Violence Against Women with Disabilities in Albania: An Intersectional Analysis of Experiences, Institutional Responses, and Structural Barriers

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Abstract

This study examines violence against women and girls with disabilities in Albania, focusing on its forms, perceived extent, and institutional responses. The research is grounded in an interpretivist paradigm, and adopts a qualitative design combining desk review with primary data collected through semi-structured interviews and focus group discussions. The study integrates perspectives from institutional representatives, service providers, and women with disabilities in order to explore both systemic and experiential dimensions of violence. The findings reveal that participants described violence against women with disabilities as frequently hidden and inadequately recognized within institutional systems. Women experience multiple and intersecting forms of violence, including physical, psychological, sexual, and economic abuse, as well as disability-specific forms such as neglect, restriction of mobility, and control over resources. The findings also identify family members and caregivers as frequently reported perpetrators, highlighting the role of dependency relationships and structural inequalities in shaping vulnerability. Institutional responses are found to be limited by the absence of disaggregated data, insufficient accessibility of services, and lack of disability-sensitive protocols. Structural barriers, including lack of information, distrust in institutions, economic dependency, and limited access to alternative support systems, contribute to the normalization and concealment of violence. The study concludes that addressing violence against women with disabilities requires an intersectional and rights-based approach that integrates disability into gender-based violence frameworks. Strengthening institutional capacity, improving data systems, and developing accessible and inclusive services are essential for ensuring effective protection and support.

Keywords: ***gender-based violence; disability; intersectionality; accessibility; Albania***

1. Introduction

Violence against women and girls constitutes a universal global human rights violation and a critical public health concern (World Health Organization, 2021), with far-reaching social, economic, and psychological consequences. Within this broader phenomenon, women and girls with disabilities represent a particularly vulnerable and often overlooked group,

experiencing heightened risks due to the intersection of gender-based and disability related discrimination. The concept of intersectionality provides a useful analytical framework to understand how multiple and overlapping forms of inequality contribute to increased exposure to violence and limited access to protection mechanisms (United Nations in Albania, 2024).

Current scholarly research shows that women with disabilities are significantly more likely to experience various forms of violence compared to their non-disabled counterparts (Emerson & Llewellyn, 2023; European Disability Forum, 2024). In addition to physical, psychological, sexual, and economic violence, this group is also exposed to disability-specific forms of abuse, including neglect, control of mobility, denial of medical care, and exploitation by caregivers (Alemu et al., 2023). These forms of violence are often embedded within structural inequalities, social stigma, and dependency relationships, which further exacerbate vulnerability and hinder access to support services.

Despite increasing international attention, evidence from many countries indicates that violence against women with disabilities remains underreported, under-researched, and insufficiently addressed in policy and practice. Barriers such as lack of accessible services, limited awareness, institutional gaps, and societal stigma contribute to the invisibility of this phenomenon (Anyango et al., 2023). Furthermore, institutional responses frequently fail to account for the specific needs of women with disabilities, reflecting a generalized approach to gender-based violence that overlooks intersectional dimensions.

In the Albanian context, although significant progress has been made in strengthening the legal and policy framework on gender equality and domestic violence, important challenges remain in translating these commitments into inclusive and effective practices. Previous studies and reports have highlighted the limited availability of disaggregated data, insufficient accessibility of services, and the lack of targeted interventions for women with disabilities (Kelly et al., 2015). Consequently, this group continues to experience systemic exclusion from protection mechanisms and support systems.

Against this background, the present study aims to contribute to the existing body of knowledge by providing empirical evidence on the nature, forms, and institutional responses to violence against women and girls with disabilities in Albania. This study draws on the perspectives of institutional actors, service providers, and women with disabilities themselves, to address a critical research gap related to the intersection of gender-based violence and disability in the Albanian context.

Specifically, the study explores: (i) the extent to which institutional mechanisms identify and respond to cases of violence involving women with disabilities; (ii) the lived experiences and perceptions of women and girls with disabilities regarding violence; and (iii) the structural barriers that limit access to services and contribute to the underreporting of violence. Findings from this analysis aim to inform more inclusive, evidence-based, and intersection-sensitive policies and practices.

2. Literature Review

The literature on violence against women and girls with disabilities has expanded significantly, highlighting the intersection of gender and disability as a critical factor in shaping vulnerability to violence. Women with disabilities experience higher rates of physical, sexual, psychological, and economic violence compared to women without disabilities, with evidence indicating a two to three times greater likelihood of experiencing violence, as well as disability-specific forms of abuse such as neglect, control over mobility, and denial of care (Hughes et al., 2012; Alemu et al., 2023). These patterns are explained through intersectionality theory, which emphasizes how overlapping systems of inequality, such as gender, disability, and socio-economic status, compound risks and limit access to protection (Crenshaw, 1991; United Nations in Albania, 2024).

A growing body of empirical research confirms that women with disabilities are disproportionately affected by violence across diverse contexts. A landmark systematic review by Hughes et al. (2012) found that women with disabilities are up to three times more likely to experience violence than non-disabled women. More recent cross-national studies reinforce these findings, showing consistently elevated risks of intimate partner violence and other forms of abuse across both high and low income countries (Emerson & Llewellyn, 2023). Furthermore, research suggests this risk is even higher among women with intellectual and psychosocial disabilities, who face particularly high levels of vulnerability due to communication barriers, social isolation, and dependency relationships (Anyango et al., 2023).

Another key theme in the literature is the multidimensional nature of violence experienced by women with disabilities. Beyond conventional forms of gender-based violence, women may face disability-related abuse involving restrictions on autonomy, control over care, and neglect (United Nations in Albania, 2024). Such practices may be

overlooked within family and institutional settings, contributing to their invisibility in formal reporting.

Underreporting remains a critical issue. Studies consistently show that women with disabilities are less likely to report violence due to fear of retaliation, dependence on perpetrators, lack of accessible reporting mechanisms, and limited trust in institutions (European Union Agency for Fundamental Rights, 2014; European Disability Forum, 2024). Inaccessible services, particularly in terms of communication, infrastructure, and procedural accommodation, further discourage help-seeking and reinforce cycles of abuse (Kelly et al., 2015).

From a policy perspective, international frameworks such as the Convention on the Rights of Persons with Disabilities (CRPD) and the Istanbul Convention emphasize the need for inclusive, accessible, and disability-sensitive responses to violence. However, research indicates a persistent gap between legal commitments and their implementation, particularly in low- and middle-income and transition countries (GREVIO, 2024; United Nations in Albania, 2024). Institutional systems often lack the capacity, training, and coordination required to address the complex needs of women with disabilities.

In the Albanian context, the literature reflects similar challenges, although the empirical evidence remains limited. National and international reports indicate that women with disabilities are largely invisible in official statistics and insufficiently addressed in policy and service provision (United Nations in Albania, 2024). Despite improvements in the legal framework on gender equality and domestic violence, implementation gaps persist, particularly in relation to accessibility, data collection, and specialized services.

Earlier studies in Albania indicate that women and girls with disabilities often lack adequate information about their rights and available support services, remain highly dependent on family members or caregivers, and face substantial barriers in accessing institutional support. These structural constraints significantly increase their vulnerability to violence and contribute to its underreporting (United Nations Development Programme, 2016).

Furthermore, evidence suggests that women and girls with intellectual disabilities and those with mental health conditions are particularly exposed to abuse, especially within family environments where violence tends to remain hidden and institutional response mechanisms are weak. Existing services for survivors of violence are often limited, fragmented, and insufficiently adapted to the specific needs of women with disabilities (United Nations Development Programme, 2016).

3. Method

This study adopts a qualitative research design aimed at exploring the nature, forms, and institutional responses to violence against women and girls with disabilities in Albania. The study is grounded in an interpretivist research paradigm, which assumes that social reality is constructed through individual experiences, meanings, and interactions (Crotty, 1998; Denzin & Lincoln, 2018). This paradigm is particularly suitable for examining complex and sensitive phenomena such as violence, where understanding subjective experiences and social contexts is essential.

A qualitative approach was selected as the most appropriate method to capture the complexity of lived experiences, institutional practices, and structural barriers associated with this phenomenon. The research design combines desk review with primary data collection in the field. The desk review component included the analysis of national and international policy documents, legal frameworks, and previous studies related to gender-based violence and disability, which served to contextualize the study and to identify key gaps in the existing literature and policy environment.

Primary data were collected through semi-structured interviews and focus group discussions. Semi-structured interviews were conducted with representatives of key institutions and service providers involved in the prevention and response to violence against women. These included local government units, social services, law enforcement agencies, health-care institutions, and civil society organizations. The use of semi-structured interviews allowed for flexibility in exploring institutional practices, challenges, and perceptions while ensuring consistency across respondents.

Focus group discussions explored the experiences and perceptions of women and girls with disabilities regarding violence and access to services. The 26 participants were recruited through disability-focused organizations in Tirana, Shkodër, Elbasan, and Vlorë; the organizations identified women and girls who voluntarily agreed to participate. The group format encouraged participants to discuss shared concerns and different perspectives.

The study involved 27 institutions and organizations participating in local mechanisms for the referral of violence cases or providing services to survivors of violence, alongside 26 women and girls with disabilities. One semi-structured interview was conducted with a representative of each of the 27 institutions or organizations (27 institutional interviews), and four focus group discussions were held with the 26 women and girls with disabilities. Institutions and participants

were purposively selected for their relevant roles, experiences, or perspectives. Data were collected in Tirana, Shkodër, Elbasan, and Vlorë during the second half of 2025.

Two semi-structured guides were used: one for institutional interviews and one for focus group discussions. Their main thematic areas were informed by scientific literature and international reports on violence against women and girls with disabilities. Open-ended questions explored forms of violence, perpetrators, institutional responses, reporting barriers, and access to support services. The 27 institutional interviews and four focus groups were audio-recorded and transcribed.

The study received ethical approval from the Ethics Committee established by the Albanian Disability Rights Foundation (ADRF) on 26 June 2025 (Protocol No. 56). The five-member committee comprised two ADRF board members, two representatives of disability-focused organizations, and one ADRF programme director. Participation was voluntary, and participants completed informed-consent forms before taking part. They were informed about the study purpose and their right to withdraw. Accessibility arrangements were made according to disability-related needs, including sign-language interpretation where required, to facilitate participation and informed consent. Confidentiality and anonymity were maintained in the handling and reporting of participants' accounts. Given the sensitivity of the topic, discussions were conducted with attention to dignity and avoidance of unnecessary distress, consistent with the ethical principles reflected in the Declaration of Helsinki.

Data were examined through a primarily deductive thematic approach, informed by Braun and Clarke (2006), while allowing new subthemes to emerge from participants' accounts. One author read the interview and focus-group transcripts and organized relevant passages according to the main themes established from the literature and interview guides. Within these themes, recurring patterns, participant perspectives, and additional subthemes not anticipated in the guides were identified and compared across institutional and focus-group accounts. The other authors reviewed the resulting analysis and interpretation. Quotations were selected to illustrate the findings within each theme. The themes were interpreted in relation to intersectionality, particularly the interaction of gender, disability, dependency, and institutional barriers.

The study has certain limitations. The qualitative design and purposive sampling limit the generalizability of the findings. Additionally, the study was conducted in selected municipalities with relatively more developed institutional structures, which may not fully reflect the situation in more remote or underserved areas. However, the study provides valuable insights into the experiences of women with disabilities and the functioning of institutional mechanisms, contributing to the limited evidence base in this field.

4. Results

The results of the study are based on qualitative data collected through interviews and focus groups conducted within this study.

4.1 Institutional Perspective on Violence Against Women with Disabilities

The results show that violence against women and girls with disabilities is present across all institutional domains; however, it remains largely unrecorded, unstructured, and invisible within official systems. Although institutions are formally responsible for prevention, protection, and response, the study reveals that the identification of such cases does not follow systematic procedures, and disability is not captured as a specific category within institutional data systems.

Although institutional representatives initially reported a lack of disaggregated data on violence against women and girls with disabilities, further probing during the semi-structured interviews revealed cases encountered in their professional practice. As the discussions progressed, respondents recalled and described a total of 70 reported cases involving women and girls with disabilities. These cases emerged from the accounts of institutional representatives and service providers, rather than from systematic administrative records or interviews with 70 individual survivors. The figure should not be interpreted as a prevalence estimate or necessarily as 70 independently verified, unique cases. The interviews were conducted during the second half of 2025, while the precise dates of the violent incidents were not systematically established. This finding illustrates the discrepancy between professionals' awareness of violence and its formal identification and documentation within institutional systems.

Local government institutions, including municipalities and regional social services, play a central role in the referral mechanism for domestic violence cases. However, the findings suggest that these institutions do not systematically collect or maintain disaggregated data. As one municipal representative noted, "Statistics on women and

girls with disabilities are lacking… often we identify them ourselves during the interview" (municipal representative, institutional interview), indicating that identification often occurs informally rather than through structured mechanisms.

Health institutions similarly reported an absence of recorded cases. This lack of data was attributed to multiple factors, including reluctance of victims to disclose violence, administrative burden, and concerns related to confidentiality in the doctor–patient relationship. As one participant explained, "this step has not yet been taken… there has never been any reporting" (institutional interview, health sector). Additionally, cases of violence are frequently concealed by victims themselves, often justified through alternative explanations, reflecting broader socio-cultural norms that normalize or obscure abuse.

Police institutions also reported no formal complaints from women with disabilities. Although violence is acknowledged to exist, structural and social barriers prevent victims from accessing police services. The absence of disability-specific indicators within police data systems further contributes to the invisibility of this group, as cases are recorded only within aggregated categories.

Similarly, judicial institutions do not differentiate cases based on disability status. Women with disabilities are treated as generic legal subjects, without recognition of their specific vulnerabilities or needs. This institutional neutrality, while formally egalitarian, effectively obscures structural inequalities and limits the development of targeted responses.

Service providers demonstrated a greater capacity to identify and support women with disabilities. Data from shelters and service centers indicate that a significant number of women have accessed services, including those belonging to marginalized groups. Nevertheless, even within these services, challenges persist in adequately addressing the specific needs of women with disabilities.

4.2 Experiences and Forms of Violence

The findings from women and girls with disabilities describe violence as multifaceted and often normalized within both family and community contexts. A woman participating in a focus group described violence as "more present than perceived" and frequently remains hidden.

Women and girls with intellectual disabilities and mental health conditions were identified as particularly vulnerable. Participants highlighted that these women and girls often lack the capacity to recognize or interpret abusive behaviors, which further increases their exposure to violence. As a woman participating in a focus group stated, "Women with intellectual disabilities find it difficult to understand violence".

The study identified multiple and overlapping forms of violence. Psychological and emotional violence emerged as the most pervasive and continuous form, often described as long-term and deeply embedded in daily interactions. Participants noted that such violence is closely linked to stigma, discrimination, and societal perceptions of disability.

Physical violence was also widely reported and included forms that are directly related to disability. These included denial of medication, restriction of movement, destruction of assistive devices, and physical restraint. Such practices demonstrate that violence is not only gender-based but also disability-specific, reflecting intersecting forms of marginalization.

Sexual violence and exploitation were also documented, including cases of trafficking. Findings indicate that women with intellectual disabilities are particularly exposed to such forms of abuse, often due to their dependency and limited awareness of risk.

Economic violence was another significant dimension. Women reported that disability-related financial benefits were frequently controlled by family members rather than used to meet their needs. Participants' accounts suggest that restricted control over income, together with limited employment opportunities and reliance on relatives for everyday support, can constrain the practical options available for leaving an abusive situation.

Across all forms of violence, the primary perpetrators were identified as family members and caregivers. This concern was expressed by a woman participating in a focus group: "The caregiver or family member often turns out to be the perpetrator".

4.3 Perceptions of Violence Among Women with Disabilities

Women participating in focus groups described violence as underreported and often hidden. Many emphasized that cases are often hidden not only by victims but also by family members and communities. As one participant noted, "In many cases, incidents are not only unreported but are also concealed by family members" (woman with disability, focus-group participant).

Participants also highlighted that women with intellectual disabilities face heightened risks due to lack of sexual education, limited awareness, and high levels of dependency. At the same time, women with physical, sensory, or communication impairments face different but equally significant barriers, including difficulties in reporting violence and accessing help.

Psychological violence was frequently associated with overprotection and control by family members. Practices framed as "protection" were described as limiting mobility, social participation, and personal choice. In participants' accounts, these restrictions intersected with reliance on family members for everyday assistance, making it more difficult to challenge controlling behaviour or seek support independently.

Women also described how gender- and disability-related discrimination operated alongside restricted access to education, employment, and social participation. These disadvantages were not described as isolated problems: limited opportunities for independent income and support could reinforce dependence on family members, including in situations where participants perceived controlling or abusive behaviour.

4.4 Barriers to Reporting Violence

The findings suggest substantial barriers to reporting violence against women with disabilities. All participant groups identified multiple barriers that prevent reporting.

A major barrier is the lack of information about available services and reporting mechanisms. Women reported being excluded from awareness activities and lacking access to communication channels. As one participant explained, "I have nowhere to obtain information… everything is lacking for us" (woman with a disability, focus-group participant).

Lack of trust in institutions was also identified as a key factor. Experiences of stigma, discrimination, and negative attitudes from professionals discourage women from seeking help.

Fear of retaliation further inhibited reporting, particularly when the alleged perpetrator was also a family member on whom a woman depended for support. Participants described a combination of limited accessible information, distrust of institutions, communication and physical-access barriers, economic dependence, and lack of alternative accommodation or community-based support. Together, these barriers could make disclosure and exit from abusive settings difficult even when violence was recognized.

4.5 Accessibility and Service Provision

The study reveals significant limitations in the accessibility and adequacy of services for women with disabilities. None of the institutions or service providers reported fully adapted environments that meet the needs of women with disabilities.

Accessibility is often understood narrowly as physical access, with limited attention to communication, information, or cognitive accessibility. No institution reported having specific protocols, guidelines, or communication strategies tailored to women with disabilities.

Service providers identified multiple challenges, including lack of infrastructure, limited staff capacity, and absence of specialized services. Communication with women with intellectual, sensory, or communication impairments was identified as particularly challenging.

Furthermore, the lack of community-based services, including independent living support and social housing, creates significant barriers to long-term recovery. Women are often forced to return to abusive environments after receiving temporary support, perpetuating a cycle of violence.

5. Discussion

The findings of this study suggest that the violence described by participants was insufficiently identified, documented, and addressed by institutional mechanisms. This invisibility reflects broader structural and social dynamics that extend beyond individual cases and are deeply embedded within institutional practices, cultural norms, and policy implementation gaps.

A central finding is the gap between cases recalled by institutional respondents during interviews and the absence of consistent disability-disaggregated records. The 70 cases described in institutional accounts are not a prevalence measure, but illustrate how professional knowledge may remain outside routine documentation. This finding supports the recommendation to introduce disability-sensitive recording fields and consistent referral documentation, rather than assuming that the absence of recorded cases indicates the absence of violence. Earlier reports likewise identify gaps in

disaggregated data (United Nations in Albania, 2024).

The findings illustrate intersectionality through concrete relationships described by participants, rather than through the simple coexistence of separate disadvantages. For example, reported control over disability-related benefits may intensify financial dependence where employment opportunities are limited; restrictions presented as family "protection" may reduce mobility and social contact where everyday assistance is also controlled by relatives. Gendered expectations, disability-related dependence, and restricted resources therefore shape both the reported experience of abuse and perceived opportunities for resistance or exit. This interpretation is consistent with Crenshaw's (1991) account of intersecting inequalities, while remaining grounded in the participants' accounts.

Consistent with international literature, the results highlight that women with intellectual disabilities and mental health conditions are at particularly high risk of abuse. This corroborates earlier research (World Health Organization & World Bank, 2011; Hughes et al., 2012), which identifies cognitive and psychosocial impairments, alongside dependency and barriers to communication, as key factors increasing vulnerability to violence. The inability to recognize abuse, combined with high levels of dependency, significantly limits the capacity of these women to seek help or exit abusive situations.

An important finding of this study is the recurring identification of family members and caregivers as perpetrators of violence in participants' accounts. This finding is consistent with prior studies (e.g., van der Heijden, 2014), which emphasize that dependency relationships can create conditions for abuse. In the Albanian context, this dynamic is further reinforced by limited availability of community-based services and independent living support, which increases reliance on family structures.

The reported barriers to disclosure likewise operated in combination. Fear of retaliation was particularly consequential when the alleged perpetrator was also a source of daily assistance or housing; inaccessible information and communication reduced independent routes to advice, while scarce community-based support limited alternatives after disclosure. These accounts suggest why institutional preparedness cannot be considered separately from women's economic and support arrangements. The wider service-access problem is also discussed in the Kelly et al. (2015) mapping study.

Institutional respondents and women described barriers involving physical access, accessible communication and information, and staff preparedness; providers also reported a lack of disability-sensitive protocols. These findings support practical measures such as accessible reporting channels, communication accommodations, staff training, and case-management guidance tailored to women with different disabilities. The need for accessible protection services is also consistent with obligations under the Convention on the Rights of Persons with Disabilities; the present study documents participants' perceptions and service gaps, not the effectiveness of any proposed intervention.

The results also highlight that violence against women with disabilities is not solely an issue of individual vulnerability, but rather a manifestation of structural violence embedded in social, economic, and institutional systems. The interaction between gender inequality, disability-related discrimination, and socio-economic exclusion creates conditions that both increase exposure to violence and limit opportunities for escape.

Participants' accounts of economic control, dependency on relatives or caregivers, and limited alternatives to family-based support also point beyond immediate crisis response. They support considering community-based assistance, independent-living support, and safe accommodation alongside violence-response services, so that seeking protection need not entail returning to the same dependent arrangement. These are implications derived from the reported barriers, rather than outcomes tested by this qualitative study.

Overall, the policy implications follow four empirical problems: poorly documented cases call for better disaggregated institutional recording; inaccessible communication and environments call for adapted services and protocols; limited professional preparedness calls for training and coordinated referral; and dependence with few alternatives calls for community-based support. These priorities should be developed with women with disabilities and evaluated in future implementation research.

6. Limitations

While this study provides important insights into violence against women and girls with disabilities in Albania, several limitations should be acknowledged. First, the qualitative nature of the study limits the generalizability of the findings. The results are based on in-depth narratives and institutional perspectives, which, although rich in detail, do not allow for statistical generalization at the national level.

Second, the study was conducted in selected municipalities where institutional mechanisms and services are

relatively more developed. As a result, the findings may not fully reflect the situation in rural or underserved areas, where access to services is more limited and institutional capacity is weaker.

Third, the study relies on self-reported data from both institutional representatives and women with disabilities. Given the sensitivity of the topic, it is possible that some experiences of violence remain unreported or underreported, particularly among women with intellectual disabilities or those in highly dependent situations.

Finally, the absence of disaggregated institutional data on disability limited the ability to triangulate findings with official statistics. This constraint reflects a broader systemic gap identified in the study itself, but also poses a methodological limitation in terms of data validation.

7. Implications for Future Research

The findings of this study highlight several important directions for future research. First, there is a clear need for quantitative studies that can measure the prevalence and patterns of violence against women with disabilities at the national level. Such studies would complement qualitative findings and provide a stronger empirical basis for policy development.

Second, future research should explore in greater depth the experiences of specific subgroups, particularly women with intellectual disabilities and those with mental health conditions, who appear to face the highest levels of vulnerability. Longitudinal studies could also provide valuable insights into the dynamics of violence over time and the effectiveness of interventions.

Third, further research is needed to examine institutional responses and service delivery models, with a focus on identifying best practices for inclusive and accessible services. Comparative studies across regions or countries could help to contextualize findings and inform more effective policy solutions.

Finally, future studies should incorporate participatory approaches that actively involve women with disabilities in the research process. Such approaches would not only enhance the validity of findings but also contribute to empowerment and the recognition of women with disabilities as active agents rather than passive subjects of research.

8. Conclusion

This study provides empirical evidence that violence against women and girls with disabilities in Albania is a persistent, yet largely invisible phenomenon, shaped by the intersection of gender inequality, disability-related discrimination, and structural exclusion. Despite the existence of a relatively advanced legal and policy framework addressing gender-based violence, the findings demonstrate a substantial gap between formal commitments and their effective implementation, particularly in relation to accessibility, data collection, and institutional responsiveness.

The study highlights that women with disabilities experience multiple and intersecting forms of violence, including physical, psychological, sexual, and economic abuse, as well as disability-specific forms of violence. These experiences are deeply embedded within family and caregiving relationships, where dependency often limits the ability of women to recognize, report, or escape abusive situations. The predominance of family members and caregivers as perpetrators underscores the complexity of addressing violence that occurs within private and socially protected spaces.

A key contribution of this study lies in its identification of systemic barriers that sustain the invisibility of violence. The absence of disaggregated data, limited accessibility of services, lack of institutional capacity, and low levels of awareness among women with disabilities collectively contribute to the underreporting and normalization of violence. These findings reinforce the need to move beyond generic approaches to gender-based violence and to adopt intersectional frameworks that explicitly address the specific needs of women with disabilities.

Furthermore, the study demonstrates that existing support systems are insufficiently adapted to ensure effective protection and inclusion. The lack of accessible infrastructure, disability-sensitive protocols, and specialized services limits the capacity of institutions to respond adequately. In addition, the absence of community-based services, independent living support, and long-term reintegration mechanisms contributes to the reproduction of a cycle of violence, where women are often forced to return to abusive environments.

The results call for a shift toward a more inclusive, coordinated, and rights-based approach to addressing violence against women with disabilities. Such an approach should integrate disability into all stages of policy design and implementation, strengthen institutional capacities, improve data systems, and ensure the accessibility and adequacy of services. It should also recognize women with disabilities as active agents, whose voices and experiences are essential for the development of effective and sustainable interventions.

This study sheds light on an under-researched and marginalized issue, contributes to both national and

international literature, and provides a foundation for more inclusive policies and practices aimed at preventing violence and promoting the rights and well-being of women and girls with disabilities.

9. Acknowledgment

9.1 Ethics approval and consent to participate

The study was approved by the Ethics Committee established by the Albanian Disability Rights Foundation (ADRF) on 26 June 2025 (Protocol No. 56). Informed consent was obtained from participants before data collection.

9.2 Declaration of AI-assisted language editing

Generative artificial intelligence tools were used solely to improve the English language and clarity of the manuscript. The authors reviewed and approved the final text and take full responsibility for the study design, data, analysis, interpretations, and content.

9.3 Data availability

The interview and focus-group transcripts contain sensitive information and are not publicly available in order to protect participant confidentiality.

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