The invisible nature of violence inflicted on women with disabilities: An analysis of the situation in Spain

La invisibilidad de la violencia infligida a las mujeres con discapacidad: Un análisis de la situación en España

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Abstract

The needs and problems that women with disabilities have to face up to daily often go unnoticed by society at large. The life experiences of these women are often characterized by this invisibility, which can lead them to social exclusion and limit their full involvement in many public and private spheres. All this increases their exposure to violence, making them more vulnerable - and often hidden from public view. This article aims to provide some insight into these processes and draw attention to the fatal consequences they can have these women lives.

Keywords: Women; Disability; Violence; Discrimination; Inclusion.

Resumen

Las necesidades y los problemas que las mujeres con discapacidad tienen que enfrentar a diario a menudo pasan desapercibidos por la sociedad en general. Las experiencias de vida de estas mujeres se caracterizan a menudo por esta invisibilidad, que puede conducirles a la exclusión social y limitar su participación plena en muchas esferas públicas y privadas. Estos aspectos aumentan su exposición a la violencia, haciéndolas más vulnerables – y a menudo ocultos a la mirada pública. Este artículo tiene como objetivo dar una idea de estos procesos y llamar la atención sobre las consecuencias fatales que pueden tener en la vida de estas mujeres.

Palabras clave: Mujeres; Discapacidad; Violencia; Discriminación; Inclusión.

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Introduction

In this paper is presented the main results of the study 'Violence against women with disabilities. Invisible and multiple discrimination' that was done in 2012 and aimed to analyse the situation of women with disabilities who are victims of violence, and thus highlight a social problem which has so up till now remained hidden - and is very often relegated to the private and familial sphere. In the study, is addressed disability with the research focused on the socio-political study of Citizenship, centring on people with disabilities, following authors such as Len Barton, Mike Oliver or Collin Barnes from the UK, or Eduardo Diaz and Miguel Ángel Ferreira from Spain.

The aim of this study was to define a descriptive and detailed profile of the violence that women with disabilities are exposed to. For this, a methodology of a mainly qualitative nature was used, based on discourse analysis. The technique used was the in-depth semi-structured interview.

To be a citizen does not only involve ownership of certain social rights but also entails securing the satisfaction thereof (Marshall and Bottomore, 1998). The opposite of citizenship as a concept is social exclusion, since it brings with it the loss of the rights associated with this. It affects "all those who are somehow outside the vital opportunities that define full social citizenship in advanced societies" (Tezanos, 2004: 12). This is the case of disabled women victims of violence, as often they are thrown into situations which arise as a result of this logic of social exclusion, due to the summation or accumulation of negative factors, barriers and boundaries that leave them outside the game of social interaction (Tezanos, 2001), often finding themselves immersed in a situation of increasing lack of resources and social vulnerability.

Consequently, as in the case of other groups at risk of social exclusion, these women may acquire *lower status*: relegated to "environments more or less distant from the majority social group" (Estivill, 2003: 14). This situation prevents them from being 'included' in society, understanding 'inclusion' and 'participation of individuals in three basic spheres: the market and/or the social usefulness provided by each person, as a mechanism of exchange and linkage to the collective contribution of creating value; "redistribution, which is basically run by the authorities and public administrations; and finally, the reciprocal relationships that unfold in the context of family and social relation" (Subirats, 2004: 16). This is an argument that reappears even in existing studies on citizenship and social exclusion, where disability is not present in all dimensions but in many of them, and where it does figure, it appears fragmented, "thus subsuming any possible structural analysis of the central element they mention" (Diaz, 2010: 128).

Women with disabilities generally have lower education; a precarious job situation and lower rates of employment; problems of access to housing; barriers to using new technologies, and increased social isolation; factors usually associated with the processes of social exclusion and which, moreover, have increased in recent years due to the financial crisis suffered by several countries, including Spain. The economic recession has brought increasing inequality and levels of impoverishment. For women, this vulnerability is more pronounced, partly due to their situation of greater social invisibility, which increases their chances of being abandoned socially and, in the case of a lack of any support, becoming trapped within a situation of severe social exclusion (Gomiz, 2017).

Conceptual framework of violence against women and disability

In this paper we chose to consider violence against women as being any form of violence exercised against them due to their gender, irrespective of

the relationship with the aggressor, and following the typology structure adopted by Ferrer (2007): physical, psychological, political or institutional, sexual, structural, economic, spiritual or symbolic (see table 1).

Table 1. Typology of violence inflicted upon women
(SEE ANNEX)
Note: Produced from Ferrer's definitions
(2007, p. 63 and 64)

The importance of establishing different types of violence should be stressed - firstly, in order to draw attention to everyday acts which go unnoticed and perpetuate situations of covert violence, since they are not actually identified as such – and also because this contributes to addressing violence against women as a public issue, and thus a social one. Authors such as Millet (1969) or Dobash and Dobash (1992) indicate that this approach, which began in the 70s, is of utmost importance in the fight to eradicate violence against women. In Spain, authors such as Meseguer and Mondejar (2010), also defend this theory.

If are applied these definitions and typology to violence committed against women with disabilities, is noted that they are similar to violence possibly suffered by any woman (Gomiz, 2014). As Nixon (2009) notes, the main difference between the violence suffered by women with and without disabilities is the greater exposure of the former to situations of violence, compared to other women, as well as the wider range of possibilities that such violence presents. This increased exposure to violence that we see in disabled women increases their vulnerability to violence, and identifies a series of actions, attitudes and barriers that will accompany these women throughout their lives.

Marita Iglesias coincides with this view, noting that this greater vulnerability sometimes involves the sense of impunity with which, in many cases, violence is exercised against women –and also towards men– with disabilities. A feeling of impunity arising from the stigma that accompanies disability and which sometimes makes these people, especially women, appear to have 'less value (…) where the absence of representation of their identity promotes the perception that one can abuse them without remorse or conscience' (Iglesias, 2004).

Therefore, and as observed in our study, the impact of violence against women with disabilities is 'less visible' for example Chenoweth (1996), Young, Nosek and Howland (1997), etc.

Soledad Arnau (2005) also defends the approach of Iglesias and she notes this greater exposure to this type of violence by women with "all kinds of disabilities" in Spain. To do this, she analyzes several reasons why this happens and alludes to Sobsey who in 1990 published an study where he pointed out that the maintenance of a series of "myths" associated with disability (understood as "different" or "abnormal") causes abuses and ill-treatment to which women with disabilities are often subjected and which, even for the abuser, are even justified given the victim's disability status.

These myths are: the myth of "dehumanization" (people with disabilities are in a "vegetative state" and therefore any abuse exercised against them, has a lower category than any crime); the myth of "damaged merchandise" (following the previous myth, the life of the person with disability is not worth living and, therefore, his death does not imply a loss); the myth of "insensitivity to pain" (the person with disability feels and suffers less than other people, so their trauma will also be less); the myth of the "threat of disability" (which places people with disabilities as dangerous or even a threat to humanity, even rationalizing abuse, making the victim guilty of aggression); the myth of "defenselessness" (related to the image of dependency that is sometimes understood as a necessity projected by the person with disability).

Despite this, there is little rigorous literature about the topic that analyze the disability from the point of view of gender. In Spain, for example, with works as Gómez Bernal (2013), Cózar Gutiérrez (s.a.) or López González (2006) that are stand out. Works that, in general, analyze one way or another, the identity in the case of women with disabilities.

Gómez Bernal explains the little importance that has been given to the study of women with disabilities in the social sciences (Gómez Bernal, 2013). She carries out a study and applies feminist theories in a study where she exposes the inequality to which women with disabilities are subjected. The author starts from the questioning of the definition of disability itself. For her, both the disability and the problems involved, are not as much a consequence of health conditions or the definition, but by "the prevalence of a negative and discredited view of disability, and the attribution of assuming the

obligations derived from their 'role of patient' as the only social responsibility of the disabled person" (Gómez Bernal, 2013: 34). In this way, the person with a disability "is condemned to a kind of devalued citizenship, considered as a permanent minor who, in the case of having rights, has suspended their exercise or requires the guardianship of others to exercise them" (Gómez Bernal, 2013: 34). A similar reasoning to the one that we exposed in the previous section, and that implies to construct an inclusive citizenship (Gomiz, 2017) to guarantee the rights - and the satisfaction of the same ones - of people with disability.

As we have seen, in the case of women with disabilities, there are other variables. Gómez Bernal explains this in the words of Torres Dávila: "The interrelation of the axes of social classES, gender, religion, cultural belonging, sexuality, etc., which in disability point to diversity in everyday experiences, acts as filters through which not only the vital experiences of disability are clarified, but also demonstrate the complexity of the social relations existing in disability as a field (Torres Dávila, 2004: 20-21; cited in Gómez Bernal, 2013: 25).

Both the female body and the disabled body are crossed by cultural discourses that place it in the realm of 'the other' in relation to the norms imposed by the male body, white, proprietary, without disability... Patriarchal relationships are an specific form of the gender relations in which women inhabit a subordinate position. Class structures, racism, gender and sexuality can not be treated as independent variables because the oppression of each is inscribed in the others, is constituted by and is constitutive of the others. The confluence of these two social constructs, among others, on women with disabilities places them in a gray region, where situations of exclusion and discrimination are complex and the strategies of solution differ from those tested by women without disabilities. At times, women with disabilities have followed the path, not without difficulties, to identify with the traditional roles established through patriarchy, with the ultimate goal of integrating in the most uncritical way.

From the point of view of identity, although a woman is never simply a "woman" but the confluence of a multiplicity of identifications that occur through a wide range of cultural categories, in the case of women with disabilities, as we have seen, their different identities may even conflict (Caballero and Valés, 2012). Failure to address the intersections

that originate from different identities is risky, as it can happen - and it is customary to pass - that disability "eclipses any other dimension, and ends only by perceiving individuals with disabilities in the dry, without sexual identity, without gender identity" (Caballero and Valés, 2012: 10 and 11).

In short, it is understood that talking about women with disabilities, is talking about multiple or intersectional discrimination. The concept of intersectionality or intersectional discrimination, developed in the 60s and 70s, is very close to the feminist movements that advocate black women, although its more basic application could be explained by analyzing the oppression suffered by women in various configurations or degrees of intensity (Ritzer, 2002). For Leslie McCall, one of the greates representatives of the development of this concept, the study of intersectionality, is to consider how the experiences of individuals are determined by multiple forms of subordination within society (McCall, 2007).

In this way, variables that have traditionally been the cause of oppression, such as race, sex, class or disability, do not act independently but are interrelated, generating a system of oppression that contemplates the intersection of multiple forms of discrimination (Knudsen, 2006).

The result, once again, is a systematic social inequality that in the case of women with disabilities - as in others groups where differents discriminatory variables converge - translates into greater social invisibility, and converts them, as we have pointed out and we will see in the results of the investigation, in potential victims of violence (Gomiz, 2017).

Continuous discrimination is a factor of vulnerability and a form of violence

Discrimination was present in the daily lives of all the women interviewed. During their interviews even informants with disabilities reported examples of discrimination experienced first-hand. The repetition of these episodes is a form of continuing violence with serious consequences for their self-esteem, thus limiting their full inclusion within society.

The most frequent discriminatory episodes included, for example, insults at school, physical barriers, the attitude of people to them, or being denied to entry to a public space. In addition, there were often difficulties in obtaining a job and drawbacks when applying for a certificate of disability, or having to go through a number of medical tribunals in order to process this; acts which become part of the

everyday life of these women, violating sometimes even their most basic rights, such as being attended to properly in emergency services or being able to vote.

When was attempted to weigh up what had more weight on these processes: discrimination from gender or from having a disability, we detected greater permissiveness in situations of gender-based discrimination. In the analysis, the respondents did recognize the existence of multiple discrimination processes, however most believed that discrimination was a reality for people with disabilities, whether male or female, and when weighing up which variable had more weight within these processes, for some key informants and most of the women with disabilities, *having disabilities* outweighs the fact of being female. In actual fact, many of the women interviewed said they had never experienced gender discrimination. In contrast, in their discourse all of them related episodes of discrimination for being a woman.

The explanation for this situation is that usually the gender discrimination has subtle ways that are difficult to detect and socially accepted. Women who suffer from this are not always aware that their daily life is marked by patriarchal patterns of discrimination.

As it was said, this process of social acceptance of gender discrimination is repeated in many of the interviews. The traditional roles assigned to women regarding domestic work and the role they play in the private sphere make them accountable for the housework and care for children or the elderly. Sometimes women of the study also work outside the home. However, their functions are little recognized and this can lead to serious episodes of violence against them, especially psychological. This is particularly true in cases of women with a suddenly occurring disability. Disability affects women's lives and complicates the performance of the tasks traditionally assigned to them within the home. They often have to put up with grievances and insults from members of their family, such as '*you aren't a woman any more*', '*You're useless*' or '*you're a good-for-nothing*'. Women with children are more likely to experience these insults, even from their own offspring, since the responsibilities they acquire as a result of motherhood are greater.

Disability studies, such as the Survey of Disability, Personal Autonomy and Dependency Situations (EDAD 2008 in its Spanish acronym) show that, while it is true that there is discrimination against those with disabilities regardless of their gender, this discrimination is greater when the disabled person is a woman – a statement that was shared by several key informants consulted.

In the study, male interviewees with disabilities acknowledged having experienced situations of discrimination but considered them '*one-off*' and none had felt '*discriminated against.*' They also related fewer episodes of this type than the women, and in no case related episodes where they had been ruled out directly, or had been told 'you're not a man any more' as a result of having a disability.

Incomplete inclusion within society

Women interviewed feels that they were not fully included within society; a feeling that most often reflected a reality.

With regard to political participation, 70% of them assured that their involvement was low or very low. The reasons for being excluded from this sphere were many and varied: there were women who thought that *no-one looked to them to get involved in politics*; some believed that *the laws are made by men or people who are divorced from their reality and don't know what the real world that affects them is actually like*; and those who argued that, for example, they had never even voted because their parents had not allowed them to.

In the labour market almost the 68% of the interviewed women considered that their participation was low or very low. When analysed by type of disability, was noted that as greater is the adaptation needed to do the job, the greater was the feeling of non-inclusion in the working world reported by these women. For example, women in wheelchairs due to neuromuscular or osteo-articular disabilities complained about the existence of *architectural barriers to entering buildings, and non-adapted toilets*; something which hindered but did not prevent them for doing their job. These women, although they did not feel fully included in the workplace, did not consider themselves completely excluded from it. However, women who needed adaptation and/or help to communicate (e.g. those who were deaf and blind) indicated that the lack of this had motivated them to remain completely outside the labour market: the insurance company for the firm where one of these women worked —a job centre for people with disabilities— considered, after a medical examination, that she had to be dismissed because her inability to communicate was incompatible with her continuing in her job, despite

having done the job for years without there being any deterioration in her disability; another had to leave her job voluntarily because the existence and maintenance of these b barriers prevented her from continuing.

In short, these women felt that the lack of special facilities (from having an interpreter to acquiring specific software, for example) left them '*completely excluded*' from the workplace. They felt that companies analysed their *dis*abilities and not their *abilities* when it came to hiring them or taking them into account within the organization, and that by ignoring their potential, even if the necessary facilities existed, they were automatically excluded and completely 'incapacitated'.

Regarding the degree of inclusion in day-to-day decision-making, the answers were more widely dispersed: almost 54% believed their level of inclusion in this area was low or very low, compared to over 43% who thought it was high or very high. Women in employment, and who were better-off financially, were the ones that felt they had more freedom to choose on matters relating to their day-to-day life, compared to those with greater economic dependence, who manifested having less freedom for this. Parents, partners and caregivers in residences were the people who usually decided for these women, according to interviewees' responses.

My husband supports me a lot... in the end he is the one who decides things... at first he knows me wrong, but good (EM8)

Since my parents died, I do decide on my life. Not before. Now I move by the transport alone, I have gone to the university... (EM2)

(...) many times decide for me (the family). Especially in decisions that affect my future. They do not want me to live with my boyfriend ... I think we just have to ... I have to find a girl to help us, for everything ... but they say no (EM11).

Summing up, it can be stated that disabled women did not feel included in society. In fact, 83.33% of respondents considered that their degree of inclusion was low or very low. Furthermore, in cases where women felt more included (in any aspect we asked about), they themselves warned that their situation was not the norm, citing family and economic situation as the two distinguishing

factors that had increased their degree of inclusion in comparison to other women with disabilities.

I feel that (my level of inclusion is of) a 9, but I am not the norm because I have had economic possibilities (EM9, considers that its degree of inclusion is very high in the three areas asked)

In my case the difference comes from many things: the family ... Mainly that is the factor where everything resides. A family that supports you, that values you, that does not overprotect you ... I had my needs ... but it was one more at home ... That's why I have the character of overcoming and I can trust that I can get things, fight ... I made the decisions; and the money. Having financial resources on the issue of disability is important, all the help comes from money (EM4, considers that its degree of inclusion is very high in the three areas asked)

This data are important because as greater degree of exclusion, greater vulnerability and greater possibility of being a victim of violence (Gomiz, 2014).

The nature of the violence inflicted on women with disabilities

According to the study data, violence against women with disabilities is the same as that suffered by other women who are victims of violence i.e. women with disabilities are primarily women - and when violence is inflicted on them, it is the same violence which is perpetrated against other women. However, there are differences, and important ones, as regards the prevalence of violence, the effects, the scenarios where it takes place, and its consequences: differences which depend on a number of factors that also influence the circumstances surrounding women and which are associated with the stereotypical discourse that often accompanies having a disability.

Having a disability ... aggravates the circumstances, the contexts in which violence can occur in any woman ... and then there are the needs, which I weigh before I leave the violence. There are also the differences ... I need to be guaranteed that if I break with those who violate me I do not lose my autonomy, I will continue without that person and what it

implies, I will have alternatives ... women with disabilities always have fewer alternatives ... and there it is The difference (EI11).

Factors in which, in addition, influence the circumstances surrounding women, and are associated with the discourse that accompanies on occasion the fact of having a disability:

When you do not have the resources ... I decided to divorce, but I think the money does a lot. It is sad but it is so. You have to eat and sleep somewhere (EM9)

The disease itself and its limitations ... and from there everything that makes you worse: lack of resources, dependence ... everything (EM1)

Over 80% of those interviewed (both women and men with disabilities), considered that women with disabilities were, *a priori,* more vulnerable to violence than women without. Among the most frequent reasons given were several of the stereotypes associated with this group: they were considered *'weaker'; 'they can't defend themselves properly and aren't allowed to decide'; 'People take advantage of them'; 'They're more economically and emotionally dependent'* and so on.

Factors affecting the prevalence of violence against women with disabilities

For the women interviewed, self-esteem is the main factor in a situation of continuing violence, followed very closely by economic dependency.

Emotional dependence is important, although for these women this depends on their individual level of self-esteem. Dependence on care is related to having money or not, since this can be paid for.

The greatest vulnerability is born of the dependence, the real poverty of what they have or let them have, the sense of worthlessness that is often generated from outside, not letting them participate or decide on their own life. (EI1).

Leave my boyfriend ...? He is a very possessive guy ... For example, I travel and gets nervous, I try to go home before because I get angry if

I'm not ... I've thought about leaving it several times because sometimes I get tired ... but No longer ... and I do not know what I really want ...I don,t know if I,m falling in love... I tell you in confidence, but as I am already so, so bad ... he has to help me spend in the bathroom, lower my panties ... we have so much complicity and trust and he is In my family and I with yours ... and accept me as I am, I do not know ... (sigh) I could not leave you ... it is fear of being alone or ... (sighs) (EM10)

People do not understand that someone might want to be with you, to see beyond your disability. That is undermining your self-esteem and in the end you think you will not find anyone ... and when you find that you have to be so grateful that you owe everything. That is violence, because it puts you below another (EM4)

Isolation, architectural barriers and accessibility are factors influencing situations of violence but not reasons which explain continued violence over time, rather factors which affect whether these women can escape from specific situations or not; 'when you have to get out of a specific situation because they are attacking you.' This is something that, according to most, happens after many previous episodes of other more subtle types of violence but which are equally serious. This dependence also leads women with children to endure the violence that they and their children end up suffering; something that is exacerbated if the children are also disabled.

I do not like how my mother treats me... Sometimes I hate her, hate her as she talks to me...I do not care in front of my children, she calls me a fool ... but I can not do anything, because I need her support, my children need it ... and I have to think about her well-being . I can only bear the situation and wait (EM30)

Regarding the lack of access to information, the women interviewed were divided between those who believed that this was essential, especially when living in a rural environment - and those who believed that access to information and technology today was very affordable for everyone and did not consider it a real barrier. Here again differences in the circumstances of each woman were found, and up to

8 of the women interviewed denied categorically that this was currently a barrier: two of them said they '*did not believe*' that someone could not have access to information today. In this case, all had good socio-economic status and access to new technologies.

Typology of violence

Regarding the typology of violence, it should be indicated that several of the women interviewed had been subjected to different types of violence. Of the 30 respondents, all recounted an episode where they had been victims of psychological violence (insults at school are included, overprotective attitudes and/or refusal to have privacy and the denial of their own free will, too); 11 have suffered some form of physical aggression (in 4 cases violence occurred almost daily at some point in their lives); 9 of them have been victims of sexual assault (6 had suffered rape); in 4 of these, violence in the workplace was identified; in 2 cases serious economy-related violence was detected (although the number increases if it is considered those who were prevented from controlling their own money); and in 7 cases, violence occurred in an institutional setting.

A higher prevalence of psychological than physical violence was identified, and episodes were more regular. This pattern is similar for women with no disability: in the case of violence against women, physical violence is the last stage and usually occurs after a long period —even years— of very serious psychological violence, but at the same time more difficult to prove and with fatal consequences on many occasions, though less immediate.

> For me, for example, I was chasing after the cleaning ... as I knew I could not, I went behind what he did teaching me that he was doing it wrong ... or throwing things so that I had to try hard or tell him that I could not ... Sick of being with a bitch invalid. They indulge in disability, use it to make you feel worthless. Go where it hurts most...the disability and the children... In my case the blackmail after the separation with the girl was brutal. She sent me notes with her, broke her slippers I bought, for example, and told her to tell me to buy another... (EM1)

> My father is very closed, very sexist ... My father discouraged me... And always drunk ... when I was teenager and he would come home and, for example, wake me up and say, "I'm going

to do an exam, go with the tray to the kitchen to see if you fall ...". I would do what he told me and if I had a stumble he would start crying and he would tell me that I did not try, that would be useless ... That discouraged me... I put all the effort to get it right but I can not (EM10).

> I knew it was there ... I changed the cups with boiling coffee of the place ... I did it to drive myself crazy, so that I would know that he ... was the one who commanded ... I burned twice and came with me to the hospital to make it clear that I was clumsy and A poor blind woman, as she did not see, that for a while she'd lost track ... and it had been him. Just to notice him next to me ... I tremble even when I remember him (EM30)

Both key informants and existing literature warn of the existence of a high rate of sexual violence against women with disabilities. The study corroborates this, as were found a high percentage of women who had experienced some form of sexual assault (attempted assault, molestation or completed rape). The highest prevalence was found again in women with intellectual disabilities, mental illness and deafness.

> Once I was with friends in a house of some who knew them ... and I think one took advantage of me ... then I did some tests to see if I had something and my mother told me that I was 3 months pregnant and it was not One, there were two
> (Interviewer: Was it a violation?)
> I do not know ... I did not like it, and I did not want to. He took advantage of me and said no, no, no ... and he said yes. I put a complaint and he told me that I was crazy ... They stopped him for abusing me ... because I felt bad ... then I had to shower three times to take everything I had ... disgust ... he followed again and again and I I said no (EM3).

Of the 9 women who had experienced sexual violence, 8 suffered from one or more of these disabilities, regardless of having other additional disabilities: 2 were deaf; 3 had some form of intellectual disability; one had intellectual disabilities and was also deaf; and 2 had mental illness (one had a physical disability from birth as a result of beatings suffered by her mother during pregnancy, and

developed mental illness as an adult, after years of sexual abuse by several men including her father and a friend of his).

With regard to the perpetrators of violence, it was noted that in the case of physical, psychological and sexual violence, attacks were usually by someone within the victim's close environment. Of the 30 women interviewed, 19 reported having suffered some type of psychological violence within the family (parents, brothers, uncles, grandparents and/or cousins); 17 by their partners, and one in the institution where she lived by workers in-house. Cases of this type of violence within the family and by the partner were repeated.

In terms of physical violence, 7 women reported experiencing some form of physical aggression by their partners, and 6 within the family (parents, brothers, uncles, grandparents and/or cousins).

I suffered abuses from some of the guys I went to ... and my cousin. But I did not denounce it because it was my cousin and my parents did not want (EM18).

My mother sent me to clean my uncle's house when he was widowed and one day he took advantage of me. My mother did not want to denounce it, but on the condition of throwing him out of the village, that he went away ... it was because he was my uncle, he was older ... and the people ... it was worse than everyone would speak (EM17)

With regard to sexual assault, 3 women had been assaulted by their partner; 3 reported having been assaulted by a family member (parents, brothers, uncles, grandparents and/or cousins); and 6 had been assaulted by third parties (unknown attacker, acquaintances or friends). Several of these women had suffered more than one sexual assault and the assailants had different links with them.

In the case of disabled women with children, when attacks occur within the family, the perpetrators are often their own offspring. Of the 8 respondents who were mothers, 4 related episodes of verbal and psychological violence from their offspring (a figure that rises to 6 if we also consider as violence the repeated discrimination against the mother as regards who was to undertake household chores).

In one case there was sporadic physical assault committed by a daughter.

The worst of needing the wheelchair due to the relationship at home. My daughter told me that she was useless because she could not take care of things in the home, that she was no longer a good mother. It was very hard, because a son hurts a lot (EM9, She does not recognize this as violence).

In another, the woman, who had been abused for years, both psychologically and physically, by her former partner and father of her children, reported having been physically assaulted regularly by the son, even nearly losing the sight of the eye she could still see with (she was visually impaired), as the young man broke her glasses with a blow and stuck glass in her eyeball. The woman assured us that these attacks occurred during a period when the young man was consuming cocaine and justified them by explaining that the son had also been a victim of physical and psychological violence committed by the ex-husband.

Compared to the women, of the 5 men interviewed, three related episodes of psychological violence, and only one had been a victim of sexual violence committed by a family member (the mother's brother) and by a worker in the care centre he lived in.

With regard to other types of violence, in the case of violence in the workplace, serious and continued episodes of discrimination; lack of support from colleagues and bosses; and the existence of relations capable of 'making life impossible' for the women with disabilities suffering this, were the most commonly found. All these situations concluded with dismissal by the employer, or voluntary resignation, or requests for a departmental transfer. Only in one case (the job was temporary) was there support from other colleagues who succeeded in isolating the attitude of the attackers. This implies that it is the women with disabilities themselves who, in situations of on going violence, were forced to change their own circumstances and their workplace (even having to leave their job), in order to put a stop to the violence.

In terms of institutional violence, almost all the episodes reported by the women had to do with access to public employment, such as not obtaining the job after passing the entrance exams or delaying unnecessarily the procedures for granting certificates of fitness that government departments

require to take on public office; with the consequent disadvantage as regards processing disability certificates, including the care received from the relevant medical courts; with judicial proceedings or police reports where acts of violence had been reported; as well as issues relating to motherhood (sterilization and termination without consent, and pressure to dissuade them from having children).

> In spite of approving the opposition, and believing that the job was mine, the issue is that I have been fighting for 4 years... Administration says I have a disability.... Now??? I am in trials with the two administrations .., but I'm not working, why not? (EM5)

> When I got pregnant ... puff.. it was horrible ... even the doctor advised me to have an abortion. They told me that the boy had problems and that since I was blind I would not be able to attend him. I felt pressure everywhere ... even advised me to go to a psychologist 'to make the right decision... (EM28)

Officially tolerated violence and the invisibility of violence

As in the case of discrimination, violence against women with disabilities is officially tolerated in society. When were asked the women interviewed if they had even been victims of violence, less than half said they had. However, over the course of the interview all reported incidents of violence and several who had said that they 'were not victims,' recounted episodes of serious psychological and even physical violence.

There are various different reasons why women do not define themselves as victims of violence. For key informants, the reasons were because 'consciously or unconsciously, they do not want to be associated with the negative connotations of the word victim'; 'They are not aware that what they are experiencing is violence, or they cannot identify it as such'; or because 'they are unable to recognize themselves as victims.'

> I have never wanted to think of myself as a victim, I prefer to talk about discrimination, although if you think about it I have been (and I am), but it is very heavy the word (EM4).

The stigma associated with the word victim is one of the reasons that carries most weight,

however it is not the only one. Women often do not identify situations of violence they have suffered and consider them to be normal patterns within their relationships with others. For example, two of the women interviewees; those who had a greater degree of intellectual disability, narrated episodes of sexual violence they had suffered, without being aware of what had really happened. But this applied not only to them. Regardless of disability, all the women interviewed were aware that there were acts of violent that were not considered as such and they were able to list a number of examples. However, many found it difficult to identify officially tolerated violence in their own lives, even where such violence was sometimes extreme.

The most common case was that of mothers with disabilities who, in all the cases interviewed, accept as normal and justify the violent behaviour of their children, as was seen earlier in one example.

The acceptance of violence as normal poses a major hazard: violence becomes invisible and women victims are not aware of their role as such, so that this kind of violence continues and is consented, albeit unconsciously.

This deters many women with disabilities from reporting violence, but there are other reasons for this: women with disabilities are afraid of the reactions and consequences of filing a complaint; they fear not being believed; they do not trust the legal system; they lack information; they suffer from a lack of sensitivity on the part of the authorities and the legal system, including doctors; they reject the stigma attached to being recognized as victims of violence; and they have to deal with the problems and barriers that exist when reporting this to the authorities.

> Disability itself ... I was afraid of losing my job, of not being able to take care of myself and my daughter. The need for me to be cared for, for me to be cared for ... not knowing how you are going to stay ... how far you will be able to lead a normal life, like the one before (EM1. She finally denounced)

> You're scared ... afraid you'll tell it and beat or hurt yourself or your family (EM3)

> Afraid that others see you less autonomous, make you feel even smaller. That and have no expectations of solution (EM4)

I was scared to be alone ... I did not know if I would be able to help myself ... Then you think about it and I would take everything, I would pay more money than he, the sickness, the work, the children, the house ... we had a woman, but The things I wore ... but it was the fear to be alone, to see me alone and to need someone. But it has been the best I've done (EM9)

Lack of sensitivity ... the first time I went to report, when he tried to run me over, they told me that I go home 'little paceful' ... There is a lot of lack of sensitivity. When I found out that my daughter had seen my ex having sex with her new partner in the same bed she was in, I went to report it. Then they said to me: "What do you want? Are you going to file a complaint every day or what?" (EM1)

I have denounced the work, but in a relationship ... I would even feel embarrassed because it is my partner, it is our intimacy... (EM5)

Of the women interviewed, less than half had filed a complaint. Altogether 13 had done so: two due to work-related issues and 11 due to assault of various kinds, the most frequent complaints being sexual assault. In the study this type of aggression was more prevalent in women with intellectual disabilities or mental illness, and it was the families themselves or the associations who had led them to report it, or even took the initiative on their behalf. In addition, according to key informants, women with these disabilities were less aware of the repercussions of reporting.

Sometimes you are encouraging the victim to report, but you listen to their reasons and you know that the system has nothing to offer you: that she has no money, that she has small children, that she depends on the aggressor ... When you realize this situation, is when you understand something is wrong (EI6)

If they do not have the financial resources they are going to stay there ... or they have resources in their family or, especially if they have children, it is not going to do anything except to withstand... Moreover is the cultural norm: society teaches the woman to endure ... The difference with respect to women with disabilities is that disability adds vulnerability to women (EI7)

As for the offenders, violence within the family was less frequently reported: of the 9 women interviewed who had experienced sexual violence, 6 had reported it, but only one did when the perpetrator was a family member (her father), however she finally withdrew the complaint. Furthermore, in two cases there were abuses committed by third parties and by a relation - and in both cases only the assault by they third party was reported. For experts, hiding domestic violence, especially of a sexual nature, is habitual and widespread, making it one of the types most effectively concealed from public view, and which women with disabilities are most exposed and vulnerable to.

Furthermore, reporting often involves a process of 'double victimization' which also occurs in women with no disability: women who report what happened feel they are doubly victims, due to the court case. In the study, some women with intellectual disabilities or mental illness had suffered from this 'double victimization' when, for example, they had to present their evidence in a court that did not take into account the constraints resulting from their disability. Women felt intimidated at not being able to explain chronologically what had taken place, or at having to answer questions that they did not quite understand. This was also the case, for example, for other disabilities: deaf or deaf-blind women who, when going to a hospital to report rape, were not attended to by anyone and could not express what had happened to them as there was no sign language interpreter; or when they went to a police station, as there was no magnetic loop, they could not hear what was being said to them, despite wearing hearing aids; or in a trial they had to endure situations where certain parties lost patience when non-specialized interpreters were unable to translate certain questions and these women with disabilities did not understand, thus producing confusion over what they recounted.

Ignorance of what disability is and the lack of adaptation (of physical environments) boiled down in many cases to a remarkable lack of awareness as narrated by some of our interviewees. Thus, given the trauma of taking legal action against their aggressors, these women often decided not to go ahead, or even to ask for help.

After years, I decided to denounce my husband for protecting my children especially, I had little to lose after years of beatings and rapes ... but I was forced to leave them with their father... the judge considered it was better that they did not lose the figure of a father, more with a half-blind mother... A father?!! My son went to the hospital with his head full of marks from the blows he gave him with the steel tips of some boots... He is an animal, not a father... (EM20).

I remember it as a nightmare. I had to tell what happened to me ... and go sign, one, two, a thousand times ... and meet him, with the pain and fear that that generates. It was a nightmare ... I was the victim of him and the victim of the system (EM21)

I am the victim and I am the one who is locked up. He is at home and free and I am the one who is here (...) (EM19, She lives in a home for people with intellectual disabilities, away from home and family. They put her there by court order after her ex-husband found her by chance in the third foster home she was in and tried to kill her).

The after-effects of violence

Violence leaves both psychological and physical aftereffects. Three of the women interviewed attempted suicide after experiencing episodes of violence. Twelve of them now suffer from long-lasting depression and the physical consequences have been fatal in at least four more: one is now in a wheelchair due to the deterioration of her joints after receiving beatings and abuse since childhood; another has become deaf due to being struck by her mother; another interviewee is almost blind due to an assault by her son, and a fourth suffered a detached retina due to beatings for years by her husband.

Conclusions

Here are presented some of the conclusions reached from this study:

Discrimination is a major form of violence against women with disabilities. Repeated episodes of discrimination have fatal consequences for the women who experience them.

Women with disabilities face multiple types of discrimination, due to the fact that discrimination-related variables associated with both disability and gender come together. There is a tendency to increase the weight of disability in the perception of this discourse, thus equalizing the discrimination faced by men and women. However, this study indicates that this is not true: rather, gender discrimination in women is so ingrained in society that it sometimes goes unnoticed even by the women themselves.

Women with disabilities are more exposed to violence than women without, or than men with disability. In part, this is because they are more vulnerable - or at least they are seen to be by society at large. This causes aggressors to feel that they have more power over their victims and, moreover, that the aggression is considered 'less serious' socially and 'more tolerated.'

The role of the caregiver even tends to be exalted, due to the charitable view of disability: a person with disability is considered to be a burden; and caring for them an act of kindness, which permits and justifies certain deviant behaviour.

The violence usually occurs within the victim's close circle. When it occurs in the family, it is very often kept hidden.

One of the most common forms of violence suffered by women with disabilities is sexual.

Women are often blamed for this violence, with statements full of stereotypes and prejudices where *she is to blame* for her behaviour or for putting up with certain situations.

Disabled woman often cease to be seen as women. They are considered less valid, denied certain roles such as motherhood, even their femininity, which is seen through the eyes of narrow aesthetically based models. This causes their self-esteem to suffer and their lives are often truncated since these do not correspond to the standard normally accepted by society.

Perhaps for these reasons, in the case of disabled women who are victims of violence, low self-esteem is the main cause of the continuation of these very situations. The fear of not finding another person to care for them; and of being rejected or alone, is part of that discourse, along with a sense of guilt: they believe they deserve what has happened to them.

After esteem, economic dependency is the next factor that causes violent situations to continue over time, especially when women have children.

In Spain, few women with disabilities report violence. Among the reasons are the lack of alternatives; the fear of not being believed; general ignorance of what disability is; and a lack of sensitivity in society. When they pluck up courage

to report violence, they often suffer harsh court cases and sometimes a lack of protection against the aggressor. To eradicate violence against women with disabilities, these women need to be empowered, trained in equality, and cross-cutting policies need to be introduced which meet their real needs: by type of disability, and capabilities of the women themselves as individuals. Otherwise their identity and autonomy is negated, denying them inclusion in all aspects of life.

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Bibliography

ARNAU RIPOLLÉS, S., Estudio: La cara oculta de la violencia: la Violencia de Género contra la(s) Mujer(es) con disCapacidad(es). Disponible en:http://sid.usal.es/idocs/F8/FDO9078/estudio-cara-oculta-violencia.pdf)

BARTON, L. (1993), The Struggle for Citizenship: The Case of Disabled People. Disability, Handicap & Society, 8 (3) pp. 235-248.

BARTON, L. (1998). Sociología y discapacidad: algunos temas nuevos. En Barton, Len (coord.) (1998) Discapacidad y sociedad. Madrid: Ediciones Morata, pp. 19-33.

BARTON, L. (2009). Estudios sobre discapacidad y la búsqueda de la inclusividad. Observaciones. Revista de Educación, (349) pp. 137-152.

BARTON, L. (comp.) (2008). Superar las barreras de la discapacidad, Ediciones Morata, Madrid, pp. 327-340.

CABALLERO PÉREZ, I. y VALÉS HIDALGO, A. (2012): Apoyo psicosocial y prevención de la violencia de género en mujeres con discapacidad. Barcelona: Obra Social "la Caixa".

CHENOWETH, L. (1996): Violence and women with disabilities: Silence and Paradox, Violence Against Women, 2(4), pp. 391-411.

CÓZAR GUTIÉRREZ, M.A., Autodiagnóstico de la situación de las mujeres con discapacidad en Andalucía. España: Dirección General de Personas con Discapacidad, Consejería para la Igualdad y Bienestar Social de la Junta de Andalucía. Disponible en http://www.juntadeandalucia.es/export/drupaljda/Personas_Discapacidad_plan_mujer_Autodiagnostico_Discapacidad_Andalucia-1.pdf

DÍAZ VELÁZQUEZ, E. (2010): Ciudadanía, identidad y exclusión social de las personas con discapacidad, en Política y Sociedad. Vol. 47 (1) pp. 115-135.

DOBASH E. y DOBASH, R. (1992): Women, Violence and Social Change. Nueva York: Routledge.

ESTIVILL, J. (2003). Panorama de la lucha contra la exclusión social, conceptos y estrategias, Barcelona: Organización Internacional del Trabajo.

FEAPS, Encuesta de Discapacidad, Autonomía personal y situaciones de Dependencia (EDAD-2008), Madrid,2008, disponible en http://www.ine.es/revistas/cifraine/1009.pdf http://www.ine.es/jaxi/tabla.do?path=/t15/p418/a2008/hogares/p01/modulo3/l0/&file=01049.px&type=pcaxis&L=0 (consulta realizada en julio-octubre de 2012).

FERRER, V. (2007). Las diversas manifestaciones de la violencia de género. En Bosch, E. (ed) La Violencia de género: algunas cuestiones básicas. Jaen: Formación Alcalá.

GÓMEZ BERNAL, V., Dis-capacidad y género: una mirada feminista sobre la construcción social de categorías invalidantes. Jaen: Diputación de Jaén. Disponible en https://www.dipujaen.es/conoce-diputacion/areas-organismos-empresas/areaE/centro_documental/publicaciones/publicacion_0000000040.html)

GOMIZ PASCUAL, P. (Enero, 2017). Visibilizar la discapacidad. Hacia un modelo de ciudadanía inclusivo. Ed. Fragua, Madrid.

GOMIZ PASCUAL, P. (Enero, 2014). Violencia contra la mujer con discapacidad. En Monográfico Tendencias en Exclusión Social y discapacidad. Sistema, (233-234). Págs. 95-117.

IGLESIAS, M. (2004). The nature of violence against disabled people, en http://www.nda.ie/cntmgmtnew.nsf/0/BE967D49F3E2CD488025707B004C4016?OpenDocument

ILLET, K. (1969): Política Sexual. Feminismos Clásicos. Madrid: Cátedra.

KNUDSEN, S. (2006). Intersectionality: A Theoretical Inspiration in the Analysis of Minority Cultures and Identities in Textbooks. Caught in the Web or Lost in the Textbook (26). Págs. 61☐76. Disponible en http://www.caen.iufm.fr/colloque_iartem/pdf/knudsen.pdf (enero 2014).

LÓPEZ GONZÁLEZ, M., Discapacidad y género. Estudio etnográfico sobre mujeres discapacitadas. Educación y Diversidad. Disponible en http://repositoriocdpd.net:8080/bitstream/handle/123456789/603/CL_LopezGonzalezM_DiscapacidadGeneroEstudio_2007.pdf?sequence=1.

McCALL, L. (2007). The Complexity of Intersectionality. Signs. Vol. 30 (3). Págs. 1771-1800. Disponible en http://www.jstor.org/stable/10.1086/426800 (Búsqueda realizada en febrero 2014).

MARSHALL, T.H. y BOTTOMORE, T. (1998). Ciudadanía y Clase Social. Madrid: Alianza Editorial.

MARTIN, S.L. et al. (2006): Physical and Sexual Assault of Women with Disabilities, Violence Against Women, 12(9), 823-837.

MESEGUER, M.L. y MONDEJAR, J. (2010). Violencia contra la mujer con discapacidad en Castilla-La Mancha. En CLM Economía (17). Págs 299-313.

MILLET, K. (1969): Política Sexual. Feminismos Clásicos. Madrid: Cátedra

MORRIS, J. (2008). Lo personal y lo político. Una perspectiva sobre la investigación de la discapacidad física. En Barton, Len (coord.): Superar las barreras de la discapacidad. Madrid: Ediciones Morata. Páginas 315-326.

NIXON, J. (2009) Domestic violence and women with disabilities: locating the issue on the periphery of social movements. Disability & Society (24). Págs. 77-89.

RITZER, G. (2002). Teoría sociológica contemporánea. Madrid: Mc Graw Hill.

SUBIRATS, J. (2004). Pobreza y exclusión social. Un análisis de la realidad española y europea, Barcelona: Fundación La Caixa.

TEZANOS TORTAJADA, J.F. (2001). La sociedad dividida. Estructuras de clases y desigualdades en las sociedades tecnológicas, Madrid: Biblioteca Nueva.

TEZANOS TORTAJADA, J.F. (2004). Tendencias de dualización y exclusión social en las sociedades tecnológicas avanzadas. Un marco para el análisis. Introducción.

TEZANOS TORTAJADA, J.F. (ed.). (2011). Tendencias en Desigualdad y Exclusión Social, Tercer foro sobre Tendencias sociales, Segunda Edición. Madrid: Editorial Sistema. Págs. 11-53.

YOUNG, M.E., NOSEK, M.A., HOWLAND, C., CHAPONG, G. y RINTALA, D.H. (1997): Prevalence of abuse of women with physical disabilities, Archives of Physical Medicine and Rehabilitation, 78(12), 34-38.

Table 1. Typology of violence inflicted upon women

TYPE OF VIOLENCE	DEFINITION
Physical Violence	Any action voluntarily causing or which could cause harm and injury to women.
Sexual violence	Any attack against the sexual freedom of women by which a woman is forced to endure acts of a sexual nature or perform them.
Psychological violence	Action, usually verbal or economic in nature, which causes or could cause psychological harm to women
Economic violence	Inequality in access to shared resources
Structural violence	Intangible and invisible barriers that impede women's access to basic rights
Spiritual violence	Destruction of the cultural or religious beliefs of women through punishment, ridicule or imposition of a system of beliefs other than their own.
Political or institutional violence	Use of a double-edged code by which some forms or expressions of violence are lent legitimacy while other forms of this are fought against.
Symbolic violence	These are the socializing mechanisms of a male-dominated society or male privilege ('patriarchy').

Note: Produced from Ferrer's definitions (2007, p. 63 and 64).