domestic violence against a woman with a disability in 2020, while two cases have been recorded and reported in 2021, one of a girl-victim with a disability and the other of a woman-victim with a disability. The MYLA does not indicate the form of violence the recorded cases concern. CSO HERA points out that up to 2020 they kept no separate record on the basis of disability, meaning that “[u]p to 2020 the summed up data was not separated on the basis of disability. From 2021 onwards, the statistics and data processing are segregated in more detail.”

¹⁸² Response received on 26 July 2021

¹⁸³ Archival number 03 - 523/2 on 15.10.2021

¹⁸⁴ Decision no.: 16.1.2-989/1, 20.07.2021

¹⁸⁵ Information received on 27 August 2021

Additionally, in the online questionnaire, the CSO representatives who answered the survey stated that organizations who offer help and support to women and girls with disabilities have reported at most 10 cases in the past 3 years, most often 1-3 per year.

Answering the question of whether the PIICSWs and the MOI have ever opened proceedings for violence against women and girls with disabilities against the parents/guardians of children and adults with disabilities, only the Bitola PIICSW indicates having opened 3 proceedings before the Bitola Basic Court, in which the aggressors had been: a spouse, an extramarital partner, and an ex-husband, but no specific information was given on whether these persons who committed the crime were parents or guardians of children or adults with disabilities. The remaining 13 PIICSWs, the MOI, and the OI have neither opened nor recorded proceedings and cases against parents/guardians of children and adults with disabilities.

Regarding perpetrators with disabilities, the data collection is also poor. According to the data received from the PIICSWs, in the past 3 years only 8 perpetrators with disabilities have been recorded, 2 cases each in Berovo, Bitola, Radovish, and 1 case each in Gevgelija and the City of Skopje. From a gender perspective, 5 of the perpetrators were men, and 3 were women with disabilities. 3 of the perpetrators had light intellectual disabilities (2 men, 1 woman), 2 persons with light mental retardation (men), and a woman with a mental illness, a man with a severe physical disability (amputated leg) and a woman with a physical disability.

In the past 3 years the MOIA has not recorded any perpetrators of domestic violence with disabilities.

Data collection and violence in institutions, group homes and organized forms of support for persons with disabilities

The place of residence is a significant factor which contributes to an augmented risk of violence, exploitation, and torture of persons with disabilities. This element supports and initiates systemic violence accompanied by discriminatory practices which limit equal access to services and public resources¹⁸⁶.

Responding to the question of whether the PIICSWs have processed cases of violence against persons with disabilities residing in institutions, group homes, and other forms of organized living in the past 3 years, 12 out of a total of 14 PIICSWs said they had no records of persons with disabilities who are victims of violence residing in institutions, group homes, and other forms of organized living, and 2 PIICSWs did not respond to this question.

Regarding the ongoing process of deinstitutionalization and the introduction of new forms of non-institutional protection, with the aim of observing and acquiring information on the condition of persons with disabilities in these institutions, request for free access to information were submitted to PI Special Institute Demir Kapija, an institution which is also in charge of the group homes in Negotino, Korushnica, and Timjanik for children with disabilities coming from these institutions, PI Institute for protection and rehabilitation Banja BANSKO - Strumica, Psychiatric hospital Bardovci - Skopje, and to Psychiatric hospital

¹⁸⁶ Kochoska, E., (2017) Violence over persons with handicaps, Polio Plus - Skopje

- Demir Hisar. Responses were received from PI Special Institute Demir Kapija, PI Institute for protection and rehabilitation Banja BANSKO - Strumica and the Skopje Psychiatric hospital. Based on the submitted requests for information, PISI Demir Kapija indicates that in the past 3 years they have recorded 2 cases of violence against persons with disabilities (see Table 2) committed by institution staff.

Year	User of PISI Demir Kapija	Sex	Age	Disability	Ethnicity	User	Violence
2019	Person with disabilities	Male	61	Severe intellectual disability	Macedonian	PIICSW Prilep	"Employee engaged in verbal argument with user, slapped user across the face"
2020	Person with disabilities	Female	34	Severe intellectual disability	Romani	PIICSW Shtip	"Sexual assault of an incapacitated person"

Table 2: Recorded cases of violence against persons with disabilities in PISI Demir Kapija¹⁸⁷

Based on the committed acts, PISI Demir Kapija opened proceedings against its employees. In the first case, PIICSW Prilep was informed and a report was submitted to the MOIA and the PPO in Kavadarci. The proceeding was discontinued due to the fact that the guardian of the person with disabilities residing in PISI Demir Kapija renounced the criminal prosecution. In the second case, a report was submitted by PISI Demir Kapija to the MOIA and the PPO in Kavadarci, prosecuting the criminal act of "sexual assault against [sic] an incapacitated person" according to Article 187 paragraph 4 in relation to paragraph 1 of the Criminal Code. The employee was removed from his position, first through suspension and then termination, and the Negotino Basic Court sentenced him to 2 years of imprisonment. The PI Banja BANSKO¹⁸⁸ indicates that "in the past 3 years, there has not been a single case of violence against persons with disabilities identified or reported in PI RI Banja BANSKO".

The Psychiatric hospital in Skopje¹⁸⁹ points out that "within our jurisdiction of healthcare, users of health services in the Hospital are treated for their basic psychiatric illness and appropriate records prescribed by the Laws are being kept, in which we have no obligation to keep separate statistics on persons with disabilities, including records on the number of cases of violence which concern persons with disabilities".

The OI points out that "[t]he national prevention mechanism has not recorded any cases of violence against persons with disabilities residing in institutions, group homes, and other forms of organized living in the past 3 years". However, "in one case, after receiving information from the media, the team for the monitoring of the implementation of the CRPD within the Section for the rights of children and persons with disabilities within the Ombudsperson Institution acted on their own initiative regarding a case of violence against a girl with disabilities who was a user of the Special Institute Demir Kapija".

¹⁸⁷ Archival number 03- 456/3 on 10.08.2021

¹⁸⁸ Response from 20 July 2021.

¹⁸⁹ Archival number 03 - 9891/2 from 30.07.2021

These types of responses to the questions in the requests for information of public character are in contrary to the testimonials of women and girls who participated in the research, and who have spent part of their lives in institutions, group homes or foster families¹⁹⁰ (see above under the heading "Experiences of violence and abuse"). They spoke of the harrowing events they experienced or witnessed, the complete disregard of their reports by the responsible authorities, as well as of the long-term consequences which still affect their sense of security and self-confidence.

Women and girls with disabilities' experiences with reporting suffered violence and/or abuse

Regarding the help and support of institutions, 36 of a total of 75 respondents who participated in the interviews and focus groups would, in case of violence or abuse, first call the police. Only 9 of the respondents are familiar with the work of organizations which provide support to women victims of violence, most of them due to volunteering or working in such an organization, and not due to receiving informational material or participating in a training. Only 5 women with disabilities have reported violence to the police, and two of the women who have resided in institutions have reported it to a Centre for social work.

In regards to the experiences of reporting, the respondents who have made reports said that most often employees in reporting institutions are unfamiliar with the appropriate reaction to a report of violence by a person with disabilities, have difficulties communicating (deaf women find the lack of an interpreter especially problematic), and in the cases of physical violence where the police intervened, respondents stated that nothing was resolved and that the violence continued in equal or worse measure in a matter of 2-3 days. Due to this, women and girls with disabilities who experience violence have no trust in institutions and rarely make reports ("They'll come, they'll take a look, and they'll leave and won't do anything until something really serious happens. Institutions aren't even prepared to work with people without disabilities, let alone people with disabilities"¹⁹¹). Women and girls with disabilities who have experienced reporting also believe that reports of violence by women with disabilities are not taken seriously due to stereotypes and prejudices which assume that this person cannot recognize violence¹⁹². One respondent spoke about calling the police for the second time after a more serious incident of physical violence, when the police officers who came into her home questioned her in front of her visibly distressed child and explained nothing to her in regards to reporting a case of domestic violence, making her give up on reporting¹⁹³. Another respondent said she had made reports to the police many times, but received no help, and that she had also gone to the OI, where her statement was heard, a record was made, and no further response was ever given. The only support the respondent received came from a civil society organization, above all in the form of emotional and psychological support and encouragement¹⁹⁴. Only one respondent spoke of an experience of reporting sexual violence, where while reporting the sexual assault, the police met her with a "she asked for it" instead of protection, meaning she encountered prejudice and judgment from police officers who advised her not to report the assault because they suspected she had caused it herself and could neither prove nor gain anything by reporting¹⁹⁵.

¹⁹⁰ Focus group 31.08.2021

¹⁹¹ Interview 9 (01.09.2021)

¹⁹² Interview 8 (31.08.2021)

¹⁹³ Interview 10 (01.09.2021) - the interview was then interrupted as the respondent was calling in secret, in a moment where she was alone.

¹⁹⁴ Interview 15 (07.09.2021)

¹⁹⁵ Focus group 10.09.2021

Thus, women and girls with disabilities who suffer violence often don't see a solution and a possibility to receive the necessary help and support from somewhere (*"We're left to our own, there's no one to help and support us"*¹⁹⁶, *"It's difficult when you don't know what to do, where to turn, when you are uninformed"*¹⁹⁷). One respondent spoke about her experience in the psychiatric ward where she checked herself in due to the consequences of violence she had suffered since early childhood, where she was convinced that she needs to make an effort to satisfy her husband and that his adultery is her fault¹⁹⁸. The respondents who have resided in institutions and foster families and reached out for help to a Centre for social work said they had received the necessary aid, meaning that they were quickly relocated someplace else¹⁹⁹.

Services for helping and supporting women and girls with disabilities victims of violence

13 PIICSWs responded to the requests for information to the question of which support services are available to victims with disabilities, as well as perpetrators with disabilities, in regards to prevention, protection, and reintegration. Thereby, services for support of victims and/or perpetrators of violence with disabilities are considered to be special, separate services which are not part of the existing ones or are a part of new services which would have an intersectional approach. For example, some of the PIICSWs' answers are: *"There are no services for the support of victims with disabilities nor perpetrators with disabilities"* or *"There are no services specific to victims with disabilities"*²⁰⁰. Such perception is augmented by the opinion on the profile of persons who ought to be included in the services for supporting victims with or without disabilities themselves. Some of the PIICSWs point out that the profile of persons engaged in these services could include a defectologist. Parallel to this, some PIICSWs indicate other services which they conduct in cooperation with CSOs as a shape through which they "possibly" might identify violence in the family home, without taking into consideration that such a provided service, in this case a personal assistant, could be the very aggressor in the home of the person with disabilities.

The representatives of the Coordinative body for the implementation of the CRPD who answered the online questionnaire are either unfamiliar with whether the institution where they work has programs, aids or services with a special focus on persons with disabilities or have answered that there are no such programs, aids, and services. They also generally do not know whether specially focused programs, aids, and services for women and girls with disabilities exist.

On a local level, only 9 of a total of 32 respondents from ULSGs who answered the online questionnaire responded that the institution where they work has programs, aids, or services with a special focus on persons with disabilities, 6 responded they did not know, and 17 (53%) responded that no such programs, aids, or services exist. The provided programs, aids, and services include: providing personal assistants and educational assistants for persons with disabilities, caretakers for elderly persons and persons with disabilities, subsidies for home accessibility, individual education plans and individual work with students, humane patrols, one-time financial aid, scholarships for children with disabilities, Care centre for persons with disabilities, the support of non-government organizations working with persons with disabilities,

¹⁹⁶ Interview 4 (24.08.2021)

¹⁹⁷ Focus group 24.07.2021 (2)

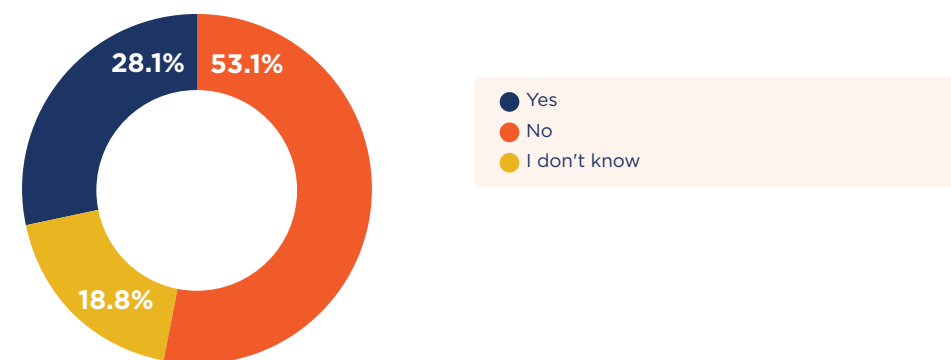
¹⁹⁸ Interview 11 (04.09.2021)

¹⁹⁹ Focus group 31.08.2021

²⁰⁰ See ANNEX 1.

LAPs for persons with disabilities, an assigned contact person for persons with disabilities, special activities and projects aimed towards persons with disabilities in the Program for social, child, and health protection of the municipality etc. Only 1 respondent answered affirmatively to the question of whether the municipality has programs, aids, and services with a special focus on women and girls with disabilities, whereas 3 answered they did not know and the remainder responded negatively. Not one example of such programs, aids, or services was provided.

Does the institution you work for have programs/aids/services with a special focus on persons with disabilities? (32 responses)



10 of a total of 13 representatives of CSOs which responded to the online questionnaire have confirmed that the organizations have a service for victims of violence, most of them providing legal aid to victims of violence (10) and psychosocial aid (7), whereas 2 have an SOS number for helping victims of domestic violence, one has a shelter for housing victims of domestic violence, and one has an open housing building (reintegration service). 9 of the organizations offer services which are accessible to women and girls with disabilities victims of violence.

10 of the representatives of CSOs which responded to the online questionnaires stated that the work of their organizations is inclusive to women and girls with disabilities, and 3 responded that it is not. Inclusivity is enacted mostly through providing accessibility to the events they organize (9 responses) and providing direct support to women and girls with disabilities (8 answers) and less through accessibility of the organizations' offices (5 responses) and preparing materials in formats accessible to persons with disabilities (3 responses).

Accessibility of institutions and organizations

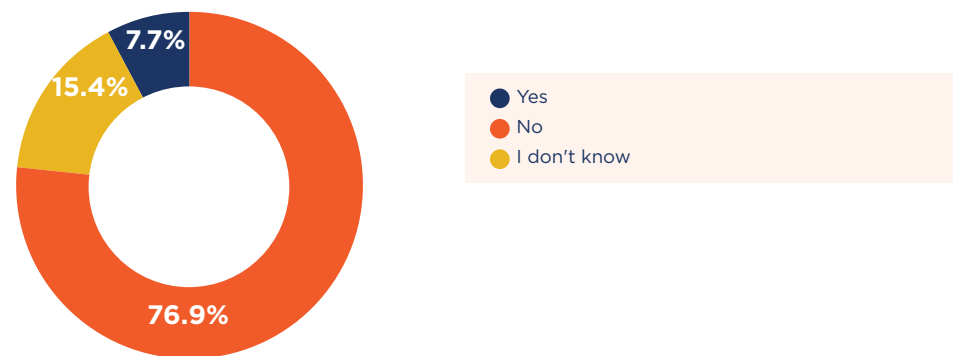
1. Reasonable accommodation

Regarding the question of whether reasonable accommodation is provided for victims with disabilities, as well as perpetrators with disabilities, 13 PIICSWs point out that they lack guides, whereas only PIICSW Makedonski Brod responded that they do. Also lacking guides are the Special Institutes (Demir Kapija and Banja BANSKO), the MOIA, and the OI. The Skopje Psychiatric hospital indicates, in regard to this question, that *"there is no specific protocol or algorithm for treating persons with disabilities"*²⁰¹. The MOIA in their response to this question indicates that there is an ongoing process for finalizing the bylaws of the new Law on the Prevention of and Protection from Violence against Women and Domestic Violence.

²⁰¹ Archival number 03-891/2 on 30.07.2021

The OI points out that even though they lack a Guide for reasonable accommodation, they still use multiple publications and analyses on a national and international level in their work (OSCE - Guide for reasonable accommodation, UNICEF Handbook, British Council Guide for enforcing the national strategy for equality and non-discrimination based on ethnicity, age, mental and physical disability, and sex, etc.), as well as the CRPD. The Public Prosecutor's office of the Republic of North Macedonia points out that "*The PPORNM has no protocol on informing and referral of victims with disabilities and perpetrators with disabilities, nor a guide for the application of reasonable accommodation to victims with disabilities and perpetrators with disabilities*". Of the CSOs which responded to the online questionnaire, most lack a guide for the application of reasonable accommodation of the services they provide (10), whereas only one respondent answered that they have a guide, and 2 responded that they did not know.

Does your organization have a guide for the application of appropriate accommodation of the services that it provides? (13 responses)



Considering the importance of reasonable accommodation for persons with disabilities, and due to its antidiscriminatory nature, as well as the need for its distinction from accessibility as defined in Article 9 of the CRPD, it is necessary to produce guiding materials which will explain reasonable accommodation as an anti-discriminatory legal principle, as well as the methods for its application.

2. Accessibility

When it comes to the accessibility of the institutions themselves, 3 PIICSWs indicate that they are physically accessible to persons with disabilities. 4 PIICSWs indicate that they are partially accessible to persons with disabilities, whereas the remaining 6 PIICSWs which responded to the requests for information indicate that they are not accessible. A large number point out the lack of physical access to their buildings - "*There isn't even an accessible ramp next to the buildings where the Veles CSW is located, and it is technically impossible for one to be built*", or "*The offices of the Berovo CSW are on the second floor, with no elevator and no possibility of using the space to move with aids (tight hallways, standard doors, steep staircases), with no adequate support for moving up the stairs, etc.*".

There is a systemic discrimination in the country towards persons with physical disabilities who use wheelchairs regarding access to PIICSWs. This observation is confirmed by the results from the situation testing conducted by the Helsinki committee in 2020²⁰² on persons who

202 Helsinki Human Rights Committee (2020) Discrimination against persons with physical disabilities who use wheelchairs in the access to intermunicipal centers for social work - Situation testing (working version).

use wheelchairs' access to PIICSWs. According to the analysis, only 4 out of the 21 responding and 30 total PIICSWs confirmed providing full accessibility, meaning external accessibility for persons using wheelchairs, full internal accessibility and accessible toilets. 15 centres only provide external accessibility in the form of ramps, but not one of them has internal accessibility for wheelchair users, and only 1 of these 15 centres has accessible toilets. 6 CSWs are even completely inaccessible. Additionally, a lack of sensibility has been demonstrated on the part of some employees in these centres, wherein "*Testees were told that it would be best if someone came to the centre on their behalf, they were told that even though the centre is accessible, they will have to announce their arrival, and part of the staff were confused and made indecent comments to the question of whether the centres have accessible toilets*".

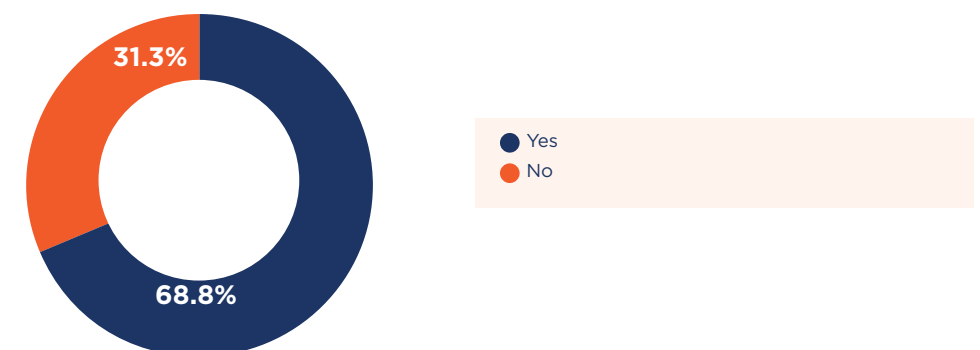
Regarding the accessibility of the MOIA, the institution indicates that "*the MOIA has set up ramps for the movement of persons with disabilities in the buildings of Sectors for internal affairs, police stations and Administrative services on the entire territory of the Republic of North Macedonia*", whereas the PPO indicates that their offices are available and accessible to persons with disabilities.

3 members of the Coordinating body for the implementation of the UN Convention on the rights of persons with disabilities responded positively and 3 responded negatively to the question of whether their institution is accessible to persons with disabilities, and 1 answered that they did not know.

Accessibility is also an issue for CSOs. The MYLA and HERA, responding to the requests for information, have indicated that they lack physical access to their offices, as well as to the First family centre run by HERA. The MYLA points out: "*In any case, the provision of our services takes into consideration the specifics of the case itself, the type of criminal act, the severity of the trauma, the vulnerability of the victim, their needs and wishes. Legal and psychosocial services are provided in our offices, with the possibility of adjusting these services to be provided over the phone or with a field visit. In accordance with the conditions imposed by the COVID-19 virus, the services are also accommodated with the use of information technology tools and options.*"

On a local level, 22 of a total of 32 respondents from 31 ULSs have responded that the institution they work in is accessible to persons with disabilities (10 of them responded negatively).

Is the institution where you work accessible to persons with disabilities? (32 responses)



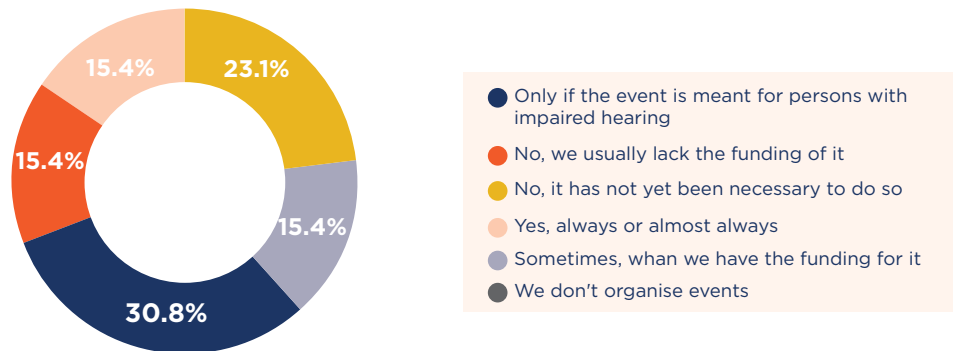
It is worrying that accessibility is not conceived in accordance with the obligations set by the CRPD and is equated to the existence of a ramp or elevator in the institution, meaning the entire structure of the building and the various needs of persons with disabilities are not being taken into consideration.

3. Material and information in accessible formats

Similarly to accessibility, other terms for accessible information are not being conceived in accordance with the CRPD and the various needs of persons with disabilities. Regarding phone lines for reporting violence - *“The only accessible lines are the numbers for reporting to institutions such as MOIA, CSW. Other phone lines are displayed in front of the centres and in places around the city, but are rarely used”*²⁰³.

Civil society organizations mainly produce material in accessible formats according to needs and the provided project funding. 6 out of 13 representatives of CSOs which responded to the online questionnaire have answered that their organizations have never produced informative/educational materials for persons with impaired sight (Braille alphabet) (5 have produced them, and 2 do not know). 6 out of 13 responded that their organizations have never produced informative/educational materials for persons with intellectual disabilities (5 have produced them, and 2 don't know). Most organizations (8 out of 13) hire sign language interpreters only if the event is meant specifically for persons with impaired hearing, whereas 3 have never hired an interpreter, and only 2 responded that they always hire one.

Do you hire sign language interpreters for events organised by your organization? (13 responses)



The MYLA, responding to the request for information, indicates that *“[p]art of the project was the production of promotional materials (posters and pamphlets) with basic information and contacts that can be useful to victims. A Facebook page was created for the project on which informative content for education and information on recognizing and preventing violent criminal acts, as well as formulating written questions to the inbox, and the website pristapdopravda.mk has also been accommodated so that victims can ask anonymous questions”*. HERA, through the First family centre, also indicates that they have accessible information: *“In order to access services, in accordance with an assessment and a conversation with users, an adjustment is made to the service so that it will be in accordance with the need of the user. For example, for a user with a hearing and speech disability, with given consent the psychotherapy additionally included an interpreter of sign language. There*

203 See ANNEX 2.

has additionally been a pamphlet produced in Braille script and in an easily comprehensible format on gender-based violence”.

Out of the organizations which responded to the online questionnaire, only 2 respondents answered that their organization's budget provides funding for providing accessibility, whereas 6 responded that funding was not provided, and one respondent added that the need for such funding was recognized last year when they were in need of an interpreter of sign language which was not foreseen and had to brought in a volunteer.

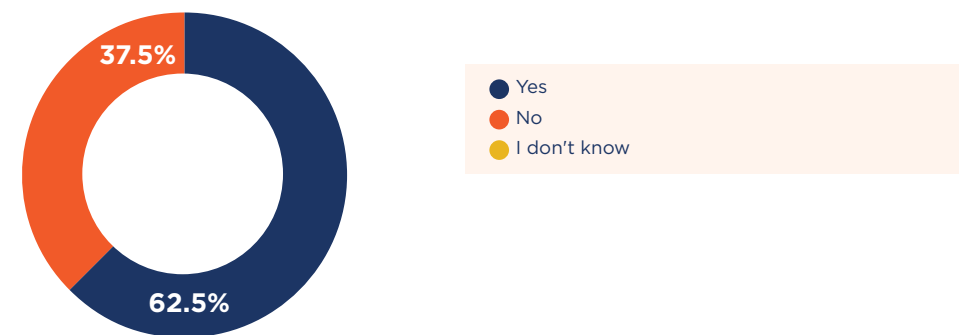
4. Inclusion of persons with disabilities in institutions and organizations

Concerning the inclusion of persons with disabilities, only 4 PIICSW (out of the 14 which responded to the requests for information) have employed persons with disabilities and these are the Berovo PIICSW (1 woman with a physical disability), the Bitola PIICSW (1 man with a physical disability), the Bitola PIICSW (1 man with a physical disability and 1 man with impaired hearing), the Debar PIICSW (1 man with a physical disability) and the Kavadarci PIICSW (1 man with combined disabilities). The MOIA indicates that it has employed 5 persons with disabilities, these being *“3 persons with physical disabilities, 1 person with severe physical invalidity and 1 person in the category of persons with impaired hearing. 4 out of these 5 employed persons are women and are appointed according to their place of residence...”*²⁰⁴. The PI SI Demir Kapija has also employed 1 man with a physical disability. The PPO indicates it has employed 2 persons with disabilities, one male and one female, with no further information on the type of disability. Of the representatives of the Coordinative body for the implementation of the CRPD who have responded to the online questionnaire, 2 responded that they did not know whether the institution where they worked had employees with disabilities, 3 responded affirmatively, and 2 responded there were none.

The civil society organizations which responded to the requests have not employed any persons with disabilities, whereas out of the CSOs which responded to the online questionnaire, only one employs multiple persons with disabilities, and it is an organization which works in the field of disability.

On a local level, only 12 out of the 32 respondent ULSs have responded that the institution in which they work has employees who are persons with disabilities.

Does the institution where you work have any employees with disabilities? (32 responses)



204 The data is relayed as it has been stated in the response to the request for information of public character.

5. Protocols for informing and referral

Regarding the protocols for the informing and referral of victims of violence with disabilities, all PIICSWs which responded to the requests for information have indicated that they have protocols for the referral and informing of victims, guided above all by the protocols and guidelines arising from the Law for the prevention of and protection from violence against women and domestic violence, as well as the bylaws which are in the process of being passed. But, as with their services, the PIICSWs indicate that they have no specific protocols for informing and referral of victims with disabilities and perpetrators with disabilities. In this direction, for example, the Debar PIICSW points out that *“there are protocols for informing and treatment of victims of violence and these are the ones we follow, but there are no special protocols for victims with disabilities”*, and the Kumanovo PIICSW confirms that *“there are protocols, but they have not been adjusted to victims with disabilities”*. Regarding the protocols, the OI also indicates that *“victims with disabilities are treated in accordance with the mandate and competence established by the Constitution and the Law on the Ombudsperson. Therefore, when the need arises for legal advice the existing protocols are taken into account”*. The PI SI Demir Kapija indicates that *“information of violence by persons with disabilities residing in the Institution and its residential units is received through the section coordinators, from the responsible person of PI Special Institute Demir Kapija”*, whereas PI Banja Basko indicates: *“We have no protocols on the reporting of violence by persons with disabilities residing in the Institute and in the forms of organized living which the Institute is in charge of”*. The Skopje Psychiatric hospital indicates that *“[T]he rights and protection of users of services in the Hospital are in accordance with the Law on health protection, the Law on the protection of the rights of patients with mental illnesses, the Law on the protection of the rights of patients, and regarding the possibility for complaints, grievances, and reports on the part of persons with disabilities or employees with disabilities, those would be processed in accordance with the general protocol on complaints and grievances in the Hospital”*²⁰⁵.

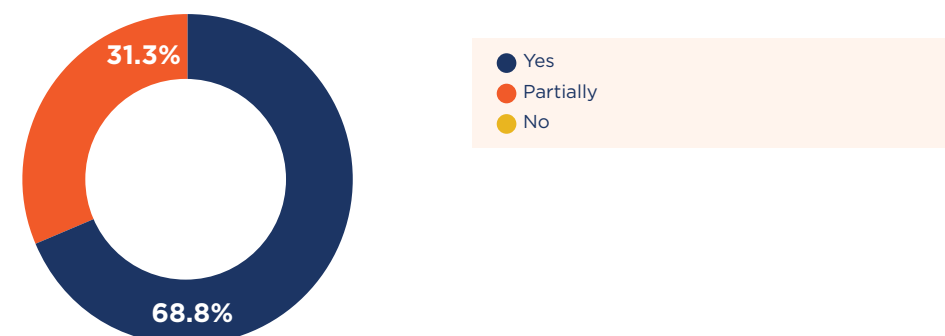
This set-up of institutional infrastructure across all institutions and especially in the special institutes, as well as the psychiatric hospital, is an additional concerning indicator, as well as increasing the possibility of institutional violence. This could lead to impunity which lasts for a long period of time²⁰⁶. In accordance with the obligations of the CRPD, it is necessary to establish adequate procedural and reasonable accommodations²⁰⁷ in order to discover instances of violence against persons with disabilities, act upon them and provide mechanisms for supporting the victims.

Preparedness of persons working in the field of the rights of persons with disabilities or violence against women and girls

It can be noted from the received responses to the requests for information, as well as from the online questionnaires, that the issues of gender-based violence and domestic violence are quite integrated in the training and education of persons working in institutions and organizations, whereas trainings focusing on violence against women and girls with disabilities are practically not at all attended.

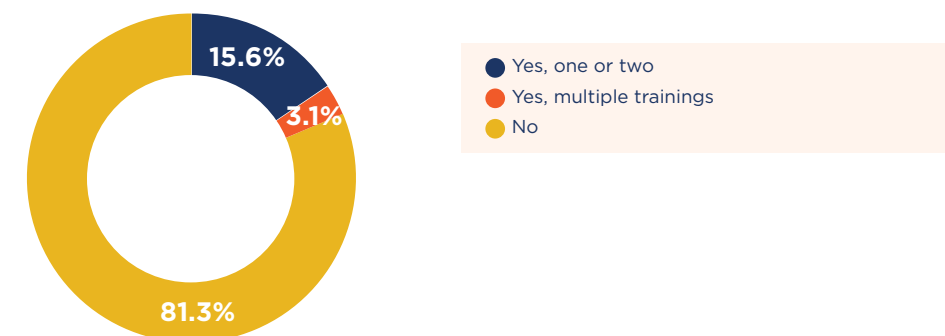
All representatives of ULSs which responded to the online questionnaire (32) have knowledge of the issue of gender-based violence and what it encompasses. Most of them (28) are entirely familiar, whereas 4 are partially familiar. Slightly fewer respondents (22 of 32) answered that they are entirely familiar with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention), and 10 answered that they are partially familiar.

Are you familiar with the Council of Europe Convention on preventing and combating violence against woman and domestic violence (the Istanbul Convention)? (32 responses)



20 respondents (out of a total of 32) of the ULSs have attended at least one training on the prevention and combating of gender-based violence, 10 of them have attended multiple training sessions. In regards to training sessions on preventing and combating gender-based violence against women and girls with disabilities, only 6 respondents have attended one or two trainings, whereas most of them (26) have not visited any.

Have you attended any trainings on gender-based violence over women and girls with disabilities? (32 responses)



²⁰⁵ Archival number 03 - 9891/2 on 30.07.2021

²⁰⁶ A/HRC/20/5 and Cor. 1, § 19. Available at: <https://undocs.org/A/HRC/20/5>

²⁰⁷ General comment No. 3, Committee on the Rights of Persons with Disabilities, paragraph 53. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=CRPD/C/GC/3&Lang=en

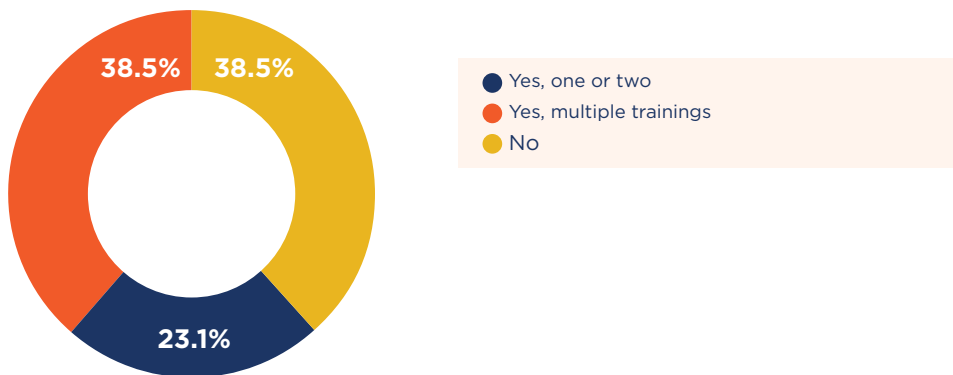
The disregard towards the issue of disability in the context of violence can also be observed in the answers received from institutions to the requests for information of public character with the question being: “Have the institution services staff undergone training on gender-based violence and domestic violence against persons with disabilities?” Only two institutions indicate that they have undergone training on the prevention of gender-based violence and domestic violence against persons with disabilities. The remaining institutions point out in their answers that they had undergone training on the prevention and handling of gender-based violence, but the disability issue had not been addressed. The only PIICSW which has not submitted an answer to this question is the Skopje PIICSW, whereas PIICSW Negotino indicates that “the new Law on the prevention of and protection from violence against women and domestic violence entered into force as of 6 May 2021 and so far training sessions have not been organized, though they have been announced for the final quarter of 2021”²⁰⁸.

In regards to training and education, the response of the Skopje Psychiatric hospital was: “Considering that the health occupation is focused on the treatment of mental illnesses, thus far no training sessions for healthcare workers and health collaborators have been organized on gender-based violence and domestic violence, nor any training on the Convention on the Rights of Persons with Disabilities, considering that this is a vast and serious field which demands a serious longer-term engagement to be mastered and applied, and additionally we lack the appropriate protocol or alternative algorithm for treating persons with disabilities”²⁰⁹.

The Public Prosecutor’s Office also indicates, in its correspondence, that the services within the PPO have not undergone training on gender-based violence and domestic violence against persons with disabilities.

Most of the respondents from CSOs (11 out of 13) which responded to the online questionnaire were trained to work in a service for victims of gender-based violence. 5 of the respondents have attended no training on the prevention of gender-based violence and domestic violence against women and girls with disabilities, whereas 5 have attended multiple training sessions on the issue.

Have you or any of your coworkers attended any trainings on the prevention of gender-based violence and domestic violence over women or girls with disabilities? (13 responses)



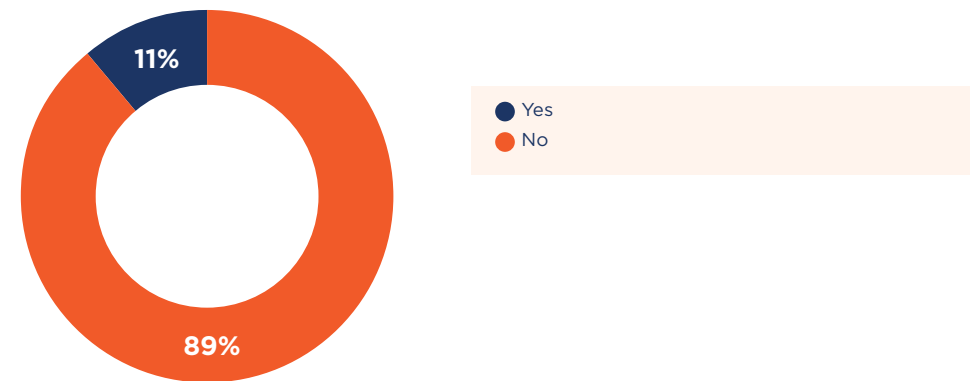
208 Archive number 21-370/2 from 29.07.2021
209 Archive number 03-891/2 from 30.07.2021

Most of the respondents from CSOs (7) are well familiarized with the Convention on the Rights of Persons with Disabilities, and only 2 are not at all familiar.

The CSO MYLA indicates that they attended one training “as part of a project activity and concerning the way to interview persons victims with disabilities, who, inter alia, appear as a target group to the project”²¹⁰. The CSO HERA on the other hand indicates that “[E]mployed persons (social worker and psychologist) have attended training. Psychotherapists who are brought on as service providers have not yet, some of them have attended training on working with persons with disabilities”²¹¹.

As with the training on gender-based violence, and the training on the CRPD, 89% of institutions, including the MOIA, the PI Special Institute Demir Kapija, the OI, the Public Prosecutor’s Office, as well as CSOs have not undergone training on the CRPD.

Have institutional services undergone training on the CRPD?



Out of 14 responses from the PIICSWs, only the Bitola PIICSW indicates that their services staff have undergone training on the Convention on the Rights of Persons with Disabilities. In regards to this question the MOIA points out that “...[W]e would like to note that the enforcement of the UN Convention on the Rights of Persons with Disabilities is done by the National Coordinative body for the implementation of the UN Convention on the Rights of Persons with Disabilities in the Republic of North Macedonia, which contains no representatives from the MOIA”²¹².

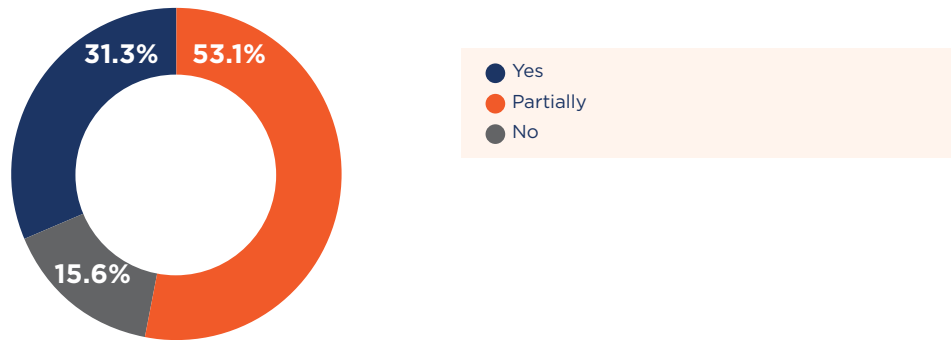
This is supplemented by the response of the Psychiatric hospital, which reflects the entirety of the medical model on the issue of disability.

All respondents from the National Coordinative body for the implementation of the CRPD who answered the online questionnaire (7) were familiar with the concept of gender-based violence and what it encompasses, and 6 were entirely familiar while 1 was partially. The same situation applies to the Convention on the Rights of Persons with Disabilities. Only one of the respondents from the Coordinative body has not attended any training sessions on preventing and combating gender-based violence against women and girls with disabilities.

210 Response received on 27.08.2021
211 Response received on 16.08.2021
212 Decision no. 16.1.2-989/1 from 30.07.2021

The representatives of ULSs which responded to the online questionnaires also show lesser knowledge of the UN Convention on the Rights of Persons with Disabilities. Only 10 of them said they were familiar with it, 17 that they were partially familiar with it, and 5 that they had no knowledge at all of this Convention.

Are you familiar with the Convention on the Rights of persons with disabilities?
(32 responses)



The responses themselves indicate that the institutions lack knowledge on the CRPD and it is necessary to build their capacity in order to increase awareness within institutions on the importance of the CRPD and the obligations of the state which are undertaken with the ratification of the Convention.

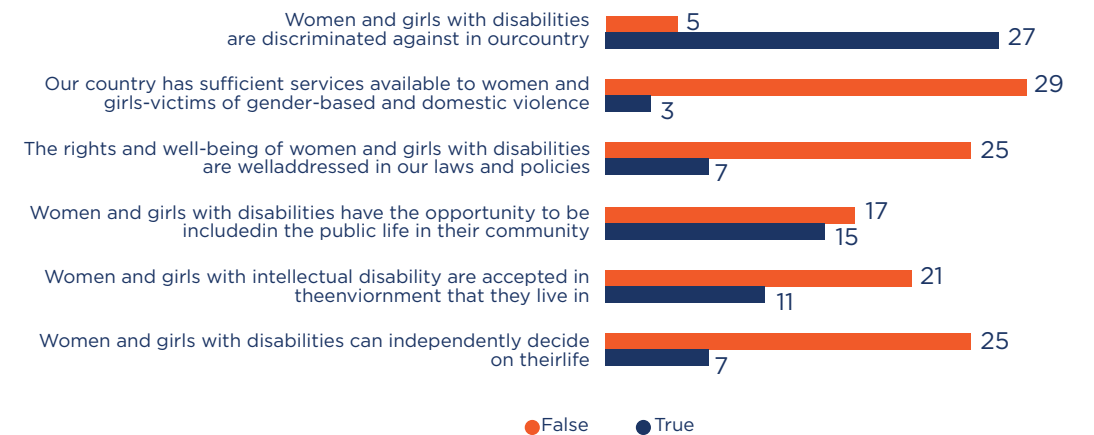
BIGGEST OBSTACLES AND HARDSHIPS FACED BY WOMEN AND GIRLS VICTIMS OF VIOLENCE

When asked about what they consider to be the biggest obstacles for women and girls with disabilities who suffer violence, the respondents who participated in the interviews and focus groups first pointed to financial dependence (*“the material conditions are most important”*²¹³, *“those who cannot work are disenfranchised in all aspects”*²¹⁴). They further singled out prejudices against persons with disabilities which start out in their very families while they are still children (*“most parents treat their children like they can’t do anything on their own”*²¹⁵, *“they teach them to walk with their heads down since youth”*²¹⁶), as well as their dependence on parental care. Further on were listed a lack of information, unpreparedness of the institutions to respond to the needs of girls and women with disabilities (*“if they place them in a shelter, they can’t communicate there, they can’t say they are hungry”*²¹⁷), the stigma and shame of asking for help publicly, the lack of knowledge of their rights (*“they are forbidden so many things that they don’t even realize it is violence”*²¹⁸), as well as the disregard and inacceptance of violence.

27 of a total of 32 respondents from the ULSs which answered the online questionnaire

213 Interview 2 (17.08.2021)
214 Interview 12 (07.09.2021)
215 Focus group 10.09.2021
216 Interview 6 (31.08.2021)
217 Interview 2 (17.08.2021)
218 Focus group 10.09.2021

believe that women and girls with disabilities are discriminated against in our country, 29 believe that our country lacks sufficient services which are available to women and girls victims of gender-based and domestic violence. 25 of them believe that the rights and well-being of women and girls with disabilities are insufficiently addressed in our legal solutions and policies. Nearly equal numbers of respondents believe that women and girls with disabilities do or do not have the opportunity to participate in the public life of their community (15 and 17 respectively). Most respondents believe that women and girls with intellectual disabilities are not accepted by the environment they live in (21 as opposed to 11). Lastly, 25 respondents believe that women and girls with disabilities cannot make independent decisions about their lives.



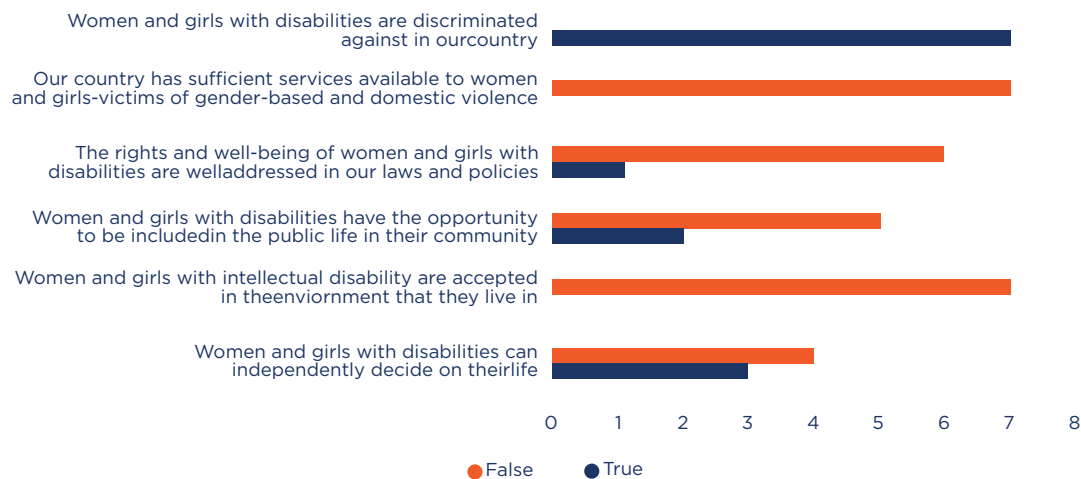
As the biggest challenges faced by women and girls with disabilities in regard to their experiences with gender-based violence, most of the respondents from ULSs chose fear (27), lack of self-confidence (26), distrust of institutions (23), as well as lack of knowledge on opportunities for support and available services (21).



According to the respondents from the Coordinative body on the implementation of the CRPD, the distrust in the institutions is the biggest issue faced by women and girls with disabilities. Furthermore, significant issues are seen in the inaccessibility of services, the lack of self-confidence, fear, lack of knowledge on the concept of GBV, acceptance of violence and a lack of recognition of the issue in the legal framework.



All of the respondents from the Coordinative body on the implementation of the CRPD believe that women and girls with disabilities are discriminated against, they all believe that there is a lack of sufficient services which are available to women and girls victims of gender-based and domestic violence, 6 believe that the rights and well-being of women and girls with disabilities are insufficiently addressed in our legal solutions and policies, 5 believe that women and girls with disabilities do not have the opportunity to participate in the public life of their community, they all believe that women and girls with intellectual disabilities are not accepted by the environment they live in and 4 believe that women and girls with disabilities cannot make independent decisions about their lives.



According to the representatives of CSOs which responded to the online questionnaires, the main challenges faced by women and girls with disabilities in regards to GBV are: the inaccessibility of services and the women’s unfamiliarity with opportunities for help and accessible services (12 answers each). Furthermore, fear is recognized as a large obstacle (11 answers), then distrust in the institutions and acceptance of violence (9 answers each). The least respondents believe that a lack of recognition of the issue in the legal framework is an obstacle, and they additionally state the financial dependence of women and the lack of funding for well trained staff in the organizations providing help and support.

THE EFFECT OF COVID-19 OVER THE LIVES OF WOMEN AND GIRLS WITH DISABILITIES AND THE SURGE IN VIOLENCE

The biggest consequence of the COVID-19 crisis and the adopted measures for protection and prevention of the spread of infection, according to the respondents in the research, is an even more severe isolation of women and girls with disabilities in their homes (*“locked up in the house, can’t go to rehabilitation, can’t go outside... like under house arrest”*²¹⁹).

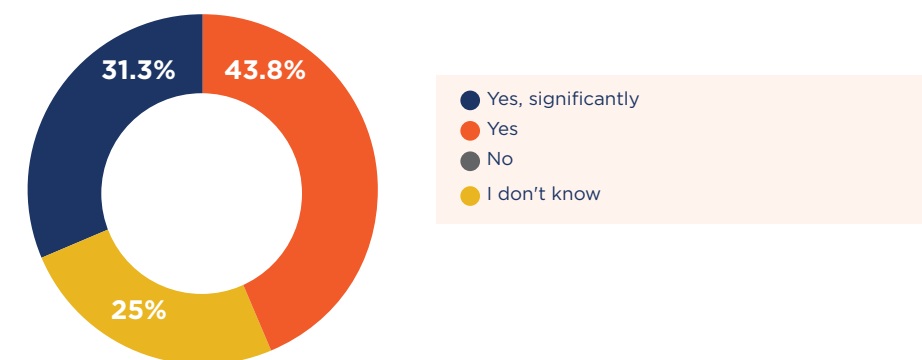
A large number of women and girls with disabilities do not receive the necessary information from medical personnel in regards to the risks and effects of vaccinations against COVID-19, so the measures restricting access for unvaccinated persons has contributed to their further stigmatization and isolation. Women and girls with disabilities feel as though institutions have forgotten them and they are left to fight the virus and its effects on their own.

The wearing of masks is the biggest issue during the crisis for women and girls with impaired hearing has been, which combined with the lack of sign language interpreters has made communication even more difficult (*“I was in a situation where I felt alone among so many people”*²²⁰). This has made the access to certain institutions and services even more difficult for this group of women and girls with disabilities.

Regarding the question of whether women and girls with disabilities were included in the measures for alleviating the effects of the COVID-19 crisis, all respondents answered that women and girls with disabilities had not been considered as a special group by any of the measures, meaning that not a single measure that was adopted focused directly on this group. They believe that even the existing measures which include persons with disabilities are generally insufficient and have no significant effect on the improvement of the situation of persons with disabilities. The only measure which directly focused on persons with disabilities was the permission for movement during curfew. Several respondents emphasized that this measure had not been well considered, placing all persons with disabilities under the same “umbrella”, and that such repeated singling out of persons with disabilities abets stigmatization and stereotyping.

Most of the respondents from ULS (14) believe that the situation of violence against women and girls with disabilities has worsened during the COVID-19 virus crisis. 10 of them believe it has significantly worsened.

Do you believe that the situation of violence over women and girls with disabilities has worsened during the COVID-19 pandemic?(32 responses)

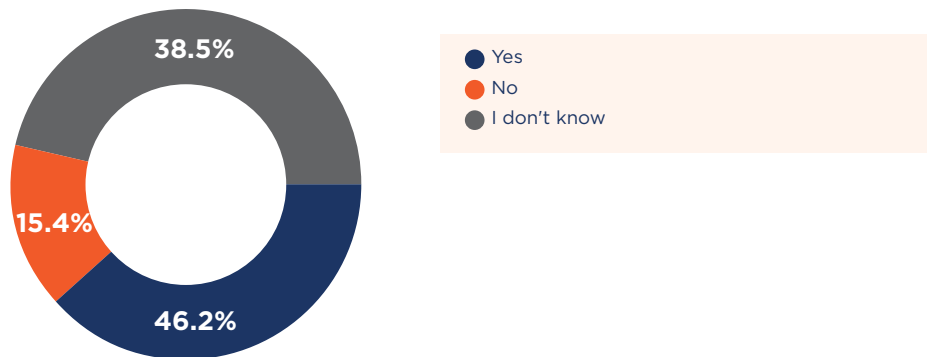


219 Focus group 10.09.2021

220 Focus group 24.07.2021 (2)

Among the representatives of CSOs which responded to the online questionnaire the prevalent perception is that the situation of violence against women and girls with disabilities has worsened during the COVID-19 virus crisis (6 of the respondents answered that the condition had worsened, 5 did not know, and 2 replied that there had been no changes).

According to the work of your organisation, has the situation regarding the violence over women and girls with disabilities worsened over the course of the COVID-19 pandemic? (32 responses)



“Generally, it has worsened for all categories of women and girls who are exposed to violence, due to isolation in the home, decimated work and dysfunctionality of institutions, access to those institutions and to the necessary services, the worsened financial situation etc. These conditions reflect even more harmfully on the safety and health of women and girls with disabilities”.

“A large number of women and girls victims of violence were trapped in their homes with their aggressors, there was a rise of domestic abuse, femicides, and online sexual harassment on a national level. The lack of shelters and lack of action and inappropriate action on the part of the police have contributed to and enabled the rise of cases of GBV against women and girls”.

MOST URGENT MEASURES FOR IMPROVING THE SITUATION OF WOMEN AND GIRLS WITH DISABILITIES VICTIMS OF VIOLENCE

More than half of the respondents who participated in the focus groups and interviews (48 out of 75, or 64%) indicated the need to speak about violence and educate women and girls with disabilities through training sessions, events, programs and etc. (*“there are no trainings on violence, it's not spoken about, there are always bigger issues than violence”²²¹*). Such education, according to the respondents, should encompass the identification of violence, handling violence, reacting to it and preventing it. Women and girls with disabilities should receive the basic information on how to identify violence from this education, how to react and where to reach out for help and support. Education is also necessary for the parents, and work should also be done with men, meaning to raise their awareness on building happy and healthy relationships. The work with parents should start from the very beginning of the birth of a child with disabilities, so they know what to do in order for the child to develop into an independent person²²². Another urgent need is that for sexual education, which ought to include the parents of those groups which are not independent. The associations and organizations in which women and girls with disabilities are members of, should be empowered and encouraged to implement such training and seminars.

12 respondents identified as most urgent the need for the sensitization and education of employees in institutions working with women and girls with disabilities, strengthening the institutional response to violence, as well as implementing legal solutions in regards to violence and the rights of persons with disabilities. Also, as emphasized above, the access to an interpreter within institutions is of utmost significance for deaf women and girls.

9 respondents emphasized the need for the financial empowerment of women and girls with disabilities and the need for state support in relation to financial stability. Financial dependence is identified as one of the main reasons why women remain in violent environments, therefore financial independence would contribute to reducing violence, or facilitating the victims' escape from violent environments.

Lastly, respondents believe that work must be done with women and girls with disabilities, to raise the issue of violence against women and girls with disabilities and to encourage them to speak out about their experiences and testimonials (*“we shouldn't be quiet, the neighbours should hear”²²³*). Work should be done on deconstructing the stigma and shame related to violence (*“not to tell them to shut up and take it, let consciousness work”²²⁴*). To this end, some of the respondents emphasized the need for including psychologists in the work of associations and organizations working with women and girls with disabilities.

In regards to what needs to be provided to women and girls with disabilities victims of violence for their effective protection and support, an equal number of respondents from ULSs (21) chose *“raising the awareness of employees in institutions on recognizing violence/potential violence”* as well as *“education and raising awareness among women and girls with*

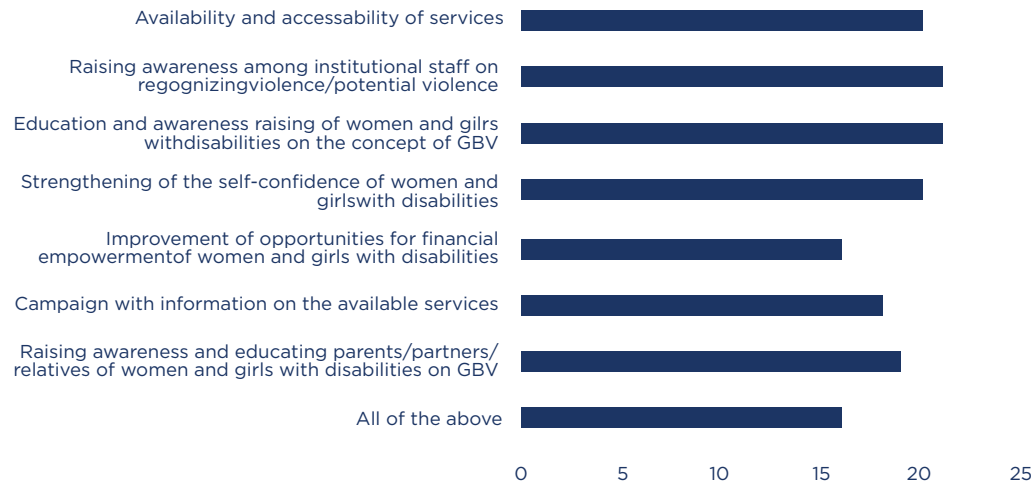
²²¹ Interview 4 (24.08.2021)

²²² Interview 3 (24.08.2021)

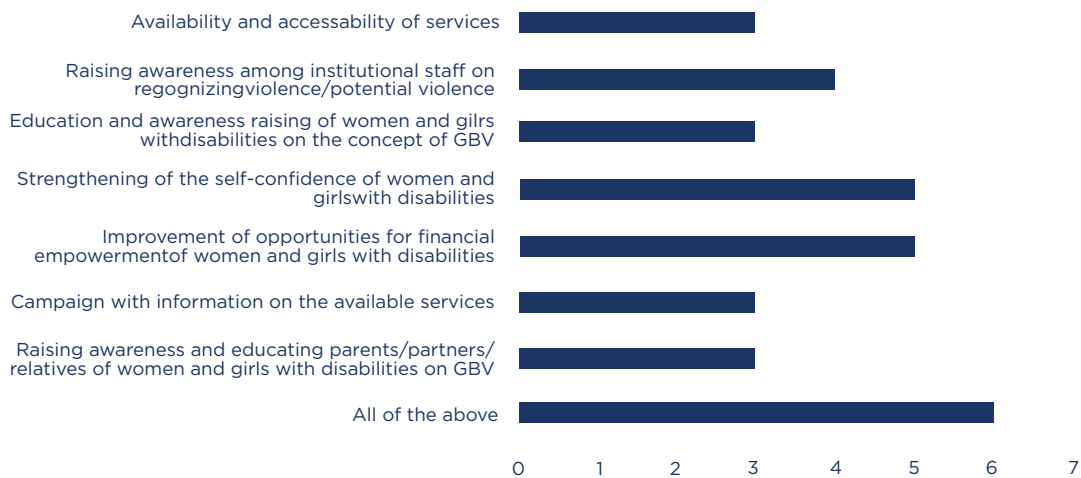
²²³ Interview 11 (04.09.2021)

²²⁴ Focus group 03.09.2021 (2)

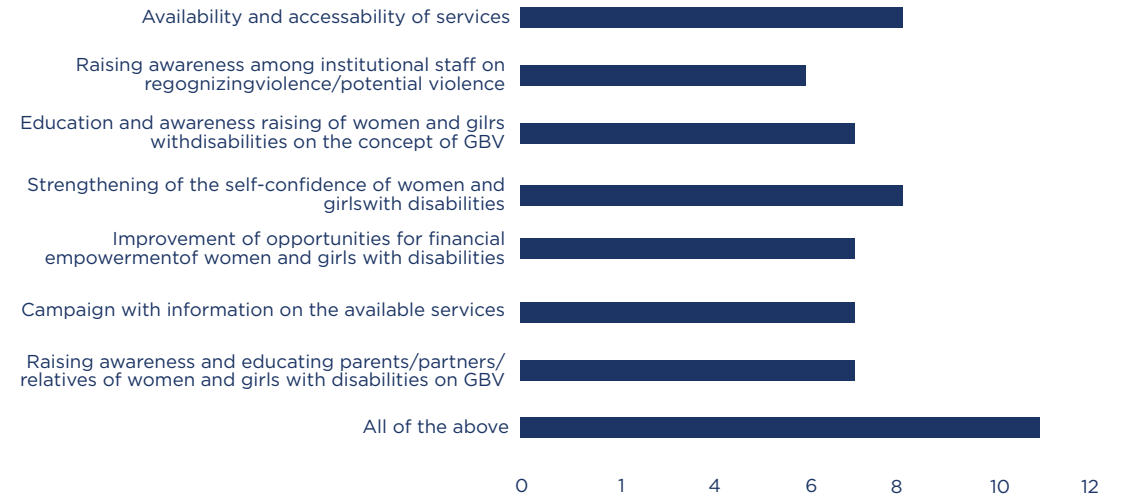
disabilities on the concept of GBV". 20 of the ULS respondents believe accessibility of services to be most important, an equal number (20) find the strengthening of self-confidence of women and girls with disabilities to be most important, 19 believe it to be "raising awareness and educating parents/partners/relatives of women and girls with disabilities on GBV", 18 believe a campaign should be conducted for informing about the available services, whereas the least (16) consider that it's necessary to improve the opportunities for financial empowerment of women and girls with disabilities. 16 respondents believe that all stated measures are equally important and necessary.



Almost all of the representatives from the National Coordinative body for the implementation of the CRPD (6 of 7) responded that all stated measures are important to provide.



Most of the representatives of CSOs who responded to the online questionnaire (11 out of a total of 13) believe that all stated measures are important to provide for women and girls who are victims or potential victims of violence for a more effective protection from and prevention of violence.



Additionally stated were: education as a mandatory obligation for all centres of power, introducing ableism as a criminal act, high penalties for everyone, including the parents and spouses of women and girls with disabilities, legal regulation and recognition of women and girls with disabilities as a particularly vulnerable group and implementation of the law.

CONCLUSIONS

Despite the ratification of the CRPD and the IC, the state is moving very slowly towards coordinating and harmonizing the legislation with the obligations arising from these conventions. According to the national and international reports and strategic frameworks, women and girls with disabilities are still one of the most discriminated against groups in the society, being also the most vulnerable to violence, harassment, and abuse.

According to the research, most women and girls with disabilities make a distinction between violence and discrimination, and the most recognized form of violence is physical violence. Certain types of violence and harassment, such as sexual harassment in public space, stalking, blackmailing etc., are still not recognized and are considered a normal and usual part of women's lives. Women and girls with disabilities are also generally unfamiliar with and do not recognize systemic discrimination and ableism, which are also a normalized part of their everyday life since early childhood. Parental care puts girls with disabilities in a situation of excess protection and isolation from the environment, leading to their dependence on such care in the course of their entire lives, with no opportunity for independent individual life. There is a general lack of educational programs and activities for raising the awareness of women and girls with disabilities, as well as that of parents of children with disabilities, on the various types of discrimination and gender-based violence.

In regard to the traditional and stereotypical views on gender roles in the family, women and girls with disabilities who were part of the research demonstrate a clear generational gap. The most frequent opinion among older women with disabilities is that in cases of violence a large part of the blame rests on the victim themselves, due to defiance, eliciting jealousy, dressing or behaving provocatively and etc., whereas younger girls are opposed to this attitude and believe they should be free to dress and behave as they please without the fear of experiencing violence or harassment. For women and girls with disabilities, financial stability is the most important factor in leaving a violent relationship, meaning that disability is not seen as a decisive factor for remaining in a violent relationship. Also important is the empowerment and building of self-confidence of girls with disabilities from a young age and avoiding excessive protection on the part of the parents.

Women and girls with disabilities face numerous barriers which prevent or impede their equal participation in social life. The first barriers faced by women and girls with disabilities, which indicate systemic and institutional discrimination, are the lack of accommodation of public spaces to different types of disability and the inaccessibility of institutions and services. Due to this, women and girls with disabilities are mainly dependent on their close ones, meaning the female members of their families, who provide them with the necessary support and care, neglecting their own needs at this expense. The need for constant escort also impedes the development of girls with disabilities in relation to sexuality. The sexuality and sexual needs of women and girls with disabilities are taboo, and the topic of sexual education and sexual assistants is most often avoided.

The most frequent type of violence suffered by women and girls with disabilities is psychological violence, in the shape of degradation, insults, threats etc. Their first

experiences with violence come from within the family, usually from the male members of the family, meaning the father. A significant part of women and girls with disabilities have their initial contact with violence as witnesses, then often becoming victims in their turn. The perceptions and attitudes expressed within the family of girls with disabilities as incompetent contribute to their isolation and the prevention of their independence and empowerment. Those women and girls with disabilities who have managed to gain independence and "stand on their own two feet" are often cast out by their families and receive no support. Also, women and girls with disabilities often put the blame for the violence on themselves, feeling that their condition makes communal living difficult and seeing themselves as a "burden" on their close ones.

Regarding the prevalence of violence, an obvious contrast can be noted between the testimonials of women and girls with disabilities who participated in the research and the responses received from institutions in regards to recorded cases of violence. The reason for such a small number of recorded cases of violence against women and girls with disabilities is that institutions usually do not separate data on the basis of disability, such as the PPO where *"the criminal offences of domestic and other types of violence against women and persons with disabilities are not processed separately"*. This is contrary to the guidelines of the IC which requires the gathering of separate statistical data on all forms of violence against women included in the Convention, among which are women with disabilities. The small number of recorded cases is also due to a distrust of institutions, as well as a culture of hiding violence due to shame and fear of stigmatization.

According to the statements of the women and girls with disabilities who participated in the research, within institutions, group homes, and foster families, violence is largely normalized as an everyday occurrence, while programs for the empowerment and education of women and girls with disabilities are nearly nonexistent or, when they exist, they reinforce gender stereotypes. This is also contrary to the responses from institutions concerning the cases which were recorded and acted upon. Another thing that can be noted is a culture of impunity or low sentences which are not in accordance with legislation.

The existing services for helping and supporting victims of violence are not available or accessible to women and girls with disabilities. An additional challenge is the lack of information and discriminatory attitudes of society, including those of public administrators, health workers, and other providers of services. Often reports of violence made by women and girls with disabilities are not taken seriously due to the discriminatory and stereotyping views of the persons employed in state services that women with disabilities cannot recognize violence. All of this further contributes to women and girls with disabilities not reporting violence, and therefore not receiving the help and support they are legally entitled to.

Generally, looking at the factual situation concerning the accessibility of institutions and public spaces in the country and comparing to the responses of the representatives of ULSS and the members of the Coordinative body on the implementation of the UN Convention on the rights of people with disabilities, a conclusion can be drawn that many of them have incomplete knowledge of what accessibility actually encompasses according to the CRPD. Services for the support of victims and/or perpetrators with disabilities are still seen as special, separate services which should not be part of the existing ones or part of new services which would have an intersectional approach. It can be noted that on a local level

there are certain programs, aids, or services which aim to help and support persons with disabilities, such as providing personal assistants, one-time financial support, scholarships, individual lesson plans etc. However, the fact that women and girls with disabilities are not the specific target group of any of the programs, aids, or services remains concerning.

The success of the efforts to raise the issue of gender-based violence in the past years is reflected in the knowledge of the issue and familiarity with the Istanbul Convention among all respondents. From the answers one can observe the difference in respondents' knowledge of the field of the rights of persons with disabilities, or the CRPD, which is far lesser. Concerning the training aimed towards the issue of gender-based violence against women and girls with disabilities, the representatives of civil society organizations have the lead in attendance of such training sessions, whereas in the public sector such training is almost never attended by the representatives who responded to the questionnaire.

In relation to the integration of persons with disabilities, it can be noted that institutions hire very few persons with disabilities, and they are even less represented in civil society organizations. In the civil society sector, persons with disabilities are included and work mainly on issues solely related to disability, and within specialized organizations. Persons with disabilities, especially women and girls with disabilities, are not included in the creation of policies and measures which are not specifically focused on persons with disabilities, yet affect them.

Civil society organizations provide bigger inclusion of women and girls with disabilities in their programs and activities, but this inclusion is inconsistent even among CSOs and is mainly for activities directly related to disability, and generally depends on the planned and available funding. CSOs do not have a practice of producing material and content in an accessible format which reinforces the finding that women and girls with disabilities are almost completely unfamiliar with CSOs working on the issue of gender-based violence and their activities, most of them never having seen nor received any materials on violence.

The biggest obstacles and hardships for women with disabilities who are victims of violence are financial dependence, prejudice, lack of information, unpreparedness of institutions to respond to the needs of women and girls with disabilities, the stigma and shame of publicly asking for help, being unfamiliar with their rights, as well as a lack of recognition and refusal to accept violence. According to persons employed in institutions, the biggest challenges and hardships that women and girls with disabilities face are within them, those being fear, lack of self-confidence, lack of information on available services, as well as distrust of institutions.

Almost all respondents agree that women and girls with disabilities are discriminated against in our country, that there are not enough services available to women and girls with disabilities victims of gender-based violence, that women and girls with disabilities cannot make independent decisions about their lives, and that women and girls with disabilities are not accepted in the environment they live in. Opinions vary over the inclusion of women and girls with disabilities in public life within their communities and the recognition of the rights of women and girls with disabilities in our laws.

A dominant opinion among respondents is that the situation concerning gender-based and domestic violence against women and girls with disabilities has worsened over the course

of the COVID-19 virus crisis. If we take this question in consideration with the question on specifically developed programs, aids, and services for women and girls with disabilities, we can conclude that this problem has been entirely disregarded despite clear awareness of relevant actors about its existence.

In regards to what is most urgently necessary for improving the condition of and providing support and protection to women and girls with disabilities victims of violence, there is no single measure which jumps out as a clear priority for all respondents, meaning that most respondents answered that all suggested measures are important and necessary, confirming the complete disregard for the issue of violence against women and girls with disabilities, meaning the lack of appropriate measures for their protection and support despite the present awareness of the need for such measures.

RECOMMENDATIONS

In regard to the legal framework for the prevention of and protection from gender-based violence against women and girls with disabilities, the following is necessary:

- Full implementation of the provisions of the IC and the CRPD, including their mutual referral, budget allocations in action and strategic plans, as well as regular monitoring of their implementation.
- Improvement and harmonization of legislation with the aim of using an intersectional and gender-transformative approach, taking into account the effect of various identity characteristics crossed with disability against discrimination and violence.
- Harmonizing the Criminal Code with the IC in regards to specific forms of violence committed against persons with disabilities, including recognition of ableism, as well as qualifying criminal acts against persons with disabilities committed solely due to bias based on their disability as hate crimes.
- Recognizing and establishing appropriate legal and institutional solutions and measures for combating institutional and systemic discrimination.
- Recognizing the structural nature of violence against women as one of the primary mechanisms with which women are kept in a subordinate societal position, especially women with disabilities.
- Adopting measures aiming to combat sexism and the traditional norms of a patriarchal society.
- Providing the guaranteed inclusion of civil society organizations which represent women and girls with disabilities in the creation, implementation, and review of laws and policies on combating violence against women and girls.
- Implementing the provisions and recommendations of the IC on the mandatory collection and analysis of separate data on the situation of women with disabilities by all relevant actors that take part in the protection from violence against women and domestic violence.
- Establishing a system for the inclusion of appropriate measures aiming towards the protection and support of women and girls with disabilities in states of crisis and emergency.

Regarding the empowerment of women and girls with disabilities, the following is necessary:

- Establishing programs for the education of women and girls with various disabilities on the types of violence and discrimination, as well as on the available assistance and services.
- Adopting and implementing measures for securing the development, promotion, and empowerment of women and girls with disabilities through systemic inclusion of their rights and interests in all national action plans, strategies, and policies concerning, for example, gender equality, health, violence, education, political participation, employment, access to justice and social protection.
- Adopting effective measures to grant women and girls with disabilities access to support which they might need in order to fully realize their capacity, to give free and informed consent and to make decisions on their own lives.
- Strengthening the efforts for improving access to quality education for girls with disabilities, as a means for addressing the fundamental reasons for violence stemming from the attitudes of subordination and victim-blaming and for reducing the vulnerability of women and girls with disabilities.

- Taking urgent measures to overcome all barriers which prevent or restrict women with disabilities' participation in the creation, implementation, and monitoring of all programs which affect their lives.
- Ensuring that the attitudes and opinions of women with disabilities, as well as girls with disabilities, are included in all processes, through their representative organizations and through self-representers.
- Adopting affirmative measures aiming to develop, promote, and empower women with disabilities, in consultation with organizations of women with disabilities, with the aim of dealing with inequalities and ensuring that women with disabilities enjoy equal opportunities as everyone else. Such measures should be brought especially in relation to the access to justice, the eradication of violence, the respect of home and family, sexual health and reproductive rights, health, education, participation in public and political life, employment, and social protection.
- Informing women and girls with disabilities about available services through various channels and media, using materials suitably adjusted in terms of accessibility, language, terminology, communication strategy and messaging.
- Establishing programs for the education and support of parents of children with disabilities, with a special focus on empowering girls with disabilities.

Concerning the institutional response to violence against women and girls with disabilities, the following is necessary:

- Providing full availability and accessibility of public and private institutions and services used by women and girls with disabilities, taking into account the various types of disabilities.
- Promoting intersectoral and inter-institutional coordination and cooperation on a national and local level with the active inclusion of women and girls with disabilities and organizations of persons with disabilities.
- Organizing training for the providers of GBV services with a special focus on the concept of violence against women and girls with disabilities, as well as the concept of equality, non-discrimination and reasonable accommodation.
- Organizing training for the providers of GBV services on the applicable human rights standards and identifying and combating discriminatory norms and practices, so that they will be able to provide the appropriate attention, support, and aid to women and girls with disabilities.
- Monitoring institutions and providing access to damage claims for women and girls with disabilities who are exposed to gender-based violence within and outside of institutions, with the aim of support services not to leave any space for the potential abuse or exploitation or any kind of violence against persons with disabilities.
- Integrating the specific needs and challenges of women and girls with disabilities in all training for police officers on how to protect and support victims, to apply a victim-focused approach and to improve notification systems. Working alongside women and girls with disabilities in order to raise awareness among the police of their particular needs, with the additional aim of challenging and opposing the stereotypes about these women.
- Establishing mechanisms for support and encouraging and facilitating the reporting of violence by women and girls with disabilities.
- Strengthening the capacity of the judiciary system, through continuous education of judges and public prosecutors on GBV and the IC, as well as on the specificity of instances of GBV against women and girls with disabilities.

- Prioritizing financial support for women and girls with disabilities victims of violence and providing programs for training and education for (re)integration into society as well as through active employment measures.

Regarding the public informing and the views and perceptions related to violence against women and girls with disabilities, the following is necessary:

- Producing guideline materials which will explain appropriate adaptation as an anti-discriminatory legal principle, as well as the methods for its implementation.
- Taking measures for raising public awareness and sharing and promoting information on GBV in general and particularly in rural environments, in formats accessible to persons with disabilities.
- Raising the awareness of the right to private and family life of persons with disabilities, including the sexuality of persons with disabilities, especially women and girls with disabilities, as well as the rights to marriage and motherhood.
- Public campaigns for raising awareness of the issue of discrimination and violence against women and girls with disabilities.
- Creating a public discourse around violence and discrimination against women and girls with disabilities in all spheres, aiming to overcome stigmatization and fear.

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ANNEX 1

ANSWERS OF THE PIICSWs ON SUPPORT SERVICES AVAILABLE TO VICTIMS WITH DISABILITIES, AS WELL AS PERPETRATORS WITH DISABILITIES, IN REGARDS TO PROTECTION, PREVENTION, AND REINTEGRATION

Services for victims and perpetrators with disability			
	Has	Lacks	Service provided by
PIICSW - Berovo	Psychosocial intervention and expert advisory work	No services for supporting victims with disabilities, nor perpetrators with disabilities	The Centre for social work
PIICSW - Bitola	Centre for victims of domestic violence (victims with disabilities should be housed with a companion), using resources on a state level - institutional and non-institutional accommodation, counseling for victims of domestic violence. Combined with perpetrators of violence with disabilities (in collaboration with medical facilities).		
PIICSW - Veles	There is a shelter centre that cares for victims of domestic violence on the territory of the Municipality of Veles	No classic domestic violence department	Domestic violence cases are handled by social worker, pedagogist, psychologist, and lawyer colleagues (as teams). In cases of victims with disabilities defectiologists may be engaged.
PIICSW - Gevgelija		No available services	
PIICSW - Debar		No support services on a local level	
PIICSW - Kavadarci		No service specifically focused on victims with disabilities	
PIICSW - Kochani		None	
PIICSW - Kumanovo	There is a collaboration with the NGO Inkluziva and the Red Cross for the support of persons with disabilities in general, working on the service of personal assistance which can also provide information of possible violence against a certain person with disabilities if such violence occurs in the person's home.		
PIICSW - Makedonski Brod	Psychosocial support is available to victims with disabilities and perpetrators with disabilities in the spirit of prevention, protection, and reintegration.		
PIICSW - Negotino	The Counseling centre for work with women victims of gender-based violence in Kavadarci (PIICSW - Kavadarci) is available for general support of victims of domestic violence. Perpetrators will be worked with if they are willing to attend counseling treatments.		
PIICSW - Radovish		None	
PIICSW - Skopje		No available services for supporting victims with disabilities, nor perpetrators with disabilities	
PIICSW - Tetovo		None	

ANNEX 2

ANSWERS RELATING TO ACCESSIBILITY AND INCLUSION OF PERSONS WITH DISABILITIES WITHIN THE INSTITUTIONS

	Is the Centre/institutions accessible and what is the range of this accessibility, from both a physical aspect and the aspect of information accessibility including printed material?	Are the telephone numbers for reporting cases of violence in an accessible format?	Are the facilities available and accessible to persons with various disability conditions?	Number of employees in the CSW who are persons with disabilities, sorted by state of disability, sex, age, regional representation, ethnicity and religious identity
PIICSW - Berovo	The offices of the Berovo CSW are on the second floor, with no elevator and no possibility of using the space to move with aids (tight hallways, standard doors, steep stairwells), with no adequate support for moving up the stairs, and the like.	Persons who wish to report violence can do so on the National SOS line	No	1 woman, Macedonian, physical disability
PIICSW - Bitola	Available physical accessibility to the first floor for persons with physical invalidity - where they can receive the necessary service. Victims of domestic violence work with a team of the following profiles: social worker, psychologist, pedagogist and lawyer, they receive adequate psychosocial and legal help.	Victims report violence to the MOI, the MOI notifies them on the phone or in writing or the victims report to the CSW personally.	Yes, physical accessibility is available to the first floor for persons with physical disability where they receive the necessary services.	2 persons (one 50 year old man with a physical disability and one 41 year old man with impaired hearing)
PIICSW - Veles	There isn't even an accessible ramp next to the buildings where the Veles CSW is located, and it is technically impossible for one to be built.	We have an on-duty phone line which takes immediate urgent action	No	No employees
PIICSW - Gevgelija	Yes	Yes	Yes	No employees
PIICSW - Debar	There is access only to the first floor, but not to the remaining floors which thwarts physical accessibility. Information is available by informing via posters, media, etc.	The only accessible lines are the numbers for reporting to institutions such as MOI, CSW. Other phone lines are displayed in front of the centres and in places around the city, but are rarely used.	The Debar CSW facilities are not accessible to persons with physical disability as there is no access to the third floor.	one 42 year old man with a physical disability, Albanian
PIICSW - Kavadarci	The triage is fully accessible, experts come down from the upper floor as necessary	Information is completely accessible via posters, pamphlets, and a website	The triage is fully accessible, experts come down from the upper floor as necessary	one 22 year old man with combined disabilities, Macedonian
PIICSW - Kochani	No	Yes	Accessible and available to persons with impaired mental development	No employees
PIICSW - Kumanovo	The offices of PIICSW Kumanovo are partially accessible to persons with varying types of disability and require financial support to provide adequate access where it is partially or completely missing (ramps, elevators)	There is a landline phone number accessible during working hours and a 24 hour on duty mobile phone number with an expert person available for support any day of the week.		No employees
PIICSW - Makedonski Brod	PIICSW - Makedonski Brod is adequately physically accessible with an access ramp for persons with disabilities.	PIICSW - Makedonski Brod has phone numbers for the reporting of cases of violence which are available in accessible formats.	All offices of the PIICSW - Makedonski Brod are available and accessible to persons with various types of disabilities.	No employees

PIICSW - Negotino	PIICSW - Negotino has no access ramp on the main entrance, but does have a back entrance (through the yard) which is on street level, making it accessible for persons who cannot enter the main entrance.	The phone numbers are posted on the door at the entrance to the centre along with the official e-mail address.	The facilities of the Centre for persons with disabilities (physical) is accessible from the back. In terms of other accommodations (for blind persons) or other types of disability, there is no signage.	No employees
PIICSW - Prilep	Disabled access comes up to the counter of the PIICSW - Prilep where persons with disabilities can receive all the information, and, if necessary, experts can conduct a conversation.	Yes, the phone numbers are accessible.	The facilities are not accessible for all disabilities.	The Daily centre for persons with cerebral palsy has two employees 1 of whom male and receiving personal income from UNDP and 1 female on a working contract, both working for 3 years, both with cerebral palsy
PIICSW - Radovish	PIICSW - Radovish is in a location which is not accessible to persons with disabilities.	Available phone numbers on which they can be contacted exist.		No employees
PIICSW - Skopje	No response	No response	No response	No response

To:

Subject: Request for ACCESS TO INFORMATION OF PUBLIC CHARACTER

To whomever it may concern,

Based on Article 4 and Article 12 of the Law for the free access to information of public character (Official Gazette of the Republic of North Macedonia No. 101/2019), but also on the obligations the state has taken on in accordance with the Convention on the Rights of Persons with Disabilities, I request from the Holder the following information of public character:

1. Number of cases of violence against women and girls in the past 3 years (separated by years).
2. Number of cases of violence against women and girls with disabilities out of the total number of recorded cases of violence in the past 3 years (separated by years).
3. Submitted records of the recorded cases of violence against persons with disabilities, divided by state of disability, sex, age, regional representation, ethnicity and religious identity, as well as sexual orientation (if such records exist).
4. Submitted records of recorded forms of violence against women and girls with disabilities over the past 3 years.
5. Number of perpetrators of violence who are persons with disabilities, divided by state of disability, sex, age, regional representation, ethnicity and religious identity.
6. Have you, in the past 3 years, recorded any cases of violence against persons with disabilities residing in institutions, group homes, and other forms of organized living?
7. Record of cases of violence against persons with disabilities, residing in institutions, group homes, and other forms of organized living, divided by state of disability, sex, age, regional representation, ethnicity and religious identity, as well as form of violence.
8. What services are available to support victims with disabilities, as well as perpetrators with disabilities in the interest of prevention, protection, reintegration, and rehabilitation?
9. Have you recorded any cases of violence against women and girls with disabilities committed by parents/guardians of children and adults with disabilities? Records of cases of violence committed by parents/guardians in the past 3 years, divided by form of violence, state of disability, sex, regional representation, and ethnicity.
10. Number of persons with disabilities employed in the MLSP, divided by divided by state of disability, sex, age, regional representation, ethnicity and religious identity.
11. Do you have protocols for being informed of violence by persons with disabilities residing in special institutes, group homes, forms of organized living, as well as by children and adults placed into foster families?
12. Have the service units within the MLSP undergone training on gender-based violence and domestic violence against persons with disabilities?

ANNEX 3

REQUEST FOR ACCESS TO INFORMATION OF PUBLIC CHARACTER

13. Have the service units within the MLSP undergone training on the Convention on the rights of persons with disabilities?
14. Do you have protocols for the informing and referral of victims with disabilities?
15. Do you have a guide for the reasonable accommodation of victims with disabilities, as well as perpetrators with disabilities?
16. Are the phone numbers for the reporting of cases of violence in a format accessible to persons with disabilities?
17. Are the MLSP offices available and accessible to persons with varying states of disability?

The information is requested for the purpose of research on the prevention of gender-based violence against women and girls with disabilities, supported by the OSCE Mission in Skopje.

We respectfully ask that you deliver the content of the requested information in the form of **electronic writing to ...**

Skopje, 5 July 2021.
Archive no.

ANNEX 4

**ONLINE QUESTIONNAIRE FOR
INSTITUTIONS**

(IN SURVEYMONKEY/GOOGLE FORMS OR SIMILAR)

To whomever it may concern,

The OSCE Mission in Skopje, in collaboration with organizations working in the field of the rights of persons with disability, within the realm of its commitment to fighting against gender-based violence and conducting the National action plan for the implementation of the Istanbul convention 2018-2023, is conducting a research on the prevention of gender-based violence against women and girls with disabilities. The research consists of multiple research methods which aim to form a complete image of the situation concerning gender-based violence against women and girls with disabilities, as well as determining specific recommendations for the effective protection and promotion of the position of women and girls with disability.

The aim of this questionnaire is to present the situation in regards to the aids and services available to women and girls with disabilities victims of violence, as well as the inclusion of the issue of the protection and support of women and girls with disabilities in legislation, policy, and practice. The questionnaire consists of 20 questions and will take about 15 minutes to answer. If you have additional questions or suggestions, or if you wish to be additionally included in the survey, write down your contact information at the end of the questionnaire and we will reach out to you.

Thank you for your cooperation!

QUESTIONS FOR THE RESPONDENT

1. Name and surname: _____
2. City: _____
3. Institution/body/service: _____
Sector (if applicable): _____
4. Your position of employment: _____
5. How long have you been employed in this institution?
 Less than 1 year 1-3 years More than 3 years

QUESTIONS FOR THE INSTITUTION/BODY/SERVICE

6. Is the institution in which you work accessible to persons with disabilities?
 Yes No I don't know
7. Does the institution in which you work employ persons with disabilities?
 Yes No I don't know
8. Does the institution in which you work have programs/aids/services with a specific focus on persons with disabilities?
 Yes No I don't know

9. Does the institution in which you work have programs/aids/services with a specific focus on women and girls with disabilities?
 Yes No I don't know

QUESTIONS ON THE EXPERT COMPETENCE OF THE RESPONDENT

10. Are you familiar with the term "gender-based violence" and what it encompasses?
 Yes Partially No
11. Are you familiar with the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (the Istanbul Convention)?
 Yes Partially No
12. Are you familiar with the Convention on the Rights of Persons with Disabilities?
 Yes Partially No
13. Have you attended training sessions on gender-based violence?
 Yes, one or two Yes, multiple sessions No
14. Have you attended training sessions on gender-based violence against women and girls with disabilities?
 Yes, one or two Yes, multiple sessions No
15. Do you believe that training sessions and coachings are useful to your work?
 Yes Depending on the organizers/trainers No

QUESTIONS ON THE RESPONDENT'S PERSONAL PERCEPTION

16. Please select a "True" or "False" option for the following statements:

- 1) Жените и девојките со попреченост се дискриминирани во нашата земја.
 TRUE FALSE
- 2) There are sufficient services available to women and girls with disabilities victims of domestic and gender-based violence in our country.
 TRUE FALSE
- 3) The rights and well-being of women and girls with disabilities are sufficiently covered by our laws and policies.
 TRUE FALSE
- 4) Women and girls with disabilities have the opportunity to participate in the public life of their community.
 TRUE FALSE
- 5) Women and girls with intellectual disabilities are accepted in the environments they live in.
 TRUE FALSE
- 6) Women and girls with disabilities are capable of making independent decisions about their lives.
 TRUE FALSE

17. What do you think are the main challenges that women and girls with disabilities face in the context of gender-based violence? (You can select multiple answers)

- Lack of recognition of the issue in the legal framework
- Inaccessibility of services
- Distrust of institutions
- Unfamiliarity with the concept of GBV
- Acceptance of violence
- Lack of self-confidence
- Fear
- Unfamiliarity with the opportunities for help/available services
- Other: _____
- I don't know

18. Do you believe that the situation concerning violence against women and girls with disabilities has worsened over the course of the COVID-19 pandemic?

- Yes, significantly Yes No I don't know

19. What do you believe is most important to provide to women and girls with disabilities who are victims or potential victims of violence for their effective protection and prevention of violence? (You can select multiple answers)

- Availability and accessibility of services
- Raising awareness of employees in institutions on recognizing violence
- Educating and raising awareness among women and girls with disabilities on the concept of GBV
- Strengthening of the self-confidence of women and girls with disabilities
- Promoting the opportunities for financial empowerment of women and girls with disabilities
- Campaign for familiarizing with available services
- Raising awareness and educating parents/partners/relatives of women and girls with disabilities on GBV
- All of the above
- Other: _____

20. If there is something we did not ask you, and that you would like to emphasize in relation to gender-based violence against women and girls with disabilities, you may do so in the following field. Also, if you would like us to contact you, you may leave your contact information here.

To whomever it may concern,

The OSCE Mission in Skopje, in collaboration with organizations working in the field of the rights of persons with disabilities, within the realm of its commitment to fighting against gender-based violence and conducting the National action plan for the implementation of the Istanbul convention 2018-2023, is conducting a research on the prevention of gender-based violence against women and girls with disabilities. The research consists of multiple research methods which aim to form a complete image of the situation concerning gender-based violence against women and girls with disabilities, as well as determining specific recommendations for the effective protection and promotion of the position of women and girls with disabilities.

The aim of this questionnaire is to present the situation in regards to the aids and services available to women and girls with disabilities victims of violence, as well as the inclusion of the issue of the protection and support of women and girls with disabilities in legislation, policy, and practice. The questionnaire consists of 20 questions and will take about 15 minutes to answer. If you have additional questions or suggestions, or if you wish to be additionally included in the research, write down your contact information at the end of the questionnaire and we will reach out to you.

Thank you for your cooperation!

GENERAL QUESTIONS REGARDING THE ORGANIZATION

1. Organization name: _____
2. City: _____
3. Organization's reach of action:
 National Local Regional National network
4. How long has the organization been active?
 Fewer than 5 years 5-10 years More than 10 years More than 20 years
5. How many persons work in the organization (on any type of contract)?
 1-5 5-10 More than 10
6. Does your organization have any employees with disabilities?
 Yes, 1 person Yes, more than 1 person No
7. Are women and girls with disabilities a direct target group of your organization?
 YES NO

ANNEX 5

ONLINE QUESTIONNAIRE FOR NGOS

(IN SURVEYMONKEY/GOOGLE FORMS OR SIMILAR)

QUESTIONS FOR THE RESPONDENT

8. Your (the person filling the questionnaire) employment position in the organization:

9. How long have you been working in the organization?

- Less than 1 year 1-3 years More than 3 years

10. Are you trained to work in a service for victims of gender-based violence?

- Yes No

11. Have you or any of your coworkers attended training sessions on gender-based violence against women and girls with disabilities?

- Yes, one or two Yes, multiple sessions No

12. Are you familiar with the Convention on the Rights of Persons with Disabilities?

- I've heard of it, but I don't know any specifics
 Yes, I'm quite familiar
 No

QUESTIONS ON THE WORK OF THE ORGANIZATION

13. How long has the organization been working in the field of gender based violence and/or discrimination?

- 1-5 years 5-10 years more than 10 years

14. Does your organization have a service for victims of violence?

- YES NO

15. If you replied affirmatively to the previous question, what services does your organization offer? (You can select multiple answers)

- SOS number for helping victims of domestic violence
 Psychosocial aid
 Housing victims of violence (shelter)
 Legal aid for victims of violence
 Other: _____

16. If your organization offers a service for victims of violence, is that service accessible to women and girls with disabilities?

- YES NO

17. If you function as a service for victims of violence, how many cases of violence against women and girls with disabilities have you received reports of, annually, over the past 3 years?

18. Is the work of your organization inclusive to women and girls with disabilities?

- YES NO

19. If you responded affirmatively to the last question, please state in what way you have achieved inclusivity:

- Regular publication of material in formats accessible to persons with disabilities (sign language, captioned videos, simple language, Braille letter, audio materials and the like)
 The organization facilities are accessible to persons with disabilities
 We insist on and try to provide accessibility for people with disabilities to all of the events that we organize
 The organization employs persons with disabilities
 We provide direct support for women and girls with disabilities
 Other: _____

20. Does the organization budget provide funds for providing accessibility to your employees with disabilities, event participants and service users with disabilities?

- YES NO I don't know Other: _____

21. Do you have a guide on the application of reasonable accommodations of the services provided by your organization?

- YES NO I don't know

22. Have you ever produced informative/educational materials for persons with impaired sight?

- YES NO I don't know

23. Have you ever produced informative/educational materials for persons with intellectual disabilities?

- YES NO I don't know

24. Do you hire interpreters of sign language for events organized by your organization?

- Only if the event is meant for persons with impaired hearing
- No, we don't usually have the budget for it
- No, it has not yet been necessary
- Yes, always or almost always
- Sometimes, when we have the funds for it
- We do not organize events

25. According to the work of your organization, did the situation concerning violence against women and girls with disabilities worsen over the course of the COVID-19 pandemic?

- YES
- NO
- I don't know

If you replied "YES" please explain in what way the conditions have worsened according to the work of your organization:

QUESTIONS ON THE RESPONDENT'S PERSONAL PERCEPTION

26. What do you think are the main challenges that women and girls with disabilities face in the context of gender-based violence? (You can select multiple answers)

- Lack of recognition of the issue in the legal framework
- Inaccessibility of services
- Mistrust of institutions
- Unfamiliarity with the concept of GBV
- Acceptance of violence
- Lack of self-confidence
- Fear
- Unfamiliarity with the opportunities for help/available services
- Other: _____
- I don't know

27. What do you believe is most important to provide to women and girls with disabilities who are victims or potential victims of violence for their effective protection and prevention of violence? (You can select multiple answers).

- Availability and accessibility of services
- Raising the awareness of employees in institutions on recognizing violence
- Educating and raising awareness among women and girls with disabilities on the concept of GBV
- Strengthening of the self-confidence of women and girls with disabilities

- Promoting the opportunities for financial empowerment of women and girls with disabilities
- Campaign for familiarizing with available services
- Raising awareness and educating parents/partners/relatives of women and girls with disabilities on GBV
- All of the above

28. If there is something we did not ask you, and that you would like to emphasize in relation to gender-based violence against women and girls with disabilities, you may do so in the following field. Also, if you would like us to contact you, you may leave your contact information here.

ANNEX 6

QUESTIONNAIRE FOR INDIVIDUAL INTERVIEWS

This interview is being conducted as part of the research conducted by the OSCE mission in Skopje, in cooperation with organizations working in the field of the rights of persons with disabilities. The activity is part of its commitment to combating gender-based violence and conducting the National action plan for the implementation of the Istanbul convention 2018-2023.

The research consists of multiple research methods which aim to form a complete image of the situation concerning gender-based violence against women and girls with disabilities, as well as determining specific recommendations for the effective protection and promotion of the position of women and girls with disabilities.

These interviews aim to discover the complete image of the situation regarding violence against women and girls with disabilities, as well as the available aids and services.

Your answers will be treated with the utmost attention and confidentiality. Personal and sensitive data will only be accessed by the research team, and the findings will only include information you have consented to include.

Notes for the person conducting the interview:

- *The questions can be further elaborated and explored with the respondent, if a need to do so is identified.*
- *The questions can be paraphrased, if necessary.*
- *Certain questions may be skipped, depending on their answers.*

1. Name and surname
2. Age
3. Place of residence
4. Ethnicity
5. State of disability
6. Education
7. Employment status
8. Family status
9. Who do you live with?
10. Do you have children? If yes, how many and what age?
11. Do any of your children have disabilities?
12. (if she lives with a partner) Is your partner employed? What do they do?
13. Do you experience hardships in your everyday life/feel discriminated against due to your disability?

14. Has anyone ever...

	YES	NO
... catcalled you with something inappropriate/insulting?		
... threatened you with violence?		
... threatened you with your children?		
... humiliated you, mocked you or criticized you?		
... prevented you from accessing your money?		
... degraded you?		
... shown you explicit photos/videos?		
... sent you sexually explicit messages?		
... followed you or persistently messaged you?		
... pushed you, pulled your hair or shook you?		
... hit you on the body?		
... hit you in the head?		
... kicked you?		
... threw a heavy object at you?		
... attempted to kiss you without your permission?		
... touched you inappropriately?		
... made you feel unsafe?		
... made you feel fear?		
... inappropriately exposed themselves in front of you?		
... attempted to coerce you into a sexual act?		
... coerced you into a sexual act?		
... imposed a contraception decision on you?		
... coerced you into abortion?		

If you answered YES, where? _____
And who? Current partner Former partner Other _____

15. Did any of these events occur during childhood? If yes, how did this impact the further course of your life?

16. Has anybody in the past year...

	YES	NO
... catcalled you with something inappropriate/insulting?		
... threatened you with violence?		
... threatened you with your children?		
... humiliated you, mocked you or criticized you?		
... prevented you from accessing your money?		
... degraded you?		
... shown you explicit photos/videos?		
... sent you sexually explicit messages?		
... followed you or persistently messaged you?		
... pushed you, pulled your hair or shook you?		
... hit you on the body?		
... hit you in the head?		

	YES	NO
... kicked you?		
... threw a heavy object at you?		
... attempted to kiss you without your permission?		
... touched you inappropriately?		
... made you feel unsafe?		
... made you feel fear?		
... inappropriately exposed themselves in front of you?		
... attempted to coerce you into a sexual act?		
... coerced you into a sexual act?		
... imposed a contraception decision on you?		
... coerced you into abortion?		

If you answered YES, where? _____
And who? Current partner Former partner Other _____

17. Have you ever witnessed any of the above acts happen to somebody else? If yes, whom and where? How did you react?
18. Have you ever felt unsafe/scared due to someone following you/messaging you? If yes, where and who? Tell us what happened.
19. If you want/can, tell us about the most severe instance of violence you've experienced? Where did it happen? Who was involved?
20. What consequences did you suffer from the experienced violence?
 - Emotional consequences (degradation, humiliation, feeling lonely and unloved...)
 - Physical consequences (bruises, scrapes, serious injuries...)
 - Psychological consequences (feeling unsafe, fear of going somewhere alone, withdrawal, depression...)
 - Other:
21. Are the consequences long-lasting?
22. Did you tell anybody when it happened? / Would you tell anyone if you experienced some of the things stated above? Whom? If not, why not?
23. Do you know where you can reach out for help if you experience any of the things enumerated above?
24. Have you received any material on help and support with violence in an accessible format? Do you think there are enough such materials/that they are accessible enough for persons with disabilities?
25. Have you ever reported violence? Where? How did you know where to report?
26. Were there any results from the report?
27. What was your experience like in the institution/organization where you reported the violence?
28. Do you believe that a woman with disabilities reporting violence receives the support and protection of institutions and organizations?
29. If you did not report your experience of violence, why not?
30. Do you agree with the following statements:

	I agree	I disagree
The man should be in charge of the family when decisions are being made.		
Often it's the wife herself who provokes the husband to violence./Women have only themselves to blame for the violence they suffer.		
Domestic violence is a private affair and should be resolved within the family.		
It's no big deal if a man hits a woman out of enragement or irritation.		
The wife should satisfy the husband even when she has no desire for intimacy.		
A woman with a disability is much more likely to stay with a violent partner than other women.		
Women ought to put up with everything for the children.		
The good wife obeys her husband even when their opinions differ.		
Women who say they have been abused are often making it up or overemphasizing their claims of abuse or rape.		

31. How often do you think women with disabilities in North Macedonia experience violence from partners/relatives/acquaintances?
- Very often Often Not that often Rarely I don't know
32. How often do you think women with disabilities in North Macedonia experience violence from strangers?
- Very often Often Not that often Rarely I don't know
33. What do you consider to be the biggest hardships/obstacles for women and girls with disabilities who are victims of violence?
34. Did the COVID-19 crisis affect your life/your security/your sense of security?
35. Do you believe that women with disabilities were sufficiently included in the measures adopted by the Government during the COVID-19 crisis? If not, why/what do you think was missing?
36. What do you think is most urgently necessary in order to support and protect women with disabilities who are victims of violence?
37. How can women with disabilities be empowered to no longer put up with violence/respond to violence?

ANNEX 7

GUIDE FOR FOCUS GROUP DISCUSSIONS

This focus group is being conducted as part of the research conducted by the OSCE mission in Skopje, in cooperation with organizations working in the field of the rights of persons with disabilities. The activity is part of its commitment to fighting against gender-based violence and conducting the National action plan for the implementation of the Istanbul convention 2018-2023.

The research consists of multiple research methods which aim to form a complete image of the situation concerning gender-based violence against women and girls with disabilities, as well as determining specific recommendations for the effective protection and promotion of the position of women and girls with disabilities.

These interviews aim to discover the complete image of the situation regarding violence against women and girls with disabilities, as well as the available aids and services.

Your answers will be treated with the utmost attention and confidentiality. Personal and sensitive data will only be accessed by the research team, and the findings will only include information you have consented to include.

Notes for the person conducting the focus group:

- Questions may be elaborated/supplemented, depending on the discussion
- Questions may be paraphrased/simplified, if necessary.

1. Presentations

- Age
- State of disability
- Place of residence
- Ethnicity
- Employment status
- Family status

2. Do you experience hardships in your daily life? Were you ever prevented from participating in something/accessing a service due to your disability?
3. Do you feel at liberty to say what you mean and want to in the home? Have you ever been forbidden from/not allowed to say something?
4. Do you feel at liberty to do as you please and wish in the home? Have you ever been forbidden from/not allowed to do something?
5. Are you familiar with the term “violence”? / Do you know what violence is?
6. Have you ever been scared of somebody close to you? / Has the behaviour of someone close to you ever made you feel scared?
7. Have you ever felt fear over the behaviour of someone you didn't know?
8. Has anyone ever threatened you with violence/threatened to harm you or your children (if any)? Who? Where?
9. Has anyone ever catcalled you with something inappropriate or offensive? Who? Where?
10. Has anyone ever tried to touch you or touched you without your desire/permission? Who? Where?

11. Has anyone ever attempted to kiss you without your desire?
12. Has anyone ever hit you? Where? Who? How?
13. Has anyone ever inappropriately spoken to you/exposed themselves to you in a public space? Where? Who? How?
14. Has anyone ever followed you and made you feel scared/unsafe? Where? Who? How?
15. Has anyone ever sent you inappropriate messages on social media/SMS messaging? Was this a frequent/daily occurrence? Who?
16. Has anyone ever taken your money and not let you keep it and spend it yourself? Who? How?
17. Has anyone ever thrown an object at you/wanted to hit you with an object? Who? How?
18. Has anyone ever coerced you into intimacy (without your consent or desire)? Who?
19. If you have experienced any of the above occurrences, how did this make you feel? Did you suffer consequences (physical, mental, emotional...)? How long did/do these consequences last?
20. If you have experienced any of the above occurrences, did you tell anybody? Whom? How?
21. Would you tell somebody if someone acts inappropriately towards you/touches you/comments on you etc.? Who would you tell?
22. Would you tell somebody if someone touches you/hits you/exposes themselves to you...? Whom?
23. Would you tell somebody if someone coerces you into intimacy? Whom?
24. Do you know where to turn if somebody hits you/touches you inappropriately/exposes themselves indecently/follows you/makes you feel afraid...?
25. Have you ever turned to an institution or organization for help? What happened?
26. If you have experienced some sort of violence, and didn't report it, why did you not do so?
27. Do you agree with the following statements:
 - The man should be in charge of the family when decisions are being made.
 - Often it's the wife herself who provokes the husband to violence./Women have only themselves to blame for the violence they suffer.
 - Domestic violence is a private affair and should be resolved within the family.
 - It's no big deal if a man hits a woman out of enragement/irritation.
 - The wife should satisfy the husband even when she has no desire for intimacy.
 - A woman with a disability is much more likely to stay with a violent partner than other women.
 - Women ought to put up with everything for the children.
 - The good wife obeys her husband and does not contradict him.
 - Women often make up allegations for attention
28. What do you think are the biggest difficulties that women and girls with disabilities face in regards to violence and discrimination?

29. Do you feel protected in the age of the pandemic/have the option for protection and support if someone behaves violently towards you?
30. Have you experienced any incidents during the corona crisis, while the quarantine was in effect?
31. What would make you feel safe? / What do you need to feel safe at all times?
32. What do you think is most urgently necessary in order to reinforce the support of women and girls with disabilities in relation to violence and discrimination?

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