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Violence and abuse against women with disabilities: Relevance for professionals in Spain

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ABSTRACT

Violence against women with disabilities is a difficult situation to detect and requires a multidisciplinary approach. The objective is to identify the needs and deficiencies in the care and treatment of cases of violence against women with disabilities in order to develop strategies for improvement. 295 professionals participated in the Women and Disability Conference, organised by the Spanish CERMI in 2019, in three locations in the Castilla-León Community. This is a qualitative study with focus groups. The information was analysed and coded, creating four categories: identification, detection, action and prevention. All types of violence are found. There is little information about this situation. The participants propose to guarantee help based on trust, listening and individuality. Professionals show a good knowledge of the problem. There is a lack of preventive programmes, coordination between the bodies involved, a mediator to accompany the process and comprehensive support to achieve social inclusion.

1. Introduction

Violence against women has been internationally recognised as a serious and widespread phenomenon that affects women's lives and health (Council of Europe, 2020; European Commission, 2021; Women UN, 2021; UN, 2015; World Health Organization, 2021a, 2021b). Spain has extensive government legislation to combat, prevent and eradicate this blight (Government Delegation against Gender Violence, 2020; Spain Law 8/2021 of 2 June, 2021; Spain Law 15/2022 of 12 July, 2022; Royal Decree 752/2022, 2022). There are also specific organisations for women with disabilities: Fundación CERMI mujer, 2020 and *Plena Inclusión*, 2021. Several authors are interested in eliminating prejudices and stereotypes related to discrimination based on ethics and good treatment (Arellano Gutiérrez & Rivera-Heredia, 2021; Castro & Osorio, 2018; Gilsanz San Miguel, 2022; Juárez & Lira Mendiguren, 2020; Martínez-Rivera et al., 2021; van der Heijden et al., 2019).

The human rights of women and girls with disabilities continue to be violated every day in Spain, in Europe and around the world. In Spain, despite the efforts of disability organisations to make this a reality, it remains hidden. It is the responsibility of Spanish public administrations

to identify, prevent, mitigate and account for human rights violations committed against them. Reliable studies are needed to be highlighted in international UN and Council of Europe bodies such as sexual and reproductive rights, violence and abuse, and multiple and intersectional discrimination as have been committed. In Spain, there are hardly any specific studies at the national level (CERMI Women Foundation, 2020).

The Convention defines persons with disabilities as those who have long-term physical, mental or social impairments, which, in combination with various obstacles, prevent their full and effective participation in society on an equal basis with others (Convention, 2006). The *Convention on the Rights of Persons with Disabilities (2006)* includes protection from exploitation, violence and abuse from a gender perspective, for persons with disabilities as an additional disadvantage, and promotes the effective equality of women and girls with disabilities (Calderón et al., 2020; Peláez Narváez, 2012). Although women with disabilities are at the same risk of similar types of abuse and violence as other women, they also face other specific manifestations related to their disability that need to be recognised in order to provide adequate responses (Peláez Narváez & Villarino Villarino, 2017; Ruffinelli et al., 2019).

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Despite the lack of information, existing studies show that women with disabilities experience high rates of violence in different contexts (Giménez-García et al., 2017; Gomiz, 2016; Loza-Tello et al., 2022; Serrato et al., 2018). The 2003 report on the situation of minority women in the European Union found that 80 % of women with disabilities had experienced violence and were four times more likely to have experienced sexual violence than other women. It also pointed out that 80 % of women with disabilities living in institutions had been exposed to violence by people around them, whether they were health, service or care workers (Peláez Narváez, 2013; Vadysinghe et al., 2017). The current suspicion in Spain is that the numbers remain a high and unrecognised number due to a system that normalises and maintains this invisibility. In the Community of Castilla y León 48.2 % of people with disabilities are women (Agreement 7/2017, n.d.), however, there are no data on those who have suffered violence and abuse.

Women with disabilities are a very heterogeneous group, that share the peculiarity of suffering a high rate of discrimination and any kind of violence as a result of living with a triple stigma linked to being a woman, having a disability and living in a rural environment (State Observatory on Disability, 2019). It is known that disability, whatever it may be, aggravates the situation of violence suffered by women, especially those living with severe disabilities or learning and communication difficulties (Aguirre Zamorano & Torres Vela, 2013).

The United Nations High Commissioner for Human Rights (OHCHR) considers that 'violence against women and girls with disabilities includes violence in the form of physical force, legal coercion, economic coercion, intimidation, psychological manipulation, deception and misinformation, and in which the absence of free and informed consent is a critical component' (OHCHR, 2012:3). It also raises the need to take into account the diversity of women with disabilities in terms of sexual orientation and identity, heterosexuals, lesbians, bisexuals and transgender people (UN, 2011).

In the 2030 Agenda, Goal 5 aims to achieve gender equality and empower all women and girls at all levels within ten years. End various forms of discrimination and eliminate forms of violence against women and girls in the public and private spheres (UN, 2015). Gender-based violence is understood as a multidimensional phenomenon, that must be addressed from an inter-disciplinary, open and pluralistic approach aiming at a holistic or systemic approach (Calderón Caro, 2016; Peñarroja Donet, 2021). It is considered a psychosocial phenomenon, influenced by both the socio-cultural environment and by the characteristics of each person, expressed as an entity that combines the biological, psychological, social and cultural (WHO, 2001).

Violence against women has been recognised as the result of gender discrimination that effects social, economic, cultural and political structures. Great efforts are being made to make the rights of women with disabilities visible and to empower them in order to eliminate some of the causes of violence linked to gender inequality and thus prevent it (Romero-Martín et al., 2022). The lack or scarcity of information on the situation of women with disabilities makes it impossible to know their specific demands in the different areas of life (education, work, health, social, etc.), which therefore prevents the adequate design, implementation and evaluation of policies that respond to the specific nature of these needs. In Spain, Law 15/2022, 2022 proposes legislative measures to ensure the full exercise of all rights, comprehensive access to information and existing resources, although there is a need to reach out to some professionals, create specific protocols and follow up on cases. Deepening and making visible the situation of discrimination suffered by women with disabilities, as well as the different factors that trigger it, from a holistic viewpoint, is a good way to achieve social inclusion (Quinn & Degener, 2002). This lack of information helps to confirm the situation of inequality (Gomiz, 2022) and shows that, although there is sufficient legislation in Spain, it is not providing an adequate response to the rights and needs of these very diverse women (CERMI women Foundation, 2021).

Given the speciality of the victim of gender-based violence in

general, the collaboration of different professionals is important, and in the case of women with disabilities in particular, it is essential to provide support, social care, psychological services and legal advice, that will allow them to face the criminal process with a clear and determined will to get out of the situation of violence in which they find themselves (Romero-Martín et al., 2022). Although there are guidelines for support, the roles and responsibilities of the different factors involved are still unclear. The research question is how professionals working with women with disabilities identify, detect, act upon and prevent cases of violence and abuse. For this reason, it is of interest to know the perceptions of the professionals who are in contact with women with disabilities who have experienced some form of violence. This study aims to identify the existing needs and shortcomings in terms of care in cases of violence against women with disabilities and how to deal with them. To find out the opinion of these professionals on what they consider to be violence, the situations in which they detect it, its causes and their ability response, which can be a good starting point for developing strategies for improvement.

2. Method

2.1. Design

This is a qualitative descriptive study using focus groups. This technique was chosen because group interaction stimulates the generation of creative ideas and spontaneity, which is very useful in complex issues such as violence against women with disabilities about which little information is available; it offers flexibility to explore new aspects and dimensions of the problem, and information from several people at once with high subjective validity is obtained quickly and inexpensively (Calvente & Rodríguez, 2000).

In this research the focus group is designed to: a) unify the definition of violence, b) help identify the needs of women with disabilities who experience violence and c) learn about the experience and perspective of professionals who care for these cases. In order to better address the difficulties faced by women experiencing any form of violence.

2.2. Participants

The study population consists of professionals who work with women who have experienced abuse or violence at some point in their lives. The research was carried out in three centres in the Community of Castilla y León located in different areas: Palencia (DG1), Zamora (DG2) and Burgo de Osma (Soria) (DG3), in order to facilitate assistance from any point in the vast region. On the occasion of the Conference on Women and Disability organised by CERMI Castilla y León, a workshop on violence against women with disabilities was designed. All the participants were informed of the reason for collecting this information and were asked to collaborate in the study. One of the mediators asks for the professionals' informed consent. Their participation was voluntary. The total number of professionals was 295, with training in social work, psychology, law, education, etc. 91.9 % are women and the majority work in public centres.

2.3. Procedure

This is an in-depth research using focus groups. The participants clearly represent professionals working on issues of abuse and violence, and they gather a wide variety of opinions. Main criteria for segmentation are that none of the members of each group belongs to the same institution or centre and that each focus group includes at least one psychologist, one social worker, one lawyer and one educator. The research group consists of a workshop organiser, two mediators who lead and carry out the workshops (one from the field of psychology and one from the field of law) and two who collect and analyse the data. In each province at the Women and Disability Day, during the "Identify,

detect, act" workshop, one of the mediators introduces the subject of violence and asks for informed consent. The other one divides the participants into small groups of six and eight professionals in order to generate intense and detailed discussions, gives each group two questions to structure the session, and appoints a group secretary. These lines of reflection were developed and agreed by the researchers on the basis of the previous systematic review and their own experience, and were later reviewed by an external expert who suggested minor changes (Table 1). The workshops were videotaped and in all cases the confidentiality and anonymity of the discussions was guaranteed. In addition, the secretary of each group wrote up the conclusions and the notes were given to the workshop coordinators after they had been presented to the general group of each province.

This technique was used to gain access to the experiences of workers in the field of intervention and to gather assessments and opinions on the needs of both professionals and women with disabilities who had been abused.

The people who formed the groups belonged to different institutions or centres so that most of them did not know each other. The meetings were recorded and later transcribed, with the permission of the participants. The protocols for data protection and confidentiality of the information collected were followed.

2.4. Data analysis

With the information collected, a global vision was obtained, which was used for the following phases of analysis. An initial script of categories was drawn up based on the objectives of the study and the bibliography consulted, so that one a category was extracted from each block and refined until four categories were organised, Identification of

Table 1
Focus group topics.

Block	Topic	Question
Identify	- Definition	<ul style="list-style-type: none"> Do we know of any women or girls with disabilities in our environment who have suffered abuse or violence? What kind of violence have you been able to detect? Would you know how to identify them? Would you be able to identify the causes that make women and girls with disabilities more vulnerable? Do you know what health symptoms (physical or mental) a person who has suffered violence and/or abuse may present?
	- Types	
	- Causes	
	- Symptoms	<ul style="list-style-type: none"> What indicators can make you think that a woman-child with a disability may be at risk of GBV? Do you know of any protocol for dealing with such cases? What should this protocol have in place to help you?
Detecting	- Indicators	<ul style="list-style-type: none"> Do we know if there have been any reports of women or girls with disabilities who have suffered violence and/or abuse? If not, do you know why? What actions can you take in case of GV as a professional? (or what are your functions or tasks as a professional in the face of abuse) Do you know what support services women who suffer violence and/or abuse can turn to?
	- Protocol	
Taking action	- Complaints	<ul style="list-style-type: none"> Has there been any awareness/training campaign on GBV in your centre or association? Are you missing any? What training do you have or do you think you could use to act correctly in these situations of GBV? How can we practice equality and good treatment in our environment? What other forms of prevention can you think of?
	- Actions	
	- Services	
Prevention	- Campaigns	
	- Training	
	- Forms of prevention	

*GV = Gender-based violence.

violence, Detection, Actions and Prevention. The programme used for the analysis was ATLAS-TI.

3. Results

The participants in the discussion groups were a total of 129 people in Palencia (DG1), 93 in Zamora (DG2) and 73 in Burgo de Osma (Soria) (DG3), in each workshop they were organised in 7 groups, each one with two topics. The total number of professionals was 295, more women (91.9 %) than men (Table 2). The professional profiles were mainly from the areas of psychology, social work, law and education.

Similar expressions stand out in the groups' discourse to identify, detect, act and prevent violence and abuse in cases of women with disabilities. The categories previously designed in the focus groups in which the professionals made more reference, giving great importance, were; action, complaints and having adapted services and in which the professionals had more discrepancies were those related to the causes of vulnerability. Below are the comments related to violence that emerged in the different groups for each of the categories.

3.1. Identification

The aim of this category is to find out whether all professionals recognise violence in the same way in the information to be considered in the first instance. All participants have experience and explain concrete situations together with symptoms that help them to make decisions. They also present some common causes that they often encounter.

Everyone involved knows of a woman or girl with a disability who has suffered abuse or violence.

More women are coming, but there are also girls, more women are reporting it. Fewer cases come from seriously affected people because communication with the victims is complex (DG1). There are cases in which the complaint is withdrawn, for fear of not being believed, although they usually go with the verified decision. That is why mediation between victims and justice is important so that the victim feels welcome, with confidence to continue with the process (DG2). The people themselves, out of trust or because they need help, come to you to tell you or, knowing their behaviour, you realise that something is going on or that they are hiding something (DG3).

When the professional suspects that a woman with a disability may be a victim of abuse, they must confirm or rule out the possibility of violence. This requires a specific clinical interview.

There are difficulties in recognising gender-based violence, both for the women who suffer it, and for the professionals who care for them. There are social factors such as myths and stereotypes created by the culture, and psychological factors such as the fear of confronting fears and emotional pain. There is a lack of training in this area among professionals. We start with the definition of violence and the types of violence.

Within the analyses of the category Identification, grouping the symptoms, there is a great variety among others: crying without reason, irritability, different pains, mood swings, anxiety and/or depression, insomnia, permanent fatigue (DG1); loss of sphincter control, multiple health consultations, guilt, rejection of physical contact, headaches and migraines, fear, apathy, lack of social

Table 2
Sample participants distributed by province.

Provinces	Men	Women	Total
Palencia	9.3 %	90.7 %	129
Zamora	8.6 %	91.4 %	93
Burgo de Osma	5.5 %	94.5 %	73

contact, isolation, obsessive-compulsive disorder (DG2); insecurity, dependence, lack of protection, humiliation, psychological distress, low self-esteem, shame, emotional lability (DG3).

The professionals also point out some general causes, for being women and others for having a disability, the role of the female caregiver (obedient, abiding by rules), greater protectionism and not letting them make decisions even to be mothers, nor valuing their abilities, less conflict management skills, the need to feel loved, to think that she is lying, to focus the concern on the pregnancy (DG1). Absence of sexuality, lack of information and knowledge. Ignorance of the environment in which she normally moves. Less support. They have more difficulty expressing themselves. The overprotection they have may have influenced their difficulty in making decisions. Lack of adaptations and accessibility problems. Low self-esteem, insecurity. Lack of credibility. Fear of reprisals from the environment. Lack of social, cognitive skills and confidence to communicate what has happened (DG2). Sense of inferiority. Educational and training deficit. Lack of information and ignorance of their rights (denunciation). Sense of guilt. Hiding reality from the outside (family, society) to avoid criticism. Childishness, not knowing how to identify what abuse is, abuse of power in relationships, total elimination of sexuality, passivity (DG3).

3.2. Detection

This category collects information related to the moment when the situation of abuse against the person with a disability is discovered. Professionals explain that this is the first thing they do when confronted with a situation of violence, depending on the type of violence, and point out that they lack guidelines to help them make these first decisions.

With regard to detection, the professionals explain that once a woman recognises that she is in an abusive situation, a comprehensive assessment must be carried out, including a thorough examination of the injuries, her emotional state and her social situation, and she must be informed of the examinations that will be carried out and their purpose.

If she is in a situation of extreme danger, she will be assessed. The woman's expectations and the situation in which she finds herself with regard to making decisions about changes in her life are explored, aspects which are very important in order to adapt the intervention to the woman's situation. Coordination between professionals and institutions is essential to ensure comprehensive care.

The indicators identified by professionals that help to know if a woman with a disability is at risk of violence are relate to physical, psychological, emotional and social aspects, and it is necessary to monitor symptoms and changes. In order to detect violence of different types of violence, negligence or abandonment, physical, psychological and sexual abuse, economic exploitation and institutional violence (Table 3), professionals say that it is not difficult to detect.

There is a need for protocols to guide and highlight the existence of violence to help identify it and then to accompany it. Subsequently accompany the action. Professionals confirm that they are not aware of any specific protocol.

We do not know any protocols, but: the issue happens, as a specific request from the victim, a personalised interview, in cases of intellectual disability report to the police, in mental health to seek the support network (DG1). It's fundamentally lawful, however it's not applied yet. There is a great heterogeneity of disabilities and within each disability, it is difficult to group them all together. The protocol could have: indicators of abuse, risk factors, intervention with clear steps to follow (DG2). The most important steps are to detect, inform and act depending on the type of disability and whether it is an underage or a woman. Act in conjunction with trained professionals, associations, psychological support, social services (DG3).

Table 3

Comments on the Detect category according to the type of violence.

Subcategories	Comments
Negligence or carelessness	- Negligence in cleaning and basic matters - Non-coverage of basic needs (clothing, medication, not providing health care)
Physical abuse	- Aggression by family members or partners - In prison there are no minimum resources, no accessibility.
Psychological abuse	- They can be tricked into going to the bottle sites - Contempt, disrespect - Take advantage of them when they are sick or for their last wills.
Sexual abuse	- Sometimes the victim had not detected them. - Asking her to put on a condom and telling her not to
Economic exploitation	- In the use of money - The man rations the money or does not allow his wife to work because that would give her independence.
Institutional violence	- Right to receive justice, education - Obstacles when making an application. - Making a victim repeatedly have to tell what happened with what that entails

3.3. Performance

This category presents information about when the situation of violence is confirmed and the process they follow. Professionals explain what they do in their work.

The confirmation of a suspicion of mistreatment of a woman does not end the intervention of the professional, important research of the woman must be initiated, of attention and personalised work, as well as derivation when the characteristics of the case require it. The intervention varies according to whether or not the woman recognises the maltreatment or not and according to the situation of danger in which she finds herself.

Table 4 contains some comments on the category of action, from action in the case of violence, knowing if it is reported and the reasons why it is reported and why not, and support services (Table 4).

3.4. Prevention

The comments collected in the category of Prevention, refer to the Training that could come in order to act correctly in situations of abuse or violence, as a basis for detecting the problem, in issues related to psychology, law, social work, health branch, social, legal, education, in issues of equality, social services, physical and mental disability. Although awareness-raising campaigns and training have been carried out for people with disabilities and their families, there is a lack of training for state security forces, the creation of "specific equality committees", and follow-up and continuity over time.

Professionals consider that equality and good treatment can be practiced taking advantage of the victim's statute, everyone has the right to a facilitator (DG1), not to treat anyone as a weak being, nor to infantilize, to promote autonomy and confidence in people with disabilities, to teach equality and non-discrimination behaviour, to teach the relationship between men and women from equality, to promote participation in community activities (DG2). Raising awareness of the environment, using an inclusive language, dealing with people-centred attention, active listening and promoting the abilities of each person (DG3).

4. Discussion

The evaluation of the opinion of the professionals on violence against women with disabilities through these three workshops has allowed, on the one hand, an approach to the experience of the intervention and, on the other, the collection of evaluations and opinions which serve to

Table 4
Comments on the action category.

Subcategories	Comments
Actions	<ul style="list-style-type: none"> - The work depends on the workplace. In Social Action Centre (SACA): Assessment (vulnerability and risk), coordination (monitoring), Complaint, Information. - Assessment/detection, accompaniment in the process (no denunciation), no protection, facilitator to communicate (deaf people, foreigners, etc.). - Personal Autonomy Promotion Team (PAPT): Coordination, Denunciation, Information - Organisations: Coordination, Reporting, Information - Case reception and assessment of needs, objectives and interests. - Coordination with professionals and services, reporting depending on cases according to the code of ethics, protection, activating gender violence protocols, 112, 016, referral, shelter cases, providing information on services, resources, social skills, empowerment.
Complaints	<ul style="list-style-type: none"> - Although I know of cases of complaints I do not usually make them (DG1). - It is difficult for a woman without a disability to report even more so because it is difficult to see the signs of abuse (DG1). - They don't report because of a lack of support from their surroundings, mainly the family, and they usually get by because the neighbours make the first report (DG2). - They are afraid that they will not be believed, they feel guilty, ashamed, they normalise the situation of feeling inferior (DG2). - They think they will not be believed, lack resources, lack of information (DG3).
Services to be accessed	<ul style="list-style-type: none"> - There are many appropriate services, however, there is no single best service for all women with disabilities who may have experienced violence/abuse (DG1). - Whether or not to go to one service or another will depend on the individual condition of the woman with a disability. In other words, it is likely that if the service is adapted to overcome the limitations of the disability it will be an appropriate service for this care. For example, in the group of people with hearing disabilities the service must be adapted to overcome communication barriers (this does not usually happen). In the case of motor disability there may be problems in dialling the 016 telephone number. In addition, there are institutional abuses that can come from any of these services. Therefore, all resources (psychologist, association, health centre, lawyer, 016) are useful and should be at the service of situations of this type (DG1). - There are many appropriate services. It depends on the location and personal situation. Despite the specificity of each case (DG2). - We note that not every person could go to one of these services on their own initiative (DG3). - Services such as a psychologist, health centre, lawyer, social services, telephone 016, organisations and civil guard (state security bodies), municipal associations (of neighbours, women, etc.), self-help groups (DG3).

address the existing needs of women with disabilities. The most important categories in the case of professionals are identification, detection, action and prevention.

Violence against women with disabilities in Spain continues to go unnoticed, although the numbers are increasing as these women become more aware of the problem. One of the factors that puts them at greater risk of violence is the stigma associated with disability (Gilsanz San Miguel, 2022; Moncada Arévalo, 2021). Promoting autonomy and the exercise of their rights will make the problem visible and reduce violence (Castellanos Torres, 2021; Pérez, 2022).

As stated in the World Health Organization (2021a, 2021b), the European Commission (2021) the II Comprehensive Action Plan for Women with Disabilities (2013) and the Plan for the Prevention of Violence in the Family environment in Castilla y León 2019/2023 (Agreement 8/2019, n.d.), this violence has certain characteristics, determined by the intersection of gender and disability discrimination, which professionals must be aware of in order to provide adequate

responses. It is not people who are particularly vulnerable to becoming victims of violence, but rather the culture and social structure that favours these situations. The professional must be aware that violence against women with disabilities is not only caused by their disability, it is necessary to think about the services, spaces and resources aimed at the prevention, detection and care of violence for women with diverse abilities, knowing how to offer women the appropriate tools which allow them to develop their own lifestyle, promoting their personal autonomy and avoiding situations of unjustified dependence, from respect for dignity, individual autonomy and the freedom to make their own decisions with the appropriate support (Penyarroja Donet, 2021). Sometimes the professional is faced with dilemmas where the interests of the woman with a disability, the professional and the institution or family are at stake. However, the needs and welfare of the woman with a disability must always be kept in mind (Castro & Osorio, 2018).

Professionals and women with disabilities themselves do not always recognise abuse and neglect due to the nature of violence disguised as a particular disability. Some behaviours such as not providing the chair necessary for their movement or putting obstacles in front of them that prevent them from moving, the caregiver's refusal to assist in basic activities, denying water or food, insults, intimidation, psychological manipulation, although not offences, limit their autonomy and rights. Other times they are afraid or think that they will not be believed if they tell their experience and furthermore the abuser is in a position of power and authority and is even seen as a loving person who supports the accused. Therefore, in order to detect possible situations of violence, it is necessary to have information, experience about the abuse of these women and a degree of sensitivity to possible violence.

The aim is to reduce the number of cases and firstly to distinguish that violence is taking place and to raise awareness among all sectors of society, including women with disabilities themselves (CERMI, 2019). Peláez Narváez and Villarino Villarino (2017) and Dunkle et al. (2018), confirm that women with disabilities are victims of violence more frequently than women without disabilities, in institutional settings and often suffering from attitudes of pity or useless treatment. Some of the measures that can be taken to combat this reality include raising the awareness of families that women with disabilities need to be independent, that they are not children forever, and that they are capable of making their own decisions; education on equality helps to achieve an egalitarian society that eliminates the factors that put women with disabilities in a situation of violence; information on their rights and on existing support services through means that are accessible and available to them specialised training for professionals who come into contact with this issue, in the treatment of this group (Organic Law 10/2022); the incorporation of a protocol of action in the case of gender-based violence against women with disabilities (Castellanos Torres, 2021; Cruz-Triviño & García-Callejas, 2022; Juárez & Lira Mendiguren, 2020; Meyer et al., 2020; Pérez Gil, 2022), since, due to their limitations, communication and mobility, on certain occasions professionals or shelters are not adapted to deal with them; to include women with disabilities in publicity campaigns to raise awareness of the crime of gender violence, so that they feel identified with the problem and integrated into society; to take women with disabilities into account in statistics and studies relating to gender violence; the inclusion of women with disabilities in the labour market under the same conditions as other workers, through formulas that facilitate access to decent employment compatible with their disability, so that women victims of the crime of violence acquire economic independence and are not forced to continue to suffer violence due to lack of resources; the adaptation and facilitation of professional training for women with disabilities, so that lack of preparation is not an obstacle to access to the labour market (Calderón Caro, 2016; López-Pérez, 2023).

The Strategic Plan for Equal Opportunities for People with Disabilities 2016/2020 states that the general public and care professionals must be made aware of the need to recognise facts or signs that lead to situations of violence or abuse and to take protective measures.

The professionals involved expose a number of specific barriers that lead to this violence. Learning to detect cases of violence is a way of highlighting the need for resources and developing tools for the protection of women with disabilities (Namatovu et al., 2022). Generalise training on this subject for health and social workers, security forces, lawyers and those responsible for the administration of justice and all professionals who are in contact with women with disabilities, such as teachers or professionals who work directly with people with disabilities. We can learn to detect violence in the general population and in particular in people with disabilities and develop awareness programmes to disseminate this perspective and contribute to the cultural change that is essential for prevention.

One of the strategic lines of the Plan for the Prevention of Violence in the Family Environment (Agreement 8/2019, n.d.) is to develop appropriate tools for the detection and evaluation of violence for the different professionals, both in the public and private involved in each of the life of people with disabilities, from tools for risk assessment, the development of action protocols in the face of suspicion of abuse in all settings, the availability of reporting forms, access to counselling resources, the establishment of a referral procedure if necessary, designing procedures for the detection of situations of violence. Promote early detection in the centres and services with qualified professionals who form multidisciplinary teams.

One of the prerequisites for the design and development of these protocols is an understanding of risk factors that women with disabilities may experience, as a heterogeneous group with different experiences and trajectories. To have the participation of the agents who may be involved, as this will increase the degree of commitment and compliance with the protocol (Namatovu et al., 2022). And it is necessary to carry out a follow-up to evaluate its effectiveness and introduce new measures to improve it (Castellanos Torres, 2022; Gálvez Montoya, 2018).

There are several regulations and plans which include special actions to combat violence with specific actions for women with disabilities, although they must be applied from the point of view of accessibility and inclusion (Judici et al., 2019; Plena Inclusión Spain, 2021; Romero-Martín et al., 2022; Women ONU, 2021).

Information is the basis for intervention, and action will be more effective and efficient the better the initial situation of women with disabilities is known, as well as the results and impact of professional intervention on them (Castellanos Torres, 2022; Castro & Osorio, 2018). Gilsanz San Miguel, 2022; Peláez Narváez et al., 2018; Penyarroja Donet, 2021). It is necessary to be attentive to changes in the person in case they are caused by violence, to be attentive to spontaneous expressions and to corroborate the facts or to ask for help in the assessment of verbalization, in case of any suspicion, to plan an assessment interview with an expert and to record the information.

The first actions will always be to gather all the information relevant to the case. From this collection, the advisability or otherwise of requesting support must be assessed. Once the information has been analysed, it will be decided whether, how and by whom an interview will be conducted (Vázquez Fernández & Álvarez Martín, 2020). A series of prior considerations regarding communication, preparation, development and closure of the interview should be taken into account.

Spanish professionals lack a general guide with basic notions that will facilitate their decision making when dealing with people with disabilities, in order to understand in each case, the situation in which they find themselves and to be able to guarantee their rights so that they receive the necessary help, or to have a team or reference person to consult (Juárez & Lira Mendiguren, 2020).

The Plan for the Prevention of Violence in Spain (Agreement 8/2019, n.d.) in terms of care relies upon establishing unified criteria for referral of cases, having services and care spaces available, providing strategies to eradicate or remedy the consequences and promoting collaboration and coordination.

Among the services offered in Spain is the figure of the facilitator, who is the independent professional who serves as a support to the

police and judicial process in the different phases and helps to activate the adaptation of judicial procedures in accordance with the obligations of the Convention on the Rights of Persons with Disabilities (Alemany et al., 2014; Pérez, 2022; Plena Inclusión España, 2021).

The professionals in this study confirm that there are few complaints and that this is often the data that is assessed in the statistics on violence. The study "Gender and intellectual disability in Castilla y León" shows that only 57 % of the participants carried out measures to try to resolve the abuses and prevent them from happening again. And among the main strategies used were, telling the family or professionals, asking for help and reporting it to the police. According to CERMI 75.8 % of women with disabilities reveal that they do not go to the police because they believe it was not important and because they fear reprisals, as in the study by Edwards et al. (2023). Therefore, identifying suspicions, signs or evidence can be useful in detecting this type of case and guiding all the agents involved in the judicial process to be followed.

The intervention proposed by professionals must guarantee help based on trust, listening and individuality. This means contextualising, properly assessing the case, providing the support each person needs to be able to decide, taking into account all the pre-reporting measures and guaranteeing accompaniment in the reporting process and anticipating what will happen by providing security and support (Namatovu et al., 2022; Recio et al., 2013; Romero-Martín et al., 2022).

Professionals consider that there are many appropriate services in the Community of Castilla y León (Spain), although support is needed and that they are accessible, which is why they propose having a specialised information and guidance service to inform about existing resources and, in certain cases, to mediate with the public network. In addition, it is necessary to offer emotional support and/or legal advice to people who require it (Castellanos Torres, 2021; CERMI, 2021; Villaró & Galindo, 2012).

According to the Model of Comprehensive Care for Victims of Violence in Spain (Agreement 8/2019, n.d.), professionals value the effective coordination of all instances involved in care and protection; the proactive approach, not just acting on the basis of the complaint, emphasising early detection to initiate intervention as soon as possible; assignment of a professional referral who accompanies the woman throughout the process and supports the use of mechanisms and services needed. To have comprehensive and personalised support, covering safety and assistance with specialised resources.

Prevention requires raising awareness in society to achieve attitudes of inclusion and acting on the causes by providing resources for socialisation in order to recover identity as people with rights (Dunkle et al., 2020). The strategic lines aimed at raising awareness are to promote social awareness that we are all part of the solution; to strengthen the work of counselling services as a as tools for raising awareness against violence; to ensure that the different professionals involved in each stage of people's lives have the appropriate training and tools in terms of raising awareness of violence; to provide society with the necessary tools to recognise when a process of violence has been initiated or is underway; to encourage the early detection of violence by including qualified professionals in multidisciplinary care teams; to develop training activities for professionals in prevention and ongoing training.

The organisations and professionals that provide care to people with disabilities in Spain have an important role to play in the prevention of abuse, so it is positive to have a prevention plan and to identify the number of people so that it is known and shared and this prevents negligent situations from happening, such as hiding or denying it for fear of damaging the good image of the entity, questioning whether to report or justify the accusers. Recio et al. (2013) propose to effectively assess the position of the organisation in the face of abuse and to establish itself as an entity that knows how to detect and intervene effectively in the face of the violation of the rights of the people it serves, especially for those in greatest need of support. Some guidelines are proposed for the organisation: to have a clearly defined, public and known position of intolerance against abuse of any kind; specific training for people with

disabilities, families and professionals; to promote processes of registration and action; to establish a support system for all; to appoint a person responsible for general prevention; to review cases and good practices with transparency (Gil-Llario et al., 2020).

According to Verdugo (2004) it is necessary to provide the greatest possible autonomy and follow-up for women with disabilities since, although increasing independence and self-determination also increases risk situations, they are steps towards social inclusion. Prevention strategies should focus on increasing the awareness of professionals and families about the problem, on developing educational prevention programmes in both childhood and adolescence; and on implementing specific social skills training in adult life to improve decision-making and self-defence.

Although the study, from the perspective of a high number of professionals, has provided relevant information on how to deal with violence against women with disabilities, there are some limitations. The methodological approach from the subjective assessments of the participants means that the results obtained cannot be generalised, however, they provide very valuable information resulting from professional experience, although it would be good to have more objective measures of evaluation which would favour the generalization of the data. And the results may probably be biased in the sense that the professionals who have attended to the needs of women with one type of violence or different disabilities will be different. Another limitation is that the information collected is only from professionals and does not explore the views of women with disabilities who have used the services, nor those of family members.

As lines of future research, it is necessary to promote more quality research that provides data and statistics on violence against women with disabilities. This evidence will raise awareness in society, favouring the social visibility of women with disabilities, their autonomy and self-determination. Other lines of action can be focused on the development of programmes and protocols which improve the attention given by professionals by providing them with useful support tools. A follow-up to eradicate violence should also be carried out together with the study carried out with the general population. Studies such as the one presented here should be carried out in other communities and in other countries. Research on the coordination of health, social work, psychological and legal professionals with all those involved in the support and follow-up of women should be extended. Finally, research should be carried out on the implementation of the proposals made by these professionals, in order to verify the effectiveness of some of the strategies in the field or prevention of the action plans in force which have not yet been implemented.

5. Conclusions

In conclusion, this analysis of the information provided by professionals on the care of cases of violence against women with disabilities aims to provide clues for the design of strategies to improve accompaniment and support to help women with disabilities, their families and the professionals who care for them, providing information on how to intervene in cases of exploitation, violence and abuse. Prevention, identification, detection and intervention are four key processes identified by professionals who care for women against violence. Prevention is the first step, and involves a commitment from all of society, and in particular care professionals with their experience and good practice aim to make systems and processes for protection effective. Identification seeks to recognise any suspicion of violence as early as possible in order to start the process. Detection involves finding out and verifying that it is a situation of violence, having indicators and evaluation instruments that reveal the existence of abuse, and continuing with the reporting and accompaniment of the person with a disability in accordance with the protocol for action and their rights. Appropriate intervention requires acting without contaminating the victim's testimony, advising, referring to a specialised service and

offering support to facilitate the police and judicial process. It is advisable to be aware of how the victim assumes the situation and whether he/she needs specific support.

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