
Violence against women with disabilities: a literature review

Abstract

Violence against women with disabilities constitutes a significant social issue that impacts various aspects of their lives. Therefore, this study aims to: (a) identify the types of violence they suffer and possible differences based on the type of disability, and (b) determine the consequences of violence. A literature review was conducted following PRISMA criteria in the Web of Science, PsycINFO, and Scopus databases. A total of 28 articles met the inclusion criteria. The results show that women experience various types of violence, with sexual violence being particularly prevalent among women with intellectual disabilities. Violence is mainly perpetrated by their partners and caregivers. These situations generate negative consequences in all areas of their lives and hinder their social inclusion. It is necessary to reach a consensus on more precise criteria for categorizing the different forms of violence, increase research on risk factors associated with each type of violence and disability, as well as implement intervention programs tailored to the specific needs of women victims of violence.

Keywords

Women, disabilities, violence, consequences, typology.

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1. Introduction

Data from various studies suggest that approximately 15 % of the global population currently experiences a significant disability, with approximately 250 million of these individuals being women (Organización Mundial de la Salud, 2023). In the case of Spain, according to the survey carried out by the National Institute of Statistics, there are 4,380,000 individuals with disabilities, of which 58.6 % are women (INE, 2022).

The approval of the *Convention on the rights of persons with disabilities* (ONU, 2006), a binding legal instrument, has led to the recognition of this group within the United Nations human rights protection system (Fundación Cermi Mujeres, 2021). Years later, the *General Law on the rights of persons with disabilities and their social inclusion* was approved (Real Decreto Legislativo 1/2013, de 29 de noviembre), and, in 2019, the United Nations Strategy for Disability Inclusion (ONU, 2019) came into force. All these legislative measures are necessary so that this social group, which currently continues to suffer multiple discriminations, can enjoy a life of full rights. In this regard, the Spanish Disability Strategy 2022-2030 establishes specific objectives to eliminate stereotypes and factors that foster exclusion and violence (Ministerio de Derechos Sociales y Agenda 2030, 2022), the latter being the central theme of this review.

The United Nations (1994) defined violence against women as any act of gender-based violence that may result in physical, sexual, or psychological harm or suffering to women, as well as threats of such acts, coercion, or arbitrary deprivation of liberty, both in public and private life. Violence against women is now understood more broadly, considering that it encompasses any act of discrimination, subordination, and/or subjugation of women in different areas of their lives, including all material and symbolic attacks that undermine their freedom, dignity, security, and physical and/or moral integrity. From this perspective, the violence experienced by women can largely be attributed to their gender, within a patriarchal system where the rights and duties recognized for men and women are unequal, placing women in a situation of greater vulnerability (Fontanil & Alcedo, 2020).

Feminist and ecological research indicates that violence against women is a complex problem with multiple involved variables but that macrosystemic aspects are the most relevant. Thus, geographical, community, social, ideological, and cultural characteristics are more explanatory of the origin, maintenance, and dynamics of violence against women than individual factors. Among the macrosystemic factors, gender is the central analytical variable to understand this violence, since the broad context of power inequalities between men and women crosses all ecological systems of interaction. The unequal power relations, socially and historically constructed and generally unfavorable to women, constitute the framework of violence against them, as they support the position of male domination and female submission. From this perspective, social change will only be possible if research goes beyond the traditional “gender blindness” (Delgado-Álvarez, 2020; Ferrer-Pérez & Bosch-Fiol, 2019).

Concerning the circumstances of women with disabilities, from the social model of disability and a feminist perspective, it is understood that the vulnerability of women in general, and women with disabilities in particular, is not based on individual characteristics but on the specific barriers that these people face because they are women and have disabilities. In other words, vulnerability is a situation of oppression that places members of a particular group in an essentially ideological and socially disadvantaged situation (Barranco-Avilés, 2014). Therefore, the barriers faced by women with disabilities are imposed and maintained

by a social structure that generates domination-oppression, as well as by social and political inaction that condemns them to dependency, lack of personal fulfillment, and social exclusion (Gomiz Pascual, 2017).

These women experience violence all over the world and at any point in their life cycle, extending from macrosystems to microsystems across multiple life contexts and being perpetrated by different figures and in different forms (Fontanil & Alcedo, 2020; ONU, 2020; Sardinha et al., 2022). Regarding the modality of violence, there is no single typology and terminology agreed upon but research usually refers to three basic types: psychological/emotional violence, physical violence, and sexual violence. References to economic and institutional violence are gradually being added to this division. The typologies include different areas in which abuse has an impact, knowing that the same pattern of abuse can threaten various areas of the victim's development. Thus, physical or sexual abuse can and does contain different types of emotional abuse. Emotional abuse, understood as a general area in which violence has an impact, includes attacks on the victim's security (threats) and the victim's freedom of action and thought. It also includes harassment and abandonment, attacks on prestige or image, and attacks on their property and possessions (Fontanil & Alcedo, 2020). The relationship between physical, sexual, and emotional abuse is complex and, if we want to study the consequences of relationships in which violence is present, we must rule out the possibility of focusing only on one of them. This diversity of violence can be exercised by people in the informal social network of women (e.g., relatives, partners, friends) but also by the professionals who attend to them in the face of different requests for help in the formal support system (e.g., obstetric violence).

According to the 2019 *Macro-survey on violence against women*, 20.7% of women with accredited disabilities reported having suffered physical or sexual violence by an intimate partner, compared to 13.8% of women without disabilities. In addition, 17.5% of women with disabilities who had experienced some type of violence reported that it was a consequence of their disability (Delegación del Gobierno contra la Violencia de Género, 2020). The discrimination to which they are exposed, negative stereotypes, gender inequalities, and negative social attitudes are at the root of this violence (Cocemfe, 2020; Fresno García et al., 2022). The data collected in the *Report on violence against women with disabilities* (Fundación Cermi Mujeres, 2022), based on the exploration of data from the 2019 macro-survey, reveal that the violence that these women face is not episodic violence but structural, as it occurs throughout the life cycle and in different contexts, either at home or outside, within or outside their couple, or with relatives. This violence can also take a more subtle form, such as rejection, or a visible form, such as physical abuse. This study shows that women with disabilities constitute a population group that continuously faces various forms of discrimination stemming mainly from their status as women and the fact that they have a disability. This situation of multiple discrimination must be understood through an intersectional approach (Alcázar, 2023). This approach considers multiple factors that intersect simultaneously in an inseparable way. It serves as an analytical tool aimed at examining, understanding, and reacting to how gender intersects with other identities, shaping particular experiences of oppression and disadvantage. Furthermore, other forms of discrimination and violence, such as deprivation of legal capacity, institutionalization, and poverty, should also be taken into account. Additionally, factors such as rural environment, age, sexual orientation, and type of disability are often overlooked when analyzing their situation and proposing improvement measures to address all specificities and diversities.

These women face numerous and constant challenges, and the principles of non-discrimination, equal opportunities, inclusion in the community or independent living are still far from being achieved. Society imposes negative stereotypes on them that lead to discrimination, considering them a burden or limiting their access to education and employment, treating them as girls or incapable persons. This situation leads

to greater economic and professional disadvantages that distance them from a possible exit from violence (Alcedo Rodríguez et al., 2019; Fundación Cermi Mujeres, 2021, 2023).

Despite its social relevance, the issue of violence against women with disabilities, which has been the subject of debate for more than three decades, is still considered a contentious issue on which many questions are still raised. Multiple organizations denounce the discrimination and violence they suffer, as well as the urgent need for interventions and measures to promote equal opportunities. In 2011, the Manifesto of Women and Girls with Disabilities of the European Forum proposed as its main objective to promote gender mainstreaming in disability policies, including the existing difficulties in reporting violence as they are exposed to a greater risk of suffering mistreatment or sexual abuse (Procuradora General del Principado de Asturias & Cermi, 2011).

In the same way, the Spanish Disability Strategy 2022-2030 acknowledges that while there has been significant effort in our country in recent years to address violence against women, there are still policies that overlook the intersection of disability and gender, leaving nearly two and a half million women with disabilities sidelined (Ministerio de Derechos Sociales y Agenda 2030, 2022). However, the measures taken so far have been insufficient and ineffective, often lacking a gender perspective and implemented in isolation (Alcedo Rodríguez et al., 2019). This approach, focusing on deficits and differences, may yield unintended consequences (Garzón-Díaz, 2016). Therefore, it is imperative to introduce effective measures in equality policies that ensure genuine equality, and it is also necessary to integrate gender perspectives into laws and policies concerning disability (Fresno García et al., 2022).

It is also recommended to continue quantifying gender-based violence among women with disabilities, since most of the information is based on general surveys where disability is a variable that is barely taken into account in the data analysis and, generally, minimally represented. It also calls for greater visibility and awareness of this problem, so that the social isolation of these women can be ended and their social inclusion promoted (Fundación Cermi Mujeres, 2022).

Given this situation, this review aims to deepen the knowledge of the violence faced by women with disabilities, addressing the following research questions: What types of violence do they experience? Are there differences based on the type of disability? And finally, what are the consequences of this violence?

2. Method

2.1. Search strategies

The review was conducted using the PRISMA methodology (Page et al., 2021). The initial search was conducted in March 2023 on the Web Of Science (WOS) platform and the Psycinfo and Scopus databases. In order to determine the search more specifically, the following strategy was followed: in the WOS resource with [trauma (Topic) AND violence (Topic) OR abuse (Topic) AND women with disabilities (Topic) AND Disabilities (Search within all fields)]; for the Psycinfo platform [TX trauma AND TX violence OR TX abuse AND TX women with disabilities]; finally, for the Scopus platform [(TITLE-ABS-KEY (trauma) AND TITLE-ABS-KEY (violence) OR TITLE-ABS-KEY (abuse) AND TITLE-ABS-KEY (women AND with AND disabilities))].

The reference lists of the extracted articles were reviewed to detect other publications that could be relevant and had not been identified in the initial search.

2.2. Inclusion and exclusion criteria

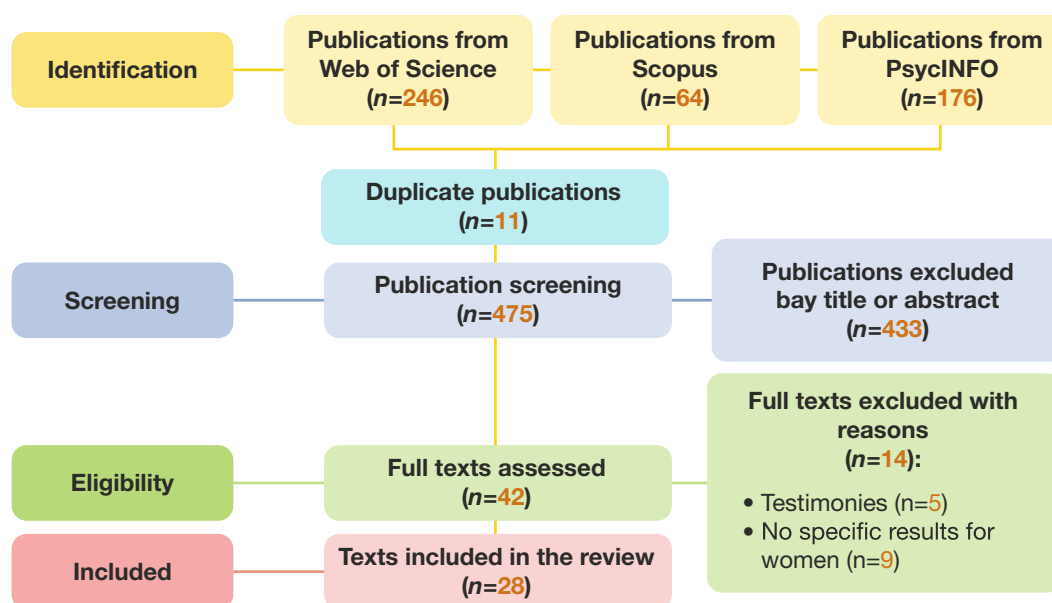
Scientific articles were selected based on the following criteria: (a) publication between 2018 and 2023; (b) open access availability; (c) publication in English and Spanish; (d) focused on trauma, violence or abuse against women with disabilities; and (e) based on quantitative and/or qualitative methodologies.

On the other hand, conference proceedings, presentations, and studies that only address violence against individuals with disabilities without providing specific results about women were excluded.

2.3. Selection of articles

The result of the search, as can be seen in Figure 1, yielded a total of 486 articles. Among these, 11 were excluded due to repetition, and after reviewing the titles and abstracts, 433 were discarded for not meeting the inclusion criteria. A total of 42 articles were considered eligible. Subsequently, after reading them, 14 articles were discarded because they were focused on testimonies ($n = 5$) or did not present specific results on women ($n = 9$). Thus, the final sample included 28 articles in the study.

Figure 1. Flowchart on the review process



Fuente: Author's work.

3. Results

A total of 28 articles have been selected, most of them English-speaking. The country with the most studies was Spain (n=3), followed by Canada, New Zealand, and the Netherlands with 2 articles each. Four other articles collected data from different countries. The rest of the countries are represented with a single article. The years of publication vary from 2018 to 2022, with 2021 having the highest number of publications (n=9).

Table 1 summarizes the results obtained in the reviewed studies according to different characteristics (i. e., authors and year, participants, country, type of violence, type of disability, and main results). Most of the people who participated were women aged between 20 and 30 years. In addition, 15 studies used a qualitative design and 13 articles used a quantitative design. As for the different types of violence, the articles deal with various typologies, with no unified criteria. Thus, gender-based violence in intimate relationships, sexual violence, obstetric violence, physical violence, emotional/psychological abuse, domestic abuse, isolation, discrimination, oppression, abandonment, or negligence were discussed without specifying the criteria that distinguish one typology from another. Finally, concerning the disability variable, the studies focused on women with various conditions: intellectual disabilities (e.g., Down syndrome), sensory disabilities (i.e., visual or auditory), physical disabilities (e.g., spinal cord injury, cerebral palsy), psychic disabilities, developmental disabilities, and multiple disabilities.

Typology of violence suffered by women with different types of disabilities

In the total number of articles reviewed, the predominant type of violence is sexual violence (n = 15) and physical violence (n = 10). Regarding the studies that take into account the type of aggressor, intimate partner violence is the most studied (n=13). Concerning the type of disability, there is a greater representation of articles focused on women victims of violence who have intellectual disabilities (n = 15), physical disabilities (n = 9), and sensory disabilities (n = 9).

Sexual abuse of women with disabilities is the most frequently reported form of violence in the literature examined. In general, and compared to other women, they are at greater risk and vulnerable to suffering this violence (Åker & Johnson, 2020; Fanslow et al., 2021). Nieuwenhuis et al. (2019) found that women with intellectual disabilities report more sexual violence (61 %), whereas men report 23 %. De Beudrap et al. (2022) also point out that those with cognitive and visual limitations are at even greater risk, and Malihi et al. (2021) add that these women are less likely to report this violence.

In addition, in most cases, direct exposure to the first sexual abuses occurred at an early age (Brunes & Heir, 2021). It is estimated that 30-35 % of women with disabilities are victims of sexual violence before they are 15 years old (Valentine et al., 2019). Men usually perpetrate this violence, and in most cases, the victim and the aggressor have some kind of relationship (Malihi et al., 2021; Reis et al., 2022). Some studies indicate that the caregiver is the most frequent aggressor, given the ease of access and contact with these women with disabilities (Iudici et al., 2019). According to van der Heijden et al. (2019), this may be related to the social stereotypes of disability and asexuality that surround these women, which places them in a situation of dependence on their caregivers and further increases the risk of violence.

The lack of sexual knowledge and skills also places people with intellectual disabilities at greater risk of experiencing sexual abuse and also perpetrating it, as the lack of knowledge makes it difficult to set boundaries or distinguish what is considered abuse from what is not (Amelink et al., 2021). Levine et al. (2018) point out that the social barriers derived from living in unsafe environments and the deprivation of education and monitoring of their rights in childhood increase the risk in adult life. Added to this is the fact that they are often not believed when they report having experienced sexual violence (Rittmannsberger et al., 2020). The consequences of this violence, as we will see later, are very negative, and even more serious compared to other groups (Tutty et al., 2020). Thus, the relationship between sexual abuse and subsequent traumatic events has been widely established (Nieuwenhuis et al., 2019; Rittmannsberger et al., 2020).

Concerning physical violence, Malihi et al. (2021) discovered that 15.4 % of women with various disabilities had experienced such violence beyond their intimate relationships throughout their lives. In 59,7 % of cases, the aggressors were their parents. In the case of individuals with intellectual disabilities, Nieuwenhuis et al. (2019) documented a prevalence rate of 50.9 % in a sample of patients with severe mental illness and intellectual disabilities. Generally, studies agree that physical violence is often accompanied by other forms of violence (Hanass-Hancock et al., 2020) and is typically not reported (Fanslow et al., 2021), suggesting that its prevalence is likely higher (Valentine et al., 2019).

Obstetric violence is also reported in several studies. Reference is made to the use of techniques such as forced sterilization or hysterectomy to reduce the risks of pregnancy in the face of sexual abuse (Márquez-González et al., 2021). However, these coercive practices do not reduce sexual abuse and may be a way to cover it up (Yupanqui-Concha et al., 2021). Hysterectomy was applied in most cases to women who lived in families with low economic income and significant social barriers (Nurkhairulnisa et al., 2018). Sometimes, physical aggression is also reported during prenatal examinations, which is necessary to conduct specific tests (Wudneh et al., 2022).

Women with disabilities are often subjected to another form of violence: emotional and/or psychological abuse. According to the 2019 *Macro-survey on violence against women in Spain*, 30.1 % of women with disabilities reported experiencing psychological violence. This mistreatment is closely linked to the isolation these women face, which, in turn, heightens the risk of other forms of violence, including sexual assaults (Brunes & Heir, 2021). Moreover, social discrimination, negligence, and abandonment exacerbate their situation, leading to inhumane and degrading treatment (van der Heijden et al., 2019; Wudneh et al., 2022).

To these basic types of abuse must be added the results of studies that use concepts such as gender violence and gender violence within relationships, which are very important references. Gender violence encompasses any act of discrimination, subordination, and/or oppression against women across various aspects of their lives, encompassing all material and symbolic assaults that undermine their freedom, dignity, security, and physical integrity. It represents a universal phenomenon impacting women in diverse ways throughout their lifespans and is perpetrated predominantly by men, whether they be family members, caregivers, friends, or strangers (Fontanil & Alcedo, 2020). It poses a significant social and health challenge, particularly in regions with elevated poverty rates. A study conducted in Botswana provided a comprehensive overview of severe physical injuries, sexual and reproductive health issues, and mental health decline among women with disabilities (Hanass-Hancock et al., 2020). Gender emerges as a pivotal risk factor, positioning women with disabilities in highly vulnerable familial roles susceptible to sexual abuse or other forms of mistreatment due to gender disparities, cultural norms rooted in androcentric models, and a lack of agency over their own rights (Jones, 2021; Levine et al., 2018). Emphasis is placed on the necessity of offering holistic resources

to identify such circumstances and deliver tailored responses to the specific needs of disabled women experiencing gender violence (Tutty et al., 2020).

One category of gender violence highlighted in the reviewed studies is intimate partner violence, which encompasses various forms of physical, sexual, and/or psychological abuse (Valentine et al., 2019), with male partners being the most common perpetrators (Ruiz-Pérez et al., 2018). Some studies indicate that 27 % of women with disabilities worldwide have experienced intimate partner violence between the ages of 15 and 49 (Martínez, 2022). Others report even higher rates, such as Dunkle et al. (2020), who found that 59.6 % of women with disabilities had experienced sexual and physical intimate partner violence in the past 12 months. These partners employ coercion, threats, intimidation, humiliation, deprivation of liberty, blackmail, and manipulation, causing significant confusion, uncertainty, and fear among the victims (Nieuwenhuis et al., 2019). Moreover, this type of violence tends to be less visible, occurring within the intimate sphere of the partnership, which facilitates the concealment of these situations (Meseguer-Santamaría et al., 2021). Therefore, there seems to be a consensus that disability is a risk factor for experiencing intimate partner violence (Dunkle et al., 2020; Fanslow et al., 2021; Martínez, 2022; Valentine et al., 2019). This constitutes a threat to women's health as it leads to severe and lasting harm (de Beaudrap et al., 2022; Dunkle et al., 2020), and the consequences persist long after the relationship has ended (Namatovu et al., 2022). However, other factors also increase the risk of experiencing intimate partner violence, such as low income, homelessness, foreign nationality, partner alcoholism, disability before the age of 15, physical dependence, or mental health problems, and the perception of vulnerability by the partner (Fanslow et al., 2021; Jones et al., 2021; Martínez, 2022; Meseguer-Santamaría et al., 2021). Additionally, women with disabilities often face social stigma associated with their disability status, which tends to be much more negative towards women than towards men (Bassoumah & Mohammed, 2020; van der Heijden et al., 2019).

Finally, it should be noted that the different types of violence mentioned above affect all women, regardless of their specific type of disability. Thus, women with intellectual disabilities (the most common disability in the reviewed studies) are victims of multiple violence.

Consequences of violence

According to the findings gathered in the reviewed studies, violence significantly and enduringly impacts all areas of women's health, potentially leading to significant psychological, physical, and social deterioration. The psychological and emotional consequences highlighted in the reviewed articles are associated with the experience of traumatic events. Individuals with disabilities, especially those with intellectual disabilities, are more vulnerable to experiencing violence and suffering the consequences of negative life events. This vulnerability increases their likelihood of developing post-traumatic stress disorder (Nieuwenhuis et al., 2019; Rittmannsberger et al., 2020).

Among the psychological problems resulting from violence are depressive symptoms, suicidal and self-destructive thoughts, stress, anxiety, panic, phobias, insomnia, guilt, shame, low self-esteem, social withdrawal, repeated victimization, problems in intimate relationships, compliance, alienation, dissociation, and isolation (Iudici et al., 2019). These consequences constitute a significant public health problem as they increase physical and mental health issues, which persist even after the end of the abusive relationship (Nurkhairulnisa et al., 2018).

Regarding the emotional consequences experienced by women with disabilities who have suffered sexual violence, reference is made to anxiety disorders, depression, high levels of post-traumatic stress, feelings of guilt and abandonment, helplessness, and loss of self-esteem (Malihi et al., 2021; Martínez, 2022). Additionally, trust in others may be damaged, leading to difficulties in interpersonal relationships, as these women may appear more fearful, reserved, and distrustful, especially in the case of women with intellectual disabilities, since for them it is more difficult for them to face these traumatic events (Amelink et al., 2021).

On the other hand, other authors have focused on the emotional consequences of obstetric violence. For example, oppressive and hostile treatment and inadequate medical care related to childbirth caused feelings of helplessness, vulnerability, and powerlessness in these women (Bassoumah & Mohammed, 2020; Wudneh, 2022). This type of violence is associated with decreased self-esteem, a sense of deprivation or restriction of freedom, and considerable physical harm such as wounds and bruises (Wudneh et al., 2022).

The reviewed literature also documents attitudinal, social, and economic barriers that hinder access to assistance and resources (Namatovu et al., 2022). Persistent negative stereotypes in society towards these women (e.g., incapacity, asexuality, incompetence, vulnerability) limit their autonomy and decision-making capacity. This, in turn, makes them more dependent on their caregivers (e.g., patriarchal societies establish the need for a partner or caregiver to meet their needs and provide protection), increasing the risk of violence (Ruiz-Pérez et al., 2018; van der Heijden et al., 2019). In this regard, authors like Ludici et al. (2019) highlight that these stereotypes of incompetence are present in caregivers and support personnel who sabotage the technical aids necessary for their mobility, communication, and autonomy.

As a result, these women often experience social exclusion, further complicating access to resources and information and counseling services provided by specialized assistance. Thus, the lack of transportation adapted to their needs limits their access and participation (Dunkle et al., 2020), a situation exacerbated particularly in middle- and low-income countries (Valentine et al., 2019). Additionally, professionals in services (e.g., medical, judicial, police personnel) usually lack specialized training to address the needs of these women with disabilities (e.g., knowledge of how to address them or how to identify and address violence situations) (Hanass-Hancock et al., 2020; Namatovu et al., 2022; Ruiz-Pérez et al., 2018; Vellaz Zamorano et al., 2021). To this is added the fact of their greater economic dependence on their partner and family, a situation in which a very high percentage of these women find themselves, making it more challenging to leave such relationships and break the cycle of violence (Fanslow et al., 2021).

The consequences of these violent situations, as documented in the reviewed studies, underscore the need for specialized intervention resources that can alleviate the serious harm they cause across various aspects of these women's lives.

Table 1. Summary of the main characteristics of the reviewed studies

Authors	Participants	Country	Type of reported violence	Type of disability	Main results
Åker y Johnson (2020)	175 participants	Norway	Sexual and physical	Intellectual	In general, and compared to other women, women with intellectual disabilities are at a higher risk and more vulnerable to experiencing sexual violence.
Amelink et al. (2021)	78 women and 46 men	Netherlands	Sexual	Intellectual	Most of the victims of sexual abuse were women between 18 and 29 years old. One-third of sexual abuses in residential settings were committed by professionals.
Bassoumah y Mohammed (2020)	20 women with disabilities and 20 women without disabilities	Ghana	Obstetric violence	Physical, visual, and hearing	Women with disabilities receive less support during pregnancy from family and society and do not receive necessary medical care during maternity. This relates to the social stigma of asexuality and the lack of service adaptation to their needs, placing them in a position of great vulnerability.
Brunes y Heir (2021)	736 individuals with visual impairments and 1,792 without disabilities	Norway	Sexual violence and isolation	Visual	Individuals with visual disabilities are more likely to experience abuse, aggression, negative experiences, and occurrences, compared to the group without disabilities. Additionally, women with visual disabilities tend to experience more sexual abuse and aggression.
de Beudrap et al. (2022)	359 women with disabilities and 720 without disabilities	Cameroon and Burundi	Sexual and intimate partner violence	Physical, sensory, and intellectual	Women with cognitive and visual impairments are at greater risk of experiencing sexual violence. This risk increases for those who have partners at younger ages and lower educational levels.
Dunkle et al. (2020)	1,659 women: 434 with disabilities and 1,225 without disabilities	Rwanda, South Africa, and Afghanistan	Intimate partner violence, physical and sexual	Not specified	Women with disabilities report higher partner violence than their non-disabled peers. The effects of a program focused on reducing the prevalence of partner violence among women with disabilities were positive, as the prevalence of this type of violence was reduced.
Fanslow (2021)	524 individuals with disabilities and 1,222 without disabilities	New Zealand	Intimate partner, sexual, and physical violence	Physical, intellectual, and mental	Individuals with disabilities showed a higher prevalence of partner violence. Specifically, women with disabilities experienced more partner violence and sexual violence, and men with intellectual disabilities experienced more physical violence.
Hanass-Hancock et al. (2020)	17 representatives of organizations	Botswana	Gender and physical	Not specified	Botswana's NGOs and OPDs recognize the need to increase accessibility and staff training on disability to address violence against women and girls with disabilities.
Iudici et al. (2019)	14 women with disabilities	Italy	Intimate partner violence	Intellectual, physical, sensory, or developmental	Most women with disabilities experiencing partner violence are immigrants, and this situation, along with associated social stereotypes, puts them at greater risk of partner violence. This type of violence generates social, physical, and psychological consequences that enhance their isolation.

Authors	Participants	Country	Type of reported violence	Type of disability	Main results
Jones (2021)	35 women: 8 with disabilities	Barbados and Grenada	Intimate partner, sexual, and gender violence	Visual, physical	Gender inequalities expose women to high risks of partner violence, sexual violence, and coercion. Patriarchal values in Caribbean society place women with disabilities in a position of great inequality and inferiority compared to individuals without disabilities.
Levine et al. (2018)	16 women with intellectual disabilities in a correctional center	Canada	Physical, sexual, and intimate partner violence	Intellectual and developmental	The gender of the participants places them in vulnerable positions within their families to be victims of sexual violence and other abuses. Various factors (e.g., lack of psychological interventions, educational system not adapted to their needs) encourage their dropout with the subsequent risk of poverty and social exclusion.
Malihi et al. (2021)	1,464 women and 1,423 men	New Zealand	Physical and sexual	Physical, mental, intellectual, and multiple	Women experienced more sexual violence outside their partnership than men, and men suffered more physical violence outside their partnership than women. Prevention and intervention programs are crucial, as family members are primarily responsible for women's aggression, whereas men with disabilities face aggression from strangers.
Martínez (2022)	42,002 women: 2,100 with disabilities	28 European Union countries	Intimate partner violence and physical	Not specified	Disability is a risk factor for gender-based intimate partner violence and there are other factors (e.g. low income, alcoholism in the partner, disability before age 15) that, along with disability, enhance and increase this risk.
Márquez-González et al. (2021)	234 women	Mexico	Obstetric	Intellectual	La práctica de la histerectomía como método de control de la menstruación y esterilización hacia las mujeres con discapacidad intelectual continúa siendo una práctica extendida en México. Esta práctica se lleva a cabo por el acuerdo entre las personas que prestan cuidados y el personal médico.
Namatovu et al. (2022)	18 professionals	Sweden	Intimate partner violence	Intellectual, communicative, and multiple	Support providers report that coordination and collaboration are essential to provide comprehensive services against partner gender violence. Women with disabilities have difficulties accessing these services, and support providers require specific techniques and training to meet the particular needs of these women.
Nieuwenhuis et al. (2019)	570 participants with severe mental illness	Netherlands	Physical, emotional, sexual, and negligence	Intellectual	Physical violence and negligence were the most common types of violence in individuals with severe mental illness. Women, especially those with disabilities, showed significant differences compared to men in the prevalence of traumas related to sexual violence.

Authors	Participants	Country	Type of reported violence	Type of disability	Main results
Nurkhairunisa et al. (2018)	123 caregivers	Malaysia	Physical, obstetric	Intellectual	Concerns about sexual abuse, along with a low family income, led some parents to opt for menstrual suppression for their daughters.
Reis et al. (2022)	103 girls	Germany	Sexual	Intellectual	Group interventions aimed at girls with intellectual disabilities to recognize potential sexual abuse situations are appropriate, as they facilitate the recognition of these situations but they are less effective in improving preventive behavior.
Riley et al. (2022)	5,122 women	India	Intimate partner and domestic gender violence	Intellectual, sensory, multiple	Women's protection laws against domestic violence in India, as well as the Rights of Persons with Disabilities Act of 2016, are not sufficient to offer specific services for women with disabilities or to stop violence. Additionally, women with disabilities are victims of oppression by patriarchal society and the discrimination they live in.
Rittmannsberger et al. (2020)	4 women	Austria	Sexual	Intellectual	Proper treatment is reported after disclosing sexual abuse suffered by women with intellectual disabilities. All received support from professionals and/or family members. However, three of the four participants also described negative social reactions, such as denial, blame, and disclosure of information without consent.
Ruiz-Pérez et al. (2018)	14 women with disabilities and 16 health professionals	Spain	Intimate partner violence	Physical, mental, and sensory	Stereotypes associated with women with disabilities increase their risk of violence. Health workers do not have enough information on how to identify partner gender violence, and it is considered necessary to create a classification and coding system to address this issue.
Meseguer-Santamaría et al. (2021)	9,568 women	Spain	Intimate partner violence	Not specified	Women with any type of disability tend to suffer partner gender violence. A higher level of education reduces the likelihood of suffering it, while being a foreigner increases the risk.
Tutty et al. (2020)	587 indigenous women	Canada	Intimate partner, sexual, and domestic gender violence	Not specified	High presence of violent situations towards women with disabilities. Social inequalities and limitations associated with age, gender, race, and economic status enhance the risk of violence. The need for a more holistic approach to providing support and assistance is emphasized.
Valentine et al. (2019)	8,592 women	Uganda	Intimate partner violence	Not specified	Women with disabilities had a higher prevalence of physical, sexual, and emotional violence.
Van der Heijden et al. (2019)	30 women	South Africa	Psychological, economic, sexual, physical, and negligence	Physical	Women with physical disabilities are associated with a large number of negative stereotypes (e.g., incapacity, asexuality). This places them in a position of dependence on their caregivers and at risk of multiple forms of violence.

Authors	Participants	Country	Type of reported violence	Type of disability	Main results
Vellaz Zamorano et al. (2021)	67 victims	Spain	Sexual	Intellectual	Women with intellectual disabilities and higher support needs are especially vulnerable to sexual violence. In most cases, the aggressor belongs to the victim's immediate social circle.
Wudneh et al. (2022)	22 women	Ethiopia	Obstetric, physical, verbal, and negligence	Physical, sensory, and multiple	Human rights are not recognized for women with disabilities in Ethiopia. This results in situations of abuse and violence, such as physical assaults by medical personnel (e.g., putting them in a squatting position during childbirth to prevent them from closing their legs).
Yupanqui-Concha et al. (2021)	21 key informants	Chile	Obstetric	Not specified	In Chile, sterilization is practiced on women and girls with disabilities, justifying this practice as an adequate alternative to protect this group and prevent them from suffering sexual abuse. However, this practice does not prevent cases of sexual abuse and violence but leads to their concealment.

Fuente: Author's work.

4. Discussion

The academic literature universally acknowledges that women with disabilities face not only a host of barriers to their inclusion, autonomy, and rights shared by other individuals with disabilities, but also endure gender discrimination, heightened social invisibility, and, notably, a significantly elevated risk of encountering situations of violence. Addressing disability and gender in an intersectional manner is crucial, as these factors are intertwined, resulting in a distinct form of discrimination. Despite the critical nature of this issue, instances of abuse and mistreatment experienced by these women are often overlooked and even concealed (Castellanos Torres, 2020; Fundación Cermi Mujeres, 2022; European Union Agency for Fundamental Rights, 2014). Given this context, this study aims to conduct a review of recent research studies focusing on this subject matter, with the goal of gaining insights into the types of violence they endure, potential variations based on the type of disability, and the ramifications of exposure to violence.

Firstly, regarding the types of violence suffered by women with disabilities, the reviewed studies refer to a broad and diverse typology that needs to be improved (e.g., sexual, physical, obstetric, psychological/emotional, negligence, economic, gender-based, domestic). That is, these women are exposed more frequently than the general population to situations of violence, hence the talk of double discrimination, double oppression, or double vulnerability (Alcedo Rodríguez et al., 2019; Castellanos Torres, 2020). Additionally, they are at greater risk of experiencing sexual violence, in fact, some studies report high percentages ranging from 61 % (Nieuwenhuis et al., 2019) to 35 % (Valentine et al., 2019), as they are exposed not only to sexual violence perpetrated by their partner or ex-partner but also to that perpetrated by people in their family, social,

healthcare, and assistance environments. In Spain, according to the 2019 *Macro-survey on violence against women*, 10.3 % of women with disabilities had experienced sexual violence outside of the couple at some point in their lives, compared to 6.2 % of women without disabilities, 40.3 % had experienced a situation of sexual harassment, and 17.5 % had experienced at least one incident of sexual violence involving multiple offenders (Government Delegation against Gender Violence, 2020). These abuses occur throughout the life cycle and from an early age, before the age of 15. All these data are consistent with previous studies that already indicated that these women and girls are three to five times more likely to experience sexual violence than the rest of their peers without disabilities (Fontanil & Alcedo, 2018; European Union Agency for Fundamental Rights, 2015; National Institute for Health and Care Excellence, 2017). The vulnerability to experiencing sexual violence continues to rise due to persistent stereotypes that have denied and marginalized their sexual identity. Consequently, these women are deprived of the opportunity to engage in consensual and fulfilling sexual experiences, receive proper sexual education, and access necessary support services to prevent or address the aftermath of violence (Arstein-Kerslake, 2019; Matin et al., 2021). In short, we must advocate for sexuality that unfolds from equality and shared desire, and we must recognize, according to what Aránguez Sánchez (2023) pointed out, the inviolability of women with disabilities against all forms of objectification, aggression, or sexual exploitation.

Intimate partner violence is quite prevalent in the reviewed studies, with reports of the presence of this violence in 59.6 % of women with disabilities (Dunkle et al., 2020). Intimate partner violence affects all areas of these women's lives (e.g., De Beaudrap et al., 2022; Dunkle et al., 2020), and its effects persist long after the abusive relationship has ended (Namatovu et al., 2022).

On the other hand, physical violence, often associated with other types of violence, is part of the life experiences these women face (e.g., Hanass-Hancock et al., 2020), perpetrated by both their parents (e.g., Malihi et al., 2021) and their partners (e.g., Dunkle et al., 2020), and hardly revealed or reported (Fanslow et al., 2021). In countries with high levels of poverty, this physical abuse is even more prevalent (Levine et al., 2018). Among all these forms of violence, one of the most damaging is highlighted in certain studies: coercive abortions and forced sterilizations (Márquez-González et al., 2021; Yupanqui-Concha et al., 2021), practices that also involve legal incapacitations, actions that have severe consequences for these women in all spheres of their lives (Fundación Cermi Mujeres and European Disability Forum, 2017; Gomiz Pascual, 2016). We must not forget that these practices had legal support in Spain until December 2020.

However, it's important to highlight that the varying prevalence rates of different types of violence found in the reviewed studies may be influenced by the ongoing conceptual confusion in this field. For instance, when it comes to intimate partner violence and domestic violence, the definitions are still not clearly delineated, often mistakenly thought of as interchangeable. Intimate partner violence refers to violence occurring within the context of a partnership, regardless of cohabitation. At the same time, domestic violence is confined to the home and encompasses not only partner-to-partner violence but also other forms such as child abuse, parent-child violence, violence against older adults, etc. (Fontanil & Alcedo, 2018). This prevalent conceptual confusion in categorizing these types (Cocemfe, 2020) has also been noted in some of the reviewed studies (e.g., Riley et al., 2022; Tutty et al., 2020).

In general, and not only in studies on abuse towards women with disabilities, there is a strong controversy surrounding the typology used in studies on gender-based violence. Thus, the distinction between emotional, physical, and sexual violence is quite controversial, as emotional violence is always present when other types are present and acts as a reinforcement of the effect that different modalities of violence have on

the behavior of the woman who suffers them. Some authors go further by stating that the demarcations between all types of violence are meaningless, as they are all intimately related and always respond to a general cause, which is the need for control of the woman by the abuser (Oram et al., 2017). In this study, the classification provided by each article has been respected, although we believe that the classification that distinguishes areas where damage occurs (i.e., attacks against physical integrity, against safety — threats —, attacks against freedom of action and thought, attacks against independence and participation — harassment and abandonment —, attacks against prestige, attacks against goods and possessions, and sexual intimacy) can help to make the future clearer to understand the impact of abuse (Fontanil & Alcedo, 2020).

Likewise, the prevalence rates mentioned cannot be extrapolated globally and can only be considered as an approximate estimate since a large percentage of women with disabilities who are victims of violence, especially sexual violence, do not report these situations due to the existence of numerous physical, technological, or communication barriers, lack of autonomy and/or sufficient capacity to file a report (e.g., in women with significant cognitive limitations), and the fears and anxieties that reporting raises (e.g., fear of not being believed or having their testimony doubted, fear that the aggressor will find out and re-offend, possibility of loss of bonds and care provision), among others (Castellanos Torres, 2020; Fontanil & Alcedo, 2018).

Secondly, regarding the possible differences in violence suffered depending on the type of disability, studies agree and reiterate that women with intellectual disabilities are more vulnerable to suffering all types of violence, with sexual violence being the most reported (e.g., Amelink et al., 2021; Nieuwenhuis et al., 2019), and women and girls with intellectual disabilities being at greater risk and rate of abuse (e.g., Amelink et al., 2021; Nieuwenhuis et al., 2019). However, since most articles do not make comparisons between different types of disabilities because their objectives focus on determining the presence and/or type of violence received or analyzing differences with the population of women without disabilities (an objective present in a third of the reviewed studies), the relationship between these two variables (i.e., type of disability and type of violence) cannot be precisely determined. To this is added the fact that in seven of the reviewed studies, women with disabilities in general are discussed, without specifying the type of disability that affects them. This is not an uncommon characteristic in the specialized literature on violence against women with disabilities. In fact, in our country, the most recent report on gender-based violence against women with disabilities based on the 2019 macro-survey (Fundación Cermi Mujeres, 2022) collects data from a total of 556 women who, when answering the survey, claim to have a disability equal to or greater than 33 % but the type of disability is not determined. This implies the attribution of homogeneous particularities that essentialize all women (Gomiz, 2015) when it is expected that the characteristics of women's disabilities configure different situations of vulnerability that, therefore, generate different modalities and intensities of violence, which can arise in different contexts, and exercised by different people and with different prognoses and impacts (Fontanil & Alcedo, 2018). As an example, women have a higher incidence of disability situations as age increases, with vision and physical disabilities being the most frequent, making them more vulnerable to violence. Likewise, difficulties in accessing work, as only 23.4 % of women with disabilities are employed (INE, 2022), lead to economic disadvantages that foster greater dependence. Being in institutionalized environments also constitutes a greater risk of abuse and mistreatment (Tomsa et al., 2021). In addition, those living in rural areas are the ones at greatest risk of discrimination, as they have fewer available services, their educational level is usually lower, they have more difficulties in accessing employment, and they demand more support due to multiple deficiencies and lack of opportunities (Fresno García et al., 2022). We are therefore faced with very different realities that we must be rigorously aware of in order not to continue to incur the essentialist

perspective that considers women with disabilities as a homogeneous group, without taking into account the complex reality of the different women who exist. All these particularities are often forgotten when analyzing their situation and proposing improvement measures that take into account every specificity and diversity (Fundación Cermi Mujeres, 2021).

Finally, regarding the consequences of this violence, in general, most studies indicate significant damage to physical (i.e., these women's perception of their health is very negative) and psychological health, with the most mentioned being greater vulnerability to developing post-traumatic stress disorder and frequent suicidal ideation, anxiety, depression, and loss of self-esteem (e.g., Amelink et al., 2021; Rittmannsberger et al., 2020). The data extracted from the 2019 macro-survey add, as the first psychological consequence derived from exposure to abuse, despair, or a sense of helplessness, which, along with the multiple existing social barriers, may be related to the limited search for help from formal resources and care services by these women (e.g., psychological) (Fundación Cermi Mujeres, 2022). The relevance of all these problems is increased since, given the greater susceptibility of these people to adverse experiences, when these situations of violence appear at early ages, the negative effects persist in the very long term and increase vulnerability in adult life (Bussieres et al., 2020; Son et al., 2020). On the other hand, the difficulties in leaving abusive relationships, mainly due to the absence of their income and the consequent economic dependence that this generates, make these consequences even more serious and affect the emotional adjustment of these women (Fanslow et al., 2021).

Like any research, this systematic review has its limitations. The reviewed studies are those found in the databases indicated, so there may be others that have not been detected in the search process. An attempt was made to minimize this bias through the use of several relevant databases in the field of this study. Additionally, it's important to note the conceptual confusion surrounding the categorization of violence types and even disability types, which makes it challenging to obtain precise and rigorous information about the varying experiences of violence among women with different disabilities. It was also noticed a lack of studies that assess the consequences of other adverse life experiences that may impact these women's lives alongside the abuse they endure, further complicating their situations. The study of the impact of adverse experiences is gaining momentum in health research, and we believe it could be instrumental in identifying the trauma care needs of women with disabilities (Fontanil et al., 2021, 2023; Martín-Higarza et al., 2020).

In summary, the results of this review support the widely accepted thesis that the violence to which women with disabilities are exposed is not episodic but structural (Cavalcante Carvalho, 2018), present in all regions of the world, and are in line with those reported by the latest reports focused on the rights of women and girls with disabilities, both in our environment (Fundación Cermi Mujeres, 2021, 2022; Fresno García et al., 2022), and in regions such as Latin America and the Caribbean (Comisión Interamericana de Mujeres & Programa de la Unión Europea EUROsociAL+, 2022). All of them emphasize the cultural barriers associated with gender and disability, inequality in access to education, precarious employment, insufficient and limited implementation of programs, lack of specific services and specialized professionals, etc., as factors that undermine their most basic rights, prevent their autonomy, and foster their dependence. The confluence of all these factors places women with disabilities in a gray area, where situations of exclusion and discrimination are complex, which enhances the risk of being victims of violence. At the same time, the concealment and social invisibility of it, as has occurred during the recent COVID-19 pandemic (Castellanos Torres & Caballero Pérez, 2020). The strategies and alternatives to address this problem, which may differ in some aspects from those tested for women without disabilities who are victims of violence, involve adopting an intersectional approach focusing on rights, inclusion, accessibility, empowerment, and participation.

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