

# Through an Intersectional Lens: Prevalence of Violence Against Disabled Women in Iceland

Violence Against Women

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Hrafnhildur Snæfríðar- og Gunnarsdóttir ,  
Rannveig Traustadóttir,  
Thorgerður Einarsdóttir and James G. Rice

## Abstract

Using an intersectional lens, this study analyses data from a nationally representative sample in Iceland, examining violence among marginalized groups of different social locations. The results highlight the precarious position of disabled women and show a significant increase of risk of violence with each marginalized social location women inhabit. Results illustrate how precarity and exposure increases for multiply marginalized women, demonstrating the importance of considering the social dimensions of violence. The article argues for the importance of advancing critical dialogue and research on violence, using an intersectional frame and including factors such as disability, gender, sexual orientation, and financial strain.

## Keywords

disability, gender, violence, prevalence of violence, intersectionality

## Introduction

International research shows that disabled people<sup>1</sup> are more likely to experience violence than non-disabled people (Basile et al., 2016; Dammeyer & Chapman, 2018; Hughes et al., 2012; Krnjacki et al., 2016). Up until now research on violence against disabled people has mostly focused on particular groups of people or certain forms of violence (Åker & Johnson, 2020; Barrett et al., 2009; Hague et al., 2011; Olsvik, 2006), and there continues to be a lack of data on prevalence (Hughes et al., 2012; Marge, 2011; Mikton & Shakespeare, 2014; Mueller et al., 2019). In particular,

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Centre of Disability Studies, School of Social Sciences, University of Iceland, Reykjavik, Iceland

### Corresponding Author:

Hrafnhildur Snæfríðar- og Gunnarsdóttir, Centre of Disability Studies, School of Social Sciences, University of Iceland, Sæmundargata 2, 102 Reykjavik, Iceland.

Email: [hsg@hi.is](mailto:hsg@hi.is)

violence against disabled people who are multiply marginalized remains understudied (Hughes et al., 2011). Thus, there is a need for research that sheds light on the interplay of different social locations<sup>2</sup> (Weber, 2010) and the prevalence of violence among those who inhabit more than one marginalized social location. This gap in knowledge was the inspiration for this study, which analyses data from an Icelandic national health survey carried out by the Directorate of Health (Sigbjörnsdóttir et al., 2017). The aim was to identify the prevalence of violence against disabled people in Iceland, and in particular disabled women, and map the increased precarity<sup>3</sup> of disabled women who are marginalized by different dominant social hierarchies.

We used nationally represented data from a survey regularly carried out in Iceland. The survey provides an important overview and opportunities to do comparisons between groups, and the results have been used to inform decisions, national policy making, and health promotion. However, emblematic of the marginalized position disabled people hold in society, national surveys, such as this one, exclude many disabled people living in disability service settings and institutions as they do not accommodate people who need assistance to participate. As Dowse et al. (2016) point out, results of such surveys may therefore be somewhat skewed and inadequate. Although it is important to be mindful of these limitations when drawing conclusions from the data, such large “national” surveys provide an important insight into prevalence of social phenomena, such as violence.

Our approach is intersectional and grounded in critical disability studies (Goodley et al., 2019; Meekosha & Shuttleworth, 2009) and gender studies (Collins, 2009). We include in our analysis different diversity markers (Þorvaldsdóttir, 2012) with the aim of gaining insight into the impact these different and oftentimes intersecting, marginalizing social locations have on exposure to violence. The article begins by providing an overview of international and Icelandic research about violence against disabled women and argues for the importance of an intersectional approach to comprehend the complex social dimensions of violence experienced by disabled women and other multiply marginalized groups (Remedios & Snyder, 2018; Sokoloff & Dupont, 2005). Following this is a description of the national health survey and presentation of the results that emerged through an analysis of the data. The article concludes by discussing the main findings and their implications.

## **Violence Against Disabled Women**

Research has demonstrated the pervasive problem of violence against disabled people, and disabled women in particular. Disabled women are more likely than non-disabled women to experience violence (Brownridge, 2009; Hughes et al., 2011; Martin et al., 2006) and are more likely to have experienced sexual and emotional violence than disabled men (Dammeyer & Chapman, 2018; Krnjacki et al., 2016). With data from a national telephone survey of US adults, Basile et al. (2016) showed that disabled women were more likely to have experienced rape in the 12 months preceding the survey than non-disabled women (odds ratio 3.3) and that an estimated 29% of women who had experienced sexual violence other than rape in that same timespan

had been disabled. Research has frequently focused on intimate partner violence, revealing that disabled women, much like non-disabled women, experience violence by family members and partners but are at higher risk of such violence (Barrett et al., 2009; Brownridge, 2006; Copel, 2006; Smith, 2008). Not only do disabled women experience violence at a disproportionately higher rate than non-disabled women (Basile et al., 2016; Hughes et al., 2011, 2012; Khalifeh et al., 2013; Krnjacki et al., 2016; Shah & Bradbury-Jones, 2018), they are also met with disbelief when they speak up about violence and often receive insufficient support when they do (Åker & Johnson, 2020; Harpur & Douglas, 2014; Thiara et al., 2011). Furthermore, women who inhabit more than one marginalized social location, seem to be exposed to higher incidences of violence (Dominguez & Menjivar, 2014; Sokoloff & Dupont, 2005). Some forms of violence are common among disabled and non-disabled women; however, research has also identified the ways in which violence against disabled women is complex and distinct (Nixon, 2009). For example, violence perpetrated by caregivers (Saxton et al., 2001), violence that is focused on the women's impairments (Shah et al., 2016), and violence that stems from oppressive power structures and disabled women's social marginalization (McGowan & Elliott, 2019; Olsvik, 2006).

As researchers have pointed out, much of the violence disabled women experience is insidious and covert (Ghosh, 2015; Haraldsdóttir, 2017; Thiara et al., 2012) such as neglect and subtle forms of abuse and means of control that are interlaced into the day-to-day practices within the services they use (Hague et al., 2011; Shah et al., 2016). Qualitative research has contributed to the knowledge of these forms of violence, centering on the experiences of disabled women and elucidating abuses that are oftentimes complicated and embedded into women's daily lives. Many qualitative studies have revealed how violence persists within services for disabled people, in particular the segregated spaces they are funneled into (Cadwallader et al., 2018; Plummer & Findley, 2012; Saxton et al., 2001; Thiara et al., 2011) where abuse is sometimes rationalized as a way of dealing with "difficult behavior" and is connected to ideas of "adult protection" (Steele, 2017). Such findings highlight the particularly precarious position disabled women are in when the violence is perpetrated by those whom they are dependent upon for support in daily life (Cramer et al., 2004; Thiara et al., 2011).

Until recently limited research had focused specifically on violence against disabled women in Iceland. The first research project that focused explicitly on violence against disabled women was a qualitative study carried out for the Ministry of Welfare (Arnalds & Snæfríðar- og Gunnarsdóttir, 2013). Although the study was small-scale, it highlighted the various forms of violence disabled women experience, from childhood to adulthood. Findings from another research project demonstrated the intricate relationship between disabled women's marginalization and the violence they are subjected to; the diverse manifestations of violence they face and the magnitude of the violence (Snæfríðar- og Gunnarsdóttir & Traustadóttir, 2015). Using interview and focus group data the project also focused on the accessibility of support and, in line with findings from international research, showed a lack of support for disabled women who speak up about violence (Traustadóttir & Snæfríðar- og Gunnarsdóttir, 2014).

Other Icelandic research has demonstrated lack of support and the extensive and complicated effect that both the violence and lack of support have on disabled women who have experienced violence (Bergsveinsdóttir, 2017; Haraldsdóttir, 2017). The women in Haraldsdóttir's (2017) qualitative study described numerous different forms of oppression they had experienced, ranging from direct and overt manifestations of violence to insidious, invisible, and subtle ones. The psycho-emotional effects of the oppression and violence were manifold, such as exhaustion, anxiety, fear, shame, and trauma. Research within related areas has highlighted how the different forms of violence and oppression disabled women experience in their everyday lives relate to their social location and marginalization. For example, how the lack of services and inadequate support has resulted in disabled people enduring dangerous conditions and degrading or humiliating situations (Jóhannsdóttir & Haraldsdóttir, 2011; Jónsdóttir & Egilson, 2013), the ways in which service users' autonomy can be undermined by institutional practices (Björnsdóttir, 2011; Löve et al., 2018), and how violence against disabled people has been facilitated and legitimized by dominant ideologies at the core of the services (Haraldsdóttir, 2013; Stefánsdóttir, 2011).

## **Conceptions of Violence Through a Critical Disability Studies Lens**

Although volumes of data show that disabled women are more susceptible to violence than other women, scholars and activists have pointed out that conventional understandings of violence are limited and make little room for the experiences of disabled women (Gilson et al., 2001; Thiara et al., 2011; Radford et al., 2006). Violence is a complicated phenomenon. The way it is defined and used—such as in research—is highly political and reflects power relations (Hearn et al., 2016; Hollomotz, 2012). Although important definitions have been provided by the United Nations (1993) and the World Report on Violence and Health (Krug et al., 2002), the concept is shifting. Narrow or simplified definitions of violence have often been used to facilitate survey research (Hamby, 2017; Krug et al., 2002), which oftentimes involve collapsing complex realities into a simple binary classification. Such definitions of violence may nevertheless omit many of the manifestations of violence disabled women experience, such as violence perpetrated by caregivers (Copel, 2006; Olsvik, 2006; Saxton et al., 2001), hate crimes, and targeted violence (McGowan & Elliott, 2019). In many surveys, such as the one we report on, generic and simplified terminologies (e.g. “physical violence,” “emotional violence,” and “sexual violence”) are used as measurements, without further explanations for the terms. Arguably, although providing an opportunity for important comparisons between different social groups, we acknowledge that such definitions of violence do not grasp the full breadth of different forms of violence disabled women experience.

## **An Intersectional Approach**

Violence against disabled women takes place within diverse oppressive social relations. Due to its complexity, activists and researchers have argued for an intersectional

approach when researching violence against disabled women (Baladerian, 2009; McGowan & Elliott, 2019; Nixon & Humphreys, 2010). The theoretical underpinnings of this intersectional study are critical disability studies (Goodley et al., 2019; Meekosha & Shuttleworth, 2009) and feminist theory (Collins, 2009). These critical approaches share a political origin of inherent structural focus and a commitment to address and illuminate experiences of those affected by oppressive powers.

Critical disability studies explore and problematizes power relations and ideology rooted in ableism<sup>4</sup> that create and sustain the marginalization of disabled people in society (Campbell, 2009). Gender, sexuality, class, and dis/ability are social systems of oppression, the effects of which are intricate and widespread, benefiting the privileged while harming and restricting choices and resources of others. These power relations are socially constructed, rooted in cultural and sociohistorical contexts, and have implications at the individual as well as the macro level. They are reinforced in daily life through unequal opportunities and resources and accepted discourses that render this disparity “normal” and “natural” (Sokoloff & Dupont, 2005; Weber, 2010).

With an intersectional framework, researchers have increasingly been able to trace the complicated confluence of oppression people face stemming from their social location within different social hierarchies (Remedios & Snyder, 2018; Weber, 2010). As Ghosh (2015) points out, violence against disabled women should be understood as the outcome of a complicated interweaving of an ableist and gendered society, which historically has devalued, objectified, and hypersexualized women (Hollomotz, 2012). Research has demonstrated other sources of inequality, such as economic oppression, which further exacerbates the precarious position of marginalized women with regards to violence (Dominguez & Menjivar, 2014) and reveals the need to take the experiences of women who inhabit more than one marginalized social location into account. Despite the alarming evidence of violence against disabled women and women of other marginalized social locations, the issue has remained on the periphery (Baladerian, 2009; Nixon, 2009). Moreover, the key message of much anti-violence discourse, also reflected in Icelandic policy (Althingi, 2018), implies that violence uniformly victimizes women of all social standings, which can potentially obscure the increased risk that some women face, in particular those who are multiply marginalized (Nixon & Humphreys, 2010).

As Else-Quest and Hyde (2016a, 2016b) point out, intersectional analysis within quantitative research may take many forms, one such being a comparison among groups of multiple locations. The main contribution of the present study is the intersectional approach to analyzing quantitative survey data to examine whether risk of violence is connected to the different social locations that individuals inhabit and whether there is an increased risk associated with an intersecting axis of inequality. By doing this, we aim to make visible the association between violence and different marginalizing social factors and highlight the precarious position of disabled women.

The following research questions were posed: (a) What is the prevalence of sexual, emotional, and physical violence people in different social locations experience? (b) What are the effects of different social locations of women on the odds of

having experienced various forms of violence? (c) Do the odds of having experienced violence increase for disabled women who inhabit more than one marginalized social location?

## Methods

This article analyses data from a national health survey collected in Iceland in 2017 (Sigbjörnsdóttir et al., 2017). *Heilsa og líðan* (Health and Wellbeing) is a population survey that has been carried out regularly since 2007 by the Directorate of Health. The survey is the only one of its kind in Iceland, intended as a regular measurement focusing on primary health factors and living conditions of Icelandic citizens (Sigbjörnsdóttir et al., 2017). The survey includes health-related questions, questions about sexual, emotional, and physical violence, as well as questions about impairment, disability pension, gender, sexual orientation, and perceived financial strain. The survey was approved by the National Bioethics Committee (VSN-17-151).

### *Data and Measurements*

The survey was sent to 9,887 Icelandic citizens. Half of the participants received the survey via web and half via mail. The net response rate was 68.5%. The sample was threefold as participants from earlier samples (from 2007 and 2012) were invited to participate again and a new stratified random sample of Icelandic citizens 18 years and older and residing in Iceland was also drawn.

To identify the different social locations that individuals in the dataset inhabited, we constructed categorical variables of disability, gender, sexuality, and perceived financial strain. The way in which disability is understood and defined in research is contested, particularly in survey studies (Molden & Tøssebro, 2010). Survey participants had been asked if they received a disability pension<sup>5</sup> or not and whether they had impairments. These variables were then used to define disabled and non-disabled participants in our study. As can be seen in Table 1, 6% of participants reported receiving a disability pension and 25% of participants reported having one or more impairments. Previous research indicates that violence is more prevalent among people who have significant and multiple impairments and need support in their daily lives (Casteel et al., 2008; Plummer & Findley, 2012; Saxton et al., 2001; Steele, 2017). To be able to identify if this was the case in our data set, participants who received both a disability pension and reported having impairments were categorized in disability group 1 (5%). Those who had either disability pension or reported one or more impairments were grouped in disability group 2 (21%). To identify queer participants, answers about sexual orientations were used and those who reported being either bisexual, homosexual, or “other” were identified as queer (4%). The number of queer individuals in the dataset appears to be low in the study (4%); however, these numbers are consistent with research from the United States where prevalence varies from 2.2% to 4.0% (Gates, 2014). The dataset included information about the gender of participants with men being around 50% of participants and women around 50%. This distribution

**Table 1.** Characteristics of Participants.

	%	N
Impairments		
No impairments	75%	4,360
One impairment	16%	956
Two or more impairments	9%	512
Disability pension		
No pension	94%	3,198
Pension	6%	405
Disability status		
Non-disabled	74%	4,198
Disability group 2	21%	1,225
Disability group 1	5%	335
Gender		
Men	50%	3,377
Women	50%	3,399
Sexual orientation		
Straight	96%	6,413
Queer	4%	242
Financial strain		
No financial strain	88%	5,790
Financial strain	12%	813

corresponds to that of the national registry (Statistics Iceland, 2018). Lastly, the data included a subjective measure of income adequacy and individuals who responded having experienced “difficulties in making ends meet” for the last 12 months were categorized as having perceived financial strain, altogether 12.0% of the sample. Table 1 shows the sample characteristics and variables used to identify different social locations for the analysis.

The survey included the following questions about violence: “Have you experienced sexual violence,” “Have you experienced emotional violence,” and “Have you experienced physical violence.” These variables were then used to construct a binary variable, which indicated whether participants had experienced any of the afore mentioned forms of violence.

## Analyses

Chi-square analyses were used (see Table 2) to report the prevalence of sexual, emotional, and physical violence experienced by people who inhabit different social locations;  $p$ -values at  $\leq .05$  were considered statistically significant. To determine the effects of different diversity markers on the odds of having experienced the afore mentioned forms of violence, binary logistic regression was used to estimate odds ratios and 95% confidence intervals (see Table 3). Finally, predicted probabilities of women of different social locations having experienced any violence and

sexual violence were calculated using parameters from the regression to illustrate how the odds of having experienced violence increase with each marginalized social location women inhabit (see Figure 1). To make the sample nationally representative and compensate for under-representation of younger participants and those living in the capital region, weights were used when reporting descriptive statistics (Table 2) (Sigbjörnsdóttir et al., 2017). Variables for age and residence (capital region vs. rural region) were entered into the regression models to control for their effects. Predicted probabilities were calculated with the formula  $\exp(\text{logit}) / (1 + \exp[\text{logit}])$ , and the SPSS software package Version 26 was used for other statistical analysis.

### *Strengths and Limitations*

The main strengths of the study lie in its examination of the prevalence of violence against marginalized populations in Iceland. It contributes an important insight into the intersection of violence and marginalization. Using data from a national survey allowed for important comparisons of the precarity of different groups within the Icelandic population, yielding meaningful information that can be used to inform policy and decision making. The results of this study underline the importance of analyzing data with an intersectional focus, with a particular attention to women who are multiply marginalized.

The limitations of the study stem partly from the data, which did not provide an opportunity to distinguish between different types of impairments, but research shows that disabled women with intellectual and mental health impairments report higher incidences of violence (Dammeyer & Chapman, 2018; Hughes et al., 2011, 2012). Furthermore, although ample research shows increased precarity among people of foreign origin, there was insufficient data to distinguish between people of Icelandic and foreign descent in this study. The results relating to queer folks do not include trans people as the survey did not allow for separate identification of transgender individuals. More importantly, the survey design and data collection procedures were not inclusive as no particular efforts were made to make the survey accessible to disabled people. For example, the questionnaire was not available in easy read format and no support was provided to those who could not answer on their own. Thus, disabled people who would have needed assistance answering the survey would have found it hard to participate. People living in institutional and other residential settings are most likely underrepresented in the dataset. As these individuals are regarded as particularly at risk of violence (WHO, 2011), it seems reasonable to assume that the prevalence rate of violence among disabled people may be even higher than our results show.

## **Results**

### *Prevalence of Violence for People in Different Social Locations*

Table 2 provides an overview of the prevalence of violence within the sample, as an answer to research question 1: What is the prevalence of sexual, emotional, and



physical violence people in different social locations experience? The first column in Table 2 shows the prevalence of the overall experience of violence (a. aggregated). Significant differences were found within groups regarding overall violence. For instance, 59% of those with two or more impairments had experienced any of the forms of violence in question, 49% of those with one impairment and 38% of those with no impairments. More women had experienced violence (43%) than men (39%) and almost three-fourths (74%) of queer people reported having experienced violence of some kind compared to 40% of straight people. Likewise, 60% of those who reported financial strain had experienced some form of violence compared to 39% of those who did not report financial strain.

The same pattern appeared when specific forms of violence were analyzed. The prevalence rose with an increasing number of impairments. People with disability pensions experienced more sexual (30%), emotional (53%), and physical violence (41%) than those with no pension (15%, 31%, and 23%, respectively). Prevalence rates were higher among those in disability group 1 (who had both disability pension and impairments) relative to those in disability group 2 (who had either disability pension or impairments) and those non-disabled. For example, 55% of those in disability group 1 had experienced emotional violence compared to 44% of those in disability group 2, and 28% of non-disabled.

Prevalence rates of sexual and emotional violence were higher among women (24% and 35%) than among men (7% and 29%, respectively). However, more men had experienced physical violence (28%) than women (19%).

Across all violence categories, the highest estimates were obtained for queer people. Queer people experienced more sexual violence (48%), emotional (62%), and physical violence (49%) than straight individuals (15%, 31%, and 23%, respectively). Finally, the prevalence of all manifestations of violence was more common among people who reported financial strain than among those who did not report financial strain. For example, over half of people who reported financial strain (52%) had experienced emotional violence compared to 29% of those who did not report financial strain (see Table 2).

### *Effects of Different Social Locations on Odds of Having Experienced Violence*

Table 3 presents the four independent models addressing research question 2: What are the effects of different social locations on the odds of having experienced various forms of violence. Model 1 includes the overall violence (aggregate), Model 2 sexual violence, Model 3 physical violence, and Model 4 emotional violence. The models control for the effects of age and residence.

The results show statistically significant associations on all dimensions. Overall, individuals in disability group 1 (individuals with both impairments and disability pension) were at greater risk of having experienced any form of violence (odds ratio 2.76) than individuals in disability group 2 and non-disabled individuals. The odds ratio was highest when analyzing the association between disability groups

**Table 2.** Prevalence of Violence Experienced by Participants in Different Social Locations.

	Violence (total)		Sexual violence		Emotional violence		Physical violence	
	n (%)	Chi-square <sup>a</sup>	n (%)	Chi-square <sup>a</sup>	n (%)	Chi-square <sup>a</sup>	n (%)	Chi-square <sup>a</sup>
Impairments								
No impairments	1,634 (38%)	40.532***	583 (14%)	38.889***	1,212 (28%)	60.392***	929 (22%)	41.977***
One impairment	459 (49%)		184 (20%)		378 (41%)		257 (28%)	
Two or more impairments	294 (59%)		132 (28%)		259 (52%)		199 (41%)	
Disability pension								
No pension	2,439 (40%)	88.984***	886 (15%)	103.177***	1,858 (31%)	106.403***	1,385 (23%)	82.771***
Pension	240 (60%)		115 (30%)		207 (53%)		160 (41%)	
Disability status								
Non-disabled	1,567 (38%)	78.281***	553 (13%)	102.217***	1,156 (28%)	102.503***	900 (22%)	88.602***
Disability group 2	614 (51%)		246 (21%)		519 (44%)		347 (29%)	
Disability group 1	178 (62%)		88 (32%)		154 (55%)		131 (47%)	
Gender								
Men	1,280 (39%)	52.857***	235 (7%)	312.934***	945 (29%)	76.536***	935 (28%)	10.389***
Women	1,446 (43%)		785 (24%)		1,157 (35%)		635 (19%)	
Sexual orientation								
Straight	2,531 (40%)	77.271***	898 (15%)	97.555***	1,942 (31%)	67.101***	1,443 (23%)	64.657***
Queer	179 (74%)		114 (48%)		148 (62%)		118 (49%)	
Financial strain								
No financial strain	2,200 (39%)	107.894***	765 (14%)	123.385***	1,652 (29%)	129.663***	1,251 (22%)	64.657***
Financial strain	479 (60%)		229 (30%)		411 (52%)		289 (37%)	

<sup>a</sup> Pearson's chi-square test on unweighted data.

\*\*\*p &lt; .005.

**Table 3.** Logistic Regression of Violence Between Groups in Different Social Locations.

	B (SE)	Wald	EXP(B)	95% CI for odds ratio	
				Higher	Lower
<i>Model 1: Violence (n = 5,150)</i>					
Disability group 1	1.01 (0.13)***	61.464	2.76	3.55	2.14
Disability group 2	0.58 (0.08)***	59.136	1.79	2.08	1.54
Gender	0.26 (0.06)***	17.547	1.29	1.47	1.15
Sexuality	1.11 (0.22)***	26.658	3.04	4.65	2.00
Financial strain	0.61 (0.09)***	44.467	1.85	2.21	1.54
Constant	-0.64 (0.13)***	22.477	0.53		
<i>Model 2: Sexual violence (n = 5044)</i>					
Disability group 1	1.21 (0.15)***	64.515	3.37	4.53	2.51
Disability group 2	0.67 (0.11)***	39.294	1.95	2.4	1.58
Gender	1.53 (0.11)***	197.161	4.61	5.71	3.73
Sexuality	1.13 (0.22)***	26.164	3.08	4.76	2.01
Financial strain	0.69 (0.11)***	36.986	1.99	2.48	1.59
Constant	-2.83 (0.188)***	227.435	0.06		
<i>Model 3: Physical violence (n = 5104)</i>					
Disability group 1	1.26 (0.14)***	86.165	3.53	4.6	2.70
Disability group 2	0.56 (0.09)***	39.713	1.76	2.1	1.48
Gender	-0.38 (0.08)***	25.097	0.69	0.80	0.59
Sexuality	0.79 (0.2)***	15.795	2.21	3.26	1.49
Financial strain	0.47 (0.10)***	21.287	1.31	1.59	1.95
Constant	-1.22 (0.15)***	64.072	0.295		
<i>Model 4: Emotional violence (n = 5,108)</i>					
Disability group 1	1.09 (0.13)***	69.265	2.97	3.84	2.3
Disability group 2	0.66 (0.08)***	67.005	1.93	2.25	1.65
Gender	0.40 (0.07)***	35.083	1.49	1.70	1.31
Sexuality	0.93 (0.20)***	20.843	2.52	3.76	1.7
Financial strain	0.65 (0.09)***	47.419	1.91	2.30	1.59
Constant	-1.254 (0.14)***	78.466	0.29		

Note. CI = confidence interval; SE = standard error.

\*\*\* $p < .005$ .

and physical and emotional violence. For example, the odds ratio for having experienced physical violence was 3.53 for individuals in disability group 1 compared to non-disabled people and 2.97 for of emotional violence. Women were 4.6 more likely to have experienced sexual violence than men (odds ratio 4.61) and had higher risk of having experienced emotional violence (odds ratio 1.49). However, they were less likely to have experienced physical violence than men.

Sexuality had the strongest explanatory power in relation to overall experience of violence, as people who are queer were at three times higher risk of having experienced any sort of violence than straight people (odds ratio 3.04). In models analyzing specific forms of violence the odds ratio was highest when analyzing sexual violence

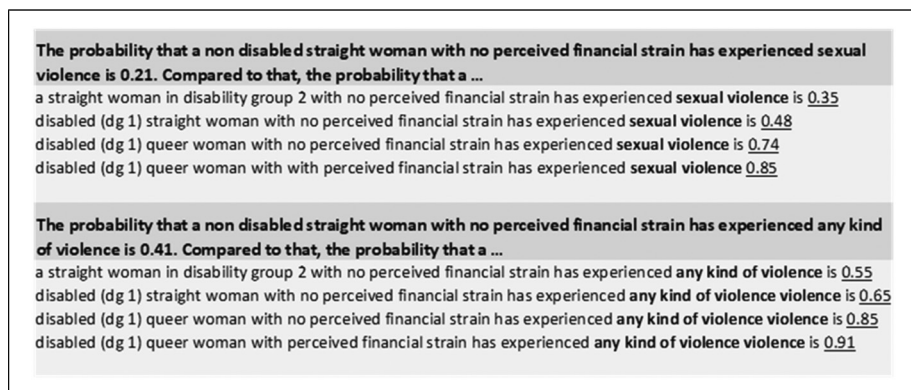
(odds ratio 3.08). Queer folks were also at greater risk of having experienced physical violence (odds ratio 2.2) and emotional violence (odds ratio 2.5) compared to straight people.

The effects of financial strain could be seen in all models. The odds of individuals that reported having difficulties making ends meet having experienced sexual violence (odds ratio 1.99), physical violence (odds ratio 1.31), and emotional violence (odds ratio 1.91) were higher than for those who did not report such difficulties.

### *Predicted Probabilities of Women of Different Social Locations Having Experienced Violence*

Figure 1 centers only on women and answers research question 3: Do the odds of having experienced violence increase for disabled women who inhabit more than one marginalized social location? In the figure, we distinguish between those in disability group 2 (dg 2) who have either a disability pension or impairments and those in disability group 1 (dg 1) who have both.

The figure illustrates the escalating probabilities of women of increasingly marginalized social locations having experienced any kind of violence and sexual violence explicitly. For example, the probability that a non-disabled straight woman with no financial strain had experienced sexual violence was 21% compared with 85% for a disabled queer woman with financial strain. Similarly, when the constructed variable of violence was analyzed (sexual, emotional, or physical violence), the probability that a non-disabled straight woman with no financial difficulties had experienced any kind of violence was 41% compared with 91% for a disabled queer woman with financial difficulties.



**Figure 1.** Predicted Probabilities of Women of Different Social Locations Having Experienced Violence.

## Discussion and Conclusion

The aim of this research was to identify the prevalence of violence among disabled people in Iceland, in particular that against disabled women. By examining the relationship between marginalization and violence, we also set out to map the increased precarity of disabled women who inhabit other marginalized social locations. To examine the relationship between disability and violence, we differentiated between people with one impairment and two or more impairments and between people who reported having impairments or receiving disability pension (disability group 2) and those who both reported impairments and received pension (disability group 1). The results show that the experience of violence was more prevalent among people with two or more impairments than among those with one impairment. Violence was also more prevalent among people in disability group 1 than in disability group 2. These findings concur with previous studies reporting that people with multiple or complex impairments, who typically have to rely on support in daily life, are at particular risk of violence (Casteel et al., 2008; Jónsdóttir & Egilson, 2013). A wealth of studies have shown that being dependent upon services can expose disabled people to violence and various forms of abuse (Cadwallader et al., 2018; Plummer & Findley, 2012; Saxton et al., 2001; Steele, 2017; Thiara et al., 2011). Consistent with the literature, the results show that disabled women were more likely to have experienced violence than non-disabled women. The results also confirm the gendered aspects previously observed (Dammeyer & Chapman, 2018; Krnjacki et al., 2016) and demonstrate that while disabled women experience more sexual and emotional violence than disabled men, disabled men experience more physical violence than disabled women.

The risk associated with sexuality was substantial as queer people were more likely to have experienced violence than straight people, which corroborates findings from Coulter et al. (2017) and Katz-Wise and Hyde (2012). Furthermore, the association between violence and financial strain was significant, as those who report difficulties in making ends meet were more likely to have experienced violence.

Our results demonstrate the interplay of marginalization and violence, that is, how violence is differently associated with distinct social locations. They furthermore show that violence manifests differently in the lives of women of diverse social locations and the significant increase of violence with each marginalized position disabled women inhabit. Thus, our findings confirm the importance of an intersectional approach that enables identifying how the complicated confluence of oppression, stemming from different marginalized social locations, results in an increased precarity to violence.

The relationship between marginalization and violence is complex, as social locations oftentimes intersect. Those who inhabit one marginalized social location are more susceptible to other forms of inequality stemming from different roots of social hierarchies, increasing the risk of violence (Nixon, 2009; Sokoloff & Dupont, 2005). An example of this is economic oppression, which commonly intersects with other marginalized social locations and notably, that disabled women are at increased risk of living in poverty (WHO, 2002). Including factors such as gender, sexual

orientation, and financial strain brings about a more nuanced understanding and reveals the complex and intersecting nature of violence.

With this research, we wish to contribute to the ongoing discussion about the importance of refining and advancing the focus on violence with a more nuanced and intersectional frame, based on the experiences of disabled women. Conventional conceptions of what constitutes violence are socially constructed and reflect power relations. Critical disability studies (Meekosha & Shuttleworth, 2009) provide an important critical analysis of how these conceptions reflect ableist understanding, undermining the experiences of disabled women, and failing to acknowledge the abuses they face. Definitions adopted and used in policy, in activism and in research, have implications for the understanding of the topic and affect whether and how violence against disabled women is perceived or recognized. As Mueller et al. (2019) argue, the way in which violence is understood, named, and categorized is not disconnected from the prevailing ableist systems and ideologies. As aforementioned, a narrow focus on violence commonly employed in research, and subsequent assumptions drawn from them, may provide a skewed view as they may omit important manifestations of violence that disabled women experience. In such cases, researchers may unwittingly reinforce power disparities and cause harm by contributing to the normalizing of violence and silencing of marginalized voices. Taking into consideration the power relations and other social contexts innately related to the issue provides a more nuanced and elaborate focus. It is a complicated endeavor to aim to fully capture and delineate something as complex as violence, experienced by people of all groups, genders and ages, but nonetheless important that the way in which we understand and talk about violence accommodates to a larger extent the experiences of marginalized groups.

## **Implications**

The results have implications for various stakeholders such as policy makers, victim support services, and research. We argue that the intersectional focus currently being developed in research on violence should be extended, to advance pre-emptive strategies and policies and facilitate better access to support for marginalized groups. Our results show that with each marginalized social location, the risk of violence increases. It is important that this increased precarity to violence for multiply marginalized groups is not only recognized, but that it is centralized to a larger extent within policies and interventions. An intersectional focus therefore needs to be adopted in a comprehensive way by all actors and should be reflected in legislation and governmental policies as well as in advocacy work.

Governmental agencies must make a commitment to protect marginalized groups from violence by establishing and implementing policies and legislation that ensures barrier-free support and by promoting and funding projects grounded in an intersectional approach. They should prioritize anti-discrimination and take measures to promote awareness raising that engages in a discourse of violence that is embedded in a discourse of marginalization and social justice. Furthermore, professionals who

work within the violence sector, such as within health and social services, the justice system, and the police, should receive training about the intricate relationship between marginalized social locations and precarity to violence. Our previous study showed that accessibility issues were seldom an integral part of specialized support services, but oftentimes an ad hoc initiative to accommodate the needs of disabled individuals who sought support (Traustadóttir & Snæfríðar- og Gunnarsdóttir, 2014). It is imperative that support services for survivors are cross-disability accessible by design.

As for research, our results demonstrate the importance of focusing on social power relations in the context of violence. Discourses on and understandings of violence are fluid and open to changes. They have developed substantially in the last few years with new and sometimes rediscovered terminology that captures diverse manifestations of oppression experienced by marginalized groups, such as gaslighting, erasure (Withers et al., 2019), and microaggressions (Olkin et al., 2019; Sue, 2010). This challenges researchers to investigate violence with a broader lens to better understand how power dynamics and marginalized social locations contribute to violence. Our study is an input into that ongoing dialogue.

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### **ORCID iD**

Hrafnhildur Snæfríðar- og Gunnarsdóttir  <https://orcid.org/0000-0002-3599-1997>

### **Notes**

1. In line with our theoretical approach and the Convention of the Rights of Disabled People (United Nations, 2007), disability arises in interaction between individuals with impairments and the societal barriers that hinder their participation in society. Therefore, although people with impairments are disabled in many situations because of environmental or attitudinal hinderances, they do not have disabilities.
2. Social location refers to the positionality of individuals or a group within different social hierarchies, on the grounds of social markers such as disability, sexuality, race, class, and gender.
3. In the article, we often use the phrase precarity to violence when referring to groups who are at greater risk of violence. We do so to highlight the social forces and the structures that facilitate violence rather than focusing on personal attributes of survivors of violence.

For these reasons, we avoid the use of the term “vulnerability,” which is commonly used when discussing the higher incidences of violence disabled people experience. As Hollomotz (2012) points out, describing disabled people as vulnerable to violence suggests that personal attributes, such as impairments, are the main cause of risk of violence.

4. Ableism is systematic prejudice and inequality against disabled people, underpinning and maintaining the assumption that non-disabled bodies are the unequivocal norm, and consequently, disability is considered abnormal and undesirable (Campbell, 2009).
5. Disability pension is a support benefit that The Icelandic Social Insurance Administration provides to people between the ages of 16 to 67 who have difficulty working due to impairments or chronic illness and are therefore not financially secure.

## References

- Åker, T. H., & Johnson, M. S. (2020). Sexual abuse and violence against people with intellectual disability and physical impairments: Characteristics of police-investigated cases in a Norwegian national sample. *Journal of Applied Research in Intellectual Disability, 33*(2), 139–145. <https://doi.org/10.1111/jar.12656>
- Althingi [Icelandic Parliament] (2018). *Þingsályktun um áætlun fyrir árin 2019–2022 um aðgerðir gegn ofbeldi og afleiðingum þess* [Parliamentary Resolution for the years 2019–2022 about actions against violence and its consequences]. <https://www.althingi.is/altext/149/s/1749.html>
- Arnalds, ÁA, & Snæfríðar- og Gunnarsdóttir, H. (2013). *Ofbeldi gegn fötluðum konum: Skýrsla unnin fyrir Velferðarráðuneytið*. The Social Science Research Institute, The Centre for Disability Studies, The Center for Complexity and Gender Research – MARK and The Centre for Children and Family Research.
- Baladerian, N. J. (2009). Domestic violence and individuals with disabilities: Reflections on research and practice. *Journal of Aggression, Maltreatment & Trauma, 18*(2), 153–161. <https://doi.org/10.1080/10926770802675601>
- Barrett, K. A., O’Day, B., Roche, A., & Carlson, B. L. (2009). Intimate partner violence, health status, and health care access among women with disabilities. *Women’s Health Issues, 9*(2), 94–100. <https://doi.org/10.1016/j.whi.2008.10.005>
- Basile, K., Breiding, C., & Smith, S. G. (2016). Disability and risk of recent sexual violence in the United States. *American Journal of Public Health, 106*(5), 928–933. <https://doi.org/10.2105/AJPH.2015.303004>
- Bergsveinsdóttir, P. K. (2017). *Ofbeldi gegn fötluðum konum og afleiðingar þess á líf þeirra* [Master’s thesis]. The University of Iceland.
- Björnsdóttir, K. (2011). *Þetta er minn líkami en ekki þinn: Sjálfræði og kynverund kvenna með þroskahömlun. Ráðstefnurit Netlu – Menntakvika*. University of Iceland.
- Brownridge, D. A. (2006). Partner violence against women with disabilities: Prevalence, risk, and explanations. *Violence Against Women, 12*(9), 805–822. <https://doi.org/10.1177/1077801206292681>
- Brownridge, D. A. (2009). *Violence against women: Vulnerable populations*. Routledge.
- Cadwallader, J. R., Spivakovsky, C., Steele, L., & Wadiwel, D. (2018). Institutional violence against people with disability: Recent legal and political developments. *Current Issues in Criminal Justice, 29*(3), 259–272. <https://doi.org/10.1080/10345329.2018.12036101>
- Campbell, F. K. (2009). *Contours of ableism: The production of disability and abledness*. Palgrave.



- Casteel, C., Martin, S., Smith, J. B., Gurka, K. K., & Kupper, L. (2008). National study of physical and sexual assault among women with disabilities. *Injury Prevention, 14*, 87–90. <https://doi.org/10.1136/ip.2007.016451>
- Collins, P. H. (2009). *The politics of black feminist thought. Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd edition). Routledge.
- Copel, L. C. (2006). Partner abuse in physically disabled women: A proposed model for understanding intimate partner violence. *Perspectives in Psychiatric Care, 42*(2), 114–129. <https://doi.org/10.1111/j.1744-6163.2006.00059.x>
- Coulter, R. W. S., Mair, C., Miller, E., Blossich, J. R., Matthews, D. D., & McCauley, H. L. (2017). Prevalence of past-year sexual assault victimization among undergraduate students: Exploring differences by and intersections of gender identity, sexual identity, and race/ethnicity. *Prevention Science, 18*(6), 726–736. <https://doi.org/10.1007/s11121-017-0762-8>
- Cramer, E. P., Gilson, S. F., & DePoy, E. (2004). Women with disabilities and experiences of abuse. *Journal of Human Behavior in the Social Environment, 7*(3–4), 183–199. [https://doi.org/10.1300/J137v07n03\\_11](https://doi.org/10.1300/J137v07n03_11)
- Dammeyer, J., & Chapman, M. (2018). A national survey on violence and discrimination among people with disabilities. *BMC Public Health, 18*(1), 355. <https://doi.org/10.1186/s12889-018-5277-0>
- Dominguez, S., & Menjivar, C. (2014). Beyond individual and visible acts of violence: A framework to examine the lives of women in low-income neighborhoods. *Women's Studies International Forum, 44*, 184–195. <https://doi.org/10.1016/j.wsif.2014.01.012>
- Dowse, L., Soldatic, K., Spangaro, J., & van Toorn, G. (2016). Mind the gap: The extent of violence against women with disabilities in Australia. *Australian Journal of Social Issues, 51*(3), 341–359. <https://doi.org/10.1002/j.1839-4655.2016.tb01235.x>
- Þorvaldssdóttir, Þ. (2012). *From gender only to equality to equality of all: A critical examination of the expansion of equality work in Iceland* [PhD dissertation]. University of Iceland, Faculty of Political Science.
- Else-Quest, N. M., & Hyde, J. S. (2016a). Intersectionality in quantitative psychological research: I. Theoretical and epistemological issues. *Psychology of Women Quarterly, 40*(2), 155–170. <https://doi.org/10.1177/0361684316629797>
- Else-Quest, N. M., & Hyde, J. S. (2016b). Intersectionality in quantitative psychological research: II. Methods and techniques. *Psychology of Women Quarterly, 40*(3), 319–336. <https://doi.org/10.1177/0361684316647953>
- Gates, G. J. (2014). *LGBT demographics: Comparisons among population-based surveys*. The Williams Institute. <https://escholarship.org/uc/item/0kr784fx>
- Ghosh, N. (2015). Sites of oppression: Dominant ideologies and women with disabilities in India. In T. Shakespeare (Ed.), *Disability research today* (pp. 77–92). Routledge.
- Gilson, S. F., Cramer, E. P., & DePoy, E. (2001). Redefining abuse of women with disabilities: A paradox of limitation and expansion. *Affilia, 16*(2), 220–235. <https://doi.org/10.1177/08861090122094235>
- Goodley, D., Lawthorn, R., Liddiard, K., & Runswick Cole, K. (2019). Provocations for critical disability studies. *Disability & Society, 34*(4), 972–997. <https://doi.org/10.1080/09687599.2019.1566889>
- Hague, G., Thiara, R., & Mullender, A. (2011). Disabled women, domestic violence and social care: The risk of isolation, vulnerability and neglect. *The British Journal of Social Work, 41*(1), 148–165. <https://doi.org/10.1093/bjsw/bcq057>
- Hamby, S. (2017). Editorial. On defining violence and why it matters. *Psychology of Violence, 7*(2), 167–180. <https://doi.org/10.1037/vio0000117>

- Haraldsdóttir, F. (2013). Simply children. In T. Curran & K. Runswick-Cole (Eds.), *Disabled children's childhood studies* (pp.13–21). Palgrave Macmillan. [https://doi.org/10.1057/9781137008220\\_3](https://doi.org/10.1057/9781137008220_3)
- Haraldsdóttir, F. (2017). *I am discriminated against because I exist: Psycho-emotional effects of multiple oppressions for disabled women in Iceland* [Master's thesis]. The University of Iceland, Reykjavík.
- Harpur, P., & Douglas, H. (2014). Disability and domestic violence: Protecting survivors' human rights. *Griffith Law Review*, 23(3), 405–433. <https://doi.org/10.1080/10383441.2014.1000241>
- Hearn, J., Strid, S., Husu, L., & Verloo, M. (2016). Interrogating violence against women and state violence policy: Gendered intersectionalities and the quality of policy in the Netherlands, Sweden and the UK. *Current Sociology*, 64(4), 551–567. <https://doi.org/10.1177/0011392116639220>
- Hollomotz, A. (2012). Disability, oppression and violence: Towards a sociological explanation. *Sociology*, 47(3), 477–493. <https://doi.org/10.1177/0038038512448561>
- Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., & Officer, A. (2012). Prevalence and risk of violence against adults with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 379(9826), 1621–1629. [https://doi.org/10.1016/S0140-6736\(11\)61851-5](https://doi.org/10.1016/S0140-6736(11)61851-5)
- Hughes, R. B., Lund, E. M., Gabrielli, J., Powers, L. E., & Curry, M. A. (2011). Prevalence of interpersonal violence against community-living adults with disabilities: A literature review. *Rehabilitation Psychology*, 56(4), 302–319. <https://doi.org/10.1037/a0025620>
- Jóhannsdóttir, V., & Haraldsdóttir, F. (2011). Verður fatlað fólk fyrir kerfislaugu og menningarbundnu ofbeldi í íslensku samfélagi? In S. B. Ómarsdóttir (Ed.), *Rannsóknir í félagsvísindum XII* (pp. 143–150). The Social Science Research Institute of the University of Iceland.
- Jónsdóttir, G., & Egilson, S. Þ. (2013). Við gerum bara eins og við getum: Þjónusta við fólk með fjölþættar skerðingar. *Stjórnmal og Stjórnsýsla*, 9(1), 171–190. <https://doi.org/10.13177/irpa.a.2013.9.1.9>
- Katz-Wise, S. L., & Hyde, J. S. (2012). Victimization experiences of lesbian, gay, and bisexual individuals: A meta-analysis. *The Journal of Sex Research*, 49(2–3), 142–167. <https://doi.org/10.1080/00224499.2011.637247>
- Khalifeh, H., Howard, L. M., Osborn, D., Moran, P., & Johnson, S. (2013). Violence against people with disability in England and Wales: Findings from a national cross-sectional survey. *PLoS one*, 8(2), Article e55952. <https://doi.org/10.1371/journal.pone.0055952>
- Krnjacki, L., Emerson, E., Llewellyn, G., & Kavanagh, A. M. (2016). Prevalence and risk of violence against people with and without disabilities: Findings from an Australian population-based study. *Australian and New Zealand Journal of Public Health*, 40(1), 16–21. <https://doi.org/10.1111/1753-6405.12498>
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). World report on violence and health. *The Lancet*, 360(9339), 1083–1088. [https://doi.org/10.1016/S0140-6736\(02\)11133-0](https://doi.org/10.1016/S0140-6736(02)11133-0)
- Löve, L., Traustadóttir, R., & Rice, J. G. (2018). Trading autonomy for services: Perception of users and providers of services for disabled people in Iceland. *Alter*, 12(4), 193–207. <https://doi.org/10.1016/j.alter.2018.04.008>
- Marge, D. K. (2011). Feasibility of expanding NEISS-AIP to create a scientific database on violence and disability. *Disability and Health Journal*, 4(3), 153–164. <https://doi.org/10.1016/j.dhjo.2010.09.003>

- Martin, S. L., Ray, N., Sotres-Alvarez, D., Kupper, L. L., Moracco, K. E., Dickens, P. A., Scandlin, D., & Gizlice, Z. (2006). Physical and sexual assault of women with disabilities. *Violence Against Women, 12*(9), 823–837. <https://doi.org/10.1177/1077801206292672>
- McGowan, J., & Elliott, K. (2019). Targeted violence perpetrated against women with disability by neighbours and community members. *Women's Studies International Forum, 76*, 1–8. <https://doi.org/10.1016/j.wsif.2019.102270>
- Meekosha, H., & Shuttleworth, R. (2009). What's so critical about critical disability studies? *Australian Journal of Human Rights, 15*(1), 47–75. <https://doi.org/10.1080/1323238X.2009.11910861>
- Mikton, C., & Shakespeare, T. (2014). Introduction to special issue on violence against people with disability. *Journal of Interpersonal Violence, 29*(17), 3055–3062. <https://doi.org/10.1177/0886260514534531>
- Molden, T. H., & Tøssebro, J. (2010). Measuring disability in survey research: Comparing current measurements within one data set. *Alter. European Journal of Disability Research, 4*(3), 174–189. <https://doi.org/10.1016/j.alter.2010.05.003>
- Mueller, C. O., Forber-Pratt, A. J., & Sriken, J. (2019). Disability: Missing from the conversation of violence. *Journal of Social Issues, 75*(3), 707–725. <https://doi.org/10.1111/josi.12339>
- Nixon, J. (2009). Domestic violence and women with disabilities: Locating the issue on the periphery of social movements. *Disability and Society, 24*(1), 77–89. <https://doi.org/10.1080/09687590802535709>
- Nixon, J., & Humphreys, C. (2010). Marshalling the evidence: Using intersectionality in the domestic violence frame. *Social Politics, 17*(2), 137–158. <https://doi.org/10.1093/sp/jxq003>
- Olkin, R., Hayward, H., Abbene, M. S., & VanHeel, G. (2019). The experiences of microaggressions against women with visible and invisible disabilities. *Journal of Social Issues, 75*(3), 757–785. <https://doi.org/10.1111/josi.12342>
- Olsvik, V. M. (2006). Vulnerable, exposed and invisible: A study of violence and abuse against women with physical disabilities. *Scandinavian Journal of Disability Research, 8*(2–3), 85–98. <https://doi.org/10.1080/15017410600731343>
- Plummer, S., & Findley, P. A. (2012). Women with disabilities' experience with physical and sexual abuse: Review of the literature and implications for the field. *Trauma, Violence, & Abuse, 13*(1), 15–29. <https://doi.org/10.1177/1524838011426014>
- Radford, J., Harne, L., & Trotter, J. (2006). Disabled women and domestic violence as violent crime. *Social Work in Action, 18*(4), 233–246. <https://doi.org/10.1080/09503150601025204>
- Remedios, J. D., & Snyder, S. H. (2018). Intersectional oppression: Multiple stigmatized identities and perceptions of invisibility, discrimination, and stereotyping. *Journal of Social Issues, 74*, 265–281. <https://doi.org/10.1111/josi.12268>
- Saxton, M., Curry, M. A., Powers, L. E., Maley, S., Eckels, K., & Gross, J. (2001). Bring my scooter so I can leave you: A study of disabled women handling abuse by personal assistance providers. *Violence Against Women, 7*(4), 393–417. <https://doi.org/10.1177/10778010122182523>
- Shah, S., & Bradbury-Jones, C. (2018). *Disability, gender and violence over the life course: Global perspectives and human rights approaches*. Routledge.
- Shah, S., Tsitsou, L., & Woodin, S. (2016). Hidden voices: Disabled women's experiences of violence and support over the life course. *Violence Against Women, 22*(10), 1189–1210. <https://doi.org/10.1177/1077801215622577>

- Sigbjörnsdóttir, H. B., Guðlaugsson, JÓ, & Jónsson, S. H. (2017). *Heilsa og líðan Íslendinga 2017: Framkvæmdaskýrsla*. [Health and Wellbeing of Icelanders 2017: Project Report]. Directorate of Health.
- Smith, D. L. (2008). Disability, gender and intimate partner violence: Relationships from the behavioral risk factor surveillance system. *Sexuality and Disability, 26*(1), 15–28. <https://doi.org/10.1007/s11195-007-9064-6>
- Snæfríðar- og Gunnarsdóttir, H., & Traustadóttir, R. (2015). *Ofbeldi gegn fötluðum konum og aðgengi að stuðningi: Stutt skýrsla* [Violence against disabled women and access to support: Short report]. The Centre for Disability Research.
- Sokoloff, N. J., & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender: Challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women, 11*(1), 38–64. <https://doi.org/10.1177/1077801204271476>
- Statistics Iceland. (2018). *Iceland in figures 2018*. Retrieved September 1, 2021, from [https://issuu.com/hagstofa/docs/iceland\\_in\\_figures\\_2018](https://issuu.com/hagstofa/docs/iceland_in_figures_2018)
- Steele, L. (2017). Lawful institutional violence against disabled people. *Precedent, 43*(143), 4–7. <https://doi.org/10.3316/informit.314554578816395>
- Stefánsdóttir, G. V. (2011). Sjálfræði og ófrjósemisaðgerðir á konum með þroskahömlun. In I. Sigurgeirsson, I. Á. Jóhannesson, & G. L. Marinósson (Eds.), *Ráðstefnurit Netlu – Menntavika* (pp. 1–19). University of Iceland, School of Education.
- Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender and sexual orientation*. John Wiley & Sons.
- Thiara, R. K., Hague, G., Bashall, R., Ellis, B., & Mullender, A. (2012). Disabled women's experiences of domestic violence and abuse. In *Disabled women and domestic violence: Responding to the experiences of survivors* (pp. 34–55). Jessica Kingsley Publishers.
- Thiara, R. K., Hague, G., & Mullender, A. (2011). Losing out on both counts: Disabled women and domestic violence. *Disability and Society, 26*(6), 757–771. <https://doi.org/10.1080/09687599.2011.602867>
- Traustadóttir, R., & Snæfríðar- og Gunnarsdóttir, H. (2014). *Access to specialised victim support services for women with disabilities who have experienced violence*. National Empirical Report. The Centre for Disability Research.
- United Nations. (1993). *Declaration on the elimination of violence against women*.
- United Nations. (2007). *Convention on the rights of persons with disabilities*.
- Weber, L. (2010). *Understanding race, class, gender, and sexuality: A conceptual framework*. Oxford University Press.
- Withers, A. J., Ben-Moshe, L., Brown, L. X. Z., Erickson, L., Gorman, R. D. S., Lewis, T. A., McLeod, L., & Mingus, M. (2019). Radical disability politics. In R. Kinna & U. Gordon (Eds.), *Routledge handbook of radical politics* (pp. 178–193). Routledge Handbooks Online.
- World Health Organization. (2002). *World report on violence and health: Summary*.
- World Health Organization. (2011). *World report on disability*.

## Author Biographies

**Hrafnhildur Snæfríðar- og Gunnarsdóttir** is a nurse and a seasoned researcher in social sciences, with background in gender studies. This paper was a part of her M.Phil degree in disability studies, which she completed in February 2022. She is currently a PhD student in the School of

Education in the University of Iceland where she is researching the effects of COVID-19 on the health and wellbeing of disabled people.

**Rannveig Traustadóttir** is Professor Emerita and Director of the Centre for Disability Studies, University of Iceland. Much of her research has examined the intersection of disability, gender, and other categories of inequalities. Her current work focuses on violence against disabled women, reproductive rights, and how the UN CRPD can be implemented to promote full human rights and equality for disabled people. Rannveig was one of the leaders in developing Disability Studies as an academic discipline in the Nordic countries and has focused on how activism and academia can work together in bringing about social change.

**Thorgerður Einarsdóttir** is Professor of Gender Studies at the University of Iceland. With background in sociology and the social sciences, her approach is highly interdisciplinary, which is reflected in her engagement in a variety of gender and diversity projects, nationally and internationally. Her research areas cover a broad range of issues from feminist theory and equality policies to labor market issues, masculinities, gender, and academia and transgender issues, and she has participated in a number of ERC funded projects. Þorgerður has been instrumental in developing the gender studies program at the University of Iceland.

**James G. Rice** is an associate professor of Anthropology at the School of Social Sciences, University of Iceland. He received his doctorate in anthropology from Memorial University of Newfoundland in 2007. He is currently lead researcher in the project “Disability, immigration and multigeneration: Intersecting factors in child protection cases,” funded by the University of Iceland’s research fund, and academic adviser for the Disability before Disability project (Rannís).