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## Intimate Partner Violence, Disability and use of Drugs: Psychological Effects, the Case of Women with Disabilities in Spain

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### ABSTRACT

**Background:** This study examines the varying incidence of certain psychological consequences resulting from intimate partner violence (IPV) among women, comparing those with disabilities to those without. To ensure accuracy and objectivity in the analysis, a variable was constructed using data from the macro-survey on gender violence. This variable is utilized to adjust the results and focus specifically on responses from the study group survey pertaining to psychological impacts and substance use.

**Methods:** This study utilizes quantitative data from the VI Macro-Survey on Violence against Women (MEVM-2019), the new data from de MEVM-2023 are still unavailable, specifically focusing on psychological aspects such as medication usage resulting from intimate partner violence, suicidal thoughts, and engagement with psychological services. A unique variable was developed for this research by correlating disability-related questions with responses to the study's inquiries. This variable was constructed based on insights gleaned from the survey conducted within the study cohort.

**Results:** The findings reveal that disability substantially heightens the incidence of psychological ramifications stemming from this form of violence against women. This heightened impact may contribute to increased reliance on their partners and reduced levels of social integration.

**Conclusions:** The data collected in this study indicate a higher incidence of responses among individuals with functional diversity compared to those without it. Notably, assistance-seeking behaviors, particularly towards psychologists, show a nearly fourfold increase among people with disabilities. This suggests the perceived usefulness of such services in these cases, highlighting a potential avenue for further research by professionals and for service development by administrations. Establishing dedicated services for individuals with disabilities could be warranted given their high incidence and acceptance rates.

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### Introduction

In recent decades, violence against women has been a relevant social issue, among other things, because of its consequences for the health of women who suffer from it [1-3]. In 1993, the World Health Organization (WHO) highlighted it the violence against women as a matter of high priority in the field of public health. As a result, social concern about this violence against women, especially women with disabilities, has increased [4]. All agencies, both national and international, are carrying out studies and programs, as well as surveys, to gather information to help develop more effective scientific research, to make visible the problem, its causes, consequences, and possible solutions. Among these studies we find the VI Macro Survey on Violence against Women 2019 (MEVM-2019) which provides relevant statistical information on this problem in Spain. In this particular case, this survey is carried out every 4 years, first on 1999 and is the one used for many re-search articles, since a large amount of data

grouped into different types is available. All surveys have been carried out by qualified personnel who have respected the privacy of the respondents as much as possible, as well as respecting the law and complying with data protection [5].

Even though not is the more important part of the Survey, the survey focuses on violence against women in general, explaining each of the types of violence suffered, the problematic with the women with disabilities there are important data from the fourth part of the questionnaire, and the research focused on it, as it is one of my main lines of research. In this case, it does not focus exclusively on women with disabilities, although they are studied in a different way, and in our case a variable has been created by merging the data extracted from the questionnaire, so that this variable is the result of merging the answers to two questions that assess the self and disability of the respondents.

To establish an operational classification of individuals with disabilities, we combined the responses to questions M08 ("Do you have a disability certificate of 33% or more?") and M09 ("Do you

suffer from any illness, injury, or condition expected to last more than a year, limiting your daily activities such as work, shopping, organizing your life, or socializing?"). This consolidation aimed to identify a more relevant group for study within our research group, given the sensitivity of the issue. Women with disabilities constitute an especially vulnerable subgroup, albeit relatively smaller, facing challenges related to accessibility, caregiving, autonomy, among others, warranting individualized attention.

The Macro-survey on Violence against Women stands out as the foremost statistical endeavor in Spain concerning this form of violence. It serves as the sole official data source for measuring the prevalence of Intimate Partner Violence against women. Conducted approximately every four years since 1999, it is integrated into the National Statistical Plan, which governs the statistical activities of the General Administration of the State.

It's crucial to highlight that the prevalence of violence as depicted in the Macro-Survey solely pertains to the violence disclosed by the participants, namely women aged 16 or older residing in Spain, during the interviews. The manner in which the interviews are conducted can significantly influence the disclosure of violence. Hence, prior to the final survey, comprehensive training was provided to all interviewers. This training aimed not only to acquaint them thoroughly with the questionnaire but also to educate them on the subject matter of the questionnaire. This emphasis on interviewer attitude is pivotal for encouraging women to honestly share their experiences of violence, thereby ensuring that their responses accurately reflect their situations, both present and past.

Studies examining the prevalence of violence against women in Europe indicate that 8% have encountered physical or sexual violence within the past year, with a third reporting some form of physical or sexual assault since age 15. Additionally, 32% have experienced psychological intimate partner violence, 5% have encountered economic violence from their current partner, and 32% have experienced economic violence in previous relationships. At the national level in Spain, intimate partner violence affects 25% of women, according to the MEVM-2019 data [6]. However, it's noteworthy that many women with disabilities may not disclose their experiences. Consequently, this article's study focuses on drug consumption, which can indicate risk situations for this group, with their responses being captured in the survey.

Without delving Deeping into the multiple factors that can give rise to violence against women, a common denominator is that disability represents an added risk, both because of its incidence and because of the greater difficulty of being visible and quantified: intimate partner violence in the case of women with disabilities may be undeclared or hidden by social factors, such as lower social support of this group or greater dependence on the partner in daily life.

The primary objective of this manuscript is to evaluate the impact of drug consumption on women, comparing those with disabilities to those without. Data for this analysis were obtained from the MEVM-2019 survey, which provides information for this variable and categorizes the population into high and low-risk groups. Additionally, the survey includes data on the Global Activity Limitation Indicator (GALI), which serves as the operational definition of disability adopted in this manuscript.

For the purposes of this article, the definition of disability was constructed by merging responses to two questions from the

questionnaire. This approach was taken to ensure that the study group was representative and that the data collected was relevant. Specifically, the disability variable was created based on responses to questions regarding possession of a disability certificate and the ability to lead an independent daily life.

Globally, there is ongoing research aimed at understanding the circumstances of people with disabilities with the goal of enhancing their quality of life, employment opportunities, accessibility, and leisure activities. In the context of this manuscript, the focus is on elucidating the health-related challenges faced by individuals with disabilities, particularly within the realm of intimate partner violence against women with disabilities. In the Spanish case, studies by several authors address the situation of social and health care for people with disabilities or dependents [6,7]. Focusing on the female population, other studies, examine the specific needs and characteristics of this group in the field of health. In this vein, this paper addresses in more detail the psychological sequelae of violence that are collected in the MEVM-2019, carried out by the Centro de Invesgaciones Sociológicas (CIS), which is held every four years and identified as one of the most relevant Spanish quantitative sources for research in this field [8-11].

To establish an operational classification of individuals with disabilities, the responses to questions M08 ("Do you have a disability certificate of 33% or more?") and M09 ("Do you suffer from any illness, injury, or condition expected to last more than a year, limiting your daily activities such as work, shopping, organizing your life, or socializing?") were combined. This approach ensured that the study group focused on in the article encompassed a sufficient number of individuals, enabling the results to serve as a reference for ongoing research endeavors. By merging these responses, a workable variable more aligned with the research objectives was generated, offering opportunities to explore further within the macro-survey dataset. This strategy aims to align the operational definition of disability with the GALI criterion commonly utilized in European disability surveys. [12-15]. This classification incorporates health variables addressing psychological aspects of intimate partner violence victims, including medication usage (MOP11), consultations with mental health professionals (MOP10\_5), and specific medications taken (MOP11\_1-2-3). Particularly, the study focuses on medication consumption as it can provide insights into individuals' situations concerning intimate partner violence, access to healthcare services, and self-medication practices. Consequently, the study aims to investigate the hypothesis that women with disabilities, among those who have experienced intimate partner violence, exhibit greater psychological sequelae. This hypothesis is grounded in factors such as their potential lack of familial support and autonomy to seek help or report incidents, as well as their vulnerability, which may deter them from seeking assistance due to fear of repercussions from their partners.

As expose proved in the report, the women with disabilities have more problems with drugs than women without disabilities, due to because they no asking for help for fearing the possible situation with their partner, and the family don't trust their explanation.

## Materials and Methods

The disability of women who experience IPV is in many cases an aggravating factor; their intrinsic problem of greater social isolation makes them more dependent on their partner, and therefore more vulnerable to physical violence, and in the case of our study, to psychological violence, making it more difficult

to ask for help. Therefore, it is important to analyze the status of people with functional diversity as a factor that increases the prevalence of this type of violence by their partners [13-16].

In addition, it also involves a conditional process that increases the severity of their situation, worsening their health and their use of psychological services and medication.

This empirical analysis uses microdata from the MEVM-2019 available at [5]. It is a statistical operation of the Ministry of Health, Social Welfare and Ministry of Equality, which it carries out in collaboration with the INE. This macro-survey is defined within ethical and legal parameters, and all data have been treated anonymously as stated in the survey development document. All data have been treated with the method of grouping variables, both by age groups and by population size, but these data can be extrapolated to more generic groups as has been done in this study with the people who have responded to the questions that provide data to the variable created for this purpose.

For the design of the sample and the conduct of the interviews, as well as for the purification and validation of the data, the participation of the Centro de Investigaciones Sociológicas (CIS) has been essential. This agency handed over the microdata to the Government Delegation against Gender Violence (Depending on the Ministry of Health). The Macro-Survey is aimed at women living in Spain aged 16 or over. The interviews were conducted with a representative sample of 9,568 women.

The MEVM-2019 is divided into four major blocks:

- The first block, the largest one, is devoted to the analysis of current or past partner violence and consists of 14 chapters.
- The second block focuses on the analysis of physical and sexual violence outside the partner.
- The third block, in the study of sexual harassment and repeated harassment.
- The fourth block goes back to all previous chapters to analyse in detail violence experienced by women with disabilities, young women aged 16-24 years, women aged 65 and over, women born abroad, and women living in small municipalities.

In the last block the part of women with disabilities where the study has focused, and more in depth in the use of drugs. As explained in the methodology of the survey, in the following section, all the data are based on the answers to each of the questions in the questionnaire, and according to their answers, questions are added or removed to be more precise in the data obtained, and thus be more appropriate to the results according to what was sought. In the case of our study, the merged variable is created so that the results are more coherent and detailed in the case of women with disabilities, since in the case of un-certified women it is less likely that they are included in the study group even though they have this problem, hence the creation of the variable to be able to include them in the study group.

As the study try to show and finally demonstrated, in the following paragraphs, the drugs are an easy path to survive in the case of women with disabilities, easily than ask for help at social or health services or included friends or family.

To assess the impact of factors influencing drug use, a binary logistic regression model was employed. This choice of multivariate analysis was motivated by the binary nature of the dependent variable, while the independent variables can be either

quantitative (discrete or continuous) or qualitative (with two or more levels).

The statistical model articulates the probability of a specific level of the dependent variable through a logistic transformation of a linear combination of the independent variables:

$$P(Y) = \frac{e^{\beta_0 + \sum \beta_i X_i}}{1 + e^{\beta_0 + \sum \beta_i X_i}}$$

Where P(Y) represents the probability of a particular level of the dependent variable, and  $\beta_i$  are the coefficients assigned to each independent variable  $X_i$  model.

Alternatively, the model can be articulated using odds ratio (OR) coefficients for each level of the dependent variable. These OR coefficients are estimated through linear regression on the independent variables:

$$\ln\left(\frac{P(Y)}{1 - P(Y)}\right) = \beta_0 + \sum_{i=1}^k \beta_i X_i$$

The coefficients are determined through the maximum likelihood method, and a significant coefficient ( $p < 0.05$ ) signifies a connection between the independent and dependent variables at the specified level.

In the case of binary independent variables, the exponentiated regression coefficient  $\beta$  represents the Odds Ratio (OR) coefficient. For qualitative independent variables with more than two levels, dichotomous dummy variables are usually generated for each level, excluding the reference level. In instances where the independent variable is quantitative, the exponentiated coefficient indicates the rise in the probability of a specific level of the dependent variable with a one-unit increase in the independent variable.

### Macro Survey on Violence against Women-2019

The MEVM-2019 survey was conducted from September 12th to October 1st, 2019, targeting women aged 16 and older residing in Spain. The sampling procedure employed a multi-stage, cluster-stratified approach, with primary sampling units (municipalities) and final units (individuals) selected via random routes and quotas based on age and occupation. Questionnaires were administered through computer-assisted personal interviews (CAPI) conducted at participants' homes.

The survey was designed to include 10,000 interviews, and a total of 9,568 were completed. Regarding the sample error, with a confidence level of 95.5% (two sigmas) and assuming  $P=Q$ , the actual error is approximately +/-1% for the entire sample and in the case of simple random sampling

As is explained in the resume of the Marco-Survey [17]: "The Macro-survey on Violence against Women is the most relevant statistical operation carried out in Spain on this type of violence [5]. It is also the only official statistic to measure the prevalence of violence against women. It has been carried out approximately every 4 years since 1999 and is included in the National Statistical Plan. The Government Delegation against Gender Violence has overseen preparing the 2011, 2015 and 2019 editions. The 2019 Macro-survey is the sixth to be carried out in Spain. Its main goal is to ascertain the percentage of women aged

16 and over living in Spain who have suffered or are currently suffering some type of violence because they are women.

In 2015, the Macro-survey questionnaire was significantly modified in relation to previous editions (1999, 2002, 2006, 2011). With this change, which mainly took as a reference the Guidelines to Produce Statistics on Violence against Women prepared by the United Nations Statistics Division, the aim was to measure more rigorously the reality of violence against women in Spain. With the 2019 Macro-survey on Violence against Women, this process of improving the quality of the survey has continued. The 2015 questionnaire has been taken as a starting point, and has been expanded to grasp more dimensions of violence, the new questionnaire thus complying with all statistical requirements of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) and responding to several measures of the Government Agreement against Gender Violence” [18].

Indeed, while the references cited may not directly address the field, the investigation into medication usage among individuals with disabilities has emerged as a prominent area of research in recent years. This focus aims to enhance the daily functioning and overall health outcomes of this population [19-22].

Consistent with prior research, this study utilized SPSS V24 software and employed logistic regression analysis. The collected responses were analyzed to examine the utilization of psychological services and various drugs within the study group, comprising individuals with functional diversity. This group was formed by merging responses from two survey questions. Logistic regression, chosen as the statistical method, is a form of multivariate analysis suitable for dichotomous independent variables and dependent variables that can be quantitative or qualitative in nature [23-27].

In the creation of this model, the probability of the reference category of the endogenous variable is extracted by logistic transformation of a linear combination of the exogenous variables.

This research paper analyzes the number of people with disabilities in the adult population in Spain (over 16 years old) based on the MEVM-2019, carried out by the CIS.

The chapter four of the survey examines violence against women with disabilities. In other words, the population of women with a certified disability equal to or greater than 33 per cent is compared with that of women who do not have a disability or, if they do, less than that percentage (so they are not certified). It will follow the same path that was followed for the analysis of the total number of women, in the case of this study the value has been adjusted by combining two variables, the certificate and the problem of daily life.

The 77.0% of women with disabilities who have experienced Physical-Sexual-Emotional Violence, or Fear (PSEVF) from a current or past partner state that the episodes of violence have had some psychological impact on them, compared with 69.4% of women with no recognized disability who have experienced such violence. The differences are even greater when we look at what happens to current partner violence: 63.9% of women with disabilities who have experienced PSEVF from their current partners claim to have suffered psychological consequences of violence compared to 46.7% of women with no recognized disability.

In the survey, the disability study is based on answers obtained anonymously, where possible disability can be identified by the answers to two questions. In the case of this study, it has been regrouped, with affirmative answers to have a disability certificate equal to or greater than 33 per cent and have limitations in their daily activities.

Therefore, these are the ones that have been considered with women with functional diversity.

Violence is covered in many questions, relating to different areas. Physical, psycho-logical, social or economic violence, sexual violence.

This study focused on the responses and their comparison with the rest of women without disabilities, observing the incidence of such cases, in relation to the following questions:

- MOP11 use of medicinal products
- MOP10\_5 Assistance to Psychologist
- M1-2P22\_1 PSYCHOLOGIST ASSISTANCE IN CASE OF IPV
- MOP11\_1-2-3 Substance Use (in this case in response to tranquilizers, antidepressants and analgesics)

The responses have been cross-referenced with the table distinguishing individuals with and without disabilities. In many instances, it is apparent that the study group, particularly those with disabilities, exhibits a more pronounced impact on the issues under investigation. This observation suggests the potential for further in-depth exploration of these findings.

The tables are based on cross-studies between persons with and without disabilities, and the answers to the above-mentioned questions, creating variables in the SPSS program, and giving results in tables that are explained in the following sections. In this study we prepared a single table with all the data, but for greater clarity and explanation we decided to separate them individually to give a clarity that we believe is important to see the weight of each of the values separately and thus be able to observe their importance.

The tables are presented separately for a better understanding of the data and its explication of the results and focused in each specific problem, also it is explained across the results, discussion and conclusion.

The method used is the logistic regression with a confidence margin of 95%, and with the possibility of double crosses to better fit the sample and highlights other data and possible coincidences to develop improvements.

## Results

In Spain, according to the MEVM-2019, 25.04% of women have experienced IPV of any kind, with an incidence of 23.25% of psychological violence and 14.24% of physical or sexual violence, as detailed

The disparities between women with and without registered disabilities concerning substance use as a coping mechanism for episodes of intimate partner violence are not only significant but also highly relevant, particularly in cases of violence from previous partners. Among women with disabilities, 48.7% reported using medicines, alcohol, or drugs to cope with the aftermath of past

severe episodes of violence from former partners. In contrast, only 24.8% of women without registered disabilities reported similar coping mechanisms. Notably, the discrepancies stem primarily from the elevated use of medicines among women with disabilities, with 44.3% of them resorting to medication to address the repercussions of past severe episodes of violence from previous partners, compared to 20.7% of women without disabilities [3].

The results obtained, they are developed after a methodical work of the variables by the SPSS program, once the data of the MEVM-2019 have been entered, and their adaptation with the creation of the disability variable (the certificate of disability equal to or greater than 33% and having limitations in their daily activity).

The data for use in this manuscript are adapted with the created variable explained and use the question to elaborate the tables for this study.

The questions have also been adapted to this group in order to be able to compare the results.

The possibility of suffering from IPV on the prevalence of psychological problems and drug use is shown in table 1.

**Table 1: Incidence of Interpersonal Violence on Women's Health and Use of Social and Health Services**

	Without IPV (%)	With IPV (%)	Estadist. F (Sig.)	OR (I.C. al 95%)
Visit to psychologist, psychotherapist or psychiatrist	7.7%	18.7%	240,234 (,000)	2,768 (2,420 - 3,167)
Use of tranquilizers	12.2%	22.5%	153,868 (,000)	2,090 (1,855 - 2,354)
Use of antidepressants	8.3%	16.2%	125,136 (,000)	2,150 (1,874 - 2,467)
Use of analgesics	55.3%	59.9%	15,505 (,000)	1,207 (1,099 - 1,326)

**Source:** Own elaboration based on data from MEVM-2019.

In the initial table, a broad analysis of the data is conducted, revealing that women experiencing intimate partner violence (IPV) tend to exhibit higher values across all parameters examined. Subsequently, the focus narrows to individuals affected by IPV, particularly those with disabilities, within whom a more pronounced increase in values is observed. Notably, the data highlight that women experiencing IPV generally demonstrate elevated values.

Now, attention is specifically directed toward this cohort, delving into the unique circumstances of women with disabilities who experience IPV.

In this statistical operation, it is possible to identify, as shown in the various tables attached below (tables 2-5), women with disabilities, how they are affected by the various causes on which the study focuses.

A correlation was observed in the data obtained in the answers to the question MOP10\_5, assistance to the psychologist/psychiatrist, even a greater distance was observed, almost 4 times. 27.4% vs. 8.6% (chi-square=315.72; p-value<0.0001).

**Table 2: Visit to Psychologist/Psychiatrist with/without Disability**

	Total	No declares disability		declares disability	
		%	Total	%	Total
Have you visited a psychologist, psychotherapist or psychiatrist for yourself	Yes	745	8.6%	257	27.4%
	No	7884	91.4%	681	72.6%

**Source:** Own elaboration based on data from MEVM-2019.

It's evident that there's a significant demand for utilization of psychological services within the healthcare system. It could be beneficial to consider promoting these services, particularly in regions where there is saturation due to a shortage of professionals. Additionally, establishing dedicated care pathways exclusively for individuals with functional diversity, with the support of social workers and relevant associations, could be a valuable initiative to address this demand effectively.

For this reason, we now begin to study the answers on substance use separately, differentiating between the various options developed by the questions, based on new tables created with the answers obtained. They are elaborated by SPSS program according to the answers of the questionnaire. Each of them is based on questions about tranquilizers, antidepressants, and analgesics. As can be seen in all of them, women with functional diversity have a higher incidence. The first answers are whether it mentions it or not, and then it is expanded with the affirmative or negative answer of its consumption, which are the tables 3-5.

**Table 3: Consumption of Tranquilizers with/without Disabilities**

	Total	No declares disability		Declares disability	
		%	Total	%	Total
consumption of tranquilizers	Yes	1044	12.1%	372	39.6%
	No	7586	87.9%	566	60.4%

**Source:** Own elaboration based on data from MEVM-2019.

Chi-square= 507.52; p-value<0.0001

This table shown that in the case of women with disabilities the consumption of tranquilizers is three times higher than the women without disability.

**Table 4: Antidepressant use with/without Disability.**

		No declares disability		Declares disability	
		Total	%	Total	%
Consumption of Antidepressant	Yes	698	8.1%	282	39.6%
	No	7932	91.9%	656	60.4%

**Source:** Own elaboration based on data from MEVM-2019. Chi-square= 442.05; p-value<0.0001

In this case, the table shown that in the case of women with disabilities the consumption of antidepressants is almost four times higher than the women without disability.

**Table 5: Consumption of Analgesics with/without Disability**

		No declares disability		Declares disability	
		Total	%	Total	%
Consumption of analgesics	Yes	4655	53.9%	746	39.6%
	No	3975	46.1%	192	60.4%

**Source:** Own elaboration based on data from MEVM-2019. Chi-square= 224.34; p-value<0.0001

As substantiated by the results obtained in the tables above, elaborated with the adapted data from the survey in SPSS program, people with disabilities have a higher percentage of consumption compared to the rest of the population, almost four times more in the case of antidepressants and tranquilizers, and in the case of analgesics, it is less important, but a higher consumption is also observed.

This difference is because of their personal situation, for fear of abandonment, they make excessive use of such drugs to better support their situation, instead of look forward help at healthcare services, social workers or included their family.

As can be observed, the results of the study reflect a significant impact on women with functional diversity in the fields treated, psychological services and drugs use in Spain, confirming their study as a public health issue.

These tables show that suffering from disability increases the risk in each of the sections, being more problematic in people with disabilities.

**Discussion**

The data obtained from the VI Macro Survey on Violence against Women 2019 (MEVM-2019) support the questionnaire's validity and reliability as a tool for assessing the Spanish female population overall, including both women with and without disabilities.

As evidenced in this study, individuals with functional diversity consistently report higher incidence rates in questionnaire responses compared to those without disabilities. This trend is particularly notable in seeking assistance from psychologists, where it is generally perceived to be more beneficial, underscoring the importance of exploring this aspect further in research and development efforts by relevant authorities. Establishing dedicated services, including potentially exclusive ones for individuals with

disabilities, could be warranted given their high incidence rates and acceptance levels.

Furthermore, the data presented in the tables illustrate that drug use predominantly affects women with disabilities, with consumption rates being notably higher in this group compared to women without disabilities. This highlights the importance of addressing substance use issues within the context of disability, emphasizing the need for targeted interventions and support mechanisms tailored to this population.

The consumption of drugs is higher in the study cohort, only slightly lower in the case of analgesics, but in the rest of the drugs analyzed it is much higher, tranquilizers are three times higher in the group of women with disability, and the consumption of antidepressants is even higher, almost 4 times higher in the group of women with disability.

The development of this work is oriented to disability and gender-based violence against women, basing the results on the data obtained from the MEVM-2019, developing a differentiated study group with the various questions and answers of the given study, to give them greater visibility within the various results provided by this Macro-survey [17,18].

It's crucial to recognize that women with disabilities are often underrepresented in research, primarily due to concerns about potential discrimination or rejection in various aspects of their lives, including relationships and employment. Many individuals with disabilities may choose not to disclose their disability due to fear of stigma or other negative consequences. As a result, this cohort tends to be more reserved and introverted, making it challenging to gather comprehensive data on their experiences and needs.

Despite these challenges, ongoing research efforts will continue to focus on understanding the unique problems and difficulties faced by women with disabilities. This includes examining issues related to their interactions with the healthcare system, daily life challenges, and accessibility concerns during workdays and holidays. By utilizing surveys like the MEVM-2019 and others, there is an opportunity to empower individuals with disabilities by providing a platform for their voices to be heard and their experiences to be validated.

Furthermore, the data collected from these studies will be thoroughly analyzed and used to inform future research and initiatives aimed at improving the lives of women with disabilities. This ongoing work is essential for advancing our understanding and addressing the specific needs of this marginalized population.

Among the results obtained, significant data were obtained on the use of medicines (both analgesics, antidepressants or tranquilizers), in which there is a greater use among the group of women with disabilities. It can be understood that this result is due to the fact that this group is more dependent on their partner, do not go to social services, friendships, family, out of fear or shame, and take refuge in the use of these substances to a greater extent.

This article is part of a series of research endeavors within the field of disability, with a particular emphasis on women and their challenges in various social and labor situations, as well as their overall health and social well-being. The research group relies on data published by the Instituto Nacional de Estadística (INE) or

EuroStat for their analyses.

In other sections of the research, while the differences in data between the two studied groups may be less significant, there is still an observable increase in reference values among women with declared functional diversity. This trend is supported by previous studies, underscoring the importance of continued investigation into the experiences and needs of women with disabilities [5,7,16].

### Conclusions

As demonstrated in this study, women with disabilities are indeed more vulnerable compared to those without disabilities, increasing their risk of health issues when abusing drugs. Despite the availability of institutional or familial support, many individuals in this situation may opt for what seems like the easier path, choosing to remain with their toxic partners [7].

The data used in this article are accessible through the Ministry of Health, providing valuable insights that can be utilized for further studies or to delve deeper into the specific circumstances of women in Spain and their utilization of health and social services. This accessibility facilitates ongoing research efforts aimed at better understanding and addressing the challenges faced by women, particularly those with disabilities, in accessing adequate support and care [5].

To obtain an operational classification of people with disabilities, to get a more relevant group in that situation, due to its delicacy and to be the basis of study in our re-search group. Women with disabilities are an even more vulnerable group, although reduced, due to all the accompanying problems of accessibility, care, autonomy, ... and to observe their individualized problems. The data obtained show that women who suffer IPV are increasing, and in the case of women with disabilities are more weaknesses [21,22].

After this study, the research will continue working of show the problematic situation of this cohort of people with disabilities in their diary life [18].

In the discussion section, it's emphasized that this cohort of women with disabilities is of utmost importance due to their unique casuistic and the challenges they face in their daily lives. Their struggles extend beyond just drug consumption, encompassing every aspect of their existence, from meeting societal expectations to completing basic tasks each day. Therefore, it's imperative that we continue to support and advocate for them, continuously researching ways to improve their quality of life.

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### References

1. World Health Organization (1996): Violence: A public health priority: WHO Global Consultation on Violence and Health. Geneva, 2-3 December 1996, Switzerland: World Health Organization.
2. World Health Organization (2013). Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva, Switzerland: World Health Organization.
3. World Health Organization (2021). Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva, Switzerland: World Health Organization.
4. United Nations. General Assembly (1993): Declaration on the elimination of violence against Women. Proceeding of the 85th Plenary Meeting. Proclaimed by resolution 48/104, of 20 December 1993. Geneva.
5. Subdirección General de Sensibilización, Prevención y Estudios de la Violencia de Género (Delegación del Gobierno contra la Violencia de Género) (2019): Macroencuesta de Violencia contra la Mujer 2019. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad. Centro de Publicaciones.
6. Meseguer SML, Sánchez AF, Vargas VM (2021) Intimate Partner Violence against Women with Disabilities in Spain: A Public Health Problem. *International journal of environmental research and public health* 18: 728.
7. Martín-Fernández M, Gracia E, Lila M (2019) Psychological intimate partner violence against women in the European Union: a cross-national invariance study. *BMC Public Health* 19: 1739.
8. Artazcoz L, Garrido A, Juárez O, Otero I, Pasarín M (2019) Violencia machista en el ámbito de la pareja desde una perspectiva de salud pública: marco conceptual. *Barcelona Societat. Revista de Investigación y Análisis* 21: 1-17.
9. Pérez-Garín D, Recio P, Magallares A, Molero F, García-Ael C, et al. (2018) Perceived discrimination and emotional reactions in people with different types of disabilities: a qualitative approach. *The Spanish Journal of Psychology* 21: 1-11.
10. Mondéjar JJ, Vargas VM, Meseguer SML, Mondéjar JJA (2009) Impact of social factors on labour discrimination of disabled women. *Research in Developmental Disabilities*. 30: 1115-1123.
11. Blanco P, Ruiz-Jarabo C, García de Vinuesa L, Martín-García M (2004) La violencia de pareja y la salud de las mujeres. *Gaceta sanitaria* 18: 182-188.
12. Brownridge D (2006) "Partner violence against women with disabilities: Prevalence, risk, and explanations". *Violence Against Women* 12: 805-822.
13. Devries K, Mak J, García-Moreno C, Petzold M, Child J (2013) The global prevalence of intimate partner violence against women. *Science* 340: 1527-1528.
14. Cano C, Borda M, Samper R, Chavarro D, Escudero C, et al. (2018) Iluminando las decisiones públicas para la población adulta mayor: estudio sobre Bogotá. *Medicina* 40: 191-207.
15. Karakurt G, Koç E, Çetinsaya E, Ayulçtarhan Z, Bolen S (2019) Meta-analysis and systematic review for the treatment of perpetrators of intimate partner violence. *Neuroscience Biobehavioral Reviews* 105: 220-230.
16. Dillon G, Hussain R, Loxton D, Rahman S (2013) Mental and physical health and intimate partner violence against women: a review of the literature. *International Journal of Family Medicine*: 313909.

17. Subdirección General de Sensibilización, Prevención y Estudios de la Violencia de Género (Delegación del Gobierno contra la Violencia de Género) (2019): Macroencuesta de Violencia contra la Mujer 2019. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad. Centro de Publicaciones. Resume of the Marco-Sruvey.
18. Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).
19. Neomi van D, Joanne E.L. (2019) VanDerNagel; A Systematic Review of Substance Use (Disorder) in Individuals with Mild to Borderline Intellectual Disability. *Eur Addict Res* 25: 263-282.
20. Denise H, Frankie K, Elizabeth AW, Aimee C, Mary HM (2020). The “Women and Trauma” study and its national impact on advancing trauma specific approaches in community substance use treatment and research. *Journal of Substance Abuse Treatment* 112: 12-17.
21. Jhumka G, Samantha K, Cheyu Z, Jaffer Z (2023) Disability and intimate partner violence in fragile states: A multi-country analysis, *Global Public Health* 18: 2204339.
22. Bacchus L, Ranganathan M, Watts C, Devries K (2018) Recent intimate partner violence against women and health: a systematic review and meta-analysis of cohort studies. *BMJ open* 8: e019995.
23. Breiding M, Armour B (2015) “The association between disability and intimate partner violence in the United States”. *Annals of Epidemiology* 25: 455-457.
24. Harrell E (2015) Crimes against persons with disabilities, 2009-2013—Statistical tables. Washington: U.S. Department of Justice, Bureau of Justice Statistics.
25. Hassouneh-Phillips D, McNeff E (2005) “I thought I was less worthy”: Low sexual and body esteem and increased vulnerability to intimate partner abuse in women with physical disabilities”. *Sexuality and Disability* 23: 227-240.
26. Hughes R, Lund E, Gabrielli J, Powers L, Curry M, et al. (2011) Prevalence of interpersonal violence against community-living adults with disabilities: a literature review. *Rehabilitation Psychology* 56: 302-319.
27. Lund E (2011) Community-based services and interventions for adults with disabilities who have experienced interpersonal violence: A review of the literature. *Trauma, Violence, & Abuse* 12: 171-182.
28. Miller E, McCaw B (2019) Intimate partner violence. *New England Journal of Medicine* 380: 850-857.
29. Ortoleva S, Lewis H (2012) Forgotten sisters—A report on violence against women with disabilities: An overview of its nature, scope, causes, and consequences. Boston: Northeastern University School of Law; Research Papers No. 104.

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