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How• • • •where? The violence against woman with disabilities in Portugal

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Abstract: This paper addresses the issue of violence against women with disabilities in Portugal. It draws from the reports of 28 women with all types of disabilities about the ill treatment and discrimination that they experienced, over the last five years. We identified the various types of violence these women had faced (Physical, sexual, psychological, economic, institutional, bullying at work and symbolic) and the places where it occur (Public transport, family, workplace, school and training organizations, health organizations, social space in general). Dependency emerges as the key driver of the conflicts and ill treatment that generated the most serious forms of violence and the humiliations that were perpetrated against these women.

Keywords: Violence. Women with disabilities. Discrimination. Portugal.

Introduction

This paper addresses the issue of violence against women with disabilities in Portugal. It draws from the reports of 28 women with disabilities, about the ill treatment and discrimination that they experienced, over the last five years.

As we will show, violence in the lives of disabled women (adult or young), is not a marginal fact, not a theoretical or rhetoric question but a real social issue, experienced in varied forms, places and occasions. Women with disabilities have limited access to power, and reduced ability to face discrimination in the areas of personal, family and social life. In this sense, the main purpose of this paper is to identify the various types of violence that disabled Portuguese women face, their rate of occurrence and the places where violence occurs. As the literature shows (McCORMACK; KAVANAGH; CAFFREY; POWERS, 2005; COKER; SMITH; FADDEN, 2005; HORNER-JOHNSON; DRUM, 2006; BROWNRIDGE, 2006; MARTIN et al, 2006; SAXTON et al, 2006; SMITH, 2007; CASTEEL; MARTIN; SMITH; GURKA; KUPPER, 2008; CHORDHARY; COBEN; BOSSARTE, 2010; BABICA; LEUTARB; DOWLINGC, 2018), violence can be structural or occasional, but it is often present in the interaction of these women with others, in the community or in the context of small groups, in the most diverse interpersonal relationships of everyday life. Violence can be verbal, physical, sexual, and psychological or combine several of these forms in the course of events, relationships or social gatherings.

Countering this reality, with the enactment by the United Nations, of the Convention on the Rights of Persons with Disabilities in 2006, disability became a matter of human rights - the right to respect, dignity, choice, freedom, work, education, family, etc. The Convention recognizes the civil, cultural, political, social, economic and personal rights of persons with disabilities; it aims the personal and social promotion of people with disabilities and their protection in order to ensure their well-being in conditions of freedom and equality with all others.

Nevertheless, the United Nations High Commissioner for Human Rights' report of May 2, 2011, recognized that women with disabilities are more likely to be victims of violence and less able to escape the cycle of violence. They may be subject to triple discrimination when gender and disability intersect with belonging to social minority groups. Even in countries with a high standard of living, women with disabilities are more likely to be poor or to have a lower standard of living than men with disabilities and to experience the negative effects of multiple social, physical and attitudinal

barriers, regardless the type of disability considered. In addition, women with disabilities are a highly vulnerable group to various types of discrimination and violence, which reminds us of the inequalities that bind the social relations of gender (UN, 2012).

Theoretical and empirical questions

Violence against disabled women and its forms. A complex reality

According to Shum, Mum, Rodriguez and Portillo (2006), there is continuing violence in our societies, both on a large and a small scale. We live in a world recognised as violent, shaped by wars, terrorism and catastrophic events, which join peer violence, bullying, youth violence, violence against women, and violence and abuse against children. Among such violence, violence against women is a universal phenomenon and a serious social problem, as it is clear from numerous studies. Some of these studies show that gender violence varies in form and intensity, due to the cultural, social, religious, economic, personal or social characteristics of the victims and perpetrators, including their geographic location, age and marital status (JOHNSON; HOLLY; OLLUS; NATALIA; NEVALA; SAMI, 2008).

According to Young, Nosek, Howland, Chanpong, Rintala (1997), perpetrators are often caregivers, either close family members or outsiders. In this sense, some studies address domestic violence, showing that home is the site where the most serious and also most hidden forms of violence against women with disabilities frequently take place (MAYS, 2006; SHUM; RODRIGUEZ; MAYORGA, 2006; NIXON, 2009; THIARA; HAGUE; MULLENDER, 2011; PESTKA; WENDT, 2014). Moreover, literature also suggests that this is a difficult phenomenon to ascertain in its real dimension due to the fact that historically there has always been a lot of social tolerance for this type of violence (JOHNSON; OLLUS; NEVALA, 2008). According to Mays (2006, p. 151) women with disabilities are at greater risk of violence than men with disabilities or women without disabilities, as being a women and having a disability increases the risk of experiencing life-long, occasional or structural, violence in the various forms that affect women. According to Durif-Varembont (2014, p.85), violence against these women tends to be repeated throughout life as "disability is stigmatizing and marginalizing. The disabled person suffers violence of all kinds, in all areas."

For FDFA - Femmes pour le dire, Femmes pour Agir (www.fdfa.fr) - disabled women are victims of various types of violence: medical; verbal;

physical; sexual; psychological; economic; marital. Additionally, they suffer ill treatment in medical and social care institutions and from violence linked to the denial of sexuality and motherhood, including forced sterilizations. According to this organization, different types of violence identified include a variety of violent practices: social violence, due to the economic model and the market language (with the meritocracy culture, competition, and narcissism that accompany it) as well as to social representations (construed on the basis of the emotional distress caused by disability); institutional violence (emerging from the contradictory and conflicting models that exist in the knowledge market, placing individuals at the centre of ideological debates in which the discourses of experts and caregivers and their professional practices contrast and conflict); interpersonal violence resulting from actions of the caregiver (when the caregiver takes care of the individual against their interests and will, deciding on their behalf what is good or not for them, putting him/herself in the place of the individual in question) and from the emotions that arise when facing disability (e.g. feelings of guilt and shame that can produce anger, which in turn is likely to lead to minor acts of violence against the person being cared for).

Based on interviews with women with disabilities, Shum, Rodriguez and Mayorga (2006) identified cases of abuse within the family (including parents, children, uncles and cousins), at school and in marital relations. They found differences in the way and type of violence according to the type of disability. They concluded, for example, that women with visual disabilities are more likely to suffer a verbal type of psychological violence, neglect, exploitation and social barriers; whereas deaf and hard of hearing women suffer mainly from withholding information and multiple discrimination in all social areas (labour, educational, relational...). In turn, women with physical disabilities tend to be victims of psychological and verbal violence, neglect, physical and sexual violence, architectural barriers and personal devaluation. Durif-Varembont (2014) considers the perpetuation of contraception or sterilization of women with mental disabilities, without their consent, as incontestable forms of violence. The author further refers to language violence in all its forms: not calling the person with disability by her name and the use of diminutives and/or infantile treatment, the violence of technical or medical language when it functions as a denial of psychological suffering; the violence of a word spoken or of silence when these do not happen in the right time or do not address the person concerned.

Shum, Rodriguez & Mayorga (2006) and Meer & Combrinck (2015), also showed that women with disabilities are subject to numerous abusive

and pathological behaviours, with a variety of causes and consequences, as well as different frequency and intensity levels. The main causes are their condition as persons with disabilities, and persistent architectural barriers, social, family and workplace discrimination, to which dominant prejudices, stereotypes and negative social representations are added. The consequences are mainly psychological, usually associated with the reduction or denial of equal opportunities causing intimidation, insecurity, guilt, isolation and loneliness, but also physical abuse (insults, contempt, humiliation) emotional abandonment, devaluation, diverse forms of deprivation and excessive parental control over personal interests (denial of access to social relations, autonomy and independent living).

Several other factors also help to explain violence against women with disabilities. Among them are the social organization dominated by male power and the condition of people with disabilities, including: their lower capacity for physical self-defence; a difficult access to information and advice due to architectural and communication barriers; low levels of self-esteem and self-image; denial of the exercise of social roles assigned to women; dependency of care and assistance by others; fear to report abuse to avoid losing social ties and the provision of care; low level of social credibility; living in dysfunctional families or being institutionalised in specialized organizations (Iglesias, 2002). According to Sobsey (1990), some prevailing myths can also help to explain the phenomenon of violence against women with disabilities: their dehumanization, the prevailing social perceptions of persons with disabilities as 'damaged goods', insensitivity to pain, and threats related to inability and lack of competence. Hendey; Pascall (1998), in turn, consider the person's own fears and the fear of parents, as well as the lack of protection for violence practiced by neighbours.

Studies on post-violence experiences also show that many women and girls with disabilities do not seek help when they are victims of violence and, for lack of community resources, do not receive appropriate assistance (MILBERGER et al. 2003; HENDEY; PASCALL, 1998; CHANG et al, 2003).

Referring Andrews and Veronen (1993), Nosek, Howland, Young (1997, p. 159) cited eight reasons for increased vulnerability to victimization among persons with disabilities:

> (a) increased dependency on others for long-term care; (b) denial of human rights that results in perceptions of powerlessness; (c) lower risk of being discovered perceived by the perpetrator; (d) difficulty that some survivors have in their reports being believed; (e) less education among people with disabilities about appropriate and inappropriate sexuality; (f) social isolation

> and increased risk of manipulation; (g) physical helplessness and vulnerability in public places; and (h) values and attitudes within the field of disabilities towards mainstreaming and integration without consideration for each individual's capacity for self-protection.

The authors add a new reason for the vulnerability of women with disabilities to abuse: the lack of economic independence.

According to Pierre Ancet (2104) the root of the problem may be found in the sense of humiliation that takes hold of the person, that encircles him or herself, so that he/she renounces to have a voice of her own, or to be noticed in the social space, dominated as she/he is by feelings of shame (of ontological type as it affects the subject, socially as much as personally, with feelings of unworthiness, lack of ability, and a lack of sense of belonging).

Data on violence

In 2012, the records on violence against women placed Portugal among the ten countries of the European Union with fewer victims, according to a research made by the Fundamental Rights Agency of the European Commission (www.fra.europa.eu)[1]. Data on violence against women is, however, not reliable; it is suspected that most cases of violence against women never come to be known by the judicial authorities. Still, the number of cases of domestic violence against female spouses identified by the police seems to be growing. Between 2010 and 2014 on average about 87% of the crimes identified were committed by men against women and only about 13% were perpetrated by women on men. However, only 11% of those who were convicted by a crime of domestic violence were arrested. Nevertheless the overwhelming majority of them faced a suspended prison sentence (Direção-Geral da Política de Justiça/ General-Direction of Justice Policy).

There are no studies in Portugal, nor official statistics, providing the weight of violence against women with disabilities, nor about persons with disabilities as a whole. As there is a lack of data on the Portuguese situation, we can only report studies carried out in other geographical and cultural contexts. While these studies do not allow us to accurately determine the incidence of violence against women with disabilities, they provide an estimate, although it is advisable to remain cautious with these estimations. Given that the data collection methods, the concept of violence used, the interviewers, and the level of non-response vary, the outcomes may also strongly vary (OLLKIN; PLEDGE, 2003; ROSEN, 2006). Some authors, such as Hughes et al. (2012), consider that due to the scarcity of quantitative studies

and the methodological gaps, namely in terms of the types of disabilities and violence that they address, the heterogeneity and uncertainty surrounding outcomes when it comes to the prevalence of violence against persons with disabilities is very large. Nevertheless, these authors conclude that adults with disabilities are at greater risk of violence than those without disabilities and that people with mental illness are particularly vulnerable in this respect. In turn, Young *et al.* (1997) remind us that in 1987, the Women Disabled Network (DAWN - Canada) found from interviews with 245 women with disabilities that 40% had been abused (12% of violations) and that the abusers were their former husbands (37%), unknown (28%), parents (15%) and caregivers (10%). Data from a European Parliament report (2003), pointed out that almost 80% of women with disabilities are victims of violence and are four times more prone than other women to suffer sexual violence. The data also show that 68% of women with disabilities living in institutions are exposed to violence from people around them. For Narváez (2013), the most recent data tend to confirm the findings of the Violence and Women with Disabilities Report, published in the scope of the Metis project, funded by the European Union in 1998 through the Community Initiative DAPHNE program: that is, in some countries of the European Union and above all in the United States, cases of abuse of people with disabilities are in proportion two to five times more than for people without disabilities. Similarly, statistics from the USA show that persons with disabilities, especially women with intellectual disabilities, are victims of abuse in larger proportion than the general population (TICOLL, 1994; SOBSEY et al., 1995; NOSEK; HOWLAND; YOUNG, 1997; STRICLER, 2001). Several other authors concluded that sexual abuse against persons with disabilities is higher than against other groups, particularly among institutionalised people with intellectual disabilities (McCARTHY, 1999; PECKHAM, 2007; YOSHIDA et al., 2009). And Wilson and Brewer (1992), in a study conducted in Australia, estimated that abuse is 10 to 12 times more common in people with disabilities compared to the rest of the population.

Barrett, O'Day, Roche, Carlson (2009) found that people with physical and mental health impairments experience higher levels of violence than people in good health. These authors also found that women with disabilities are significantly more likely to suffer violence at the hands of their intimate partners (Intimate Partner Violence) (33.2%) than women without disabilities (21.2%). And Johnson, Ollus, Nevala (2008) conclude that the number of women affected by violence varies according to a number of factors, including the geographical location (either urban area, rural area or across the country), age or the marital status of women.

One of the most investigated forms of violence against women is, indeed, the so-called intimate partner violence. In this context, proving that the values may in fact significantly vary depending on the scope of the concept, and the time and place where studies were conducted, Kishor, Johnson (2004), Ellsberg, Heise (2005) Garcia-Moreno et al. (2006) indicate rates of prevalence of violence against women carried out by an intimate partner that range from 10% to 70%. In turn, Ferres, Megías, Expósito (2013) corroborate the studies that conclude that women with disabilities are more vulnerable to gender violence. Martin et al. (2006, p. 823) report that women with disabilities have four times more probabilities to suffer sexual violence, while Manjoo (2012, p. 9) states that these women will have "twice more probabilities to experience domestic violence than women without disabilities, being more likely to suffer abuse for a long period of time and more likely to experience serious injury as a result of violence". The author conducted interviews with a sample of 45 women with visual impairment and 51 with physical disabilities. The results showed a higher prevalence of violence among women in the sample than in the case of Spanish women in general.

Domestic violence against women with disabilities also seems to be more prevalent than against women in general (McCARTHY, 1999; BROWNRIDGE, 2006; HAGUE; THIARA; MAGOWAN, 2007). In fact, according to Daniel Rosen (2006), the literature suggests that domestic violence and exploitation against women and girls with disabilities occurs at a rate 50% higher than to the rest of society.

When examining by disability type, significant variations in the impact of violence and its forms are found. For example, Fuller-Thomson, Brennenstuhl (2012) estimated that people with mental disorders or disabilities are particularly vulnerable to violence. According to the authors, one in four of these people was a victim of violence in 2011. Lin, Lin, Lin, Wu, Li, Kuo (2010), who analysed national data from Taiwan to describe the prevalence of domestic violence in people with disabilities and examined the effects of time on that prevalence in the years 2006 to 2009, concluded that the annual prevalence of victims of domestic violence among persons with disabilities was slightly lower than in the general population. However, the rates (number of cases per ten thousand) of the different years were quite different (12,84%$_0$; 16,90%$_0$, 20,79%$_0$ and 29,48%$_0$) and the prevalence of domestic violence mainly affected people with chronic psychosis, intellectual disability, vision, hearing and multiple disabilities, whose annual rates increased significantly over the studied period. Finally, the authors noted that

the average annual rate of prevalence of violence in persons with disabilities was 3.7 times higher than that of the total population (9.79% vs. 36.08%). Intellectual disability (41.52%), vision or speech disabilities (38.59%) and chronic psychosis (37.96%) were the types of disability where, in average, the annual prevalence rates increased most. For women with severe disabilities, learning or communication difficulties, exposure to violence seemed to increase significantly.

Methodological process

This paper presents a subset of data drawing from a larger study, which followed the methodological approach and data collection tools developed and tested by the *Disability Rights Promotion International* (DRPI) initiative. DRPI adopts a participatory and emancipatory research methodology, encouraging the direct involvement of various organizations of and for people with disabilities in research processes aiming to assess the status of their human rights. Using participatory and emancipatory research, we seek to contribute to the occurrence of significant social changes in the lives of people with disabilities. According to Zarb (1992, p. 125-126),

> Participatory research which involves disabled people in a meaningful way is perhaps a prerequisite to emancipatory research in the sense that researchers can learn from disabled people and vice versa, and that it paves the way for researchers to make themselves 'available' to disabled people - but it is no more than that. Simply increasing participation and involvement will never by itself constitute emancipatory research unless and until it is disabled people themselves who are controlling the research and deciding who should be involved and how.

The overall study involved 50 interviews of men and women with disabilities but in this paper we are only using the 28 in-depth interviews conducted with women with various types of disabilities, in three regions of Portugal: Lisbon, Northern and Southern regions. The women interviewed were recruited through organisations of people with disabilities, using a mixed approach that combined the snowball technique, a sampling strategy recognized for its ability to reach marginal and isolated groups (LOPES et al., 1996) with a non-representative and stratified sample (TROST, 1986). This technique ensures maximum diversity of the independent variables considered most relevant to the study objectives, thus ensuring the control of the potential biases of snowball sampling.

Interviewers were persons with disabilities, which is a strong point of the DRPI approach, in that it provides an atmosphere of mutual trust, empowerment and empathy between interviewers and interviewees. They were recruited and trained on interview techniques.

The sample size was considered appropriate given the nature of the investigation, which was focused primarily on understanding the meaning, context and the processes involved in the human rights experiences of persons with disabilities. Although the sample used cannot be considered statistically representative, the care taken in the sampling plan design and recruitment of interviewees and the rigor in collecting and analysing data, allows us to draw from this study a set of in-depth information that illustrate in a very detailed manner how violence affects women with disabilities.

Two independent variables, the type of disability and age group, were used to define the sample. For a better characterisation of the sample, educational qualifications and labour status are also indicated (see Table 1).

Table 1: Sample characterization (n=28)

Type of Disability			Age		
	n	%		n	%
Intellectual	4	14,3			
Psychosocial	5	17,9	< 18	5	17,9
Multiple disabilities	4	14,3	18-25	3	10,7
Blindness / low vision	5	17,9	26-40	6	21,4
Mobility	7	25,0	41-55	8	28,6
Deafness / low hearing	2	7,1	> 55	6	21,4
Other	1	3,6			
Educational qualifications			Labour status		
	n	%		n	%
Can not read / write	1	3,6			
1st cycle of Basic Education	3	10,7	Without occupation	11	39,3
2nd cycle of basic education	5	17,9	Students	8	28,6
3rd cycle of basic education	12	42,9	Paid employment	3	10,7
High school	3	10,7	Internship	2	7,1
Technical education	2	7,1	Retired	4	14,3
Higher education	2	7,1			

Source: Interviews to women with disabilities

Semi structured interviews took place with participants only after their informed consent was obtained. Every 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 have faced?* "Usually the interviewees named two or three situations that the inquirers then probed

in order to understand their interconnections with the principles of human rights, which helped to identify the forms of violence that affected them.

The recorded interviews had the average duration of one hour. The contents were fully transcribed and analysed to identify the places of occurrence and the forms of violence practiced against the women of the sample. For this purpose, using cross tables we developed an analytical framework that included the following list of places of occurrence (public transport, family, workplace, school and training organizations, health organizations, social space in general) and the following types of violence:

a) **psychological** - feeling scared, worthless, humiliated, disrespected, excluded from the interaction with others, embarrassed, bullyied at work, at school, etc.);

b) **physical** - being assaulted with punches, kicks, stabs, blows, burns, etc. ;

c) **sexual** - being forced to have sex, or other unwanted sexual practices, rape, sexual harassment, etc.;

d) **economic** - being stripped of control of own money, having property misappropriated, either by the family or others, working without wages and so on;

e) **institutional** - being disrespected in basic rights such as access to education, work, health; ill-treatment, being swept aside; verbal abuse by institutional players in homes, hospitals and other places; being prevented from asking for help, restricted in the freedom to come and go, to act, to express an opinion; being extorted of their earnings by institutional actors.

f) **bullying at work** - being exposed, in prolonged and repetitive way, to embarrassing and humiliating situations, practiced by one or more persons. Being the target of behaviours aimed to humiliate, abuse, ridicule, degrade, blame, frightening, punish or emotionally destabilize the workers.

g) **symbolic** - being the subject of attitudes and behaviours which impose on persons with disabilities the existing social order, stemming from the internalisation of social rules of the dominant culture in which people with disabilities are depicted as inferior to others and censored in general, in such a way that their lived experiences are not always identified as forms of violence.

Presentation and discussion of results

Discrimination: A special kind of difference

Women with disabilities interviewed for this study spoke about situations that caused them feelings of discrimination, exclusion, contempt, physical pain and humiliation. The reports of the discrimination experienced also relate to self-exclusion and negative interpretation of words and gestures received. These, perhaps, were not always meant to be discriminatory. However, women experienced them as such.

Simultaneously, these women reported situations of violence to which they were subjected, abuse (when they were put aside, excluded or auto excluded, of personal relations, transport, work, family, school), and they spoke of the gaze of others. The interviewees' reports show that, beyond the forms of violence that were visible, other more subtle discriminatory practices were perceived and experienced by disabled women. The discrimination caused by the gaze, for being different and dependent on others, for being considered "a poor thing" and the need to constantly prove their ability, form the background of the violence that all respondents experienced. Rarely though, the interviewees used the word violence to name those experiences, violence exerted on women in these cases deriving almost entirely from the interpretation of the authors of this text.

In this way, violence as identified in the reports of the women interviewed encompassed the seven major types described above. Considering their impact on all of the interviewees, the weight of relative prevalence of each type of violence was as follows: symbolic violence (100%); psychological violence (85.7%); institutional violence (57.1%); economic violence (28.6%); bullying (22.2%); physical violence (7.1%) and sexual violence (7.1%) (see Table 2).

Table 2: Types of violence and places of occurrence

Places of occurrence			Type of violence		
	n	%		n	%
Public transport	6	21,4	Physical	2	7,1
Family	13	46,4	Sexual	2	7,1
Workplace	12	42,9	Psychological	25	89,3
School and training organizations	9	39,3	Economic	8	28,6
Health organizations	5	17,9	Institutional	15	53,6
Social space in general	28	100,0	Bullying at work	6	22,2
			Symbolic	28	100,0

Source: Interviews to women with disabilities

Taking into account the combination of types of violence that the women interviewed experienced in their lives, we can classify the forms of violence identified in three broad categories The first brings together the types of violence that, in combination, were reported by 86% of women in the sample: psychological and symbolic violence. These two types of violence often appear associated with one or more of the other types of violence but, as with the other types of violence, they do not seem to be related to age, type of disability, employment status (occupation) or place of occurrence, as Johnson et al. (2008) also noted. The second brings together the types of violence that are reported by 29% of women in the sample. This category includes economic and institutional violence and/or bullying at work, associated with psychological and symbolic violence. The third category encompasses high intensity types of violence (sexual abuse and continued physical aggression), but this forms affected a very small number of women in the sample. Specifically, only two women reported these forms of violence, one of them reporting being a victim of both. This outcome seems to contradict a number of studies conducted in other countries (YOUNG et al., 1997; WILSON; BREWER, 1992; GARCIA MORENO, 2005; BARRETT et al., 2009; ELLSBERG; HERSE, 2015).

As in the sample design only the disability type and age group were taken as selection criteria, it is not possible to explore whether or not there is a correlation between types of violence suffered and age, education, occupation

or general situation of women with disability. Therefore, this study has not examined the prevalence of violence depending on the characteristics of the women involved, as in Johnson, Ollus, Nevala (2008), Fuller-Thomson, Brennenstuhl (2012) and Lin and colleagues (2010).

The place where the events or acts interpreted as violent took place were classified according to five categories, which, depending on the weight of the violence that occurred can be ordered as follows: violence taking place in the public space in general - within the surrounding physical environment and in interactions with other people - (100%); family home (46.4%); workplaces (current or past) (39.3%); school or other vocational training organisations (32.1%); public transport (21.4%) and health organisations (17.9%) (see Table 2).

In public transport

Given its importance to the mobility of persons with disabilities, the category of public transport (including buses, trains, underground) was created as a distinct category, separated from other public spaces. Situations of violence identified in this context are mainly psychological or they result from the intense physical effort that it takes to use public transport that lacks accessibility. In fact, in some cases, the violence experienced was due to the fact that buses are not accessible to persons with limited mobility. In these cases, the violence experienced by women stemmed mostly from bus drivers and other staff and from administration attitudes and practices. Their abusive behaviour and discriminatory attitudes attacked institutionally, symbolically or psychologically the women of the sample in their capacity as users. Some of the situations reported seem to happen recurrently and ostensibly, causing serious difficulties to mobility and sometimes hindering the proper fulfilment of work or school obligations of these women, as in the following case:

> There was one situation that really hurt me. I was taking the bus, I was almost at the stop sign and he [the bus driver] was seeing me come, but he pretended he did not ... and drove away because I was not yet at the bus stop ... he was not required to stop because I was about three meters away ... my companion of thirty years said to me, 'it was because you could not wrangle about it as you were not at the bus stop yet'... but I felt disrespected, it was a little inhuman ... if I was "normal" he would have waited. (Carolina-multiple disabilities)

> To get up so early ... because I am not a person, as I just said, quote in quote, normal ... I have to take the transport [adapted transport] … they come to get me home early ... and I get home late. (Luisa, mobility impairment)

> Yes, because, ah, ah, is the bus that breaks. The bus is very old, ah, when it breaks, ah ah, it is certain that there are people who do not have to stay at home and it was always me and my colleague who stayed. And the reason they gave us was that "you are not working". (Regina, psychosocial impairment)

In the workplace

Violence in the workplace has devastating effects on the lives of the women who experience it, particularly because it is the social space that almost all interviewed women aimed to achieve. At the workplace, actions or situations interpreted as violent are mainly related to denial of job opportunities due to stereotypes and the employers' prejudices about disability, the disrespectful behaviour of clients and, more recurrently, the failure to comply with hiring promises or maintaining the employment of individuals after the onset of disability. Some women suffer greatly due to negative attitudes that lead to discrimination in the workplace, as identified by authors such as Lebed (1985), Byrd and Elliott (1988), Livneh (1991) and Shapiro (1994), Antonak, Livneh (2000), Brostrand (2006), White, Jackson, Gordon (2006) and Longoria, Marini (2006).

In this study, the violence experienced by women resulted mainly from them not being hired in the organisations in which they had developed internships or had been temporarily hired, this being linked to the fact that they were people with disabilities, and regardless of the justifications provided by those in charge. That is, despite the promises made, the proven track record and even the work effort in spite of the lack of financial rewards, the women were excluded from employment and saw their desired economic independence frustrated. As it can be inferred, in these situations psychological violence was coupled with economic violence and symbolic violence. Although less frequently, moral or sexual harassment was also found in the workplace, adding to the above mentioned violence. The consequences of the violence perpetrated against some women expresses itself cruelly in the fact that only three of the women of working age in the sample held a paid job at the time of the interview. One woman recounted:

> I was on an internship ... when they gave me the news I cried. They cut my legs. I want to get a job, to have my own space, to get out I have to have a job ... they think, 'she can't do that' ... I am able to do everything. I may be disabled, but I can do a lot. (Teresa, Multi-disabilities)

And others also shared their feelings:

> [I feel] disrespected and devalued for all that I gave throughout the years to the company, and everything that people know that I gave, and then, when we are ill, they no longer remember what we were and ... we go "from good to beasts", as they say sometimes in slang. That's how I felt, very undervalued. (Aurora, psychosocial impairment)

> I look for work; in my resume it says CRPG[2]. When they see CRPG they automatically put a label on me... and well. I'm disabled. I say, I took the course of administrative assistant ... ok, we'll think about it ... and then they never call me. I'm angry. Do I feel capable? Yes, of course. They put a label on me and they don't even give me any chance at all. (Margarida, mobility impairment)

> Then the manager said I was crazy, and I'm not, I just have depression and fibromyalgia, I can do everything ... and when he had to take it out on someone I was the weakest link in the company. I felt very badly and he also wanted something else so as I refused, he fired me and I almost started believing I was crazy ... In the internship I did sense something from my boss, so I also left, because he thought ... I don't have really a disability, I have a limitation. And then he thought that because I have this limitation, I did not have the same capabilities as a normal person. Given that, I also left, because lately he made my time at work very hard so, because of that, I gave up. (Ilda, psychosocial impairment)

> I was entitled to do another year of internship in a hospital. That was where I was. And then ... this internship, according to the Association and the Hospital ... I've been there three years without receiving anything at all. (Iris, low vision impairment)

> Something else that is even more horrible was that, I'm trying to work, on my job, and have never been given anything to do, nothing! I went there every day to work, sat down and: "what can I do? What can I touch?" Nothing! (Margarida, mobility impairment)

In the family

In absolute terms, it was in their own homes, therefore within the family group, composed generally by direct family members or intimate partners that much of the violence reported by women in the sample happened. These situations constitute what several authors have termed domestic violence (MAYS, 2006; SHUM; RODRÍGUEZ; MAYORGA, 2006; Nixon, 2009; THIARA; HAGUE; MULLENDER, 2011; PESTKA; WENDT, 2014). The majority of attitudes and behaviours described can be classified as forms of psychological and / or symbolic violence. It was also at the hands of family members or intimate partners that the rare cases of physical and sexual violence identified occurred.

One of the characteristics of violence involving family or intimate relationships is that they are likely to be systematic, that is, they tend to take place on a repeated basis typifying the so-called "bad larval treatment" referred to by Roger Salbreux (2014). The discrimination suffered within their families' makes some women feel isolated due to the constant contempt, devaluation, indifference and humiliation they face. While physical or sexual assaults appear to be rare, systematic violence is exerted by constraining women's freedom of choice, decision and mobility, by denying them access to economic resources, or more often by disrespecting and denying them any form of affection. Therefore, many women in the sample have with their family cold and distant relationships, experiencing a kind of intrafamily exclusion. That is, although these women are not physically or sexually abused, neither are denied health care or food, they are, nevertheless, excluded from personal, affectionate relationships within the primary group to which they belong. One woman reported:

> My father told me this, right to my face ... 'You' re always going to depend on other people to help you. You'll never achieve anything for yourself. I was devastated, very sad. I may have a disability, but I'm not useless. He sees me differently from my brothers. Your brothers, yes, they are capable and they will give me a better future. My stepmother discriminated me. My brothers saw my father mistreating me so they took advantage and said to me that I would always depend on them. I answered 'you don't know what may happen [to you], I was not born like that [either].' They mocked my disability a lot. (Teresa, multi-disabilities)

Many others recounted similar experiences:

> My mother calls me crazy sometimes and even those who are close to me can't properly understand my problem. I feel alone, despised, disrespected. It's a disease that we don't choose. They don't understand. I feel devalued, if they understood, things would be easier for me..." (Leonor, psychosocial impairment)

> My mom too, she saw me as a person who had no way of, of doing things, she even called me crazy, because of ... the problem, the disease I have and a person is always suffering from this kind of situation. (Lucia, psychosocial impairment)

> He's been here for a lifetime ... he doesn't to anything, he doesn't rent a room, or get a woman. He said: "I, if I want, I can have many women, I don't need anything," and he used me like one uses an old rag. (Leonor, Multi-disabilities)

> And if my sister calls them [my parents] they look right away and pay attention. I feel discriminated against. And I get angry because they ... they don't listen to me and then, also because of the attitude they have with me. I cry. Sometimes I stay in my room, very sad, watching TV. (Cristina, deaf)

> Because of my limitations I, I had to stop working, I had fibromyalgia, and had many crises so I had to stop working. As I stopped working … I depended economically on him. From that moment on, I had to do whatever he wanted. I had to live under his rules... I had to do all he said. (Ilda, psychosocial impairment)

> I would like to go for a walk with him [her father], that he didn't ignore me and talked to me, that he spent time with him. It's not just my aunt who has to be with me or my mother. (Eugénia, intellectual impairment)

At school and in vocational training organizations

In educational and vocational training organisations, the discriminatory actions experienced by the women in the sample encompass psychological, symbolic and institutional violence. Some of the events reported show that most situations of violence identified in these women's reports resulted from their interaction with their peers. The situations described can be considered as psychological harassment or bulling by a colleague.

Although they tend to proliferate over time and in the different school or training facilities that some of the women currently attend or attended in the past, the forms of violence experienced by women are primarily exclusion

or marginalization perpetrated by their peers when they are not chosen or accepted to join study groups, participate in sports or recreational activities. This exclusionary practices stem from the fact that they are disabled and therefore considered incompetent and incapable to add value to collective activities. Placed at the margins, these girls end up self-excluding themselves from group activities and from any form of interaction with others, inside and outside the school grounds. Reports collected at this regard make it clear that young women share much more of their schooling experience with teachers than with their peers. Their colleagues are the ones who create the attitudinal barriers that remain as one of the determining factors in the difficulties experienced in the processes of inclusion of young disabled people in the education system (BUNCH; VALEO, 2004; ROSENTHAL; CHAN; LIVNEH, 2006).

In turn, the situations of institutional violence identified in this study consist mainly of difficulties with physical mobility within the school facilities, due to many architectural barriers. These barriers require an additional effort from students and staff to find alternative ways to enable girls and women with disabilities to participate in school life.

> There was a guy that called me names, and made fun of me. The others called me handicapped and retarded. I didn't had many friends. It was difficult for me to integrate myself in the class. I was set-aside in group work, the teacher said I had the right to choose the group and if I did, they got upset. Only the teachers were my friends. (Ana, mobility impairment)

> At school for example ... I'm not talking about teachers. I'm talking about other students. … It was really their expression: 'What is that thing over there?' ... For example, I'm just giving you an idea ... ah ... I wasn't treated as a person. I was treated as a 'thing'. ... And maybe because of that, we fear of being treated like that elsewhere, somewhere else. (Luísa, mobility impairment)

> It was a little, how shall I say? My friends in my class treated me badly, they put me aside, spoke of me behind my back and stuff. They touched me inappropriately and I didn't like it, I had to tell the staff (...) 'oh you are disabled, you are ugly' and I did not like those things, I told my teacher that these colleagues made fun of me just because I was in the special education class ... Because that's how it was, they groped me, they kissed me and stuff and this went to the ears of the school doctor ... she heard of this and other things. (Eugénia, intellectual impairment)

In healthcare organizations

Healthcare organizations (hospitals and clinics) are public places where women suffer from acts and omissions that can be interpreted as violent. In fact, from the women's reports it is possible to infer that their healthcare is not always provided to them free of actions that constitute forms of institutional violence. In these reports, the exclusion, marginalization and discrimination emerges in the form of delays in service provision or denial of attention and appropriate care.

> Even, in the hospital, I got to see people with problems being put aside. Treating others first and leaving them ... and I was a little upset because I knew that that person was suffering because a similar thing had happened to me and, not being treated like all other patients, with for example diabetes or any other disease. Why wouldn't we be treated the same way? I think there's a lot of discrimination against mental illness. (Lucia, psychosocial impairment)

> At the hospital, I tell you, I run ... I run from the emergency room, I'm talking about the admissions,... We are set aside ... 'go over there', yeah ... They don't even make you a diagnosis, because you have a disability. In my case ... I have many problems, so I had to talk about the problem, but it is not just one problem, I have many problems, and then, they either sent me home or I have to stay there waiting until the next day, for the new medical team to come in. (Carolina, multi-disabilities).

> So, my health problems aren't very serious, right? … But when I go to the doctor or health centre there is no interpreter, there is never an interpreter, I usually try to go with a family member, if possible, because I know I should have interpreters but how do you pay for an interpreter to go to the doctor? It's impossible. (Rute, Deaf)

In the social space in general

Violence in other public spaces, which include public roads (streets, avenues and squares) and public buildings, arose, as Ancet (2014) described it, from "everyday wear". The violence suffered in this context occurs in the interaction with the surroundings, the people whom women encounter in their daily life activities or because of their presence in public or private places where they circulate or have to go because of various reasons (absence or deficiency of access and signalling, architectural barriers in the streets, hospitals, schools, housing, etc.).

Almost all women reported feeling excluded or discriminated against, mainly in result of prevailing negative representations that lead others to adopt attitudes and behaviours of rejection and to take social distancing attitudes towards persons with disabilities (OLKIN; HOWSIN, 1994; WHITE; JACKSON; GORDON, 2006).

From the women's reports one can infer that they live with two forms of covert, almost hidden discrimination, illustrative of the kind of discrimination that exists socially and is difficult to combat. The first arises from the lack of accessibility, which is one of the most serious problems in Portugal, although not all women mentioned that absence as "sustained violence." The second incorporates the discriminatory attitudes and behaviours of others, those who are passing through or with whom they interact occasionally, that fall under the psychological, symbolic or institutional type of violence identified. In particular, all the women in the sample appear to have experienced a more subtle form of violence, symbolic violence, and about 86% appear to have suffered psychological violence. The institutional violence itself, which occurs mainly in the relational space of everyday life, has reached more than 50% of women in the sample.

Therefore, it is in the trivial aspects of everyday life that these women feel the effects of more subtle types of violence, which tend to disrupt their lives, making them harder to live than the lives of non-disabled people. These women interpret how others react to their presence in public or private spaces to be directly linked to their "different" outlooks. In fact, in their interaction with others, most of the women feel assaulted by the way people deny their affirmative action rights, the way they refuse to talk to them, or dismiss what they say, the contemptuous gestures used and the pious or recriminating looks of those with whom they interact in the street. Particularly because of the gaze of others, who have nothing of angelic or naïve, they can even be libidinous. It is a gaze that hurts more than darts sent to their heart. This social gaze has the symbolic power of intolerance against them. All women allude to it as something that is quiet, silent, but says more than a thousand gestures and negative words. While hidden and concealed, it strikes them at any time and place. The accusing gaze is thus a powerful tool of the occult and passive violence experienced by the women in this sample.

Apart from that gaze, whose discriminatory meaning is perceived by women, not all other forms of violence are recognized as derived from their status as persons with disabilities. In this regard, we must recognize that it is not easy to distinguish clearly whether, in some reports, the situations of violence identified are due to disability or to other factors.

> Many people look down on me, mistreat me without saying anything ... I take care of my life. (Teresa, Multi-disabilities)
>
> I feel that they look at me differently ... on the street the gaze when they realize that I'm a disabled person is different … As I mentioned, on a trip to the CTT or to the Citizen Store[3], people do not understand why they give me priority. (Lurdes, other disabilities)
>
> We live with the gaze of the others and the way they look at me, makes me feel sorry for myself, so we think we are not worthy of happiness (...) I was walking to my place in an open space when I feel heavy footsteps behind me, I thought, "maybe it's someone who wants to pass me," and I stop and turn to make way for the person. When I turn, I realize that someone was walking behind me imitating the way I walk. (Margarida, Multi-disabilities)
>
> Before, when I was younger, I was pitied. The intimidating gaze. Nowadays I deal well with it, it no longer surprises me. (Natércia, mobility impairment)
>
> Sometimes I, I'd rather stay, go home or ... so sometimes I feel sad at parties because they don't ... no one interacts with me because I'm deaf. (Rute, Sensory-deafness)
>
> Sometimes, I feel, it isn't what they say, it's the way they act with us. Oh, one look says a lot, sometimes it's unnecessary, hum.., we pretend not to understand, yes, but we know, hum… by the way they approach us. (Regina, mobility impairment)

Final considerations

From the interviews conducted, we can infer that Portuguese disabled women (adult or young), experience violence in their homes, in the community, in schools and various other public and private organizations. Also, we can conclude that the situation of dependency (whether economic, emotional, physical or psychological) is the main driver of conflict and abuse leading, over the long term, to the most serious forms of violence. However, we may, perhaps, find a specificity of the Portuguese society: despite being a context where many women with disabilities encounter violence, families remain the most important network of support for these women (and for persons with disabilities more generally too), as expressed by the high number of those (88%) still living with their families, possibly suggesting that solidarity bonds within Portuguese families are not entirely broken.

Following Max Weber (1971), the results of this study thus suggest an apparent paradox: despite the presence of violence, families remain in

the Portuguese society the shield and shelter of disabled women. In fact, although many family members have discriminatory attitudes and behaviours towards women with disabilities and even violence and abuse, it is the family institution that provides to most of them the material and emotional support that they need for daily survival. This result, however, requires further investigation. More research with larger, representative samples is needed to examine whether current living arrangements of persons with disabilities in Portugal are deliberative or constrained choices, both for them and their families, and to determine with greater precision the prevalence of violence against women with disabilities in the various contexts of their lives.

This study also highlights the important role of public and private organizations, in the face of the violence perpetrated by staff and other users against women with disabilities. It seems unquestionable that relationship with women with disabilities in this context must improve - managers and staff, in particular, do not always seem prepared to deal with disabled people. To identify, investigate and punish possible perpetrators of discrimination, abuse and all kinds of institutional violence must become an objective of public authorities committed to make the Portuguese society compliant with the Convention on the Rights of Persons with Disabilities.

Moreover, drawing from the suggestions provided by the women interviewed, it is necessary to strive for the elimination of the factors that promote much of the violence suffered by these women, namely, the violence that arises from barriers to the mobility and accessibility to public and private spaces. To this date in the Portuguese society, the accessibility of public transports, the placement of traffic lights and pedestrian crossings, the installation of lifts and access to public and private buildings ramps remain in many cases inappropriate.

It is therefore necessary that, society in general, and in particularly public and private services, are sensitized and educated to interact with persons with disabilities in order to respect their human rights. Awareness raising campaigns on television, through the Internet, in schools and hospitals, are still rarely seen in the Portuguese media.

Since most of the women interviewed considered themselves able to engage in paid work, although they could not get hired or keep a paying job in order to achieve independent living discriminatory practices in the labour market, that prevent women with disabilities to show all their creative and productive potential, must be fought. To do so counselling, psychological and legal support for women with disabilities and as well as ensuring that they have access to information about their employment rights is needed.

Public policy that promotes the autonomy and the "empowerment" of disabled women, and increases their opportunities to access paid work are also required, as well as the provision of vocational training and personal development activities, in all areas of interest to these women, including the artistic ones., Finally, in order to deepen our knowledge about the forms of symbolic violence that occur in the public space and through social interactions in general, we suggest two guiding questions for future research in this area. The first addresses the need to better understand and explain the reasons that led many women with disabilities to speak of the "gaze", the "gestures" and the "ways of speaking" of others in relation to symbolic violence. The second concerns the need to clarify precisely the real intentions of the perpetrators. Do they truly intend to discriminate?

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COMO E ONDE? A VIOLÊNCIA CONTRA AS MULHERES COM DEFICIÊNCIA EM PORTUGAL

Resumo: Este artigo aborda a questão da violência contra as mulheres com deficiência em Portugal. Baseia-se nos relatos de 28 mulheres com vários tipos de deficiência, sobre maus tratos e discriminações sofridas nos últimos cinco anos. Identificamos os vários tipos de violência que essas mulheres enfrentam (Física, sexual, psicológica, económica, institucional, bullying no trabalho e simbólica) e os lugares da sua ocorrência (Transportes público, família, posto de trabalho, organizações escolares e formativas, organizações de saúde, espaço social em geral). A dependência surge como o principal gerador dos conflitos e maus-tratos que geraram as formas mais graves de violência e as humilhações perpetradas contra essas mulheres.

Palavras-chave: Violência. Mulheres com Deficiência. Discriminação. Portugal.

¿CÓMO Y DÓNDE? LA VIOLENCIA EN PORTUGAL CONTRA LAS MUJERES CON DEFICIENCIA

Resumen: Este artículo aborda la cuestión de la violencia contra las mujeres con deficiencia en Portugal. Se basa en los relatos de 28 mujeres con varios tipos de deficiencia, sobre malos tratos y discriminaciones sufridas en los últimos cinco años. Identificamos los varios tipos de violencia que esas mujeres enfrentan (física, sexual, psicológica, económica, institucional, bullying en el trabajo y simbólica) y los lugares

donde ocurrió (transporte público, familia, puesto de trabajo, organizaciones escolares y formativas, organizaciones de la salud, y espacio social en general). La dependencia surge como el principal generador de los conflictos y malos tratos, que generan las formas mas graves de violencia y las humillaciones perpetradas contra esas mujeres.

Palabras clave: Violencia. Mujeres con deficiencia. Discriminaciones. Portugal.

Notes

1 Women who have experienced physical and/or sexual violence by current and/or previous partner, or by any other person since the age of 15. In Portugal, violence affected 24% of these women. The average of all EU-28 was 33%.

2 Centro de Reabilitação Profissional de Gaia (Gaia Professional Rehabilitation Centre).

3 CTT (Postal Stations of Portugal) and Citizen Store (Public Administration Services Centre).

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