



**Violence**

**Women and Disability**

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## INTRODUCTION

The following report shows a general view of an old existing problem, though quite unknown, which affects an important number of disabled women; that of being the object of violent actions.

It has been structured as to accomplish two objectives:

-To make the public in general aware of a complex situation, so that the dimension and fundamental characteristics are known.

-As an element of thought to those who bear the intervention and planning tools of this topic in their hands.

The classification of the types of violence mentioned is particularly interesting, and can be useful to professionals who work in the fields of disability and/or attention to women who suffer maltreatment, due to the fact that the majority of the violent actions against disabled women are not generated nor shape up in the same way when inflicted against women without disability

The contributions of the organisations from the four countries of the European Union, partners in the METIS Project (framework of this study), regarding this topic are also enclosed. The organisations are: DANISH WOMEN WITH DISABILITIES (DWD) from Denmark, AUTONOM LEBEN, from Germany, Forum women and Disability, from Sweden, and the Association Initiatives and Social Studies (IES) from Spain, promoter of the project. Each contribution focuses on a different aspect of the same problem but they all share a common point, the fact of the prevalence of an unfair situation, which this report highlights regardless of the degree of culture or socio-economical index of the country.

Finally, a number of suggestions that arise from the study are given with the aim of contributing to a social debate and further study of a problem a great number of women live with.

The scope of this report is quite modest, if we bear in mind how much more is yet to be done. Although there is little knowledge about the topic, this report could become an important point of reference, because it attempts to gather and organise the remote and scattered information available today.

In order to elaborate this report, information was collected from various entities, public and/or private, as well as from experts in the field of women, violence or disability. Amongst them we wish to thank.

- The office of the People's Valiant, for the monographic on "Violence against women at home".
- The Women's Institute, for data regarding the present situation of violence against women in Spain.
- The documentation centre of the Women's Institute, Ministry of Labour and of Social Affairs of Spain, for its studies on women with disability and violence.
- The IMSERSO, for its programme of actions within the Spanish territory.
- The Ministry of Interior, for data on the situation of violence in Spain.

- The 15 European experts in violence (Observatory Of The European Policy Action Centre On Violence Against Women).
- The Galician Service of Equal Rights; for the programmes of actions and data within the Galician community.
- The Working Group on Women and Disability within the European Disability Forum.

## **GENERAL ISSUES**

### ***Portrait of a woman with disability.***

Disability is a relevant social matter, and we know that the number of people affected by it grows day by day. It is said that 10% of Europe's population suffers from some type of disability. Some international studies, (PNUD, 1992) consider that the figure is as high as 20% in developing countries. Despite the fact that the number of people with disabilities is so high, in many fields they are treated as "invisible citizens".

When we talk about women, the situation of "invisibility" is even greater, though there are about 250 million women in the world with some type of disability.

Forming part of two disadvantaged and minority groups (disabled people, and within these "women"), they find themselves up against a double discrimination, as well as various barriers which make accomplishing objectives essential in everyday life very difficult. Higher unemployment rates, lower salaries, less access to medical care, lack of education, poor or no access to programmes and services aimed at women, and a higher risk of suffering physical and/or sexual abuse are just some of the social aspects which women with sensorial, physical or mental disabilities must face.

This discrimination is the worsening of the age-old discrimination women have always suffered, more severe but harder to fight, which affects aspects such as education, employment, marriage, family, economical status, rehabilitation...

### **Education.**

Many disabled women are deprived of their rights as citizens, and in this way society is also deprived of their abilities and knowledge, when their access to education is prohibited or restricted. Due to the traditional views of women's roles, it is even more difficult to convince society, not to mention many families, that their disabled daughters must receive education in a normal way, as far as possible. In many societies it is understood that women do not need education, and if in addition they are disabled, the encouragement they receive from their family to obtain a normal education is practically non-existent, and as a result the level of illiteracy in disabled women is higher than in disabled men.

### **Employment.**

It is quite obvious that the lack of education and qualification in disabled women make their chances of earning money and improving their situation almost null. There are few expectations in relation to the professional possibilities of disabled women. Those that do have jobs are exploited and underpaid.

- Of the 40 million disabled people of the European Union, almost 50%

are at the age of active workers. In the member countries of the E.U. that have relevant data, it is not foreseen that this percentage will vary within the next 25 years.

- Approximately 17% of the E.U.'s population at working age suffer some disability.

- Even contemplating the difference between countries, the ratio of employment of disabled people in the E.U. is 44%, as opposed to 61% on the whole.

- Data referring to the E.U. shows that percentage of employment in men without disability is 76% versus 36% in disabled men. Regarding women, the percentages vary from 55% in non-disabled to 25% in disabled women

- Women workers with disabilities are financially worse-off than disabled men who work.

## **Health.**

Disabled women are among the group which receive the most medical care. Studies done on specific groups (autistic, for example) show that they are more inclined to remain in institutions for longer periods of time than men.

- There are a lot of barriers that make access to birth control and family planning very difficult, such as physical barriers, communication barriers etc.

- In hospitals disabled women are used as models for trainee doctors, without previously asking them for their permission. Videos and slides are taken of disabled women to be used as teaching aids without any control over their use.

## **Marriage and family.**

Here, too, the majority of disabled women are also discriminated, as from the outset women are judged by their physical looks and not by their qualities as human beings. Disabled women do not meet the set standards, and their sexuality is barely recognised. The possibility of being considered asexual, and therefore of being deprived of their right of bringing up a family, childbirth, adoption, and housekeeping, etc, is directly proportional to how evident the disability is. There are permanent debates on the role women are supposed to play, and that assigned to disabled persons. As a result, while women in general are pressured by society to motherhood, disabled women are forced into not having children, and this many times leads to unauthorised sterilisation, or denial of adoption on the basis of the “incapacity of the mother“ to take care of them adequately. A consequence of this situation (verified, at the moment, only by the experience and knowledge of this organisation) is that the number of couples where the disabled partner is a woman is much lower as compared to where the disabled partner is a man.

### **Self-perception and social image.**

The key to understanding the phenomenon of violence against disabled women is in the image society has of them, as well as how they see themselves. For this reason, we have gone into further detail of this in the following.

The level of personal satisfaction a woman has depends a lot on how well she fits into the image society has given to the female body. Along these lines, being fat or overweight is unacceptable, while being thin relates to success. But this is, for many women, impossible to achieve. Apart from these physical qualities, we must add other characteristics culturally accepted as ideal in women and that rarely appear in disabled women, or in those who have had different experiences or have a “different” appearance, all of which exclude them from the rest of the group.

The ideals and guidelines of beauty defined by the dominant culture are shown in publicity and are interpreted as socially desired, provoking the need to change or alter imperfect bodies. The message is clear; “The way our bodies are now is undesirable and unacceptable”. The ideal is to be non-disabled, closely followed by the necessity to obtain “a perfect body”

Disabled women are not free from the influence of the language of advertising, when it comes to the “mental sculpturing” of their bodies. We know what is desirable or not in a woman’s body and we make comparisons. Disability is seen as a “deficit” and the “ideal” imposed is far from reach. These messages become ingrained, and a comparison is established between the standards of beauty and the image these women have of themselves, which will probably lead to a lowering of their self-esteem.

This self-esteem is questioned or confirmed by the family and friends from the outset, sometimes from childhood. This is the beginning of a process of evaluation, comparison of the body and of the beauty standards. At the same time, as a result of the perception others have of disability, the traditional roles assigned to women are neglected or limited. Not being able to fit in the mould assigned as “beautiful or good looking” limits the possibilities of having intimate relations, highlights the physical differences, and influences negatively in the perception we have of our

body. Therefore a disabled woman ends up seeing her disability as something negative because among other things it reduces her possibilities of a relationship and of social consideration. All this due to the fact that she cannot meet certain standards or carry out certain predetermined roles and as a consequence her life takes on a sense of invisibility. They are excluded from activities according to age and sex; they are not considered for the role of brides, mothers or wives, they cannot accede to jobs where physical appearance is highly exhibited, etc. On the other hand, everyday activities such as studying, cooking, personal hygiene, etc, which are, in the non-disabled, considered normal and routine, are given an exaggerated importance, or distorted portraits are created to depict extraordinary lives, featuring heroic and romantic feats of personal overcoming.

The lack of expectations with regards to personal planning in disabled women and not meeting the characteristics which define a social role confuse other people even further when trying to establish a relationship. This fact leads in many cases to either the reluctance of entering the relationship or to do so with the attitude of "not knowing what to do" when faced with what they believe is a "different person." This attitude generates confusion in the disabled woman, or what is even worse, fear, a feeling of insecurity, and a negative self-evaluation.

In some way, the perception of our body gives us an idea (consciously or unconsciously), of our future possibilities of development, from a personal, social and economical point of view. There is a relationship between the body and the expectations of personal evolution. This aspect has been studied by feminist groups, identifying a woman's body as an object of domination and pleasure for men, which mark women's expectations in life and relationships. In this way, the image a woman has of her body can be distorted. We are taught to like or dislike our own experience on the basis of the concepts of desire and agreement we receive from others. Within this context our body becomes a element of exchange with which we can obtain better conditions, opportunities, security, etc, or the exact opposite may occur when one does not match this accepted and ideal model. Finally, the feminist analysis ends up identifying the alienation of women with the way in which her body is seen as an object.

Nevertheless, this feminist conclusion may not be accurate when applied to disabled women, because they are hardly seen as "women".

Their body also becomes an object, for the purpose of domination, but within a different context. Daily routines, which could be sensual and erotic, such as getting undressed, become awkward actions that arouse curiosity, and are undesirable in a disabled woman. Many disabled women have a large spent part of their lives nude, exposed to the eyes of the professionals that take care of them. These professionals never felt the need to ask for permission. In many cases, their bodies have also been exhibited in videos, medical magazines, etc without consent. This kind of control, experienced from childhood, has psychologically marked many women, who feel that their body is not desirable nor has the charm to be seen if not on a hospital bed. And so, in many cases the need to change the body arises, and this change may take different forms ranging from simply hiding it, to aesthetic transformations, and mutilations. The objective is clear; a disabled body is not within the beauty standards, it is neither desirable nor acceptable and therefore a way out must be found. The solution is generally traumatic for women. As a result, a close relationship between self-perception, physical image and self-esteem is established.



## ***What do we understand by violence?***

Up to this point we have made a typical draft portrait, to which most disabled women could feel identified to some extent. The key characteristics shown here will contribute to creating a general view of the people and of their life circumstances to which we will refer to later on in this report.

Placed in the referential frame of the subject population, it is also important to set the conceptual and philosophical frame in which this study evolves.

Various institutional declarations and a good number of documents dealing with this topic consider violence against women as a crime and a violation against human rights. Along these lines, The World Organisation against Torture says that certain types of violence are specific against women. They are based on, and generally caused by, the lack of equality between men and women. They bear characteristics that increase violence and that have to do with, origin, status, age, sexual preference, culture and the level of education.

It would be good to point out, as a reminder, the definition of violence gathered in the report of the Fourth World Conference on Women, the basic reference document for further legislative development, declarations etc., as a basis of this report.

*"D. Violence against women.*

*112. Violence against women is an obstacle towards equality, development and peace. Violence against women violates and underestimates or impedes her benefit of human rights and fundamental liberties. The inveterate incapacity to protect and promote these rights and liberties in the cases of violence against women is a problem in which all nations are involved and which demands that measures must be taken. Since the Conference of Nairobi, the knowledge of the causes, consequences and reach of this violence has been considerably broadened, as well as the measures to bring it to an end. In every society, to greater or minor extent, women and girls are subject to maltreatment in physical, sexual or psychological aspects, with no distinction being made with regards to their income, social class, or education. Belonging to lower classes and facing economic difficulties may be a cause as equally as a consequence of the violent attacks women suffer.*

*113. The expression "violence against women" refers to any violent act based on the kind that results in possible or real physical, sexual or psychological harm, including threats, coercion, arbitrary deprivation of liberty, whether occurring in public or private life."<sup>1</sup>*

In the light of this definition of violence, the conclusion reached is that not only the obvious, bloody, physical aggression of stabbing or beating is to be considered violence, but also any action that violates human rights. That is to say, any action that affects one's freedom, personal development, well-being, privacy, or other, where any person would be permitted to feel protected by the basic civil rights. This will be the conceptual framework on which this report is based.

## ***Causes, origins and consequences***

Gender based violence is a repeated personal experience in a great number of

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<sup>1</sup> The report from the Fourth World Conference on Women, Beijing, 15<sup>th</sup> of September 1995.

women throughout their lives. Though there are differences in how violence takes shape depending on culture, social standing, etc, there are a lot of constant elements that prevail and give a universal condition to violent acts.

It generally takes place at home, within the family circle, and is perpetuated by the closest relatives. A blend of tolerance and the privacy of the act of violence when it takes place against a woman makes it invisible or difficult to detect, unless we introduce ourselves into the private lives of people. We are talking about cruel actions, which go from genital mutilation in some cultures, to physical, emotional abuse and economical exploitation in others. These are all types of violence that many women have encountered throughout their lives, but unfortunately these are just a few examples of the many shapes violence can take.

In various forums, legislators have stated (based on the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment) that the consequences that domestic violence causes in women is to be considered as a kind of torture. Within the context of respect to human beings and human integrity, torture is defined as (a) it causes severe physical and/or mental pain, it is (b) intentionally inflicted, (c) for specified purposes and (d) with some form of official involvement, whether active or passive. Therefore, domestic violence becomes a type of aggression with the same entity of any type of known and condemned torture. This type of violence against women “matches“ the definition of torture not only because of the intentions that provoke it – punishment, intimidation, control, destroying one’s personality - but also because of the final outcome, which can, in some cases, result in death.

### ***Why women?***

Various explanations have been given for why women are subject to violence more frequently than men. There seem to be determining elements such as belonging to broken homes, a poor development in social and communicative abilities, lack of financial resources required to become independent, etc. Although these are factors associated to the personal experience of maltreated women, they do not explain the origin, which is simply that maltreatment starts off as a very efficient means of gaining control over the other person.

The explanations to why a maltreated woman continues living in the same house as her aggressor are as complex as the causes that provoke the attacks. Nobody, no matter how low her esteem is, or how many messages she has received saying that she deserves no better treatment, is born to serve, etc., No one seeks nor wants to stay within a situation of violence. The explanation is found in fear, fear of being persecuted, of losing custody of children, economic dependency, etc.

There are three principal obstacles when a woman decides to abandon this situation.

Lack of financial resources.

Most women have children who are financially dependent on them.  
The majority are unemployed.  
Many women do not own properties.  
Some women have no access to their money or bank accounts.  
Abandoning home implies a lowering of self-esteem in her eyes and those of her children.

The response from institutions is inadequate.

The traditional interventions carried out by many professionals consider that the primary aim is to save the marriage as opposed to stopping the violence. Police rarely give support to maltreated women. Violence is treated more as “a domestic dispute” than as a crime where one person is physically attacked. Police may even try to dissuade women from bringing charges against their aggressor. Judges rarely impose maximum sentences; a small fine is more common. There are not enough safe shelter homes for maltreated women. Prevention and the capacity to convince the aggressor to not repeat the attacks are non-existent.

Traditional beliefs:

Many women believe that divorce is not a viable alternative. Some women believe that a single parent family is not acceptable, and that a violent father is better than no father at all. There is a common belief that a failure in marriage is a failure as a woman. Many women become strangers to their friends and family due to their partner's jealousy or in order to hide signs that could denounce violence. Isolation makes them feel there is no one to turn to for help. Many women try to rationalise the aggressor's behaviour through factors such as stress, alcohol, trouble at work, unemployment, etc. Many women have been taught that their identity depends on “getting and keeping” a man by their side. The aggressor rarely attacks the woman on a constant basis. During the “no aggression” periods, he can even be loving and caring. This makes the woman maintain the relationship. Social acceptance (though on the decrease, to be honest) of this violent behaviour in men has resulted in the lack of sentences proportional to the crime committed, even the existence of the accepted recognition of man as an aggressor within his own environment.

## **SPECIFICATIONS ON MALTREATMENT AGAINST DISABLED WOMEN.**

Reports from various institutions widely recognise the fact that women are more vulnerable to abuse and maltreatment than men. In Spain as well as in other countries of the European Union it is estimated that 40% of the female population suffer maltreatment.

Along these same lines, we can find data from specific studies carried out in various counties of the E.U., as well as America in particular, that show how disabled people are the victims of abuse on a far greater scale than non-disabled (the ratio varies from two to five times more).

The confluence of all these factors in disabled women, especially in those who have severe deficiencies, learning or communication difficulties, converts them into a group with an extremely high risk of suffering some type of violence. The percentages of maltreatment far exceed those of non-disabled women.<sup>2</sup>

Apart from the violent acts clearly typified as such, we must add more subtle ones, which stem from discriminating attitudes. Discrimination due to greater or minor physical or intellectual capacity of people is an act of violence in itself, and this generates frustration and violence in the person that suffers it. If we add to this discrimination on the grounds of gender, we are increasing the aggression and violence against disabled women to intolerable levels, to the same degree and manner as if we hide or ignore this situation. This lack of information reverts negatively on the victims themselves and on the professionals responsible for information and care services for maltreatment victims or disabled persons.

We can state a wide range of factors to explain this situation such as:

- The concept of maltreatment varies.
- Difficulties to recognise as signs of maltreatment circumstances which are associated as “natural” to the condition of disabled women.
- Difficulties to identify as maltreatment some situations defined in this Guide as *physical abandoning or psychological cruelty*.
- The lack of credibility given to a women with learning or communication difficulties.
- Society has moral difficulties to admit that a disabled woman has been object of violence or abuse.

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<sup>2</sup> In Canada more than a million women have disabilities, 670.000 of them have been sexually or physically abused before reaching puberty. (Twice more the number of non-disabled women) and 330.000 have suffered physical sexual aggressions as adults (one of every three, versus one of every four in non-disabled women). Disabled Women's Network (DAWN), Toronto, 1995

- Methodological divergences when the cause and consequences of violence against women are analysed.

### ***What makes disabled women more vulnerable to violence?***

This mayor exposure to situations of violence possibly comes from attitudes and considerations towards women emerged from a masculine society, added to certain conditions due to disability itself, such as:

The fact of being less capable of self defence (physical).

Greater difficulties to report maltreatment due to difficulties in communicating.

Difficulties in accessing information and counselling places, due mainly to architectural and communication barriers.

A lower self-esteem and disregard of their image as women.

The contradiction between the assignment of traditional roles to women with the lack of these roles in disabled women.

A greater amount of dependence on other people for care.

Fear of reporting the abuse, as it might cause the breaking of bonds and loss of special care.

Less credibility when reporting these attacks in certain institutions.

Having to live in environments that favour violence: broken homes, institutions, residences and hospitals.

The women that suffer the most severe and frequent attacks are those with a multiple-disability, problems in mental development, problems in communication,

and those disabled from birth.

But, above all these circumstances that lead to ignorance and disregard of the situation, is the fact of **discrimination** and a heavy **social prejudice** towards disabled women.<sup>3</sup>

We have made previous reference to the cultural, religious, etc component which determines the way in which people, more specifically disabled women, are perceived by society. That is, as imperfect, dependent and weak beings. If we add to this portrait the taboos and motivations that surround, for example, sexual abuse, we find powerful elements that permit the situation of aggressions, mainly against women, to continue.

In an attempt to explain why there is a general tendency to maltreat and abuse these women, D. Sobsey (1990) identified various myths with which society has surrounded people that do not fit in the common pattern of a "normal" being. So the myth of "*dehumanisation*" portrays disabled people as beings in a "vegetative state" and therefore members of an inferior society. Any violation or abuse committed against these persons is not considered in the rapist's mind as a crime of the same magnitude.

The myth of "*damaged merchandise*" is closely associated with the concept of dehumanisation as it considers the disabled person as a faulty article. Arguments, such as the justification of euthanasia or sacrifice of these beings in "general interest", are based on the myth. In this case, the life a disabled person is not worth living, and so nothing is lost with his/her death. This could be the reasoning of a rapist or aggressor when choosing a victim, as to lower his degree and feeling of guilt.

The myth of "*feeling no pain*". Many persons with emotional or mental disabilities are described as being insensitive to pain. For some unthinkable reason, a rapist can believe that as these persons "understand less" they also "feel less". On the contrary, there is research that proves that a person with any degree or type of disability suffers a greater emotional trauma as the consequence of abuse than any other victim (Vernon & Scanlan, 1987).

The myth of "*disabled menace*". Many times, people with some type of physical, sensorial or mental disability are seen as dangerous and as a threat to society. This tends to be a manner in which the aggressor rationalises his behaviour stating that it was not him but the victim who carried out the attack.

The myth of "*helplessness*". This is the perception of vulnerability of those who need other people's help in their daily lives. This is an element of choice of the victim, habitually used by the abuser. It comes from the victimised and weaken image that society promotes of disabled persons.

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<sup>3</sup> A study carried out by Griffith University in U.S.A confirms the existence of a major frequency in attacks against disabled population versus non-disabled. The rate varies from two to five times more. Another American study found that 67% of the women with disabilities suffered abuse versus 34% of non-disabled. In the same way the rates in disabled children in the States is 17 times more than in non-disabled.

## TYPES OF VIOLENCE

The following classification of different types of violence is based on declarations made within the frame of respect to human rights and non-violence. Starting from these definitions, we believe that a wider approximation to the different situations of violence and abuse that disabled women are liable to suffer is possible.

When trying to classify the different shapes that violence against women can adopt, we must bear in mind two types of violence: "*active violence*" when the person that commits the aggression participates actively, and "*passive violence*" when an action is left undone (omitted). Furthermore there are signs that can indicate evidence of possible situations of violence.

### ACTIVE VIOLENCE

The epicentre of active violence is in carrying out the abuse on the victim. This category is formed by other categories such as:

**physical abuse  
emotional  
sexual or economical abuse**

### PASSIVE VIOLENCE

In the category of "passive violence" we find:

**physical neglect  
emotional neglect**

### ACTIVE VIOLENCE

The following is a brief description of the different kinds of active violence that can be performed against disabled women in their habitual environment, as well as the way they are usually practised.

### **Physical abuse:**

Any direct or indirect action that can damage the life, welfare or health of disabled women, provoking pain, unnecessary suffering or health deficiency.

Manifestations:

- Aggressions in different parts of the body
- Unjustified administration of drugs.
- Restrictions of mobility.

Alert Signs:

- To be found in sedative or nervous conditions.
- Motor dysfunction not due to their disability.
- Signs of physical violence: marks in wrists and ankles, fractures, bites, internal damages, burns, etc
- Detriment in their remains of physical capacity.

### **Emotional abuse:**

Behaviour model that results from damage to the welfare and emotional balance of a disabled woman.

Manifestations:

- Isolation, prohibiting or limiting the access to means of communication (phone, mail..), to information and to keep in contact with other relatives and neighbours.
- Oral cruelty, by means of insults, constant criticism, making fun of their body, punishments in the presence of others.
- Over protection.
- Speaking, deciding or giving opinions in her name.
- Intimidation, and /or emotional blackmail.

Alert Signs:

- Depression.
- Communication and interrelation difficulties.
- Insecurity, and low self-esteem.



### **Sexual abuse:**

Actions that are a sexual aggression towards disabled women, and can produce physical or emotional harm.

Manifestations:

- Rape.
- Sexual vexation or humiliation.

Alert Signs:

- Marks or/and injuries in genitals.
- Fear to relate with certain people.
- Undesired pregnancies.
- Venereal diseases.

### **Economical abuse:**

Actions that pursue the loss of control and rights on properties, money or family shared inheritances. The use of the image of a disabled woman against her will, to gain money for third persons, is also considered economic abuse.

Manifestations:

- The use of disabled girls or women in mendacity.
- Employing disabled women in poorly paid jobs usually linked to clandestine employment.
- Limiting the access to information and management of personal economy.
- The use of money as a sanction.
- The family denies the access to external economic resources (jobs, grants..).

Alert Signs:

- Depending too much on others.
- Little expectations regarding herself and her personal or professional projection.

## PASSIVE VIOLENCE

The expression "*passive violence*" refers to those actions that by being left undone or by refusing to do them can provoke physical or psychological harm.

### **Physical neglect:**

It is understood as such, the denial or privation of the basic aspects to keep the body in good shape, in relation with health, hygiene and image.

Manifestations:

- Negligence in feeding.
- Personal carelessness.
- Neglecting hygienic measures.
- Lack of supervision.

Alert Signs:

- Malnutrition.
- Frequent illnesses not caused by disability
- Inadequate cloths regarding sex, climate, and the persons' handicaps.
- Dirty clothes.
- Long periods of time without supervision.
- Physical problems worsen due to lack of treatment.

### **Emotional neglect:**

Those actions that deny or deprive attention, consideration and respect towards disabled women.

Manifestations:

- Ignoring their existence
- Giving no value to their opinion.
- Feeling ashamed about them.

Alert Signs:

- Lack of interaction.
- No motivation concerning their personal development.
- Scarce or no participation in family or social activities.

It is important to point out that in most cases, the conditions given by their own disability make it difficult to report the violent attack by the victims themselves. So may the associations of people with disabilities, professionals and society in general, be the echo of this problem and also give the voice of alarm about these violent practises against these women.

## GENERAL POLICIES TO COMBAT VIOLENCE AGAINST WOMEN.

It is important to remember the statements pronounced by the United Nations in relation to Universal Rights, with the intention to prove how violent attacks against disabled women are a transgression of the principles gathered in these statements.

In 1975, this international organisation tried to draw people's attention to how serious gender violence is; in fact, the UN declared it as a clear attack against women's rights. Later, in 1993, the General Assembly of the UN approved the Declaration concerning the *Elimination of Violence Against Women*, where it was clearly stated as a violation of Human Rights.

The UN define violence against women as:

*"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."*<sup>4</sup>

Other references made later support the idea of considering violence not only as an act of physical aggression, but also of psychological and sexual harm.

In the Resolution of the Commission of Human Rights *"The elimination of violence against women"* (1997 /44) the particular vulnerability to violence of female minority groups is highlighted.

This Resolution states that *"some groups of women, such as those who belong to minority groups, refugees, and natives, (...) disabled women (...) are especially vulnerable to violence."*

Adding that it is necessary:

*" (for the governments) to guarantee the access of disabled women to information and services within the area of violence against women."*

In the UN *Standard Rules on the on Equalisation of Opportunities for Persons with Disabilities* (General Assembly of the UN, 1993), *Rule number 9. - Family life and individual integrity*, it is said:

*"Persons with disabilities and their families need to be fully informed about taking precautions against sexual and other forms of abuse. Persons with disabilities are particularly vulnerable to abuse in the family, community or institutions and need to be educated on how to avoid the occurrence of abuse, recognise when abuse has occurred and report on such acts."*

In the same document, *Rule number 15.2* insists on:

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<sup>4</sup> UN, Art. 1 *"Declaration concerning the Elimination of Violence Against Women"* Resolution 48/104 20. Dec., 1993

*"Legislative action may be needed to remove conditions that may adversely affect the lives of persons with disabilities, including harassment and victimisation."*

When referring to violence, we include within its definition actions that deal with the violation of human rights. The present conceptions of violence against disabled women are establishing y founding more policies and intervention programmes day by day. However, this has not always been the case, as the interpretation of what was a violation against human rights on international grounds was more limited, and above all it did not question the interventions of governments.

The governments' responsibility in the prevention of abuse in the private circles of its citizens has contributed to nurture the idea that the violation of human rights in this ambit must also be persecuted.

*"States may also be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence, and for providing compensation."*<sup>5</sup>

In the European sphere, the first to make reference to the problem of violence against women<sup>6</sup> was the European Parliament in 1986, focussing on sexual attacks and on aggressions in private circles.

In 1997, the Resolution A4-0250/97, referring to the European Campaign on Zero Tolerance to Violence against Women, was adopted. This resolution, considers that male violence against women at home, in the work place, in society, includes all maltreatment, physical and mental aggressions against them.

So based on articles 1, 3, and 5, of the Universal Declaration of Human rights, it denounces that any form of violence against women which implies a threat to her life, freedom o personal safety, or may constitute torture, cruel, inhuman or degrading treatment goes against the principles of this Universal Declaration. Consequently the state members that do not apply an adequate policy to prevent and persecute violence against women are failing to fulfil their international duties in relation with this Declaration.

On the other hand, in 1990, the Board of Ministers of the European Council informed member states of Resolution 2 , which makes reference to Social Measures regarding "Violence within the Family".

The European Commission considers Equal rights between Men and Women a basic principal to democratic systems and the respect of individuals. In order to put this principle into practice, the Commission has developed specific programmes since 1980, trying to stimulate the member states to promote actions aimed towards strengthening it.

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<sup>5</sup> Committee on the Elimination of Discrimination against Women (CEDAW), General Recommendation 19, 1992

<sup>6</sup> Resolution A-44/86; on "Aggressions against Women". 1986

In 1996, the Fourth Action Programme on Equal Rights for Men and Women was launched and incorporated this principle among the policies and activities of the Commission.

The European Conference on Equal Rights for Men and Women, celebrated by the European Council in Rome (1993) and the World Conference on Human Rights celebrated in Vienna in 1993, insisted on the fact that human rights have their origin in the dignity and value of human beings, this being the case women's rights cannot be separated from them. Therefore, violence, any type of pursuit and sexual exploitation practised against women, are violations and attack against these rights.

Apparently, there is an international recognition of the situation, and public institutions and society in general are urged to take an active role towards the prevention and elimination of violence.

However, there are no explicit references to the specific situation of the experiences of violence in the field of disabled women.

On the other hand, associations of disabled people are also pointing out its importance. The "Manifesto of Disabled Women in Europe" (European Disability Forum, 1998) states the existence of violence against disabled women:

*"...Violence against disabled girls and women is a major problem and statistics show that disabled girls and women are probably victims of violence because of their vulnerability."*

This is a document of reference for the construction of general policies and it gathers a number of principles and proposals including the elimination of all types of violence.

### **" 7. Violence, sexual abuse and security.**

*The right of disabled girls and women to be free of violence should be fully recognised. Violence against disabled girls and women is a major problem and statistics show that disabled girls and women are more likely to be victims of violence because of their vulnerability. The guarantee of protection against physical and sexual violence must be available to disabled. This is very important particularly for disabled women who have to stay in hospitals, rehabilitation and other institutions. And also for those who cannot represent themselves."*<sup>7</sup>

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<sup>7</sup> "Manifesto of European Disabled Women" European Disability Forum, 1998

## DIFFERENT APPROACHES:

### SWEDEN, DENMARK, GERMANY AND SPAIN.

#### Denmark

By Solveig Hansen

DANISH WOMEN WITH DISABILITIES (DWD)

In spring 1998 we could read on the front page of a newspaper:

*"Denmark is the only Nordic country that till now has ignored that violence could also be linked with sexual character. The chairwoman of social- and health-committee in the Danish Parliament wants to establish centres in four towns that can help women who have been victims of e.g. sexual violence. The first should be in a hospital in Copenhagen-area"<sup>8</sup>.*

Till now women have had to go to the police and the excuse for not having centres has been that there were *"not enough women"*. The idea of establishing centres was also raised in 1987, but with no effect so far. *"The economical argument is not a good one"*, says a former chief-psychologist at a big hospital in Copenhagen.

#### In the same paper in a bigger article we could read:

*"WHO estimates that 25% of all women once or more in their life are victims of sexual and/or marital character. That is why in 1997 they requested the member countries to increase their contribution in the health department. Danish doctors never learned about sexual violence."*

In Finland 40% of the women older than 15 years, 29% of girls younger than 15 years have been victims of physical or sexual violence, 22% of the victims from their partner, 50% from a former partner and 24% from known or unknown men.

The sexual violence was experienced: 6% from the partner, 19% from a former partner and 17% from other men. 14% were sexually abused within the last year. Most of the women would rather ask family advisers and health centres for help than the police.

In Iceland 25% of the women have experienced violence, in Denmark 19%.

In Iceland 14% and in Denmark 9% were aggravated by their partner.

Often the consequences are the same symptoms, loss of confidence in their surroundings, another experience of reality. A lot are also hit by depressions, fear,

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<sup>8</sup> We read about this specific centre in other newspapers in the spring, and have seen nothing about it since. We called the hospital in Copenhagen-area in September, they have no centre and know nothing about what happened to the plans.

difficulties in sleeping and abdominal pains. In Iceland the women told: 85% were more cautious/careful 40% had fear attacks, 40% had difficulties with relationships and 28% were hit by shame and 26% felt guilty.

At a meeting in our National Women's Organisation 15<sup>th</sup> of March, **Inger Agger, psychologist**, talked about violence against women: ... it means, that women can have a feeling of shame after a sexual attack. *"You have been impured", "You are no longer a real woman"*. Concealment is a self-oppressive method to deal with the encroachment. Later in her speech she says: *"...you try to find a meaning to what happened and find the answer only in your own behaviour. I could have not gone there, etc. You blame yourself."*

From a meeting about Science in violence and the consequences for health, in **Project NORVOLD** (Nordic Violence), 20<sup>th</sup> of April 1998, Janne Sander Knudsen, our chairwoman, quotes Karin Helweg-Larsen for following results from the big research **Flemming Balvig** have made in 95-96 in Denmark:

The risk for being a victim is 1,6%

- They haven't been asked about sexual violence.
- They haven't been asked about directly violence from actual or former partner.
- 18% have reported the violence to the police.

**The Commissioner of Police** mentioned in their newspaper announcement in March 1998 about **Professor Dr. Jur. Flemming Balvig's** results: A representative group (26.193 persons) have been interviewed by telephone during 1995 and 1996. It is the biggest research in Denmark ever. The people were between 16 and 74 years old. One of the remarkable results is that, if you have once been a victim, your risk of being violated is bigger. The more times you have been a victim, the bigger is the risk.

The dark-number, the violence that is not reported is five times the number of reported violence. The dark-number is bigger for violence against women at their working place and in their personal relationships.

In **chapter nine, Conclusions** it is confirmed that the number of violent actions is falling a little, but the number of reported violence has increased three times since 1977. 1/8 of the victims have been victims in about half of the attacks. Two out of three women aged 16-29 years old who have been victims of violence from their partner are unemployed, uneducated for their jobs and/or depending on money from the social security.

In 1991, 1.600 persons (men and women) were interviewed because a group in the Ministry of Justice should research violence against women. The results are written down by **Else Christensen and Inger Koch-Nielsen**. On page 24, you can read a table that says that out of 792 victims only 127 had a high education, 195 were on pension or early retirement-payment (but we don't know if any of them had their pension because of a disability). On page 28 you can read that single women are more often targets of rape than married women (and I'm sure, many disabled women live single).

Another report about rape in Denmark in 1990, 1991 and 1992 from the **Commissioner of Police**, also involving **Professor Dr. Jur. Flemming Balvig**,



tells about the victims, that more than 50% are between 15 and 26 years old, 35% in education/school, 24% without a job and 6% are on pension, not caused by age (but could be a social pension, not necessarily because of disability). Most of the 6% are very young girls.

In July 1997, **Professor Dr. Jur. Flemming Balvig** wrote an article about **Violence Nowadays** starting with Van Dyer's words "*What you focus on, grows*". In Denmark, we had a lot of trouble with rival bikers, Hells Angels and Bandidos, so the media and politicians focused a lot on "Violence" in general. Suddenly people saw violence as one of the biggest threats to their lives or to society in general – normally pollution, war and financial problems are bigger in people's minds.

Flemming Balvig says in this article, that violence is not a bigger problem, but few crimes are specific brutal and are given a lot of space in the newspapers and in television. What really grows is the number of crimes reported to the police – also the crimes between partners. Violence is bigger in our individual and our collective consciousness.

Flemming Balvig also points out that the way the questions are put is very important for the result. If you ask open or closed questions, you will get different answers from the same people. But no matter how punctilious you ask you will not find the whole truth. The world is far too complicated for that. Also the lack of memory gives divergences in answers and actual truth.

People are no more as tolerant to bad behaviour as they used to. It is "IN" to say "no!".

When violence grows in our consciousness it implies the risk for fear and anger. Both feelings are healthy, but only to a limited point. Beyond that the fear destroys our personal life and the anger spoils our fellowship/community.

## **Research knowledge**

We first tried crisis-centres:

In **Copenhagen**, our capital, there are about seven crisis-centres – none of them accessible for disabled women. If a disabled woman calls one of these centres, they ask her to call the Social all-day-and-night-"guard" and after that she is advised to go to a hospital.

Copenhagen is lying on our biggest island. Here you also find **Helsingør**. When I called different centres in Denmark, I was told to call this centre, because one of the social workers is in a wheelchair herself. But also here, it is difficult to go by wheelchair – and they have had no enquires for at least two years.

In **Århus**, the second biggest town, they are in a three-floor house. In the last year, one disabled woman has called. Her son threatened her, but because she is blind and has a seeing-eye dog, they had to tell her not to come. She got advised and helped (hopefully) by telephone.

In **Silkeborg** they also have the centre in an old house. If someone in a wheelchair would call, they would certainly try to find a solution, but no one has called for

around ten years. Only one disabled woman, a woman with an artificial leg, has been in the centre within that period.

In **Nørresundby next to Aalborg** they every now and then help women who are deaf-blind (they have their school in this town) like they help other women. It is important for the women to be able to take care of themselves, but if the house were not in two levels, it would be possible also for wheelchair-users to stay there – even those who have private assistants. 10-12 years ago a woman in wheelchair called the centre. They called nursing homes for old people and they found a room for the woman.

On **Bornholm**, our “isolated” island, they broke the pattern. Here it is possible to come, also if you are in a wheelchair. No physical disabled woman has called for some years, but every now and then disabled women call the centre. Another mentally disabled person at an institution attacked one of these women.

At all centres we have asked if they knew somewhere where disabled women could go, and the result has been negative every time.

### **We also asked specific therapists:**

**Hanne Klitgaard Larsen**, a polio victim, woman, wheelchair-user and **art-depth-therapist**: If you ask for coarse/rough violence, I know of no such cases, but ignorance in personal relationships happens every day. I have seen a lot of women with disabilities who have a low self esteem, they accept bad behaviour from their boyfriends/husbands and stay with them, because they depend on their physical help.

**Anna Marie Buur**, **psychologist and supervisor** on a folk-high-school especially adapted for even severe disabled students: My experience is, that a very young student with a disability at our school is **very humble** to their personal helpers. They are not used to demanding this or that. They excuse their existence. I have no cases for you about disabled women, and I know nothing from my studies. My very personal suggestion is that normally violent people would not attack weak persons, considering disabled people as weak.

On the other hand, I could fear that the group of disabled women with mental handicaps, those who are not clever and quick, would be easy targets of talking into sexual affairs which I would consider as sexual abuse – but I only guess about this.

About **crisis in general** I can tell you, that any change in your life might put you in a risk-group of having stress. Many changes, also the good ones, put together at the same time, nearly always leads to crises. Many big changes/crisis gives their big depressive period about 1½ year later – actually at a time, when none wants to listen to the problems anymore.

An **organisation**, “**Help victims**” tries to help in the whole country. But only those who report the crime to the police can be helped by this organisation, it means, that many women are attacked by their partner, but if you do not want to involve the police, you cannot get helped by this organisation. In my opinion this is a big mistake. Especially these women need all the help they can get. And a big help is to

talk.

## Cases

I bring three cases, calling the girls A., B. and C.

**A.** is a spastic woman, working in the centre of Copenhagen, employed in a high position in the field of social counselling. Some time ago, she was on her way home.

She comes out from the lift in her small wheelchair and begins to place herself in her outdoors electric wheelchair like always, which is placed in the foyer during her working day. An unknown man is coming towards her and asks her if he can give her a hand.

She tells him thank you, but no, *"I am used to this and can do it myself."*

But he does not go away. So she tells again; - *"I can manage, but thank you."* He stays. Now she is asking him to leave her – and he says OK – *"but I will take this with me."*, he says, trying to steal her bag. She is fighting for her bag, which is hanging around her neck, and she is screaming and tries to hit him. But, of course, he is too strong, he gets her bag and takes two steps up where she cannot reach him from her wheelchair. From there, he gets away.

Several people saw him waiting in the foyer before this happened, therefore many people think that he was especially waiting for her because he knew she was more vulnerable than other women.

### **B tells her story:**

I was born with my disability, with 1½ arms and 1½ legs. I walk OK on my artificial leg, and when I was a teenager, I went dancing a lot, just like my friends.

One friend had a bigger brother, Peter, whom I also started to call my bigger brother (I only have sisters and always wanted a brother). Peter and I met frequently and had very good conversations, we discussed politics and had a lot of deep talk. One evening I met Peter, it was his birthday, and he had had a lot of alcohol and had been involved in a fight. We sat talking for some hours, and then the dancing-place closed for the night. We were in the middle of a discussion, and he suggested to me (for the first time) to go with him to his home. We had known each other for some months (I was new in town) and I was not sleepy, so why not?

That night I started to hate. He closed the door, used the key and put it in his pocket. First he tried to convince me to have sex with him. I told him, I was a virgin, afraid and not even in love with him. He talked about having sex because it was his birthday, and he started to force me. After two hours fighting back, I realised that I could not avoid anymore. I closed my eyes and tried to relax as much as possible.

After he finished, I felt so humiliated, I cried and just wanted to get away. But then he reminded me about the key in his pocket and forced me to sleep next to him. I didn't rest much that night, I kept on trembling, and I hated him for what he did.

Later Peter tried to continue our friendship – with no luck. I never told anything to anybody. I neglected the problem and only told Peter's wondering brother (who was still my friend), that Peter and I were no longer friends. I could not bear the thought of involving friends, calling police, or having a doctor to examine me, so I just waited quietly for my next monthly period – it came, and I felt lucky, that I was not pregnant.

For years I tried very hard to get a nice sexual experience to eliminate this first experience. It made me very confused in my love life, I had a lot of short-period lovers.

I had this sexual debut when I was 17. When I was 24, I met William. We fell in love, and after a few months I had to tell him that although I used the pill, I was pregnant. I already had found out, that I was not ready to be a mother, but I wanted to discuss it with him, and I just told him, I was pregnant. He stopped listening to me and yelled at me, that no one should trap him with a baby. If I did not get an abortion immediately, he would start to hit me, and he for sure knew where to hit very hard. Do I have to tell that I had my abortion with no support from William? He also told me not to tell anything to our friends, and I was so convinced that he believed he had been trapped by me, and I knew for sure that I had no forces to fight him, so I kept quiet.

I grew older, fatter and I worked concentrating on my organisation-work. Here I met D., a disabled man, who for some years fascinated me a lot. Then we became working-partners and friends, and he flirted a lot with me. I told him the truth: that I found him attractive, but was happy together with my boyfriend and rather wanted to be friends than to continue our flirt. It was OK with D. - until one night, when we arranged I could sleep in his house. I worked hard this period, and he offered me some massage on my shoulders. Then he forced me to have sex with him, and I got paralysed. This could simply not happen. I recalled every minute with Peter, and the two of them became one. I ran out of his home and found myself lying on the floor at our office, crying and wondering.

Once again I thought about my situation. And again I decided to keep it to myself. D. is a big personality in our organisation, and I only saw two solutions: To quit organisation-work or try to talk it over with D. I didn't want to quit, so I tried to tell him my feelings, my disappointment and explain to him what happened that night, that I re-lived my first rape. D. never understood me, and he continued trying to flirt with me. I haven't seen him for years, and I have tried to forgive him and the other boys – hating takes a lot of energy.

I told this last episode to my boyfriend, without mentioning any name, and he got angry and disappointed at me. He never really believed that I did not go to bed with D. spontaneously.

I grew up in an atmosphere, where men were men and the head of the family. My mother was sick from I when was three years old, she had cancer, and I always had the feeling that women are weak.

I think that explains some of my (missing) reactions.

My biggest reaction might be lack of self-confidence. I know, I have a lot of qualities, but I never find myself a natural part of the party in a new group of people – unless

in the groups of disabled, and even here I have my doubts if I am “good enough”.

I had a big depression four years ago, after the episode with D, more than a year later, I think. I guess, what caused my depression was, that a special program, trying to get me and 11 other disabled a course and a job, didn't lead to a job for me. I talked to a psychologist about my life, my parents, job-situation and so on, a monthly meeting for some years, and last time I saw her, 1½ years ago, I mentioned my rapes. She got “scared” and said I didn't mention that before. I haven't had the courage to go there again. I actually felt so good at that time, and could not face a new period with talking, thinking, crying. I chose to go on with my life. Now I find it stupid of me to quit.

It has been hard – but also good – to describe this part of my life in writing. Thank you. *B.*

**C. was born with her handicap.** She is educated as a Social Assistant and tells about violence in her marriage and later on in the job. She uses a wheelchair because of polio.

Her parents were not very lucky, her father yelled at and kicked her mother. Her mother was adopted, her adoption-parents were not lucky. He used a lot of violence. **C** has bigger sister, who left her first husband because of violence.

**C.** tells her story:

My job is a traditional job for people who care for weak people, and I had a lot of clients with bad behaviour. What happened could have happened to any of my colleagues. I just felt it stronger, because I could not escape because of my wheelchair and the way the office was built and arranged. I think also, that because of my background, my attitude asked for being subdued by people.

Well, this first client wanted money for his dog. He misused alcohol and drugs mixed together. He had the dog on a leash, and the dog felt unsafe at my office. I had no possibility to pay my client the money. He was aggressive and threatened me. He tried to hit me and asked me when I would leave the office that day, because then he would blow up everything at this stupid office. I spoke loud and clear, trying to convince the client that he had to leave. Some colleagues heard my loud voice and came to the office.

The next days, I was afraid to go to work. I hated to enter my office, and I was scared to leave the room again, not knowing who waited outside the door. My reactions passed on to other clients. I had to stop paying the rent for a client, her address was no longer in that flat, and her boyfriend got upset and smashed me. The police got involved and told this guy to keep away from me. I was considered 5% hurt, which didn't lead to any amplified compensation (money) but I could see a psychologist 4 or 5 times.

For more than half a year I had terrible nightmares, I dreamt that people tried to kill me, drown me or whatever.

They rebuilt and rearranged the offices, the social workers now have a possibility to escape, and the colleagues can follow the scene through a window. Later, when I

finally got the custody for my daughter, I had no longer this big fight to fight and I collapsed totally. So I went to a therapist for some years to better my quality of life and learn more about the real me and my situation.

I knew for sure that I was not good enough for my father, when I was five years old. Some women we met in the street said to my father, they pitied him because he had "*such a child*". My father just said yes. Years later, when I was grown up, my father was seriously ill. He refused to use a wheelchair, because it would signify "worthlessness" to other people. Here I really felt bad about my own situation and his lack of acceptance.

Well, I met my husband half a year before we married. He sometimes drank a lot, but I thought he would quit after marrying. He did not. We were not lucky because we got into this pattern: I could tell, when he would go out drinking, and we started arguing, and he left home with this words: "*OK, I will go and drink, because you tell me to*".

We never talked over what it is like to have a life together with one person in a wheelchair. I continued going to school and he finished his education but got no job. When I came home in the afternoon, he left home to see his friends. Sometimes he said he would go shopping but just left in my car with my money and did not show up until some time next day. It was really bad when I got pregnant and we had our little girl. I sat there with no napkins, no food, no nothing. I got scared for our life and our future.

The police showed up every now and then, he broke into a house at a former girlfriend – he just wanted to see her – she called the police. In this period he also tried to get to bed with my friends, and the last half year in our marriage he got really violent.

One night, I got really afraid. He was very drunk and psychotic in his behaviour. He gave me a black eye, and he tried to strangle me with his bare hands. After that, I calmed down a few days and then lived undercover with our daughter for three weeks.

My husband called my family and asked them to ask me to come home. He suggested family therapy, and I agreed. I never really believed it would save our marriage, but it might help us to be divorced in a good way.

Immediately after I moved back, he wanted to quit the therapy. I continued meeting in a group of women. I never said much but listened to others stories (it took my thoughts away from my own situation). But one day I found myself talking about my situation. Then my situation got worse and worse.

When our daughter was two years, I had to call the police one evening. He gave our daughter a big knife and told her to bring it to me, so I could kill myself. The police calmed him down, but refused to take him – or me and our daughter – anywhere. I was afraid to be left alone with him, but the police just left.

We agreed that I should take him and our daughter to the train-station, so they could visit his mother for some days. At the station, he refused to leave the car. He forced me to take them to the ferryboat, and after that he forced me to take them all the way.

He sat behind my seat and controlled where to put the seat. Sometimes I was in front, pressing the break totally, because my leg is fixed to the break when I drive. Sometimes he took me backwards so much, that I could reach none of the instruments.

Our daughter was two years old, but she remembers that night and years after she asked, *"why wouldn't daddy leave the car that night when he was so angry and not satisfied."*

This spring, 13 years old, my daughter had her reaction. For 2½ years she has had no contact with her father or her grandmother. No cards or presents for birthday and Christmas.

She got passive in school, and has now gone to a special therapy for children of alcoholics for half a year. She wanted it herself, because she found herself very angry that alcohol took her father away from her. She had a good result from this therapy, and she has improved her schoolwork a lot.

I lost all my hair when I left my husband. I tried to do what was best for our daughter and he got her. I have had her since she was seven. It was rough to fight for her. Boyfriends? No, I sometimes find myself a lover, normally one who is already married. I will not get that involved again. My life is OK as it is now.

I am sure that people meet because at least one of them has to learn something from the other. I don't know where my former husband or his mother is now, if they are alive or not. I feel sorry for him. I can see no other way for him to behave. He was not born in Denmark but lived with a foster-mother (who also has a disability).

I learned a lot about myself thanks to him. I found more strength and power than I ever dreamt of having. He never learned anything, poor thing. My problem is today recognising his attitudes in my daughter and instead of getting upset learn to love these attitudes for being hers. C.

C. was about to go to a crisis-centre with her daughter, but because of her wheelchair she could not go to the one near her mother.

## **Violence against women in general**

In our society women still are affected and endangered by a whole different facet of violence. These experiences extend from verbal harassment and physical attacks to rape. Due to the legal situation of every woman it still is hard to prove rape. It (the rape) is in the burden of proof. Though statistics are not the basis of our work, it is alarming that possibly every third woman has experiences of violence.

## **Violence against disabled women**

Above all I refer to the sexualised forms of violence here.

Disabled women are affected and endangered by violence to an even higher degree than women without a disability. Up to now there is no statistics on violence against women in the Federal Republic of Germany.

During the last couple of years violence against disabled women is being made an issue of disabled women in particular, but as well of women without a disability. However, financial aids are not sufficient by a long shot, and the situation of law offers - specially to mentally disabled women - too few possibilities to take legal steps. Especially this group is at the mercy of judicial power of definition, since the question is, to what extent are they without resistance and have not been in the position respectively - to agree to sexual contact out of their free will and having the necessary information. Besides, women who are dependant on assistance in fields of personal hygiene, and women who are under legal care are particularly endangered.

One major cause for sexual violence: Foiled sexuality

Disabled women are regarded as neuters. A lot of times they are confronted with the following statement: *"You are never going to get a man!"* A partnership including lived-up sexuality nearly seems ruled out, since disabled people are denied every kind of sexuality. Especially girls and women are not perceived as having sexuality, but they are considered as asexual beings. Correspondingly they often don't get any sex education and hardly know anything about their body."<sup>9</sup>

The sexuality of disabled people is that unclear and that unabsorbed in our society, that non-disabled "experts" were presuming to publish a book titled "Können, dürfen, sollen Behinderte heiraten? (Free translation "The question if disabled people are able to, may and should marry?") in 1977.

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<sup>9</sup> Sigrid Kwella; Anneliese Mayer "Verschwiegene Verletzungen: Sexuelle Gewalterlebnisse von Mädchen und Frauen mit Behinderung" in: Gitti Henschel (Hrsg.) "Skandal und Alltag - Sexueller Mißbrauch und Gegenstrategien", Orlanda Verlag, Berlin (1996, S.146)



Disabled people are either denied their sexuality or it is mystified. It is repeatedly uttered that girls and women - in particular with a mental disability - are physically urged. Therefore they have to be locked up or sterilised "for their own protection". On the other hand they are denied every kind of sexuality or sexual needs and going with that the right of a private life. Compared to non-disabled girls and women, they are not regarded as adequate partners, which creates the result that they feel confirmed as sexual partners when being sexually exploited.

Something similar goes for girls and women, who have not been born disabled, but have become disabled later. They have orientated themselves in and competed with standards of society as not-disabled girls and they could partly come up to them. The upbringing of girls always stresses a personal hygiene/sexuality as spotless and flawless as possible; that did not happen for the girls and women themselves, but in order to meet men's requirements and expectations. Accordingly they later think that they have to be grateful, when other people love them "despite their disability". They cannot imagine (anymore) to be physically or sexually attractive to other people - above all not-disabled ones.

### **Domestic Situation**

Disabled girls and women are affected or endangered by sexual violence in their domestic situation - at least as much as not-disabled people. This applies in particular, if they either have to rely on assistance in the field of personal hygiene or have legal care by a relative.

Because of their physical restrictions many disabled women have to rely on assistance in the field of personal hygiene for their whole lives. A lot of times those women are not even enabled to choose the assisting person themselves. Provided that the money for assistance is disposed to the women at all, they still have to fight a lot to get a female assistant. The reason for that is that men doing community service (instead of military service) are substantially cheaper.

At this point I would like to mention some aspects concerning the socialisation of disabled girls, because I think causes and connections of violence versus/and disability are recognisable here.

The Socialisation among the family: The disabled girl becomes a disabled woman. The increasing possibilities of even prenatally diagnosing a disability (prenatal diagnosis) seems letting disabilities appear is an avoidable evil in this society.

Today it is suggested to many pregnant women that they could exclude a disability of the child, if they would responsibly take advantage of every possible kind of examination. Mothers, bearing a disabled child nowadays, have to deal more and more frequently with the question, if "this" would have been avoidable.

So the actual purpose is, to avoid the disability by avoiding the disabled child with an abortion. The disability is not foiled, but the disabled child.

For children living with an disability and for their parents this way of thinking means that the disability - synonymously with "the family's misfortune" - is moving into the

foreground. The child will not be perceived as a complete human being, but as a "problem child".

The otherwise usual joy about the birth of a child is changing into sorrow. In their desperation parents are searching for possibilities of cure and therapy as a damage limitation. E.g. the child's defect should be eliminated as far as possible, so that the child can meet the "standards" as good as possible. For the child's parents it is hard to not consider the disability as an deficiency, but to accept it as a part belonging to their child. They often develop extreme feelings of guilt towards their children, because over and over again they have to face the question, if they have done everything to avoid the disability or to reduce it to the smallest degree possible. Furthermore they usually get absolutely insufficient information about their own rights and those of their children. Responsibility increasingly is changing in emphasis - from society to a private matter.

So it is taken for granted and expected of mothers of disabled children that they put aside their own interests and needs. For example to give up a profession and look for everything useful and supportive for their child. The parents are feeling "burdened" with and by the disability.

This strain and the parents' mourning process have influences on the disabled girls' feelings of being alive. So, the lives of many disabled girls are marked with the feeling of causing grief to their parents and of not matching their wishes and ideas. Even if boys go through similar experiences, the emerging feelings of guilt are something rather specific for girls. They themselves experience their disability as a "deficit", which has to be given therapy on or be eliminated. For example, they are examined on what is missing or on what they are not able to do. This has the result that disabled girls and boys already very early pick up a negative body-consciousness, which additionally is supported by the fact that they have to see a doctor or be at the hospital more frequently than other children. Caused by the bunch of special treatments like therapies, surgeries, etc., they get conveyed the feeling 'something about me is not okay, I'm not right the way I am'.

A lot of times their experience - to consider themselves incomplete - results in an understanding of their body as a worthless object. Accordingly, for the girls it nearly is not possible at all to develop a strong self-esteem. This process can lead up to the survival strategy of separating oneself from one's own body.

In addition to discrimination which is experienced by every girl, those discriminations against disabled girls, as described earlier, have to be further counted. This means two forms of disparagement are combined in a multiplying way, with major effects on the development of the self-esteem.

The "disabled" self-esteem impedes the dealing with one's own sexuality and sexual feelings. This is one reason for the fact that disabled women are at risk in particular, regarding sexual exploitation among the family and in other close relationships. This aspect will be set out in detail later.

## **Situations at institutions for disabled people**

Disabled people permanently experience that non-disabled "experts" - on the basis of their education - allegedly know better than the disabled themselves, what is good and alright for them and what is not. Institutions for disabled people (schools, homes, workshops) are marked by structural violence to a high degree.

The disabled people can't decide for themselves about who does the wake-up and who helps doing personal hygiene; meal times are given; a lot of times they can't decide with whom they would like to share a room or who is entering it; leisure time activities permanently have to be arranged and often are heterogamous.

Disabled people working at a workshop for the disabled (wanting or having to), normally are advised to attend the workshop nearest to their home. This applies in particular when they are dependent on a driving service to get to work.

So they permanently have to adapt to the conditions and are forced to arrange themselves and therefore have to put back their own interests and needs. Since they already have this experience from a very early age, they unconsciously think that the crossing of personal barriers is (has to be) inextricably linked with their disability. A lot of times they perceive sexual violence as "only" another crossing of personal barriers, against which they cannot defend themselves.

If they develop a conscience for the fact that the things done to them are wrong, it is very hard for them to ask for help. It shows that it is quite a problem to consult a contact/related person within the institution, because disabled people have to assume that the co-workers get into a loyalty conflict. Who believes the co-workers are capable of such things? A lot of times it is easier to simply not show belief in the affected ones, in order not to jeopardise the daily routine within the institution. That an employee under suspicion of sexual violence is dismissed is the absolute exception. They would rather put up with the effort of forcing the female affected to stand silently, or if need be to give her notice to quit her habitation.

In the meantime there are special offers concerning sexuality in quite some institutions. These special offers also deal with the subject "Sexual violence". Here it is becoming obvious time after time that the openness merely refers to the women's' experiences of violence within their families. When talking about violence within the institution, then only about sexual violence between occupants. This form of violence is being encouraged in most of the institutions for disabled people, since there are hardly any institutions at all, where disabled women can live among women, if they want. In most of the institutions there is no room where sexuality can be lived in a usual manner. Since life in the institutions is marked by heterogeneity, for the female occupiers it is nearly impossible to realise a right on self-determination regarding sexuality and to call in such.

### **Extent of the problem in the states**

To my knowledge, until now there is no representative statistics in the Federal Republic of Germany about the extent of sexual violence against women.

It is true that there was a study ordered on the subject by the Federal Ministry; however it has not been analysed - or that is to say the results have not been published, yet. It has to be said that even if there were statistics it wouldn't be

meaningful towards the actual extent of sexual violence against disabled women. We have to start from the assumption that the estimated number of unreported cases will remain very high. That is because of the described dependencies of the women - on institutions as well as on relatives. Furthermore we have to assume that if a survey was carried out, particularly those women who are still living in their situation of violence would not talk about this experience. The main reason for this is their fear of the consequences.

Even if it is ensured that the people for this survey are treated anonymously, it still requires a certain degree of trust to be able to talk about this experience with anybody at all. This trust is hardly ever given to strange/unknown interviewers.

Statistics giving a statement on the extent of sexual violence is required neither for counselling - or supporting work nor for political work.

### **Violence and disabled women: What are the unusual features?**

In order to show the unusual features, I would like to outline the similarities, first.

A disabled survivor of sexual violence is a survivor!

The perceiving results and survival strategies of affected disabled girls or women are not different from those of non-disabled girls and women.

Additionally it should be said that sexual violence hardly ever comes from strangers, as with non-disabled girls and women affected by sexual violence. In most cases the female and male perpetrators come from nearby surroundings. The perpetrators are family members, friends of the family, employees and co-workers at the institutions or roommates.

### **The disabled sexuality turns into sexual exploitation**

The crossing of personal frontiers, the pressure to adapt and the experience of non-disabled people constantly deciding about their lives, are so much a part of many disabled girls' and women's everyday lives, that they can hardly perceive sexual violence and the crossing of personal frontiers as injustice. The opportunity to have and be allowed to mention own interests and needs despite their disability is taken away from them often.

For perpetrators it is even easier to put disabled girls into a state of uncertainty and to assign guilt and responsibility to them. It is easier to get them to believe that something is wrong with their emotions, that the sexualised violence is some kind of love and that they should be grateful that they are loved despite their disability and that somebody thinks of them as sexually attractive.

Because of the self esteem - which is often low – together with and the negative image of their own body, confusing feelings are often extremely distinct for affected disabled people, in particular if violence is exercised by perpetrators coming from the nearby social surroundings.

Signs and comments of surviving disabled girls and women are not taken as an indication of sexual violence but they are interpreted as a consequence of the disability. Having no distance ("Distanzlosigkeit") or sexual overactivity are usually treated as symptoms of their disability, for example particularly concerning survivors with a so-called mental disability. So, for disabled women it is even more difficult to make themselves understood.

In this connection there is a common plea for sterilisation. Though, in contrast to former times, sterilisation is not possible automatically, it is still rather widespread. The Three-Month-Injection (Dreimonatsspritze) is regarded as a fair alternative for disabled girls in the course of their puberty, though it is usually declined by non-disabled girls and women, because of the damaging side effects. A lot of times, for disabled women, contraception is not a self-determined option, but rather a decision made by other people: for or against them.

\* A lot of times, it is the perpetrators who have a major influence on this decision. If, for example a woman is under legal care of her father he owns the sole right to decide if the three-month-injection is prescribed permanently. If the perpetrator of the personal environment hasn't influenced directly, he at least knows of the fact of this radical contraception. He doesn't have to fear his uncovering and he is taking advantage of this circumstance.

Therefore disabled girls and women are perceived as "certain victims" for various reasons. Of sexual exploitation affected girls and women with a disability rarely have the opportunity to consult their mothers for support, because of their mothers feeling of guilt. They are conveyed, due to their disability, that their mothers are at their limits concerning their ability to take stress. So the girls and women affected believe they must not cause any additional problems.

\* Another difficulty for these women and girls is that they don't know where they can turn to for help.

Although a lot of time and effort has been invested in the last few years, particularly by disabled women, to free the subject "sexual exploitation" from taboos, disabled women and girls are still affected and endangered by violence to a very high degree. But corresponding refuges or shelters are hardly available.

### **Ways and possibilities of intervention in the Federal Republic of Germany**

There are still too few offers for counsel and support for affected girls and women with a disability.

It is true, that in the last few years some advice-centres were founded which work especially on the subject "sexual violence against girls and women". These however do not offer special advice for disabled girls and women. Many employees of these advice-centres do not feel capable of dealing with this subject. To open general advice-centres for disabled girls and women and to train the employees is difficult. Since for the biased support of disabled women it is imperative to have a critical look at the subject "disability" or at ones own image of humankind.

There have to be offers, which are featured by unbureaucratic ways of entrance for disabled girls and women, which are not specifically working on this subject but are open to it.

When people come to us, their motive is hardly ever violence. But when the supporting person shows that she is open for this, soon the affected ones start to talk about their experiences. This has been revealed in the group for disabled women as well as in the meeting, which takes place regularly for disabled girls, both offers of our advice-centre. In these groups it emerged rather soon that participants were affected by sexual violence.

The meetings were offered to disabled girls and women, but not particularly on the subject of sexual violence.

In the announcement however, it was clearly put that sexual violence could be a subject. Therefore there has to be widespread counsel and supporting offers, where specific aspects as gender as well as disability are appropriately taken into consideration. In this connection the active inclusion of disabled experts is imperative.

It is necessary that disabled experts offer further education for employees who work in institutions for women and girls as well as for disabled people. Amongst the most important requirements for non-disabled experts exists the need that they have extensive previous knowledge about the life situation of disabled girls and women and also about the various violence supporting structures of our society.

With knowledge of how frequent these girls and women are declined the right to decide for themselves, what is just for them, counsel and supporting offers should fundamentally begin with their abilities, their strengths and needs as well supporting individual strategies of action and ways of resolution.

Constantly it shows, that refuges for girls and women, which are affected or endangered by violence are often unsuitable for disabled girls and women. Also in this field exists an urgent requirement. To put up affected girls and women in institutions for disabled people in mix-gender connections is not an acceptable alternative.

Preventive work is an important aspect in this context. As of date, there is hardly any material or concepts for this in the Federal Republic of Germany.

### **Self-defence-courses belong to the preventive-measures as well.**

The suppliers of these courses should absolutely meet the out-lined requirements. To finance these courses constantly turns out to be an enormous problem. However they are perceived as extremely effective and necessary by the disabled girls and women who took part.

In conclusion, I want to stress, that the link-up of women, who are working on the subject "sexual violence against disabled women" is absolutely necessary to interchange and to work together on strategies of action. Therefore many different

local networks were founded by disabled women in various cities of Germany as well as a national network.

A co-operation on national and international level makes it additionally easier to bring this subject even more into the public and to make perfectly plain, that this fact (that many disabled girls and women experienced or still experience sexual violence) must be vigorously dealt with.

## **Sweden**

By Anneli Joneken

### **FORUM WOMEN AND DISABILITY**

Sweden is by many regarded as a society in which there is a relatively high degree of equality between women and men. This goes, for instance, concerning women's representation in Government (50 per cent), in Parliament (40 per cent), in County Councils (48 per cent) and in Municipalities (41 per cent). Swedish women also have a relatively high employment rate (70 per cent) and thereby possibilities to support themselves. Both women and men have possibilities to combine employment with parental and household responsibilities.

In many areas, however, there is a considerable imbalance in the power relations between women and men. The most extreme example of such an imbalance is the occurrence of men's violence against women. Despite several measures, particularly in recent years, thousands of women in Sweden are subjected to violence. Over the last decade, the number of reported assaults and various forms of sexual offences has increased markedly. Often, these offences are committed by a man who has a close relationship to the woman concerned (domestic violence).

Violence against women is therefore an obstacle to the ongoing development towards equality between women and men. Violence against women is also a serious social problem. To take action against this form of criminality is thus a task which has been declared by the government to be given priority in the criminal justice system.

The Swedish government's Bill on legislative provisions and other measures to counteract violence against women was submitted to Parliament in February, 1998. A decision by Parliament was taken in May, 1998. The legislative changes entered into force on 1 July 1998, except the prohibition on the purchase of sexual services, which will enter into force on 1 January 1999. The Bill comprises, inter alia, new legislation, changes in existing legislation, measures for more effective work within the police, the prosecution and the social services and increased financial support to the shelters.

One of the main parts in the Bill is the introduction of a new offence in the Penal Code. The offence is called gross violation of a woman's integrity. Its purpose is to deal with repeated male violence towards women with whom they have a close relationship. The introduction of the new offence will make it possible for the courts to substantially increase the penal value for the acts committed against the woman, when the acts are part of a process which constitutes a violation of integrity. It will be possible, in a better way than with previous legislation, to take the entire situation of the abused woman into account. The new crime does not exclude that the perpetrator at the same time can be prosecuted, for instance, for rape or other gross crimes.

The new and more rigorous legislation includes: the definition of rape is widened; neglect to report certain sexual crimes are made punishable; purchase of sexual services is prohibited; social welfare legislation is supplemented regarding help and support for victims of violence and general guidelines for social work; increased punishment for genital mutilation; provisions on sexual harassment in working life



more rigorous; a gender-neutral language in the Penal Code; a law commission on sexual offences is set up.

Among preventive measures can be mentioned administrative collaboration, improved statistics, research, inventories, support for certain voluntary organisations such as men's organisations, youth organisations, and organisations working on behalf of immigrant and disabled women. Among improved ways and means of supporting women victims can be mentioned a nation-wide further training for professional groups, improved professional education, police training, annual support to women's shelters, a crisis telephone line for women victims, additional support to the National centre for battered and raped women.

The government released a special website in order to inform about issues related to violence against women and about the measures proposed in the Bill. The Division administrates the website for Equality Affairs at the Ministry of Labour. The main part of the information is in Swedish, but some material in English can be found.

Efforts to prevent and eliminate violence against women have had high priority in Sweden in recent years and various measures have been implemented to this end. They include preventive measures, stricter penalties, procedural improvements and better support for women victims of violence.

#### Some milestones

- 1965 Rape in marriage is forbidden.
- 1982 Changes in the rules concerning prosecution for battering and rape so that prosecution no longer is dependent on an accusation being made by the person subjected to the offence. Anyone who receives information about such an offence can report it to the police, thus marking that these offences are not a private matter between the parties involved.
- 1984 Reformation of the sexual crimes in the Penal Code. The definition of rape is widened to comprise also oral and anal intercourse as well as intercourse between homosexuals. In addition, men can also be the victims of rape committed by a female perpetrator. It is made clear that the behaviour of the victim prior to the rape is irrelevant. The provisions concerning procuring are strengthened.
- 1988 Law on Restraining orders is introduced in the Penal code. This law has since been strengthened. The law is presently being subject to an evaluation.
  - The Injured Party's Counsel Act is introduced. Under this Act the victim of a crime of violence is entitled to free legal counsel during police investigation and trial. In 1991 and 1994 the possibilities of getting free legal aid was extended. The law is presently being subject to an evaluation.
- 1991 Rules on sexual harassment in working life are introduced in the Equal Opportunities Act.

- A nation wide training of personnel in the judiciary, the social services and the health care system is launched. The training, with the purpose of increasing the knowledge on issues related to violence against women - its causes and consequences, is given to approx. 20.000 persons.
  - Projects are launched for a better co-operation between the police, the social services and other relevant parties at regional level.
  - Every police station in Sweden is equipped with so-called alarm kits which can be given to threatened women free of charge. These kits consist, inter alia, of alarm systems for the home, mobile telephones etc.
  - The possibility for severely threatened women to receive bodyguards, free of charge, is introduced on a trial basis. This possibility is now permanent.
  - A Chair in sociology - in particular violence against women – is introduced at the university of Uppsala, north of Stockholm, financed via the State budget.
- 1993 The punishment for battering, molestation, sexual molestation and unlawful threat is increased.
  - 1994 A National Centre for raped and abused women is set up. The aim is to receive and treat women who are victims of abuse, rape etc. and to contribute to a better treatment of such patients within the health care system. This means that the Centre is also involved in development work, in research and in training etc. The Centre is available around the clock.
  - 1995 The punishment for gross sexual exploitation is increased. The definition of sexual molestation is widened.
  - 1998 The government presents a Bill to Parliament on violence against women. The Bill comprises, inter alia, new legislation, changes in existing legislation, measures for a more effective work within the police, the prosecution and the social services and increased financial support to the shelters.

Some citations from the Statement by the State Secretary for Equality Affairs at the UN Commission on the Status of Women in March 1998:

*"To my Government, measures to combat men's violence against women and to further support women victims of such violence, is a top priority. Violence against women is the most extreme example of imbalance in the power relations between women and men. It stems from a notion of men's "right to" dominate women. As long as such violence persists, gender equality does not prevail, neither in society at large nor between individual women and men."*

*"Training is also essential. As has been the case in many other countries, Swedish officials from the justice system, the social services, the health and medical services, at central, regional and local level, will now undergo a training on the causes and consequences of violence against women. This*

*nation-wide effort will be financed over the national budget. We are also making changes in the examination requirements so that those who study law, medicine, psychology, social care, etc. must have studied gender issues and issues of violence against women in order to get a degree."*

*"The important role of NGOs cannot be enough underlined in this context. The work undertaken, for instance, by the shelters is indispensable to the women victims and their children. In Sweden, there are presently 131 such local shelters. They, as well as their umbrella organisations, will now receive increased annual State support. Also other NGOs who work, for example with young people and to improve the situation of migrant and disabled women, will receive special funding. In Sweden, men have begun to organise themselves in order to deal with and discuss men's violence against women. There are also several crisis centres for men at risk of becoming violent. Such NGOs are of course most welcome. If men themselves do not act to prevent violence, how can we ever believe that it will be eliminated? Men must take their due responsibility for the achievement of gender equality."*

The Project Women and Disability, which started in 1988-89 in Sweden as a Cupertino project among women from many disability organisations, had the purpose to **"improve the situation for women with disabilities, within various areas such as work, education, family, rehabilitation, recreation and culture."** The project aimed to show what actions are needed to improve the quality of life for disabled women. The Project was the predecessor of the Forum – Women and Disability, a new association established in 1997, which is the Swedish partner of the Metis-project.

The issue of violence against disabled women was one of the themes raised in the recommendations from the United nations seminar on disabled women in August 1991, where the Project was represented.

The Project followed the discussions within the United nations on the issue of violence against women through the report from the Experts group meeting on violence in November 1991. In November 1992, the Project participated in an international event organised by the Austrian minister for women's issues, about violence and women with disabilities. The event gave many valuable contacts to follow up.

The Project Women and Disability has tried to assemble knowledge on the issue of violence against women with disabilities and arranged several seminars: in March 1993 a Swiss psycho-therapist Aiha Zemp was invited as key note speaker to a seminar in Stockholm. Aiha Zemp's seven basic rules given to disabled women to prevent violence: 1. Your body belongs to you. 2. Trust your feelings. 3. There is touching which feels good and touching which feels bad. 4. It's OK to say NO. 5. There are good and bad secrets. 6. Tell someone and ask for help when you need it. 7. Finally, the institutional structure must be examined to find out if the violence is built into the structure itself or increases the probability of violence.

During the 1993 seminar, a lawyer from FUB (organisation of persons with mental impairments) reported that many assaults, especially those occurring in institutions, are never reported. Also a representative from Stockholm municipality and a representative from the Women's shelter – association talked during the seminar,

and wanted to know more about the issue in order to be able to share their knowledge among their colleagues. A member of the Project steering group wanted to stick a hole into the silence of the double oppression where a disabled woman is reduced to a neuter and at the same time being abused sexually.

In April 1993 the project organised a seminar together with the umbrella organisation composed of the organisations of disabled people in Sweden, and on the program was also discussions on the issue of violence against women and girls with disabilities.

The Project participated in a big event Nordic (Women's) Forum in August 1994 in Turku, Finland, and organised a seminar on issues concerning violence. Several representatives from Swedish disability organisations contributed to the program, as well as a person training and educating personnel within health care.

In August 1996 the Project took part in the European Conference for Disabled Women in Munich. Part of the conference program focused on the issues of violence against women with disabilities, and the recommendations from the conference included proposed actions.

The Project and the Forum Women and Disability have developed contacts with the Women's shelter associations in Sweden, and our representatives have contributed at some of their meetings. In June 1997 and July 1998 ROKS, the national shelter association organised a one-week camp for women from the women's shelter association and women with disabilities. The program included discussions on various aspects of violence and how to develop one's defence capabilities.

The women at the ROKS-camp in 1998 put together the following recommendations:

- Meaningful work possibilities to all those who can work instead of early retirement.
- Yes to the proposed law against discrimination of disabled persons in working life.
- Scheduled habilitation and rehabilitation every year
- Respect our impairments and don't question our disabilities. (Refers both to authority representatives and to people in general)
- Change the patronising attitudes which are so common. We do not want to be treated as children and patted on the head.
- Improve the accessibility in the society. We want to go to the post office, bank, library, cinema, and restaurants on the same conditions as non-disabled people.
- Do not worsen the law on special support and services to disabled persons.
- Never state that pornography and prostitution are needed to see to the needs of disabled persons.
- Give disabled women a possibility to attend courses in self-defence.

In 1998, the Forum as well as the Swedish Federation of the Deaf have both received a sum from the government to carry out a project. The Deaf association will develop networking among immigrant deaf women in Sweden, starting in

Stockholm and Lund. The project of the Forum is about interviewing women and assembling knowledge about the issue into a book. The Forum has several additional project plans and is seeking sponsors and financing for them. One of them is about a set of 20 photographs about the beautiful sexuality of disabled women, to be taken by a well-known photographer. Other concern participation in educational settings in the society and Co-operation with police, judiciary, women's shelters, researchers etc.

The issue of violence has been one of the themes on the agendas of the Nordic and Nordic-Baltic meetings of women with disabilities and there will be a meeting in Norway on 6-8 of November 1998. It has been included in the meetings in 1995 and in 1997. An action plan is being developed. Co-operation with other organisations, more research, and awareness in society is asked for.

### **What is family violence?**

Family violence, in this context, refers to physical, psychological or sexual maltreatment, abuse or neglect of a woman with disabilities by a relative or caregiver. It is a violation of trust and an abuse of power in a relationship where a woman should have the right to absolute safety. In many cases, it is also a crime.

Violence against women is acknowledged as a pervasive and serious problem in the society today. Women are abused simply because they are women. Statistics for the general population indicate the following:

- One woman in four is sexually abused by the age of 16.
- Two women in three are victims of unwanted sexual acts.
- One woman in six is physically or sexually abused by her husband, ex-husband or living-partner.
- Over 60 % of female homicides are due to family violence and 14,7% of women in the general population have disabilities.

In both the disabled and non-disabled communities, most abuse is inflicted by a person known to the victim. In both communities, 95 % of victims of spousal assault are women, and at least 89 % of abusers are men. More disabled men are abused than are non-disabled men. The incidents of abuse is 20% or higher for mentally disabled and for deaf persons.

### **What makes women with disabilities particularly vulnerable to family violence?**

Probably the single biggest factor affecting the incidence of family violence against women with disabilities is the size concept of these women's families. Women with disabilities must often depend on a variety of people to provide them with assistance in carrying out their everyday lives. For this reason, their family is understood to include not only parents, but also friends, neighbours and caregivers. Caregivers can include attendants, interpreters, homemakers, drivers, doctors,

nurses, teachers, social workers, psychiatrists, therapists, counsellors, and personnel in hospitals and other institutions. This large number of people and the intimate physical and emotional contact involved in the care they provide, greatly increase the risk of abuse to persons with disabilities.

Women who live in institutional settings, and women who are multiply or profoundly disabled, are most vulnerable to abuse because they are more dependent upon even larger numbers of people, and less able to get away. It is estimated that women with disabilities are 1.5 to 10 times as likely to be abused as non-disabled women, depending on whether they live in the community or in institutions.

While a disability can make it more difficult for a woman to escape or report abuse, social attitudes towards persons with disabilities are probably a bigger factor in her increased vulnerability to violence. The way in which society views persons with disabilities handicaps these women in many ways.

- They tend to be viewed and treated as children, as lacking intelligence.
- They may be trained to be compliant and are sometimes punished for assertiveness or for challenging authority figures. This is in direct contrast to the street-proofing taught to many children in schools.
- Women with disabilities are considered to be non-sexual and are often not given sex-education, which can result in the inability to distinguish between abusive behaviour and normal or necessary forms of touching.
- They may be considered incompetent as witnesses by police and the courts, particularly if they have difficulty or require assistance in communicating, and when they report abuse, they may not be believed.

Women with disabilities are vulnerable at all stages of their lives because they are women and because they have a disability. Growing old increases the likelihood of becoming disabled, which can increase the likelihood of abuse. It should be noted that abuse can result in disability. Physical abuse can cause permanent physical damage. "Disciplining" babies by shaking them is a major cause of brain injury and death in infants. Women have cited violence by husbands as causing loss of vision, and loss of mobility. All forms of abuse are emotionally traumatic and can leave psychological scars from which a victim never recovers.

Research has only just begun in this area, but indications are that women and children with disabilities are one of the most highly victimised groups in our society.

Barriers to obtaining help. It is extremely difficult for any abused woman to leave a situation of abuse. A woman is hit by a husband or a partner an average of 35 times before she calls the police. Battering undermines self-esteem and can make a woman feel she is somehow responsible for her own abuse. For a woman with a disability, this situation is even more difficult. She may be dependent on her abuser for affection, communication and financial, physical and medical support. If she reports the abuse, she may risk poverty and loss of housing and support. She may fear she will not be heard or believed if she speaks out. She may face further violence, institutionalisation, or loss of her children if she seeks help. She may not have access to information about existing support services for victims of violence. Even if she has this information, many sources of support may not be accessible. She may not be able to contact the police or women's shelters because they do not have communication devices as telecommunication devices for the deaf. She may

not be able to physically leave her situation because of a lack of accessible transportation. Her lack of options may leave her feeling so powerless and despairing that suicide seems the only viable choice. And if she seeks help in dealing with suicidal thoughts or attempts, she is unlikely to find counselling which takes account of her own reality. And so she is left isolated and possibly suicidal.

### **How can we work towards eliminating abuse.**

Violence against vulnerable individuals and groups is a systemic problem. Preventing family violence will require fundamental changes in societal attitudes. People need to learn to appreciate differences, to value other people as equals, and become responsible partners in our common community. There are many changes needed to improve the present situation for women with disabilities who are victims of violence.

- Abusive behaviour needs to be acknowledged as a serious social and in some cases criminal problem, rather than being considered a private matter.
- Protocols need to be developed for institutions to screen potential employees and volunteers.
- Protocols need to be developed to address the abuse that occurs in institutional settings.
- Community living alternatives need to be made available for women with disabilities.
- Courses need to be made accessible and available to women with disabilities (in self-defence, assertiveness training, and sex education)
- Appropriate suicide counselling which meets the special needs of women with disabilities needs to be made available.
- Transition houses and other existing support services need to be made accessible, and frontline workers in shelter facilities need to be sensitised to the needs of women with disabilities.
- Women with disabilities need to be hired to provide this training and to work in these centres and
- Women in all communities need to work together develop a co-ordinated approach to dealing with the abuse of all women.

## Spain

**By Marita Iglesias**

INITIATIVES AND SOCIAL STUDIES ASSOCIATION.

The social impact that violence against women has in Spain goes parallel with the growing number of attacks committed and the coverage media gives them. This social echo has broken the private sphere of the isolated event suffered by women in silence favouring a situation so that society has started to consider it an aggression against itself. As an attack to societies' dignity, against its capacity of response to an aggression against some of its members. This sort of collective "awareness" is just the statement of something known to all and which has always existed; the major degree of violence women have always suffered because of being women, and by living under patterns of masculine domination. The high number of cases published in the media, though they are not scientifically feasible, are by all means markers of reality. A reality that tends to be hidden by the victims, and one of the few existing elements to bear in mind when analysing this subject.

The data available in Spain is very scarce, due to the low number of reports. Woman organisations and the Ministry of Interior talk of a number of reports of approximately from 5 to 10% of the real amount of attacks that actually take place. Statistics reveal that between 35% and 40% of the women that live with their partner suffer physical or psychological maltreatment from their male partner. Which means that if we consider the low number of reports, we are talking of thousands of women coping with violent situations.

According to the 5<sup>th</sup> Opinion Barometer, carried out in January of 1998, for the Peoples' Valiant, 18% of Spain's population over the age of 18, (that is, about five and a half million people) say they know of some case, among their relatives or friends, of maltreatment of women from their partner

The fear of reporting is justified, when we face the fact that 98% of the women attacked and killed in Spain, had reported maltreatment, and were separated or going through divorce.

Nevertheless, prevention, legislative and penal measures rarely go in accordance with the petitions of actions and justice society demands. It is now that the first steps are being taken in the form of laws, recommendations, specific plans of actions, etc. In 1984, the Public Administration gave a shy answer by publishing the first figures of reports of women attacked. It was seconded by the creation of the Human Rights Commission in the Senate, which issued a report in 1989. Since then, to this day, some attention and support measures have been carried out, such as setting up Shelter Homes in almost every Autonomous Community; and the creation in 1986, of the Woman's Attention Service. Dependent of the National Police force, which collects reports of maltreatment against woman, and has them sent to court.<sup>10</sup>

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<sup>10</sup> Actions are carried out on the cases by a small group social workers if possible always with the same members, trying to preserve the family's privacy.



The People's Valiant has recently published a report, on domestic violence against women, which includes a draft of the present state of things in Spain.

In it, we can find certain bits of information that illustrate the situation, such as the number of yearly reports:

YEAR	REPORTS
1994	13,547
1995	13,278
1996	13,198
1997	24,641

As we can see in this document, reports of psychic and physical maltreatment have grown between 1990 and 1996. They have passed the rate of 329 per each million women, in the first of these years, to 353 in 1996. This represents an increase of 7.28%.

The increase of reports of psychic maltreatment is higher than that of physical maltreatment. In absolute terms we have passed from 4.250 to 5.105, that is, in 1996 the number of reports was 20,12% higher than in 1990.

### **The METIS project.**

When trying to define exactly the situation of women with some disability and that have been subjects of violence actions in Spain, the scarce indicators available reveal a great darkness a priori - that being the little attention the matter has aroused.

Carrying out the Metis project in 1998 allowed for investigation in information and cases related with violence and disabled women. The aim was to gather and describe situations that were seen as an infringement of individual rights, in relation with all aspects of personal development and autonomy.

Actions were carried out to divulge and bring awareness to those aspects in the daily life of a disabled woman that are product of discriminative situations which violate their individual rights. The information gathered was structured in such a way that it could be passed over to interested parties, such as professionals, administrative personnel, relatives, disabled associations, women's associations, and of course to the victims themselves.

The paths used to divulge and the information were of various types;

#### **Dissemination guides.**

##### **Electronic dissemination.**

**WebPages, collecting all the aspects that can be spread through WWW.**

**A discussion forum through WWW, which allowed for the gathering of**

## comments and contributions about the subject from different countries.

The results obtained by this project, and the opinions thrown into its discussion forum are both constitutive parts of this report<sup>11</sup>, because they were both important tools to open research paths on the topic. In this way, one of the negative results, though expected, was the lack of data. When I referred before to the number of maltreatment to women in Spain, it was impossible to know how many disabled women were included in those figures. This variable hasn't been taken into account. The not differentiating the quantitative research into sexes, when dealing with disability, is a habitual practice. This information is broken down only in some occasions, such as medical statistics or welfare payments where women do appear as countable and differentiated elements.

I must then suppose that due to the circumstances that surround these women and by the lack of information gathered at assessing and information points, that very few disabled women go to court to denounce maltreatment. In the same way, few or none of them live or have received attention in Shelter Houses. Moreover, when these services are orientated to those women who suffer maltreatment from their partners, while in general, disabled women suffer abuse from their caregivers, parents, and neighbours, i.e. from those they depend on.

*"During the time of the interviews I find out that 9 of 10 women have been, in some way, exposed to violence. This includes sexual violence. I have talked to different women's shelters and found out that not one shelter in Stockholm can take a woman in a wheelchair inside for protection. They have no way to go. No place to hide! This is a big problem." Gunilla Hårdberg*

The METIS project has also allowed us a general view of the state of affairs in Spain, and we have confirmed that each and every woman that took part in the Discussion forum through WWW admitted that she, or a woman she knew, had at some time of her life suffered abuse or maltreatment. This contrasts again, with the lack of reports or references in the official and private documents consulted.

Another verified fact is the lack of interest and special treatment this topic is given by representative organisations of this collective and the complete ignorance which woman's movements have regarding violence against disabled women. The same can be said about public organisms in charge of dealing with this topic and of promoting actions; none of them included references of disabled women. But at the same time, we found a growing interest in all of them in gaining more knowledge.

When trying to make this problem evident, we meet comprehension difficulties in the receptors. Many believe that dealing with the subject of violence in relation with gender is not an adequate approach in the case of violence against disabled women. They base their arguments on the fact that this collective has greater general problems to be solved that affect both men and women. And find no need to create subgroups or dedicate specific attention to specific problems. In the case of sharing this point of view, an agreement on what general problems should be considered specific to women would have to be reached, as we make up more than

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<sup>11</sup> Some pieces of the messages exchanged in METIS Forum are quoted here.

50% of Spain's population.<sup>12</sup>

Even so, I do not share this way of “not understanding” a problem. The search for solutions to a general problem goes through the understanding and knowledge of many micro-manifestations of it. Not following these thought paths means that one is not really looking for a solution. The different shapes discrimination takes against the disabled collective increase when those persons are women. Among them are the abuse and violence which base their existence on sex and disability.

Discrimination based on disability propitiates a series of violent acts that turn into more repeated and marked actions in disabled women because of being women and disabled. These actions that emerge from a situation of social underestimation have a lot to do with the violation of human rights. They acquire a different status, if, on the other hand, we limit them to within a private and domestic ambit or of criminal character.

*"Yes, that's the trouble when speaking of violence and disabled persons. The forms of discrimination that end up generating psychic, physical and emotional violence often enter in the sphere of violation of human rights. And I am convinced that these actions take place mainly against disabled women. It is difficult to quantify the number of victims, because these acts of discrimination have not been considered beforehand as violent acts that produce pain.*

*At first sight, it could seem as if the difference stands between what we could focus as “discrimination” and on the other hand “directly inflicted violence” (beating, shouting) with direct consequences on health and on the integrity of the victim. I am not trying to give definitions but to point out what's on script. If we exclude thieves and assassins, who do not choose the victim by acquaintance, but by what they can obtain., and all that comes from discrimination; we are left with relatives and acquaintances. I personally believe that violence between two people appears when words disappear, and impotence emerges, or authoritarianism, which is one form of how impotence is practised.*

*If the topic in question is violence against disabled women, we are choosing, discriminating, limiting, and putting boundaries to population. Though it may seem a circular reasoning with no exit, I believe that the reason why we question violence against the members of this group is that we think that they suffer “particular” acts of violence. It is impossible to remove this violence from the concept of discrimination”. Gonzalo Dupuy*

Another substantial difference with violence against women is that the aggressors of disabled women have a more frequent link with the relation of dependence than with family or marriage relations. According to American and Canadian studies, the aggressors are the mother or father of the disabled women, followed by the caregivers, doctors, boyfriends, ex-boyfriends, brothers, uncles, and grandparents

*"Abusers see us, women with disabilities, as being vulnerable and isolated.*

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<sup>12</sup> According to the National Census 51,03% of Spain's population are women. When referring to the disabled collective, the percentage goes up to 53,88%. (Ref.: MINUSVAL magazine, N° 114).

*They will often prey on women with disabilities due to the societal and cultural illusions and stereotypes surrounding us.*

*One of the abuser's techniques is isolation. If women with disabilities are prevented from access to health care, counselling services, domestic violence, shelters, police stations, or hospitals due to a physical access problem, then, yes, the abuser sees a woman with a disability as easier to isolate. If there is a shortage of accessible apartments in my city, then I am more isolated." Judith Routh*

Disabled women lose all the attributes of their sex regarding beauty, sensuality, the myths of childbirth, etc., but they keep all those which bring women closer to service to others; slavery, and dependence.. This "category" of being favours abuse in the mind of the aggressor, because it frees him of feelings.

*"I understand that maltreatment can be physical, psychic and educational, but I would like to add a group of aggressors, that haven't been stated yet; that of sons and daughters.*

*When a woman becomes disabled, it is difficult to continue carrying out the roles assigned as a wife, daughter, and above all as a mother. One must cope with children's education, under obvious dependence and inferiority. It grows even harder when they become adolescents, as during this period they neglect parent's authority. And of course it is easy for them to disobey, and to not do their duties. A disabled mother depends physically upon her children, its as if the baby wants to impose on the autonomous." Asunción Fenoll*

*"In my work, I see this all the time. And I also see the insensitivity of the social service agencies. My clients are not only victimised by the abuser, but they are re-victimised by the doctors, advocates, social workers, etc. We definitely need to talk about this topic. I do training for social service providers, law enforcement, centres for indep. living, doctors, hospitals, etc. There is a vast need for discussion and action on this topic. Thanks." Judith Routh*

As time goes by we become more and more aware that habitual acts such as rejecting our body, involuntary sterilisation, neglecting motherhood, minor professional qualification, lack of basic education, physical and sexual abuse.., are violent acts that question and violate fundamental rights. . Fortunately, something seems to be changing in this dark panorama. The concept and practice of violence against women is migrating from minor conceptions, which limited it to the ambit of private life, to considering it a social problem and an attack against people's dignity. At the same time, we disabled women feel the need to speak for ourselves and point out a series of circumstances that form part of our lives and that we believe are in the ambit of what is understood as "violence" and "violation of human rights".

## CONCLUSIONS BROUGHT UP BY THIS STUDY.

Many disabled women see themselves as subjects of maltreatment and abuse, while society ignores the problem.

Many disabled women do not see themselves subjects of violence, because they consider these situations habitual in their lives and associated with disability.

Disability is a risk factor when suffering abuse and maltreatment situations, which added to the fact of being a woman, increases the risk to higher rates than those of the violence suffered by women in general.

Women with sensorial, learning, and communication problems, are more likely to suffer abuse and violence.

Not having the traditional female roles assigned contributes to lower self-esteem and increases vulnerability, elements that favour becoming an object of violence.

Violence against disabled women shares common characteristics with the female collective, but has specific characteristics as well.

Most professionals in charge of counselling and interventions in maltreatment to women ignore that many disabled women are in the same situation. Either because information does not reach them, or because they do not typify as violent acts those they believe associated to disability.

Depending on others to cope in daily life increases the risk of being objects of violent actions. This risk is believed lower when personal assistance is given with former professional training and psychological aptitude.

Violence against disabled women has more to do with the fact it is considered an extenuating circumstance that these actions are perpetrated against "a faulty being", than on using a woman's body as a demonstration of power and control.

## RECOMMENDATIONS

The promotion of debates and information campaigns regarding this specific problem in search of common action spaces.

The creation of channels of information, consulting, and reporting which are nearer and more accessible.

The diffusion of information in different ways to make it accessible to people with learning or sensorial difficulties.

The making of centres of attention, reception and information more accessible in physical aspects to the victims.

The investigation of the causes of violence against women in order to act efficiently.

The orientation of the responsibility of parents, partners nurses.., toward personal attention, offering the basic care in which their help is required.

The encouragement of the use of technical aids that allow a greater independence and /or by improving the attention given by others. And to concentrate on the abilities that lead to independence.

The training of the family and the personal assistants in terms of specific ways of dealing with different disabilities.

The encouragement of communication.

The education of disabled women in frames of self-respect.

The diffusion of information about their rights.

The training of disabled women to control and organise support services efficiently.

The supporting of a culture of respect to the dignity, difference diversity and equality between sexes.

The recognition of the actions that trespass the Legal bounds as violent acts, those that refer to the violation of rights that attempt against human integrity, more specifically of women.

Major research centred on the needs of elderly, single women, and of those who live in the country on aspects such as the isolation and victimisation that favour violence situations.

The inclusion of violence and sexuality in the educational curriculum.

The strengthening of self-support services for disabled women victims of violence

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