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# Innovating Through Diversity: The Inclusion of Women with Disabilities

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**Abstract**

One of the main focuses of social innovation is the fight for social inclusion for all. The prevalence of violence against women with disabilities shows how the lack of recognition of diversity hinders real equality for these individuals. This violence is a structural problem that is caused by a combination of gender and disability dynamics, the perpetuating inequalities and social exclusion. Researchers have analyzed specific vulnerabilities in the areas of work, education and health, and point out that only by addressing diversity can we overcome the consequences of such discrimination. Using a qualitative methodological approach, this study utilized critical documentary analysis and a thematic review of recent scientific, academic, and institutional literature, alongside empirical data, to identify the most prevalent forms of violence faced by women with disabilities: sexual (affecting up to 80% of women with disabilities), economic (with wage gaps exceeding 24%), and institutional (a lack of accessibility to basic services). The barriers hindering these women's access to resources and services are also highlighted. The results point to the urgent need to develop innovative public policies and social strategies that value social diversity as a driver of change. This study concludes with specific recommendations for implementing inclusive approaches that promote equality, universal accessibility, and comprehensive protection in order to move toward more just, cohesive, and innovative societies.

**Keywords:** diversity; social innovation; disability; gender; social exclusion; public policies

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## 1. Introduction

### 1.1. Context

Diversity is now one of the key drivers of social innovation, especially in the construction of inclusive societies that are capable of transforming their own exclusionary structures and dynamics. This is because diversity enables the convergence of a broad range of perspectives, experiences, and skills, fostering environments that are more creative and better equipped to find effective solutions to complex social problems [1]. When social innovation initiatives involve women with disabilities and other underrepresented groups, they challenge existing exclusionary norms and inspire pioneering approaches to accessibility, participation, and equal opportunities. Such inclusion not only sparks original

ideas but also ensures that the resulting policies and practices are sustainable, relevant, and reflective of society's true needs [2]. Analysing the intersectional disadvantages and structural violence, rooted in the compounded interaction of gender and disability, faced by women with disabilities provides a critical lens for understanding how real inclusion must address the hidden realities of this group's experiences, not merely their statistical representation. Thus, illuminating these situations and rethinking them from the perspective of diversity opens up avenues for designing innovative policies and practices that guarantee the rights and full participation of women with disabilities.

Violence against women with disabilities represents a serious violation of human rights that has been systematically hidden in both academia and public policy. This systematic concealment can be observed in various ways: for instance, academic research and state data collection seldom disaggregate information by both gender and disability, making the specific experiences of women with disabilities statistically invisible [3]. Research agendas frequently treat women as a monolithic category, obscuring how disability intersects with gender to create distinct experiences and risks. As a result, policies and academic debates regularly ignore the intersectional disadvantages that this group faces, thereby reproducing and perpetuating their marginalization [4]. This invisibility directly perpetuates vulnerability by preventing policy responses tailored to their specific risks. The sections that follow—covering the theoretical framework, methodology, results, discussion, and conclusions—are structured to guide the reader progressively from the conceptual foundations of the analysis to its policy implications.

The interaction between multiple forms of discrimination based on gender and disability generates a form of double exclusion that directly affects the quality of life, autonomy, and social participation of women with disabilities. According to recent data from the World Health Organization [3] (WHO), women with disabilities are between two and five times more likely to experience gender-based violence, including sexual violence, compared to women without disabilities. The WHO also recently called on the international community to pay greater attention to this issue due to its severity and the institutional silencing to which it is continually subjected [5]. This institutional silencing takes the form of persistent barriers throughout health, legal, and social systems. In addition, international studies have found that between 60% and 80% of women with disabilities have been victims of sexual abuse at some point in their lives [6]. In the workplace, women with disabilities face a 24% wage gap compared to men without disabilities, 77% of which is attributable to discriminatory factors [7,8]. These figures highlight a structural problem that transcends individual experiences and relates to social and institutional dynamics that perpetuate inequalities.

### *1.2. Academic Relevance*

Despite the establishment of international regulatory frameworks, such as the Convention on the Rights of Persons with Disabilities [9], significant gaps remain in their implementation at national and institutional levels. Whilst various countries, including Spain, have adopted legislation promoting gender equality and disability rights, enforcement and accessibility challenges persist globally. Most studies on gender-based violence do not disaggregate data by type of disability or consider how the intersection of gender and disability amplifies inequalities. Similarly, disability research frequently treats disability as gender-neutral, obscuring how gendered violence perpetuates specific vulnerabilities for women. Moreno, Gómez, and Solís [10] highlight the importance of analyzing attitudes toward persons with disabilities as a key factor in the reproduction of stigmas and barriers. Therefore, this study seeks to address this critical gap through an intersectional analysis that identifies specific structural and institutional barriers that intersectional analysis reveals.

Whilst this review draws on international literature spanning 2005–2025, it is informed by particular attention to the Spanish context. Spain offers a case for intersectional analysis of this phenomenon: it has established comprehensive legislation on gender equality (Organic Law 3/2007) [11] and disability rights (adherence to the UN Convention on the Rights of Persons with Disabilities), yet research indicates persistent gaps between legal frameworks and implementation regarding violence against women with disabilities. This gap between legislative commitment and lived reality makes Spain an instructive context for examining how institutional and structural barriers perpetuate violence despite ostensibly protective legal frameworks.

By centring the Spanish context within a comparative international framework, we can illuminate both country-specific patterns and shared global challenges. Spanish sources, particularly reports from the CERMI Foundation for Women, Spain's Ministry of Equality [12], and Spain's National Statistics Institute, provide detailed data often unavailable in other contexts, allowing in-depth analysis of barriers and policy gaps. Simultaneously, comparison with international evidence (European, Latin American, Australian, and other contexts) reveals which patterns are unique to Spain versus which reflect global structural patterns.

### *1.3. Theoretical Framework*

The theoretical framework presented in this article is based on three key concepts: intersectionality, the social model of disability, and structural violence. These approaches allow us to analyze how women with disabilities face specific forms of exclusion and violence due to the interaction between gender, disability, and other social factors.

#### 1.3.1. Intersectionality: Understanding Multiple Discrimination

The theory of intersectionality, introduced by Kimberlé Crenshaw [13], emerged as an analytical tool for understanding how different dimensions of identity (gender, disability, ethnicity, and social class, among others) interact to generate unique forms of oppression.

In the case of women with disabilities, these dimensions do not operate in isolation; their interaction creates specific experiences of exclusion that cannot be explained solely from a gender or disability perspective alone.

(A) Application to the Context of Violence

For women with disabilities, intersectionality offers essential theoretical and practical insights: these individuals do not experience discrimination based on gender and disability as separate, additive phenomena but rather as interlocking systems that amplify vulnerability and marginalisation.

In the context of gender-based violence, intersectional analysis reveals that women with disabilities face distinct barriers and increased risks compared to women without disabilities or men with disabilities. Women with intellectual disabilities are between four and ten times more likely to experience sexual abuse than women without disabilities [6]. This heightened vulnerability cannot be understood through a gender-only or disability-only lens; rather, it emerges from the specific intersection of gendered vulnerability and disability-related barriers, including restricted social autonomy, communication challenges, social isolation, and inadequate institutional protections, together with ableist stereotypes that infantilize women with disabilities, denying them autonomy over their bodies and decisions [14].

Consider a practical example: A woman without disability who experiences sexual violence faces cultural barriers to reporting (shame, self-blame, victim-blaming) and institutional barriers (lack of belief, judicial bias). A man with intellectual disability who experiences sexual violence faces different barriers (reduced legal agency, assumptions

about his vulnerability). A woman with intellectual disability who experiences sexual violence faces BOTH gendered barriers AND disability-specific barriers, creating a compounded vulnerability that is qualitatively different from either alone. Moreover, she faces a third, intersectional barrier: ableist assumptions about her sexuality and agency that simultaneously increase perpetrator access ("women with disabilities are asexual and unable to resist") whilst undermining institutional protection ("she cannot consent or testify reliably").

This is the distinctive insight of intersectionality: the intersection is not merely multiplicative but generative; it creates new forms of oppression unique to that intersection, not reducible to component parts.

(B) Criticism of the Traditional Approach

Traditional studies on gender-based violence tend to treat women as a homogeneous group, ignoring how factors such as disability amplify inequalities. This limited approach has led to the systematic invisibility of the experiences of women with disabilities in academic research and public policy [15]. Fernández et al. [4] emphasize the need for constant review of the literature to better understand these dynamics.

(C) Contribution of the Intersectional Approach

Intersectionality not only makes these unique experiences visible but also allows for the identification of specific solutions, for example, designing public policies that simultaneously consider gender and disability or promoting educational campaigns that challenge social stereotypes about women with disabilities.

#### 1.3.2. Social Model of Disability: A Paradigm Shift

The social model of disability, developed by Michael Oliver [16], redefines this condition as a social construct based on physical, attitudinal, and institutional barriers that exclude people with disabilities. This approach contrasts with the traditional medical model, which considers disability as an individual problem that must be "corrected" or "treated".

(A) Structural and Institutional Barriers

In the context of violence against women with disabilities, the social model allows us to identify how structural barriers perpetuate their vulnerability:

- Limited access to services: Many women with disabilities face difficulties in accessing shelters or legal services due to a lack of accessible infrastructure [17].
- Lack of professional training: Health and legal professionals often lack training in inclusive perspectives, which limits their ability to adequately care for victims with disabilities [3,18,19].

Concrete examples have been identified by the CERMI Foundation for Women [20], which notes that many victim support resources remain inadequately adapted for various disabilities, perpetuating significant barriers to effective access to protection and specialized support.

(B) Implications of the Social Model

Adopting the social model implies the following:

- Recognizing that violence against women with disabilities is not just an individual problem but a reflection of structural inequalities.
- Intervention design should focus on eliminating social and institutional barriers.

#### 1.3.3. Structural Violence: The Institutional Perpetuation of Harm

The concept of structural violence was introduced by Johan Galtung [21] to describe how social structures cause harm by preventing certain groups from meeting their basic needs. In the case of women with disabilities, this form of violence manifests itself on multiple levels, which is detailed in the following sections.

(A) Exclusion from the Labour Market

Women with disabilities face significantly higher rates of unemployment and job insecurity compared to other groups. These inequalities are related to both gender-based prejudices and their physical or intellectual condition [8,22]. For example, a woman with a physical disability may be perceived as "less productive" by employers due to ableist stereotypes. This not only limits her employment opportunities but also reinforces her economic dependence on potentially abusive family members or partners.

(B) Unequal Access to Legal Resources

Many judicial institutions lack protocols adapted for handling complaints filed by women with intellectual or sensory disabilities, perpetuating a culture of impunity for those committing crimes against them [14].

A study conducted by Calderón [17] found that fewer than 5% of cases reported by deaf women who are victims of sexual abuse go to trial due to language barriers and a lack of specialized interpreters.

(C) Statistical Invisibility

The widespread lack of data disaggregated by sex and type of disability contributes to the invisibility of this problem. According to Gomiz [23], this lack of data hinders the design and implementation of effective public policies.

#### 1.3.4. Ableism as Integrating Theoretical Concept

Ableism, understood as a system of beliefs, practices, and institutional arrangements privileging people without disabilities whilst marginalising people with disabilities, provides a powerful integrating concept that unifies the three previous theoretical frameworks. Critically, ableism does not operate in isolation from other systems of oppression; rather, it intersects and compounds with sexism to create particular vulnerabilities for women with disabilities.

An ableist framework in institutional contexts (health, legal, educational systems) perpetuates barriers to reporting violence, accessing protection, and achieving justice. For example, legal systems often default to guardianship arrangements for women with intellectual disabilities, removing their legal agency to file complaints or testify, systems justified through ableist assumptions about decisional capacity.

Similarly, ableist labour market discrimination excludes women with disabilities from economic independence, creating dependence on potentially abusive family members or intimate partners. Here, ableism and sexism compound: women face gendered economic vulnerability, and women with disabilities face additional ableist economic exclusion.

Therefore, ableism serves as the unifying concept revealing how gender and disability interact at multiple levels, in individual attitudes, institutional practices, and social–structural arrangements, to perpetuate intersectional violence. This integrating framework explains how sexual violence, economic exclusion, and institutional barriers are not separate phenomena but interconnected expressions of the same underlying ableist system.

#### 1.3.5. Specific Types of Violence

To fully understand how violence against women with disabilities manifests itself, it is necessary to analyze its various forms:

- Physical violence: According to the CERMI Foundation for Women [11], 23.4% of women with disabilities reported having suffered physical assaults from their partners or ex-partners, while 17.3% experienced such aggression from people who had never been their partners.
- Sexual violence: This form of violence disproportionately affects women with intellectual disabilities; in fact, recent studies indicate that between 60% and 80% have been victims of sexual abuse at some point [6,14].
- Economic violence: This form of violence manifests as financial control or exclusion from the labour market. The CERMI Foundational for Women [7] point to a 24% wage gap between men without disabilities and women with disabilities, which constitutes discrimination against both gender-based discrimination and discrimination against those with disabilities.
- Institutional violence: This includes discriminatory practices within the education, health, and judicial systems. Calderón [17] highlights how these barriers perpetuate social exclusion by limiting access to essential resources.

Intersectional analysis combined with the social model of disability and the concept of structural violence provides a robust framework for understanding how women with disabilities face specific and complex forms of exclusion and abuse. This approach not only allows us to identify the structural and institutional factors that perpetuate these inequalities but also enables us to propose comprehensive solutions based on universal accessibility and social inclusion.

### *1.4. Research Objectives and Questions*

This study adopts two complementary research objectives grounded in the academic gap identified above. The primary objective is to analyse manifestations of violence against women with disabilities from an intersectional approach that allows for the identification of structural and institutional barriers perpetuating this violence. This primary objective encompasses four specific analytical aims:

The first is to explore the specific forms of violence, including sexual, physical, economic, and institutional violence, that disproportionately affect women with disabilities and to document their prevalence across different disability types. This specificity is essential because prior research has often aggregated violence against women without disaggregating by disability, obscuring how different disability types face distinct vulnerability patterns.

The second is to identify the structural and institutional factors that perpetuate these inequalities. Rather than treating violence as an individual or interpersonal phenomenon, this objective explicitly directs analysis towards the social, policy, and institutional mechanisms that enable violence and prevent protection.

The third is to assess the impact of this violence on physical and mental health outcomes for women with disabilities, recognising that intersectional vulnerabilities may compound trauma and limit access to support services.

The fourth is to propose inclusive strategies and policy recommendations to prevent violence and promote equality, grounded in the findings of this intersectional–structural analysis.

This objective recognizes that vulnerability is not uniform across all women with disabilities but varies depending on the specific intersection of identity dimensions an individual embodies.

This review therefore serves a dual purpose: it documents the existing evidence on violence and structural exclusion affecting women with disabilities, and it advances a normative argument for policy and social innovation grounded in that evidence.

### *1.5. Structure of the Article*

This article is divided into six main sections:

In the first section, the theoretical framework is presented, analyzing key concepts such as intersectionality, the social model of disability, and structural violence.

In the second section, the methodology used to conduct this qualitative study based on critical documentary analysis is detailed.

Next, the results obtained on prevalence and structural barriers that perpetuate violence against women with disabilities are presented.

In the Discussion section, the findings are interpreted from an intersectional perspective, connecting them with relevant theories and proposing concrete solutions.

Finally, conclusions and recommendations for implementing inclusive public policies are presented.

## 2. Materials and Methods

This section describes the approach, techniques, and procedures used to analyze structural violence against women with disabilities from an intersectional perspective. It details the study design, data sources, analysis methods, and identified limitations.

### *2.1. Methodological Approach and Justification*

This study adopts a qualitative approach based on critical documentary analysis and thematic literature review. This methodological choice is particularly appropriate for examining complex social phenomena such as structural violence against hidden and marginalized populations. Qualitative approaches are well-suited to understanding the meanings, interpretations, and causal mechanisms embedded within social structures, rather than merely counting incidents or aggregating prevalence statistics.

Specifically, critical documentary analysis allows us to examine how structural violence against women with disabilities is represented, explained, or concealed in academic literature, policy documents, and institutional reports. This reveals not only what is documented but also what remains systematically absent from the public record, itself a form of structural invisibility.

This study deliberately adopts a narrative synthesis approach rather than being a formal PRISMA-compliant systematic review. This methodological choice reflects deliberate theoretical and practical reasoning, not a methodological limitation, as will be explained in detail in Section 2.6.

### *2.2. Justification for the Qualitative Approach*

The qualitative approach taken is appropriate for this type of research, as it focuses on understanding social phenomena from an interpretive perspective. In this case, it allows us to analyse how social and institutional structures perpetuate inequalities towards women with disabilities [24].

### *2.3. Study Design*

The study design was divided into three main phases which are described below:

#### 2.3.1. Databases and Search Strategy

The study conducted systematic searches across four major academic databases (Scopus, PubMed, Web of Science, Google Scholar), specifically chosen for their comprehensive coverage of gender, disability, health, and social science research. Search terms were systematically developed to capture the intersectional focus using combinations of key terms: “violence against women with disabilities”, “intersectionality + disability + gender”,

"structural barriers + women + disabilities", "institutional violence + disability", and related combinations. This search strategy was deliberately designed to capture both direct evidence (empirical studies documenting violence) and theoretical literature (conceptual frameworks explaining mechanisms).

Temporal scope: Documents published between 2005 and 2025 were included to balance currency with foundational research. The 2005 cutoff was selected to provide sufficient historical depth whilst focusing on contemporary scholarship reflecting current policy and institutional contexts. Seminal theoretical works published before 2005 (notably Crenshaw 1989 [13] on intersectionality and Oliver 1990 [16] on the social model of disability) were included when essential to establishing theoretical foundations, on the principle that theoretical frameworks require reference to foundational work regardless of publication date.

Within the 2005–2025 window, prioritisation was given to more recent scholarship (2015–2025) to ensure currency, but earlier sources were included when they provided essential empirical data or theoretical foundations unavailable elsewhere.

#### 2.3.2. Document Types and Corpus Composition

The corpus comprised 107 documents selected according to the inclusion/exclusion criteria specified in Section 2.6, organized into four categories:

(A) Peer-Reviewed Academic Literature (72 documents, 67% of corpus):

- Empirical research studies investigating violence, disability, intersectionality;
- Theoretical articles on intersectionality, disability studies, structural violence, and related topics;
- Literature reviews and meta-analyses on violence against women, disability rights, and related topics.

(B) International and National Institutional Reports (22 documents, 21%):

- World Health Organization (WHO) reports and clinical guidelines on violence;
- United Nations Women (UN Women) publications on gender violence and disability;
- United Nations Population Fund (UNFPA) reports on sexual and reproductive health and disability;
- CERMI Foundation for Women reports (Spain-based but internationally relevant);
- National Statistics Institute (INE) survey data and statistical analyses;
- National Ministry of Equality publications on gender violence and disability.

(C) Legal and Policy Documents (8 documents, 7%):

- Convention on the Rights of Persons with Disabilities [9];
- Organic Law 3/2007 on gender equality in Spain [11];
- International and European directives on disability rights and gender equality;
- National and regional disability rights legislation.

(D) Supplementary Sources (5 documents, 5%):

- Dissertations and PhD theses meeting quality criteria;
- Reports from recognized disability rights organisations and NGOs;
- Grey literature from international bodies when meeting quality standards.

Selection justification: The diverse source types were deliberately included to enable triangulation across different evidence types. Academic literature provides empirical evidence and theoretical frameworks. Institutional reports provide data and policy perspectives. Legal and policy documents provide contextual frameworks. This multi-source approach strengthens the analysis by showing convergence across independent evidence sources.

#### 2.3.3. Thematic Analysis Overview

The corpus of 107 documents was systematically analysed using thematic analysis to identify patterns, themes, and causal mechanisms. Thematic analysis proceeds through iterative phases of data familiarisation, open coding, theoretically guided code refinement, and synthesis. This iterative process enabled identification of four primary thematic categories: (1) Sexual Violence and Gendered Disability Vulnerability, (2) Institutional Barriers to Reporting and Protection, (3) Economic Violence and Labour Market Exclusion, and (4) Intersectional Vulnerabilities and Compounded Disadvantage.

The detailed methodology for how these categories emerged from the data, including quantitative justification based on prevalence across the corpus, is provided in Section Thematic Analysis Methodology: From Raw Text to Analytical Categories.

### *2.4. Data Sources*

Multiple primary and secondary sources were used to ensure a comprehensive analysis:

#### 2.4.1. Scientific Literature

- Peer-reviewed studies on structural violence, gender, and disability.
- Empirical research documenting rates of violence against women with disabilities.
- Theoretical articles on intersectionality and social models of disability.

#### 2.4.2. Official Reports

- Global reports from international organizations such as the World Health Organization (WHO), the United Nations Population Fund (UNFPA), and the Convention on the Rights of Persons with Disabilities (UN).
- Relevant national documents, such as studies by the Ministry of Equality in Spain and publications by the CERMI Foundation for Women.

#### 2.4.3. Current Legislation

- Critical review of international and national laws related to gender equality and the rights of persons with disabilities (e.g., Organic Law 3/2007 in Spain [11]).

This Spanish legislation is cited as one illustrative national example of how gender equality frameworks can be translated into domestic law. It is not used as a source for generalizable findings; comparative references to international and supranational instruments are provided throughout the manuscript where broader claims are made.

#### 2.4.4. Statistical Studies

- National and international surveys that provide data disaggregated by gender and type of disability.
- Example: Survey on Disability, Personal Autonomy, and Dependency Situations [25].

### *2.5. Specific Methods*

The analysis was carried out using three complementary approaches:

- Critical documentary analysis: More than 100 academic articles and official reports related to the topic were reviewed. This method allowed for the identification of gaps in the existing literature on violence against women with disabilities.
- Thematic analysis: The reviewed texts were coded to identify key patterns related to specific forms of violence (sexual, economic, and institutional) and structural barriers that perpetuate these inequalities.

- Intersectional analysis: A deductive–inductive approach was used to explore how different identity dimensions interact to generate specific inequalities. This analysis allowed for the identification of particularly vulnerable subgroups within the study group (e.g., young women with intellectual disabilities versus physical disabilities).

Thematic Analysis Methodology: From Raw Text to Analytical Categories

The thematic analysis employed an iterative inductive–deductive approach, combining data-driven theme development with theoretically guided interpretation. This section explains concretely how raw documentary evidence was transformed into the analytical categories presented in the Results section.

This study employed iterative inductive–deductive thematic analysis, drawing on principles established by Braun and Clarke's reflexive thematic analysis approach, adapted for systematic literature review synthesis rather than primary data analysis.

Inductive Phase: Initial Familiarisation and Open Coding

All 107 documents in the corpus were read in full, with preliminary notes identifying patterns and initial themes without imposing predetermined theoretical constraints. This inductive phase generated preliminary open coding identifying recurring topics: prevalence of specific forms of violence; barriers to reporting; institutional responses; economic consequences; psychological impacts; and lived experiences.

Deductive Phase: Theoretically Guided Code Development

Following initial familiarisation, the established theoretical framework (intersectionality, social model of disability, structural violence, ableism) was used to deductively guide code development. The research team reviewed the preliminary codes generated in the inductive phase and asked: "How do the theoretical frameworks illuminate these patterns? What do these patterns reveal about intersectional mechanisms? About structural/institutional dynamics?"

This deductive phase resulted in a refined analytical framework with five primary thematic codes that were then organized into four primary thematic categories presented in the Results.

Refinement Phase and Category Justification

The thematic codes were justified through quantitative prevalence analysis across the corpus: each category was represented in at least 35 documents (33% of corpus), indicating that it represented a central, not peripheral, pattern in the literature. Specifically:

Category 1 (Sexual Violence) appeared in 85 documents (79% of corpus), with prevalence data ranging from 60 to 80% lifetime prevalence of sexual abuse among women with disabilities.

Category 2 (Institutional Barriers) appeared in 92 documents (86% of corpus), documenting barriers across health, legal, educational, and employment systems.

Category 3 (Economic Violence and Labour Market Discrimination) appeared in 38 documents (36% of corpus), examining wage gaps and employment discrimination.

Category 4 (Intersectional Vulnerabilities) appeared in 61 documents (57% of corpus), analysing compounded disadvantage across identity dimensions.

This systematic quantification of thematic emergence, showing the percentage of the corpus addressing each category, provides transparent justification for the analytical structure. It demonstrates that the four categories reflect central, pervasive patterns in the literature rather than arbitrary or idiosyncratic author selections. The high corpus coverage for each category (36–86%) supports the validity and relevance of this organisational framework.

Author Contributions to Analysis

This phase was conducted collaboratively: two authors (M.L.M. and F.M.V.) conducted detailed coding of a purposive sample (25% of corpus) using detailed annotation and discussion to ensure consistency of interpretation. Remaining documents were coded by F.M.V. with regular check-ins with M.L.M. to verify consistency. All three authors participated in refinement discussions, with F.R.S.A. contributing comparative analysis across international contexts.

### *2.6. Inclusion and Exclusion Criteria*

To ensure the relevance and quality of the material analyzed, the following criteria were established:

#### 2.6.1. Inclusion Criteria

- Studies published between 2005 and 2025.
- Articles that specifically address violence against women with disabilities from an intersectional perspective.
- Research conducted in European or international contexts comparable to the Spanish context.

#### 2.6.2. Exclusion Criteria

- Studies focusing exclusively on men or children with disabilities.
- Research without full-text availability or that was not peer reviewed.
- Articles published in languages other than Spanish or English.

#### 2.6.3. Validation of the Analysis

To ensure the validity of the analysis, the following strategies were employed:

- Triangulation was carried out between different sources (scientific literature, official reports, and legislation).
- Experts in gender and disability preliminarily reviewed the findings to verify their theoretical and practical consistency.
- The results obtained were compared with similar studies conducted in other geographical contexts (e.g., Latin America or Eastern Europe).

#### 2.6.4. Limitations of the Study

This study has some limitations that should be considered:

- The widespread lack of data disaggregated by sex and type of disability limits the scope of the quantitative analysis.
- Most of the available studies focus on Western contexts; therefore, the findings may not be fully generalizable to other regions.

In addition, the widespread lack of data disaggregated by sex and type of disability limits the scope of quantitative comparative analysis and makes it difficult to systematically compare prevalence across countries and disability types. Most available studies also focus on Western contexts; therefore, the findings may not be fully generalisable to other regions. These limitations should be taken into account when interpreting the results and their potential transferability to different social and institutional contexts.

### *2.7. Methodological Positioning: Narrative Synthesis Versus Systematic Review*

This study deliberately adopts a narrative synthesis approach rather than being a formal PRISMA-compliant systematic review. This methodological choice reflects deliberate theoretical and practical reasoning, not a methodological limitation.

#### 2.7.1. Why Narrative Synthesis for International Structural Analysis?

The PRISMA protocol is exceptionally valuable for systematic reviews focusing on specific interventions, quantifiable outcomes, or meta-analyses. Its strength lies in exhaustive, replicable search strategies, explicit inclusion and exclusion criteria, and transparent quality appraisal aimed at minimising selection bias and producing aggregable quantitative findings.

However, the research question in this manuscript, "How do structural and institutional factors perpetuate violence against women with disabilities from an intersectional perspective?", is fundamentally different. It asks not "Does intervention X reduce violence outcome Y?" but rather "How do complex social systems work together to create and perpetuate hidden harms?". Answering this question requires in-depth thematic synthesis integrating:

- Empirical prevalence data (documenting what is happening).
- Theoretical literature (explaining why it happens).
- Qualitative research (understanding lived experience).
- Policy and legislative documents (revealing institutional responses).
- Comparative analysis across geographical contexts (identifying patterns).

A PRISMA systematic review focused exclusively on, for example, the prevalence of sexual violence against women with intellectual disabilities could rigorously synthesize this single outcome. However, it could not address the broader structural question of how gendered disability stereotypes, lack of accessibility in legal systems, employment discrimination, and absence of disaggregated data combine to perpetuate this violence. This broader question requires narrative synthesis because the causal mechanisms operate across multiple systems and cannot be reduced to a single quantifiable outcome.

#### 2.7.2. Trade-Offs Explicitly Acknowledged

The narrative synthesis approach involves explicit trade-offs:

- It does not aim for exhaustive coverage of all existing publications, and some relevant studies may not have been included.
- Selection and interpretation decisions are qualitative and may introduce potential bias compared to PRISMA's standardized procedures.
- The iterative analytical process provides fewer formal replicability guarantees than a pre-registered systematic review.

At the same time, narrative synthesis offers important advantages for intersectional structural analysis:

- It allows in-depth thematic integration across heterogeneous sources (empirical studies, institutional reports, policy documents, theoretical contributions).
- It supports analysis of causal mechanisms across multiple interconnected systems.
- It makes it possible to highlight absences and gaps (such as the lack of disaggregated data) as findings in their own right.

#### 2.7.3. Quality Assurance Mechanisms

To mitigate the limitations of a non-PRISMA approach, several quality assurance mechanisms were implemented:

- Triangulation across multiple data types (peer-reviewed research, institutional reports, policy documents, international and national statistics).
- Expert validation of preliminary findings by scholars specialising in gender and disability.

- Comparative analysis across geographical contexts (for example, Spain, other European countries, Latin America, Australia).
- Use of an explicit theoretical framework (intersectionality, social model of disability, structural violence, ableism) to guide interpretation and ensure analytical consistency.
- Transparent documentation of search strategy, corpus composition, and thematic analysis procedures in this Methods section.

#### 2.7.4. Appropriateness for the Research Question

The narrative synthesis approach is appropriate for this research question precisely because intersectional structural analysis requires understanding multiple interconnected systems simultaneously. Intersectionality scholarship has consistently stressed that reducing intersectional phenomena to a single measurable outcome often erases the complexity that makes intersectionality theoretically and politically significant. A PRISMA review asking "What is the prevalence of violence against women with disabilities?" could be rigorous and valuable. However, answering "How do gender, disability, economic inequality, and institutional failure combine to create and perpetuate violence?" requires the thematic depth enabled by narrative synthesis.

The quality of this study should therefore be assessed not on its adherence to PRISMA, but on whether the methodology transparently addresses the research question, whether conclusions follow logically from the evidence presented, and whether limitations and potential biases are explicitly acknowledged.

## 3. Results

This section presents findings from the thematic analysis of 107 documents, organized around the main analytical themes identified through the iterative coding process described in the Methods section. As this is a literature review, the "results" constitute thematic patterns and analytical synthesis derived from the reviewed literature, not primary empirical data collection. The four thematic categories organising these findings—Sexual Violence and Gendered Disability Vulnerability; Institutional Barriers to Reporting and Protection; Economic Violence and Labour Market Exclusion; and Intersectional Vulnerabilities and Compounded Disadvantage—emerged inductively from systematic thematic coding of the 107-document corpus, as described in Section Thematic Analysis Methodology: From Raw Text to Analytical Categories. Their prevalence across the corpus (ranging from 36% to 86% of documents) provides analytical justification for their centrality in the findings presented below.

The sections below present both documented evidence (prevalence data, documented barriers, empirical findings from constituent studies) and the authors' original synthetic analysis (connections between themes, identification of causal mechanisms, and intersectional interpretation). Where we report documented findings, sources are explicitly cited. Where we present original analysis, this is clearly signalled through interpretive language (for example, "this reveals", "the analysis suggests", or "this pattern indicates").

The findings are organized into three main categories: prevalence of violence, structural and institutional barriers, and social exclusion.

### *3.1. Sexual Violence as Foundational Vulnerability in Intersectional Disability*

Women with intellectual disabilities face disproportionately high rates of sexual violence. According to Elman [6], between 60% and 80% of women with disabilities have been victims of sexual abuse at some point in their lives, a rate 4–10 times higher than that of women without disabilities. The CERMI Foundation for Women [14] highlights that girls with disabilities are four times more likely to suffer sexual abuse than girls

without disabilities. The United Nations Population Fund [26] also points out that the lack of adequate sex education and overprotective family environments contribute to this vulnerability, as many women with intellectual disabilities lack information about their sexual and reproductive rights.

This pattern cannot be understood through either a gender-only or a disability-only lens; rather, it emerges from the specific intersection of vulnerabilities created by both dimensions. From a gender perspective, women face culturally embedded sexual vulnerability due to patriarchal structures and normalized gender inequalities. From a disability perspective, women with intellectual disabilities face additional vulnerabilities rooted in social stereotypes that infantilize them or depict them as "asexual" or "unable to consent", which paradoxically increase their risk whilst undermining institutional protection [14].

These are not additive disadvantages but compounded disadvantages: stereotypes that portray women with intellectual disabilities as "unable to resist or report" increase perpetrators' access, while the same stereotypes undermine the credibility of victims when they do report. Health professionals, law enforcement, and even family members may discount their accounts as misunderstandings or fabrications, reinforcing impunity. This reveals how ableist ideology operates simultaneously as a mechanism enabling violence and a mechanism preventing protection.

#### 3.1.1. The Trauma-to-Dependence Mechanism and Economic Vulnerability

The consequences of sexual violence extend beyond immediate trauma to create compounded structural vulnerability through economic dependence. Sexual trauma, combined with institutional failures to support survivors, perpetuates cycles of economic dependence in which women with disabilities remain reliant on potentially abusive family members or intimate partners, unable to access protective resources through employment.

This trauma-to-dependence mechanism interacts with pre-existing labour market discrimination, amplifying vulnerability. Women with disabilities remain disproportionately excluded from employment, with nearly two-thirds outside the labour market, and those who are employed experience gender- and disability-related wage gaps between 10% and 13% compared to other workers [7,8,27]. When structural employment discrimination is combined with trauma from sexual violence and the absence of adequate support services, the result is a system of interlocking vulnerabilities that perpetuate abuse and economic dependence [28].

This represents the intersection of multiple forms of structural violence: sexual violence rooted in gendered vulnerability, institutional violence through failures of legal and social protection systems, and economic violence through systematic labour market exclusion.

#### 3.1.2. Physical Violence

According to data presented by the CERMI Foundation for Women [11], 23.4% of women with disabilities reported having suffered physical violence at the hands of their partners or ex-partners, while 17.3% indicated being victims of such assaults by individuals outside of a partner relationship.

#### 3.1.3. Economic Violence

Women with disabilities face high levels of economic violence, mainly in the form of financial control and exclusion from the labour market. While differences in salaries are higher than 10% between men and women with disabilities, the difference is less than EUR 3000 when comparing women with and without disabilities [8,27].

### *3.2. Structural and Institutional Barriers*

#### 3.2.1. Limited Access to Essential Services

A recurring barrier that was identified is the lack of physical and institutional accessibility in services for victims of violence. Recent studies highlight that many shelters are still not adapted for people with reduced mobility, and even fewer offer specific support for women with intellectual disabilities [20].

In a case documented by Calderón [17], a deaf woman who was a victim of sexual abuse was unable to file a complaint due to the absence of specialized sign language interpreters in the Spanish judicial system.

#### 3.2.2. Lack of Professional Training

Another significant obstacle is the lack of specialized training among health, judicial, and social professionals to adequately care for women with disabilities who are victims of violence. According to Gomiz [23], this lack of training perpetuates an institutional culture that renders the specific needs of this group invisible.

### *3.3. Social Exclusion*

#### 3.3.1. Employment Discrimination

Sexual violence suffered by women with intellectual disabilities continues to be a largely invisible reality despite its seriousness, which makes access to reporting and institutional protection even more difficult [28]. Women with disabilities face higher rates of unemployment and job insecurity compared to other social groups. The unemployment rate among women with disabilities is twice that of men without disabilities, and the jobs they obtain are usually less well-paid and less stable [22,27].

For example, a survey conducted by the CERMI Foundation for Women [11] reveals that 70% of women with disabilities interviewed consider their physical or intellectual condition to be a significant barrier to accessing decent jobs.

#### 3.3.2. Statistical Invisibility

The widespread lack of data disaggregated by sex and type of disability hinders the design and implementation of effective public policies. According to Gomiz [23], this contributes to perpetuating social exclusion by making the specific experiences of women with disabilities invisible.

### *3.4. Intersectional Analysis*

The intersectional analysis carried out identified particularly vulnerable subgroups within the group studied:

- Young women with intellectual disabilities: This group faces greater risks of sexual violence due to stereotypes related to both their gender and age.
- Older women with physical disabilities: In addition to facing economic violence, these women are often excluded from accessing basic resources due to prejudices related to their age and physical condition.
- Migrant women with disabilities: The interaction between gender, disability, and ethnicity amplifies their vulnerability to all forms of violence analysed.

The results obtained show how structural dynamics perpetuate inequalities experienced by women with disabilities at multiple levels, ranging from direct violence to social and institutional exclusion. These barriers not only limit their autonomy but also reinforce systematic patterns of discrimination that require urgent intervention from an intersectional perspective. The data reinforce the need for comprehensive, intersectional approaches in both research and policy development.

## 4. Discussion

In this section, we interpret this study's findings, connecting them with the theoretical framework and relevant literature. The implications of the results are analysed from an intersectional perspective, highlighting how structural dynamics perpetuate violence against women with disabilities and proposing concrete solutions.

### *4.1. Interpretation of the Results*

#### 4.1.1. Sexual Violence: An Amplified Vulnerability

The results show that sexual violence disproportionately affects women with intellectual disabilities, who are between four and ten times more likely to be victims of abuse than other women [6,14]. This finding confirms the observations of Gomiz [23], who highlights that harmful stereotypes, such as infantilization or the perception of women with disabilities as "asexual," increase the risk of sexual violence.

From an intersectional perspective, this vulnerability cannot be analysed solely via the lens of gender or disability alone. As Crenshaw [13] points out, the interaction between these identities generates unique experiences of exclusion that require a comprehensive approach. For example, institutional and social barriers limit access to legal resources and adapted medical care, perpetuating a culture of impunity for these crimes [15].

#### 4.1.2. Structural and Institutional Barriers

The lack of accessibility to essential services, such as shelters for victims or judicial system services, constitutes a form of structural violence that perpetuates the social exclusion of women with disabilities. According to the CERMI Foundation for Women [20], physical and attitudinal barriers persist that limit effective access to protection and support, particularly affecting women with intellectual disabilities.

This exclusion reflects what Galtung [21] pointed out in his concept of structural violence: social institutions cause harm by preventing certain groups from obtaining basic needs. In this case, physical and attitudinal barriers limit the ability of women with disabilities to access resources that could protect them from violence.

#### 4.1.3. Economic and Labour Discrimination

Economic discrimination against women with disabilities manifests as significant wage gaps and exclusion from the labour market: various official sources place the gender and disability wage gap between 10% and 13% and confirm that nearly two-thirds of women with disabilities remain outside the labour market [7,8,27].

According to the social model of disability, this discrimination is not an individual problem, but a direct consequence of structural barriers that perpetuate economic inequalities [16]. For example, ableist stereotypes limit employment opportunities by labelling women with disabilities as "less productive" or "unable" to perform complex roles.

### *4.2. Theoretical Synthesis: Ableism as Integrating Framework*

Beyond the three individual theoretical approaches outlined in the Introduction (intersectionality, social model of disability, and structural violence), the findings in this study reveal a fourth, integrating concept that is essential to understanding how violence against women with disabilities operates as a unified system: ableism.

Ableism, defined as a system of beliefs, practices, and institutional arrangements that privilege people without disabilities whilst marginalising and oppressing people with disabilities, provides a unifying analytical lens showing that sexual violence, economic exclusion, and institutional barriers are not separate phenomena but interconnected expressions of the same underlying system.

#### 4.2.1. Ableism and Sexual Violence

Sexual violence against women with disabilities is deeply rooted in ableist stereotypes depicting women with disabilities as "asexual", "incapable of consent", or "eternal minors". These stereotypes simultaneously increase sexual vulnerability (by depicting women with disabilities as easy targets who will not be believed) and undermine protection (by casting doubt on their credibility when they report violence). As a result, ableist ideology operates both as a mechanism that enables violence and as a mechanism that prevents institutional responses.

#### 4.2.2. Ableism and Economic Violence

Economic exclusion of women with disabilities, manifested in higher unemployment rates and persistent wage gaps, is also shaped by ableist beliefs that position workers with disabilities as "less productive", "unreliable", or "unable" to perform complex roles. These beliefs persist despite evidence that reasonable workplace accommodations can enable workers with disabilities to perform effectively. Economic violence is therefore structural: it is not merely the result of individual prejudice, but of systematic undervaluation embedded in labour market structures, hiring practices, and compensation systems. When women with disabilities cannot access economic independence, they become materially dependent on family members or partners, who may at the same time be perpetrators of violence.

#### 4.2.3. Ableism and Institutional Violence

Institutional violence, manifested in inaccessible justice systems, shelters without adequate adaptations, and health services that do not consider disability, is also grounded in ableist assumptions that "normal" institutional designs are neutral and that people with disabilities must adapt individually. The absence of accessibility is not recognized as institutional failure, but as a consequence of individual "limitations". This normalizes institutional neglect and leaves women with disabilities without effective protection or redress mechanisms when they experience violence.

#### 4.2.4. Synthesis

The findings of this review show that sexual violence, economic exclusion, and institutional barriers are not isolated problems but interconnected expressions of an ableist system operating at multiple levels. An ableist ideology simultaneously:

- Increases sexual vulnerability (through stereotypes that enable perpetrator access);
- Prevents protection (through stereotypes that undermine credibility);
- Creates economic dependence (through labour market discrimination);
- Renders institutions inaccessible (through the assumption that women with disabilies are "exceptions" rather than expected users).

Together, these dynamics create a unified system of vulnerability in which women with disabilities are simultaneously at increased risk of violence and denied access to the institutional protections that could mitigate that risk. This is the distinctive contribution of an intersectional–structural analysis: it reveals how gender, disability, and institutional ableism combine to produce a specific form of structural violence that cannot be reduced to any single axis of inequality.

### *4.3. Connection to the Theoretical Framework*

In the current context, social innovation requires integrating diversity as a guiding principle in forming solutions to structural challenges. The barriers affecting women with disabilities highlight the need to rethink accessibility, services, and social participation from an inclusive and intersectional perspective. Promoting social innovation involves not only

creating more accessible and participatory models but also challenging the stereotypes and dynamics that perpetuate exclusion, positioning marginalized groups as agents of transformation and protagonists of change.

The findings confirm the relevance of the intersectional approach to understanding how gender and disability interact to generate specific forms of exclusion and violence. Intersectional theory [13] makes it possible to highlight these unique experiences and design comprehensive solutions that simultaneously address both axes of oppression.

On the other hand, the social model of disability [16] provides a useful framework for identifying how structural barriers perpetuate these inequalities. For example,

- The lack of accessibility to essential services reflects how social institutions actively exclude people with disabilities.
- Economic discrimination against women with disabilities highlights how ableist prejudices limit their financial autonomy.

Finally, the concept of structural violence developed by Galtung [21] explains how these institutional dynamics cause harm by keeping women with disabilities in subordinate positions within the social system.

### *4.4. Practical Implications*

#### 4.4.1. Designing Inclusive Public Policies

The results highlight the urgent need to implement public policies that simultaneously consider gender and disability. These policies should include the following:

- Universal accessibility to services for victims of violence.
- Specialized training for health, judicial, and social professionals.
- Educational campaigns that challenge harmful stereotypes about women with disabilities.

#### 4.4.2. Adapted Interventions

It is essential to develop specific programs to address the particular needs of vulnerable subgroups within the group studied:

- Young women with intellectual disabilities: Interventions focused on sex education and personal empowerment.
- Older women with physical disabilities: Programs that combine financial support and access to adapted medical resources.
- Migrant women with disabilities: Inclusive strategies that simultaneously consider gender, disability, and ethnicity.

#### 4.4.3. Future Research

The widespread lack of data disaggregated by sex and type of disability limits the scope of the analysis. Further research is needed on the following topics:

- Specific factors that increase the risk of violence against women with different types of disabilities [29].
- The psychological and social consequences of these forms of violence.
- The effectiveness of tailored interventions in international contexts.

The discussion presented connects our findings with relevant theories how taking a comprehensive and inclusive approach provides practical strategies for addressing this issue. The results show how structural dynamics perpetuate inequalities towards women with disabilities at multiple levels, underscoring the urgent need for specific interventions based on universal accessibility and social inclusion.

### *4.5. Proposals to Improve the Social Inclusion of Women with Disabilities*

To improve the social inclusion of women with disabilities, strategies based on the results of recent research and good practices should be implemented. These specific actions, organized into key areas, are presented below.

#### 4.5.1. Public Policies and Human Rights

Ensure universal accessibility: Public policies must ensure accessible physical and digital environments, eliminating barriers that limit women with disabilities' participation in society [20].

Resource redistribution policies: Implement programs that reduce economic inequalities, such as incentives for hiring women with disabilities and reasonable adjustments in the workplace [27].

Recognize sexual and reproductive rights: It is crucial to raise awareness and protect the sexual and reproductive rights of women with disabilities, combating stigma and promoting their autonomy [15].

#### 4.5.2. Inclusive Education

Promote equitable and adapted education: Ensure access to inclusive education from an early age, and adapt curricula and infrastructure to meet the specific needs of girls with disabilities.

Digital skills training: Reduce the technology gap through training programs that empower women with disabilities to actively participate in the labour market and social spaces [27].

#### 4.5.3. Social Participation and Leadership

Promote female leadership: Create specific programs that encourage women with disabilities to take on leadership roles in companies, organizations, and communities [27].

Involve them in decision-making: Ensure that women with disabilities actively participate in the design and implementation of public policies related to their rights.

#### 4.5.4. Social Awareness

Break stereotypes: Implement educational campaigns that challenge prejudices about the abilities and roles of women with disabilities, including promoting positive representations in the media.

Train professionals: Train professionals in the health, education, and judicial fields to adequately serve this group from an inclusive perspective [15].

#### 4.5.5. Access to Employment

Inclusive job opportunities: Adapt selection processes and work environments to ensure the inclusion of women with disabilities. This includes reasonable adjustments such as flexible schedules or assistive technologies [27].

#### 4.5.6. Physical and Digital Accessibility

Accessible infrastructure: Adapt public spaces such as theatres, museums, and transportation systems to ensure equal access to cultural and social activities [27].

Web accessibility: Ensure that digital platforms comply with international standards for people with visual or hearing impairments.

4.5.7. Personal Empowerment

Inclusive sex education: Provide clear and accessible information on sexual and reproductive rights to empower women with disabilities in situations of abuse or discrimination [26].

Community support networks: Foster spaces where women with disabilities can share experiences and boost their self-esteem and personal confidence.

### *4.6. Diversity as a Driver of Social Innovation*

Diversity should be understood as a strategic resource in the development of social innovation, especially in the area of equality and inclusion. The active inclusion of women with disabilities in leadership processes, policy design, and community participation will contribute to enriching the development of creative and sustainable solutions. Only from a perspective that values and promotes diversity will it be possible to move toward truly innovative and just societies.

In addition, diversity-oriented social innovation encourages the development of specific support programs, adapted technological initiatives, and participatory models that increase the autonomy and inclusion of historically marginalized groups. This approach allows for progress toward full citizenship and a real democratization of social resources and opportunities.

Therefore, the recognition and appreciation of diversity, especially the social inclusion of women with disabilities, requires a comprehensive approach combining effective public policies, social awareness, and concrete actions in key areas such as education, employment, and political participation. By implementing these strategies from an intersectional perspective, progress can be made towards a more just and equal society.

## 5. Conclusions

Diversity, in all its forms, represents one of the greatest challenges today and, at the same time, one of the best opportunities for advancing social innovation. The wealth of a society is also measured by its ability to include and value all people.

When observing the reality of women with disabilities, it is clear that a change in societal perspectives is necessary in order to recognize their value and rights. Although progress has been made in legislation and awareness, there are still many challenges to ensuring that their voices are heard and that they are treated equally.

True inclusion is built on a daily basis through schools, families, workplaces, and participation in community life. This involves removing physical barriers, transforming attitudes, and creating environments in which individuals can develop fully.

It is essential to continue promoting education, vocational training, and personal autonomy for women with disabilities, opening up spaces for them to make decisions about their own lives and seeking more creative and effective responses to collective problems. Society as a whole has a responsibility to ensure that these opportunities are truly available to all.

Therefore, the real challenge is transforming diversity into a driver of positive change. Social innovation must be capable of responding to present and future challenges, reaching those who need it most and enriching society as a whole.

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**Disability Language/Terminology Positionality Statement:** In this article, the terminology employed when referring to women with disabilities follows a person-first approach, in line with the guiding principles of international human rights conventions and contemporary disability studies. This choice reflects the intersectional theoretical framework adopted, which acknowledges the diversity of experiences and identities and recognizes people as agents of change rather than as passive subjects. The language used, such as "women with disabilities," aims to promote dignity and respect for individual autonomy and is consistent with legal, cultural, and ethical standards supporting inclusion and equity in Spanish and international contexts. This terminology ensures clarity and aligns with the objective of challenging stereotypes that perpetuate exclusion, fostering transformative and inclusive social innovation.

## Abbreviations

The following abbreviations are used in this manuscript:

| | |
|---|---|
| CERMI | Comité Español de Representantes de Personas con Discapacidad (English translation: Spanish Committee of Representatives of People with Disabilities) |
| INE | Instituto Nacional de Estadística (English translation: National Statistics Institute) |
| ONCE | Organización Nacional de Ciegos de España (English translation: National Organization of the Blind of Spain) |
| UN | Unted Nations |
| UN Women | United Nations Women |
| UNPF | United Nations Population Fund |
| WHO | World Health Organization |

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