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Research Paper

Out of the shadows: Violence against girls and women with disabilities in Portugal



Hors de l'ombre : la violence à l'égard des femmes et filles en situation de handicap au Portugal

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ABSTRACT

To live a life free from abuse and violence is a fundamental human right. Yet for many girls and women with disabilities, this remains a difficult goal to achieve. This paper examines the issue of violence against girls and women with disabilities in Portugal, by addressing three key questions: what forms of violence against girls and women with disabilities are more prevalent? How significant is the issue in Portugal? How to ensure the right of girls and women with disabilities to protection against violence? Drawing from 60 semi-structured interviews with women and men with various types of disabilities, the study reveals a high prevalence of situations of abuse among girls and women with disabilities including psychological, physical, sexual, financial and social violence. Results are discussed in light of human rights principles and suggestions are made to develop a research agenda and continue exploring the topic in the near future.

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R É S U M É

Vivre une vie sans violence est un droit humain fondamental. Mais pour beaucoup de femmes et filles en situation de handicap, cela reste un objectif difficile à réaliser. Cet article analyse la question

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Droits de l'homme
Portugal

de la violence à l'égard des femmes et filles en situation de handicap au Portugal en répondant à trois questions centrales: quelles sont les formes de violence à l'égard des femmes et filles en situation de handicap? Quels sont les significations et les impacts de la violence chez les femmes et les filles en situation de handicap? Comment assurer le droit des femmes et filles en situation de handicap à la protection contre la violence? À partir de 60 interviews semi-structurées, conduites auprès de femmes et d'hommes en situation de handicap, cette recherche révèle les différentes formes de violence à l'égard des femmes et filles en situation de handicap, y compris la violence psychologique, physique, sexuelle, financière et sociale. Les résultats sont discutés à la lumière des principes de droits de l'homme et des suggestions pour un agenda de recherche future sont présentées.

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1. Introduction

To live a life free from abuse and violence is a fundamental human right. Yet for many girls and women with disabilities, this remains a difficult goal to achieve. Indeed, research indicates that violence against women with disabilities is not only more frequent but also more complex and diverse in nature than violence against women in general (Alriksson-Schmidt, Armour, & Thibadeau, 2010; Barret, O'Day, Roche, & Carlson, 2009; Breiding & Armour, 2015; Frazão, Silva, Norton, & Magalhães, 2014; Khalief, Howard, Osborn, & Jhonson, 2013; Lin, Lin, Lin, Wu Li, & Kuo, 2010; Rosen, 2006). The factors that contribute to the increased vulnerability of girls and women with disabilities—e.g. the social isolation in which many of them live, the feelings of helplessness and powerlessness they experience, their dependency on caregivers—reflect the intersection of gender and disability and translate the impact of structural relations of poverty and social devaluation on these girls and women, at both the family and the societal level. These same factors explain the great difficulty that women and girls with disabilities find to get support and assistance when they are victims of violence (Lightfoot & Williams, 2009; Thiara, Hague, & Mullender, 2011).

The recent adoption of the Convention on the Rights of Persons with Disabilities, of which Portugal is a signatory, recognizes that women and girls with disabilities face multiple discrimination (Article 6) and reaffirms the obligation of States parties to protect them from all forms of abuse and violence (Article 15). Like all women, many women with disabilities are victims of violence at the hands of their intimate partners and close relatives. Yet in unique ways, violence against girls and women with disabilities is also perpetrated by their caregivers (formal and informal, male and female), service providers, other service-users (particularly in residential settings) and the general population. Moreover, when committed in institutions, violence tends to remain invisible, as behaviours and practices that are not illegal but which nevertheless violate the clients' dignity and rights, are usually tolerated and even considered normal (INWWD, 2004).

While the topic of disability and gender violence is getting growing attention within the international literature, little is known about the phenomenon in the Portuguese context. The Portuguese State is party to the Convention on the Rights of Persons with Disabilities since 2009 but disability policy in Portugal has remained largely gender-blind (Pinto, 2011a), which has contributed to maintain this issue on the shadows. It becomes, therefore, interesting to start understanding the scale and scope of the problem in this country, in order to draw recommendations for future research and policy development. This paper addresses this challenge.

In what follows, I propose to begin this exploration, by addressing three key questions:

- What factors create the added vulnerability of girls and women with disabilities to violence?
- What forms of violence are prevalent?
- How significant is the issue in Portugal?

In my discussion, I draw from data collected in a qualitative study that sought to investigate the human rights status of people with disabilities in Portugal, involving 60 semi-directive interviews with women and men with various types of disabilities in three regions of the country. These data reveal a high prevalence of situations of abuse and violence among girls and women with disabilities and suggest a research agenda to continue the exploration of gender violence in this population.

2. Dynamics of violence against girls and women with disabilities

According to the definition proposed by the UN, violence against women means:

Any act of gender-based violence that results, or could result in damage or physical, sexual or psychological suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, occurring either in public or private life (United Nations, 1993).

Thus defined, violence encompasses a diverse set of actions that include, but are not limited to, the following:

- physical, sexual and psychological violence occurring in the family, including ill-treatment, sexual abuse of female children in the home, the acts of violence committed by other family members and violence related to exploitation;
- physical, sexual and psychological violence in the general community, including rape, sexual abuse, harassment and sexual harassment in the workplace, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs (United Nations, 1993).

Few studies have addressed this issue in Portugal, but internationally gender violence on women with disabilities has been attracting growing interest among researchers. These studies consistently point to the increased vulnerability of girls and women with disabilities to violence (Frazão et al., 2014; Gil, Santos, Kislaya, & Nicolau, 2014). The increased risk of girls and women with disabilities largely emerges from the prejudice and stigma that marks their lives. The prevailing biomedical perspective on disability leads to an approach that constructs disabled people, and particularly girls and women with disabilities, as objects of charity and dependent on others (Oliver, 1990). Low levels of education and employment, social isolation and a socialization that reinforces submissive attitudes and behaviours in females, are additional factors that create what Jennifer Nixon (2009) has termed the “systems of compounded oppression” that disempower girls and women with disabilities. These same factors perpetuate the invisibility of violence against women with disabilities, because they prevent them from recognizing the mistreatment and abuse that they suffer and from seeking help (Rosen, 2006).

In Canada and the United States, where research on this topic was pioneer, the early studies date back from the nineties of the twentieth century (Sobsey, 1994; The Roeher Institute, 1995; Nosek, Howland, & Young, 1997) and reveal the high prevalence of violence against women with disabilities. Since then, studies have systematically confirmed a stronger incidence of abuse and violence against girls and women with disabilities than against any other subgroup of the population, suggesting that the victimisation of girls and women with disabilities takes more complex and diverse contours than those found in the general population (Nixon, 2009). The authors have described forms of violence which include, in addition to physical violence, abuse and sexual exploitation, verbal and psychological abuse on the grounds of disability (Barranti & Yuen, 2008), neglect (depriving disabled woman of personal care, food or adequate hydration or of their medication), deprivation of supporting devices (for example, removing canes or preventing the recharging of the battery of electric wheelchairs), the destruction of property and the invasion of privacy (Barbuto & Napolitano, 2014) as well as the control and repression of their sexuality and reproductive capacity (Breiding & Armour, 2015).

The dependency of many girls and women with disabilities on their caregivers increases the risk for abuse and violence (Nixon, 2009). A recent study conducted in Portugal, examined cases of alleged domestic violence perpetrated on elderly persons with moderate and severe disabilities (Frazão et al.,

2014)–the study concluded that 63% of the victims were elderly women with physical disabilities, with injuries resulting from physical attacks, mostly committed by male offenders (63%) with whom the victim lived (90%); the same study pointed that $\frac{3}{4}$ of the victims had a past history of abuse with the same aggressor, with multiple episodes that in 40% of the cases lasted for over 10 years. Similarly, a study on violence and aging found that nearly a quarter of the victims presented functional limitations (Gil et al., 2014).

Research also shows that women with psychosocial disabilities or who are institutionalized are more exposed than others to abuse and violence (Barbuto & Napolitano, 2014) due to communication barriers and lack of access to justice that leave perpetrators more 'free' to continue abuses (Rajan, 2011; Keilty & Connelly, 2001).

3. Theorizing gender violence in disability

To analyse the violence experienced by women and girls with disabilities, I propose a theoretical model which, integrating contributions from critical disability studies and feminist theory, frames the experiences of these women as human rights issues.

Critical disability studies conceptualise disability from the perspective of the social model, operating an important distinction between biological and social dimensions of disability (Oliver, 1990). Thus, the authors reject essentialist notions that reduce disability to a medical problem, advancing instead a dynamic and contextualized understanding that theorises disability as a socio-political relationship (Devlin & Pothier, 2006). The insight into the social, political and cultural nature of disability is instrumental to examine the interdependencies and interconnections between disability and violence. Premised on an understanding of disability that emphasises the relational dimension of inequality that it contains, disability is conceptualized as a form of social oppression. This enables the development of a political and structural analysis of the exclusionary practices that disempower and marginalise persons with disabilities, exposing them to an increased risk of violence.

While useful as a starting point, this theory is nevertheless insufficient to explain the gender violence against women with disabilities (Mays, 2006). Indeed, the social model has been criticized for advancing a monolithic view of the social experience of disability excluding dimensions such as gender, which also influence and affect this experience (see for example Morris, 1993; Thomas, 1999). The contribution of feminist theory to analyse the relationship between the historical, social and economic factors that underpin the patriarchal society and male privilege becomes also crucial. Feminists see patriarchy and capitalism as mutually reinforcing, serving as important forces in the creation and maintenance of social and gender inequalities and, thus, in the oppression of women (Kramer, 2005). The notion of intersectionality, in particular, allows us to understand the extent to which the interaction between multiple identities and experiences of exclusion and subordination shapes individual experiences and encourages us to recognise the multiple and intersectional disadvantages that underlie the construction of subjective positionalities (MacCall, 2005). Equating the multidimensional and relational nature of social positions, the concept places lived experiences, the social forces and the systems of oppression at the centre of the analysis. Thus, it becomes a critical tool for analysing the experiences of violence perpetrated against girls and women with disabilities who are, in interdependent and complex way, victims of both sexism and disablism (Mays, 2006; Thiara et al., 2011).

Critical disability studies and feminist perspectives allow us to understand both disability and gender as socio-political realities and thus analyse them in the context of social relations of power and control. In Western society, disabled people and the female gender are both associated with notions of vulnerability and lack of power, and thus we anticipate that women with disabilities are potentially more exposed than men to discrimination and violence (WHO, 2011).

4. Methodology

The data presented here was drawn from a study (Pinto, 2014) that aimed to document experiences of disability-based discrimination in light of international human rights instruments, particularly the standards of the Convention on the Rights of Persons with Disabilities. The study, carried out between June 2013 and September 2014, used the methodology and data collection tools developed and tested

by Disability Rights Promotion International¹ (DRPI). In this study, the DRPI interview guide, initially designed to be applied with adults, was adapted in order to suit adolescents aged 12 to 17 years. The research was based on a participatory and emancipatory methodology. This goal was achieved by the direct involvement of organizations of persons with disabilities in all stages of the research², from the selection of interviewers to the recruitment of respondents, and also during the data analysis and dissemination process.

The research involved 60 in-depth interviews with teens and adults with various types of disabilities, in three regions of the country: Lisbon, North Region and the Southern Region. While the sample used is not statistically representative of the Portuguese population with disabilities, given the attention that was placed in sampling and the recruitment of participants, as well as the rigorous qualitative methodology used in collecting and analysing data, we can gather from this study a very detailed understanding of the obstacles faced by persons with disabilities in exercising their human rights.

The study participants were recruited using a mixed approach that combined the snowball technique, a sampling strategy recognized for its ability to reach marginal and isolated groups (Lopes, Rodrigues, & Sichiari, 1996) with the non-representative stratified sampling. This technique, proposed by Trost (1986), ensures maximum diversity of the independent variables considered more relevant to the study objectives, thus ensuring the control of the potential biases of snowball sampling. In this research, four key independent variables have been identified: type of disability, sex, age group and level of education. A grid was constructed combining disability type with each of the other variables. Using available statistics on disabled people in Portugal, including the results of the 2011 Census, the Labour Force Survey–Ad Hoc Module 2012, and a survey of the population with disabilities (Sousa, Casanova, Pedroso, Mota, Gomes, Seiceira, Fabel, & Alves, 2007), the various cells of the grid were filled with the desired number of subjects to interview. Participants were initially recruited from the two partner organisations and then each interviewee was asked to indicate other potential participants. The interviews took place only after obtaining the informed consent of respondents.

The semi-structured interview began with two broad questions: “*What brought you more satisfaction in life over the last five years? And what are the main obstacles or barriers that you face?*” Usually respondents identified two or three situations that interviewers then probed in order to understand their interconnections with human rights principles. This approach offers the advantage of allowing respondents to select the topics they wish to address. Instead of imposing a set of questions and lead respondents to focus upon specific instances of human rights violations, the DRPI interview guide helps us to understand the meaning of human rights on the life of every person with disabilities interviewed.

With the average duration of one hour, the recorded interviews were fully transcribed and then coded and analysed with the support of the qualitative analysis software NVivo 10. To prepare this chapter, data were analysed from a feminist critical disability studies perspective seeking to determine, on the basis of the reports collected, the prevalence, risk factors and forms of violence experienced by girls and women with disabilities. The interviewees themselves did not always use the word violence to characterise the ill treatment and abuse they experienced. During the analytical process, through an approach that was both logic-deductive (led by existing theory) and empirical (grounded on the data collected), a framework of analysis was developed, encompassing the following types of violence:

- psychological violence, defined as any behaviour that aims to make the victim feel scared or feel useless;
- physical violence, translated into behaviours such as punching, slapping, kicking, choking or burning or that induce or prevent the victim to get needed medication or treatment;
- sexual violence, which included any behaviour in which the victim was forced to enter sexual acts she did not want to;

¹ For more information on this international project and its data collection tools visit <http://drpi.research.yorku.ca/>.

² The organizations involved were the Portuguese Association of Disabled People (APD) and the Centre for Vocational Rehabilitation of Gaia (CRPG).

- economic violence, which included any behaviour aimed at controlling or appropriating money from the victim without her wish or exploit her economically, by for instance, not remunerating her work properly;
- social violence, understood as any behaviour that tried to control the social life of the victim and deprived her of her social autonomy.

This latter category was not found in the literature reviewed for this study and might be a specificity of the Portuguese context where, for lack of formal social supports, families remain the main carers of persons with disabilities. In this study, we found that families' caregiving practices and overprotective attitudes, particularly towards girls and women with disabilities, often translate into power and control over their lives against the disabled women's will, thus constituting a particular form of gender and disability-based violence.

5. Sample characteristics and prevalence of violence

Of the 60 interviews conducted in this study, 31 involved girls and women with disabilities, whose ages ranged from 12 to 70 years old. All types of disabilities were represented in the group:

- mobility impairments (15 participants);
- blindness or low vision (12 participants);
- intellectual disability (10 participants);
- psychosocial disability (eight participants);
- hearing loss (nine participants);
- multiple disabilities (four participants).

The sample also included two participants who self-identified as having 'other' types of disability.

The group presented a high level of education, with nearly a quarter of the respondents having completed 12 years of schooling, another quarter having attained secondary education (11 years of schooling), while 15% had completed post-secondary education. Men presented in average higher educational levels than women with more men having completed a university degree (9) than women (2) and more women being unable to read or write or having only four years of education (5) than men (2). Employability was nevertheless low for both groups: 36% of women and 55% of men found themselves unemployed at the time of the interview and only two women and eight men were in paid jobs. Eleven women with disabilities and four men were attending training programmes or studying, and a residual number (8%) were retired. These data suggest a context of economic vulnerability that is even more glaring given the high level of education of the group.

The majority of the interviewees (44%) was still living with their families, consisting of parents, siblings, husband/partner and children; about a third (36%) of the respondents cohabited only with husband/partner and children, 4% with other relatives, and the rest lived alone (8%) or in institutions (4%).

Although, due to its qualitative nature, this research was mainly geared towards an in-depth understanding of the experiences of access to or denial of the human rights of persons with disabilities, the mere quantification of the instances of violence reported by respondents unearthed the importance of the phenomenon in this population. This quantification evidenced, not just a high rate of victimisation among the population with disabilities (which exceeded 40% in the sample), but also pointed out, and very clearly, the prevalence of situations of abuse and violence at the intersection of disability and gender. Indeed, 18 of the 31 women interviewed, that is one in every two women (and only eight men in total), reported situations in which they had been victims of physical, sexual, psychological, social or financial violence, thereby revealing that violence against persons with disabilities is also gendered. Multiple victimisation, that is, the co-occurrence of different forms of violence or of violence perpetrated by several perpetrators emerged as a recurring outcome reaching 1/3 of these victims. These data echo what other studies, supported by statistically representative samples (e.g. Nixon, 2009; Nosek, Foley, Hughes, & Holand, 2001; Nosek, Howland, & Young, 1997) have been showing, which reinforces the internal and external validity of these results. Next I present and discuss these outcomes,

featuring women's experiences in this field, the forms of violence to which they were subject and the impact of violence on the subjectivity of these girls and women.

6. Contexts and forms of violence

6.1. Psychological violence

As stated above, forms of violence reported by these girls and women covered all types of the proposed typology, but with particular incidence on situations of psychological abuse and violence. Ill-treatment in this category involved the insult, mockery and labelling based on disability, which resulted in exclusionary practices and experiences. Ana, a 17-year-old youngster remembered this way her experience at school:

I was in a school that I did not like very much because they teased me all the time. There was this young man who always mocked me, he called me names that were blunders, I will not repeat. (...) He called me crippled and retarded and I don't like that. I was crying all the time, I didn't have many friends, it was very difficult to feel included in the class.

One might think that attitudes like this, of scorn and ridicule, were more frequent among adolescents and young people than among adults, but in reality reports of offense and injury abounded constituting forms of psychological abuse and violence of men, and even more of women with disabilities. The story of Manuela that took place at the company she worked for at the time, is paradigmatic. She told us:

I was coming back to my desk in the open space office and I heard heavy footsteps behind me. I thought to myself: 'it's someone who wants to go faster'; I stopped, turned back and then I saw my boss, who was coming behind me, imitating the way I walk. (...) I felt mocked, I think anyone who is ridiculed like this feels inferior.

The story reported by Manuela is not just a strong illustration of deep disrespect and a violation of the principle of human dignity. It also evokes the range of ambiguous and ambivalent feelings that disability often awakens, both of fascination and revulsion for bodies that differ from the norm, and that many women with disabilities, especially those with physical impairments, so often read in the discriminatory gaze that sets them apart as less than human. The extreme in/visibility of women with disabilities, as Zitzelsberger (2005) describes, is the result of this paradox—an intense 'visibility' of their physical bodies and the almost complete 'invisibility' of their being, their desires and needs, as women and as human beings. So, the gaze conveys the symbolic power of intolerance. Margarida confided:

We live with the gaze of the others and the way people look at me makes me feel sorry for myself. We feel like we're unworthy of happiness. . .

In a passive and hidden way, the gaze becomes a powerful tool of psychological violence facing many girls and women with disabilities. Silently, the gaze can say more than a thousand gestures and negative words. Hidden and concealed, it strikes at any time and place. And there is no way to respond to this kind of violence, because it cannot be restrained or terminated, as evidence of it hardly exists. Only time and perhaps appropriate social policies and civic education, may one day stop the gaze, or divert its direction.

6.2. Physical and sexual violence

Families in Portugal are important sources of economic support for persons with disabilities. While this reality reflects the weakness of formal support networks and the implicit familialism of welfare provision in Portuguese society (Pinto, 2011b), it potentially creates a context in which an increased risk for the development of relationships of abuse and violence exists. Within the family, verbal and psychological abuse persists, often along with other forms of physical, sexual and financial abuse. Now 50 years old and a lifetime of misery, Mariana recalled:

My cousin has been here for four years, he's been here for ever . . . He doesn't do anything: he doesn't get a home for himself, he doesn't get a woman. He tells me: 'If I wanted a woman I'd get one. I don't need you for anything.' And he used me as one uses an old rag, do you understand what I mean?

Physical and sexual violence was most often perpetrated by intimate partners, made easier by the economic dependence of the victim on the perpetrator as in the case of Dina:

My ex-husband used to abuse me. He thought that I was crazy, he saw me as worthless. Because of fibromyalgia I had to I quit work. As I was no longer working, I depended entirely on him to survive and from then on I had to endure everything he wanted. He decided *everything* and I had to follow. (. . .) If I didn't quit my job, if I earned my own money, I didn't have to submit to what he wanted, right? But at that time I had no choice—I was physically abused.

With the support of her father, eventually Dina was able to leave her abusive husband and get a divorce, but for eight months she needed protection from the police to ensure her safety. Others may have stayed in abusive relationships for fear, lack of emotional support, social isolation, lack of information regarding domestic violence resources, and feelings of helplessness. Still her story speaks volumes about the cycle of disempowerment, domination and control that traps many disabled women, at the intersection of disability, gender and economic dependency.

6.3. Economic violence

The disempowerment of persons with disabilities and their precarious situation in the labour market are factors that facilitate their economic and financial exploitation. Although more frequent among men, in part because of their stronger connection to the labour market, for women with disabilities justification for such abuses still rely on gendered discourses that reduce female professional responsibilities to mere supporting roles, as in the case reported by Nadine:

They [the company] were reimbursing us the transportation costs. I gave them my receipts and they paid me little money. I said, 'How come? Just this? It should be more, I want more. I did this and that and you only pay me this? It's not enough.' They told me 'Oh you can come back tomorrow, but you're not really working here. You're just giving us a hand.'

Viewed not as real work, the economic contribution of Nadine and others like her is socially devalued to the point of not entitling her to a fair salary; rather it is presented as a good 'opportunity', almost a gift that is offered to her, and which should grant her gratitude, instead of her complaint.

6.4. Social violence

In a society of catholic tradition such as Portugal, where the welfare state remains rudimentary, the provision of care for dependent adults falls mainly on families, and within families, on mothers and spouses (Fontes & Martins, 2015; Portugal, 2008). As such, for many persons with disabilities in Portugal, families are the support haven in face of a harsh world. Yet often it is assumed by family caregivers that caring, more than help with daily life activities, involves taking responsibility for the person requiring help. At the intersection of female gender and disability, disabled girls and women are viewed as particularly vulnerable and in need of care and protection. In consequence, even more than disabled men, they experience limited autonomy and are denied the ability to control their lives. In light of the rights-based model that framed the current study, this is interpreted as a right's violation that negates these girls and women the right to self-determination and perpetuates their subordination and oppression.

While the topic deserves further research, in the interviews analysed here we found many examples of such oppressive behaviour on the part of parent-caregivers, mostly on the grounds of ensuring the protection and safety of their disabled children, but experienced as inappropriate and excessive by the disabled person. The term *social violence* aims to capture the meaning of this form of domestic abuse that, although not exclusively, was more common among girls and women with disabilities.

For instance, Isabel, an adult woman of 44 years old, is still dependent on her parents to make simple, everyday life decisions. She told us:

What I like most is dancing. Dancing gives me freedom. If my parents gave me more freedom to move around, if they didn't hold me back, I would be so much more. . . I won't say happy but free, and a much more outgoing person. I'm now going to take a week's holiday but I'm not so happy about it because I'm going to miss two dance workshops and I was selected to take part on them. But I can't, because I'm on vacation with my parents. And my mother said to the dance instructor: 'Where I go, my daughter comes with me.' That, to me, is a form of protection that should no longer exist.

Similarly, Maria, 24, shared the following:

My parents are very protective. They don't allow me to go out by myself, I have always to take a friend with me. If I go to the shopping or just go out on the street, I have to have someone with me. (. . .) They're very protective. Sometimes it's too much. Sometimes I want to do things on my own and I can't, 'cause they don't allow me to. (. . .) I guess because of my disability they always worry that something might happen to me. (. . .) Sometimes this makes me feel a bit suffocated.

And Ana, 25 added:

I like to go to the beach but I haven't been there lately. Although I can walk to the beach, my mother. . . well, she knows that society rejects people with disabilities, and she doesn't allow me to go out.

Overprotective attitudes such as the ones that Isabel, Maria and Ana face illustrate the power differential that exists between the person with disabilities and her family carers, disparities that tend to increase for girls and women with disabilities. The three women are adults and none of them agrees with their parents' decisions, but they feel powerless to oppose them. Parents (mostly mothers), who care for their children with disabilities and are said to care about them, feel entitled to impose on their adult daughters their own will and decision. Such an oppressive love stifles, infantilises, restrains and restricts these women's autonomy and removes from them the dignity of risk-taking, which is also a mark of adulthood; and in doing so, it takes away from them any possible claim of citizenship, constructing these women as eternal children, dependent and vulnerable.

7. Concluding remarks

The reports collected and analysed in this exploratory study present instances of abuse and violence at the intersection of gender and disability that corroborate the findings in the international literature (e.g. Alriksson-Schmidt et al., 2010; Barret et al., 2009; Breiding and Armour, 2015; Frazão et al., 2014; Kaliehf et al., 2013; Lin et al., 2010; Nixon, 2009; Rosen, 2006; Nosek et al., 2001; Nosek et al., 1997). In its many forms, the violence that these women and girls have experienced emerged through oppressive practices, processes and social relations, deeply marked by gender and disability-related inequalities, where girls and women with disabilities systematically occupied disadvantage and subordinate positions. These practices have resulted in serious human rights violations undermining the dignity, physical integrity and the rights of these girls and women to self-determination, non-discrimination and substantive equality in education, health, work, family life and social participation.

In many instances, violence occurred in the context of care relationships. Social violence, in particular, defined as a form of control over the social life of the victim, emerged as a form of violence that may be unique to the Portuguese context, where parents remain the main providers of care to their adult children with disabilities and thus feel entitled to dominate their social lives too. Contrary to the literature, however, we did not find reports of violence taking place in formal care settings, which in this study may be due to the reduced number of participants living in institutions.

More research is certainly needed to better understand how the intersection of disability and gender exposes girls and women with disabilities to an increased risk of abuse and violence and the forms that

such violence may take. In the Portuguese context, in particular, the examination of the validity of the concept of social violence is recommended. This will be better achieved through the development of mixed-methods research that combines a questionnaire in a large, representative sample to determine the prevalence of the phenomenon, the risk factors and the profiles of victims and perpetrators, with a qualitative approach to further explore the meanings and processes involved in experiences of abuse and violence against women and girls with disabilities. To allow a comprehensive understanding of the social forces at work, samples should include women living in both domestic and institutional settings, and create a space for the voice of victims as well as of perpetrators.

The use of a theoretical and conceptual framework that integrates contributions of feminist theory and critical disability studies can be very useful for this research agenda, to reveal the structures and power relations that affect the lives of girls and women with disabilities and make them more vulnerable to violence and oppression. Such a research strategy, bringing together women with disabilities, researchers and social activists, is essential not only to rip the cloak of silence that persists around the violence against girls and women with disabilities, but also to trigger political processes that combat the discrimination they experience, promoting and advancing their human rights.

Disclosure of interest

The author declares that she has no competing interest.

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