

ANGHARAD E. BECKETT
AND MIRO GRIFFITHS

Ableism as Violence



ABLEISM AS VIOLENCE

Angharad E. Beckett and Miro Griffiths



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For disabled people and their allies, past and present, whose
knowledge and collective resistance exposes ableism as violence,
allowing us to imagine more just futures.

Note on cover artwork

We chose the cover artwork by Vasily Kandinsky because its fractured, turbulent energy mirrors the violence of ableism – diffuse, disruptive, and systemic. Its abstraction captures the sense of harm that is everywhere and yet so often unseen.

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Accessible summary

This is an accessible summary of this book.

This summary explains our ideas in clear language. It is designed for:

- People who prefer or need information in a clearer format
- Both disabled and non-disabled readers
- Anyone who wants to understand the main points of the book

Please note: This book discusses serious topics, including discrimination, unfair treatment, and how disabled people can be harmed by society's attitudes and actions. Some people might find these topics upsetting.

About the book

This book is about how disabled people are treated badly by society.

The book is written by Angharad E. Beckett and Miro Griffiths.

Angharad is not disabled. She works as a researcher and has worked with disabled people for many years.

Miro is a disabled person. He uses a powered wheelchair and has personal assistants to help him in his daily life and at work. He works as a government advisor and researcher.

An interesting aspect of this book is the inclusion of conversations between Angharad and Miro. These conversations show how they think about these important topics and share their different experiences.

This book shows how different kinds of harmful treatment – from small everyday insults to serious problems, like the way disabled people were treated during the intense crisis period of COVID-19 – are all connected. Understanding these connections is important.

Chapter 1: Introduction

These are difficult times for disabled people.

Many disabled people face:

- Cuts to benefits or support services
- Barriers to treatment in healthcare
- Being treated as less important than other people

This book explains how society treats disabled people unfairly.

We call this unfair treatment ‘ableism as violence’.

This means that when society treats disabled people in ways that harm them – whether physically or in terms of their mental health – such actions are a type of violence.

Violence is not limited to physical assault. It can also involve:

- Ignoring disabled people’s needs
- Not giving disabled people proper support
- Making decisions that harm disabled people
- Creating laws that make life harder for disabled people

We aim to help people understand these so we can work toward creating a fairer and more inclusive society.

Chapter 2: What is violence?

When most people think of violence, they think of someone attacking another person physically.

But violence against disabled people happens in many ways.

We describe four types of violence:

1. **Direct violence:** When someone does something harmful to a disabled person.
 - Example: When someone abuses their partner (domestic violence).
 - Example: A support worker roughly handling a disabled person.
2. **Violence by not doing something:** When people don’t provide the help that is needed.
 - Example: Not providing ramps for wheelchair users.
 - Example: Not giving proper care in a hospital.
3. **Choosing not to help:** When people in power decide not to give the help they could give, and they are allowed to do this.
 - Example: A doctor deciding not to treat someone because the person has a learning disability.

- Example: Staff ignoring a disabled person's requests for help.
 - 4. **Taking away support:** When laws or rules remove help that disabled people need.
 - Example: Cutting disability benefits.
 - Example: Removing social care from disabled children or adults.
- These types of violence hurt disabled people's bodies, minds, and lives. They happen because societies often don't value disabled people equally.

Chapter 3: What is ableism?

Ableism is a system that values certain abilities, such as walking, seeing, hearing, communicating or learning in certain ways. It treats people who don't have those abilities as if they are less important or inferior.

Ableism affects many parts of society:

- **Medical care:** Doctors sometimes think lives without certain abilities are not worth living.
- **Buildings:** Many places are designed only for people who can walk or see.
- **Education:** Children who learn differently often get separated from other children.
- **Jobs:** Many employers only want to hire people with certain abilities.
- **Media:** TV shows and films often show disabled people as sad or inspiring rather than as regular people.

Ableism is not just about what individual people think.

It is built into our society through:

- Laws and rules
- How buildings are designed
- How services are organised
- Beliefs about which abilities matter most

Ableism makes violence against disabled people seem normal or acceptable.

It makes people think it's okay to treat people without certain abilities differently or worse.

Chapter 4: Hate crimes and everyday bad treatment

Disabled people often face hate crimes. This is when someone harms a disabled person because they are disabled.

Hate crimes include:

- Physical attacks
- Verbal abuse and threats
- Damage to property
- Harassment

Many hate crimes are not reported because:

- Police don't always recognise them as hate crimes
- Disabled people don't think they will be believed
- Some disabled people can't easily report crimes

Even when hate crimes are reported, they are often not taken seriously.

Everyday bad treatment

Disabled people also face everyday bad treatment that may not be seen as a crime. This includes:

- Being stared at rudely
- Being spoken about, instead of being spoken to directly, for example, when someone says, 'Does she take sugar?'
- Being called 'inspiring' for doing ordinary things
- Not being included in activities
- Being teased or made fun of at school or work

These everyday bad treatments are called 'microaggressions'.

While each incident might be small, they add up over time and can cause stress, anxiety, and make people feel less valued.

Extra risks for some disabled people

Around the world, disabled women and children face even more risk of violence.

Disabled women experience more domestic violence than non-disabled women. Sometimes their partners use their disability against them, like:

- Taking away mobility aids
- Controlling their medication
- Using their need for help to control them

Disabled children are more likely to be abused than non-disabled children. They may:

- Not be believed when they report abuse
- Not know how to tell someone what's happening
- Be separated from other children in special settings
- Not receive the same education about safety and relationships

How disabled people resist

Disabled people fight back against this unfair treatment in many ways. They work together in groups like the *Disability Hate Crime Network* to change how police respond to attacks. Women with disabilities create their own support groups to help each other stay safe. Disabled women also tell their own stories to challenge the idea that they are just victims or inspiration for others.

Chapter 5: When disabled people are kept apart from others

Many disabled people are kept in so-called 'special' places away from the rest of society.

These places include:

- Care homes
- Special residential schools
- Mental health units or hospitals
- Orphanages
- Group homes

Being kept apart from others is harmful in many ways:

- **Loss of freedom:** People can't choose where they live or what they do.
- **Abuse risk:** People in institutions face a higher risk of abuse.
- **Loss of relationships:** It's harder to see family and friends.
- **Loss of skills:** People have fewer chances to learn and develop.

This chapter tells the story of Connor Sparrowhawk. Connor was a young man with learning disabilities and epilepsy. Connor liked buses, music, and recycling. He was a much-loved son and brother.

Connor died in a special unit when he was left alone in a bath. He had a seizure and drowned.

His death could have been prevented with proper care.

Connor's mother, Sara Ryan, has worked hard to get justice for him and other disabled people, so this won't happen to another young person.

Disabled people and families fight against being put in institutions in many ways. Parents refuse when doctors advise them to put their children in institutions. Disabled children in institutions also fight back by refusing orders and making friendships, even though staff call this 'bad behaviour'. These actions challenge the whole system that says some children need to be locked away.

Even smaller, 'home-like' places often have the same problems as big institutions.

They still control disabled people's lives and keep them separate from society.

Moving disabled people into the community is important. But it's not enough if they are still treated unfairly.

Chapter 6: Assisted dying

Assisted dying means helping someone to end their life. It can also mean not giving a person help that will keep them alive.

Miro, one of the authors, is against assisted dying. He works with the *Not Dead Yet* campaign.

The book explains why assisted dying can be dangerous for disabled people:

- It can make disabled lives seem less valuable
- It can be offered instead of proper support
- It can pressure disabled people to choose death
- It can spread to include more and more disabled people, including people who are not going to die soon

In countries with assisted dying:

- It often starts with strict rules
- The rules get less strict over time
- More disabled people become eligible
- Some people choose death because they lack support

The authors worry that assisted dying is becoming a way to deal with social problems like a lack of accessible housing or social care, rather than fixing those problems.

Instead of offering death, society should provide:

- Better healthcare and pain management
- More support services
- Accessible housing
- Financial support
- Community inclusion

The authors believe all lives have value and no one should feel they need to die because they are disabled.

Disabled people work together through groups like *Not Dead Yet* to fight against assisted dying laws. They know from their own experiences how doctors and hospitals already treat disabled lives as being less valuable. They use human rights laws to challenge these policies. They say society should help disabled people to live better lives instead of offering them death.

Chapter 7: What happened during the COVID-19 pandemic

The COVID-19 pandemic showed the unfair treatment of disabled people in society.

In the UK, six out of ten people who died from COVID-19 were disabled.

Disabled people faced:

- **Not getting treatment:** Some doctors decided not to treat disabled people.
 - Some disabled people had Do Not Attempt Resuscitation (DNAR) orders put on them without consent.
 - Some hospitals created rules that made it harder for disabled people to get treatment.
- **Loss of support services:** Many disabled people lost essential support.
 - Support workers couldn't visit
 - Day services closed
 - Therapy sessions stopped
- **Isolation:** Disabled people were left alone.
 - No visitors allowed in care homes
 - No support to use technology to stay connected
 - No checkups from social services
- **Not enough protection:** Disabled people in care homes were not protected.
 - Not enough PPE (masks and gloves)
 - Staff working across multiple homes spreading the virus
 - Not enough testing

The pandemic showed how quickly support for disabled people can disappear in a crisis.

It revealed how society often values disabled lives less than non-disabled lives.

Disabled people helped each other during this period when governments abandoned them. They set up support networks to share food, medicine, and care. They went to court to challenge unfair treatment. They created websites, such as the *COVID-19 Disability Rights Monitor* to document what was really happening when officials ignored their suffering.

Chapter 8: Not a conclusion

This book has shown how society treats disabled people in unfair, hurtful, and sometimes cruel ways.

The authors don't want to call this last chapter a 'conclusion'. This is because the problem of ableism continues to change, and the work to fight it is never finished.

The book can help different people in different ways:

- Researchers can use it to improve their understanding and to identify hidden forms of harm.
- Disability activists can use it to connect different struggles and find better ways to create change.
- Human rights defenders can use it to spot rights violations that might otherwise be missed.

The authors believe that even though ableism is powerful, it is not impossible to change. There are always ways that people can resist and create something different.

Understanding how violence works is the first step toward making change happen.

The authors invite everyone to join them in helping to create a better, inclusive world.

Content note

This book examines violence against disabled people in its many forms. It necessarily contains descriptions of physical and emotional harm, institutional abuse, discriminatory practices, and dehumanising treatments that some readers may find distressing. We have approached these topics with deliberate purpose – not for shock value or voyeuristic effect, but because we believe that confronting uncomfortable realities is necessary for transformation. Much as [Boler \(2004\)](#) argued that pedagogies of discomfort are essential for learning about oppression, we suggest that discussing violence against disabled people requires a willingness to bear witness and sit with difficult knowledge. We walk and wheel a fine line here: highlighting painful realities because they must be known and analysed, while refusing to sensationalise disabled people's suffering. Our aim throughout is to bear witness with care, analyse with rigour, and resist with purpose.

Language note

Throughout this book, we predominantly use identity-first language (for example, ‘disabled person’ or ‘disabled people’) rather than person-first language (‘person or persons with a disability’), unless directly quoting others. While we respect that many individuals and communities have different preferences regarding disability terminology, our choice reflects our commitment to the social model of disability and the established preferences of the UK disabled people’s movement, of which Miro is a member. We recognise that language is political, evolving, and contextual; our usage is not intended to diminish the validity of other approaches but rather to position our work within specific theoretical and activist traditions.

About the authors

Angharad E. Beckett is Professor of Political Sociology and Social Inclusion at the University of Leeds, Affiliate Professor at the University of Malta's Department of Disability Studies, and Fellow of the Academy of Social Sciences. Her research explores disability politics, vulnerability theory, and human rights, with particular focus on disabled children and youth. She is the former Director of the Centre for Disability Studies at Leeds and founder and Editor-in-Chief of the diamond open access *International Journal of Disability and Social Justice*, which reaches readers in over 160 countries. Angharad is also a Fellow of the Royal Society of Arts in recognition of her contribution to social justice and social innovation. Her international standing is reflected in advisory roles with UNICEF and UN committees, and she is currently working with colleagues across four continents. Approaching her work as a non-disabled ally, she practices what she terms 'radical listening' to centre disabled people's expertise and experiences in her scholarship and advocacy.

Miro Griffiths MBE is Associate Professor in Social Policy and Disability Studies at the University of Leeds, where he also serves as Director of the Centre for Disability Studies. As a disabled academic and activist, he brings his lived experience as a wheelchair user with spinal muscular atrophy to his analysis of disability policy and practice. Miro was awarded an MBE in 2015 for his services to disability rights and awareness. His research has focused especially on activism among young disabled people, examining how they navigate independent living challenges and engage with political systems. As a leading member of the *Not Dead Yet UK* campaign and through his work as a government advisor on disability issues, he demonstrates how academic analysis can inform and strengthen advocacy for social justice. His approach combines scholarly rigour with a deep commitment to disability rights that emerges from his experiences in policy development and grassroots organising.

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Dr Lucy Series demonstrated remarkable scholarly generosity by reviewing the complete draft manuscript, as did Dr Kurt Borg of the University of Malta. Both read the manuscript with great care and in the true spirit of critical friendship. This was no small undertaking, and we are deeply grateful to them both.

We remain, of course, fully responsible for the book's contents and arguments. Any errors or omissions are entirely our own.

Finally, we thank our wonderful families and friends for sustaining us through life's challenges and making our days so much more interesting and enjoyable. As one anonymous writer observed, 'Family and friends are the invisible threads that weave the tapestry of our lives'.

Preamble

Violence in plain sight

This book is about the visible and invisible forms of violence that shape disabled lives and *leave their mark*. Disabled people live ‘in the wake’ (Sharpe, 2016) of violence. Violence against disabled people is all around us. It exists in the hospital wards where Do Not Attempt Resuscitation (DNAR) orders are applied without consent. It operates through welfare systems that withdraw vital support and push people into poverty. It manifests in institutional spaces, where restraint is routine and segregation is normalised. It permeates everyday interactions where invalidation chips away at disabled people’s sense of self-confidence and worth, ultimately damaging their mental health and wellbeing. During the COVID-19 pandemic, it emerged with brutal clarity when triage protocols systematically deprioritised disabled lives. This violence is not random or exceptional – it is structured, systematic, and sustained through interconnected institutions, discourses, and practices. This systematic violence against disabled people is not only a profound social injustice but also a violation of fundamental human rights. Most obviously, it is a violation of Articles 15 and 16 of the UN Convention on the Rights of Persons with Disabilities (CRPD, 2006), which explicitly require states to protect disabled people from torture, cruelty, and all forms of exploitation, violence, and abuse.

These are dangerous times for disabled people globally, as we confront a mounting polycrisis in which authoritarianism, economic volatility, ecological breakdown, and the full range of oppressions, including ableism, interact in mutually reinforcing and amplifying ways. Hard-won rights are being rolled back, systems of care and protection dismantled, and disabled lives are increasingly treated as expendable. In this context, disabled people face not only exclusion or neglect, but also active devaluation and threats through policy, rhetoric, and the withdrawal of even the most basic of supports.

This treatment of disabled people persists partly because disability issues remain stubbornly marginalised even within broader social justice movements. Disability rights seem to be among the lower priorities in Diversity, Equality and Inclusion (DEI) agendas – the ‘poor relation’ receiving nominal acknowledgement but rarely substantive commitment. This marginalisation has only intensified in recent years. The rise of right-wing

populist movements globally has created an environment where protections for disabled people are increasingly portrayed as unnecessary accommodations rather than fundamental rights.

In early 2025, the UK's supposedly left-wing Labour government proposed reforms to disability and health-related benefits that many commentators argued would revive the austerity logic of 2010–2020, a period already shown to have had devastating effects on disabled people. Following backlash from its own MPs and widespread criticism, the government partially retreated in June 2025. The concessions, however, only protect existing claimants; new applicants will still face reduced entitlements and increased conditionality. The threat to disabled people's welfare therefore remains acute.

Research by [Martin et al \(2021\)](#) found that between 2010 and 2014, in England alone, spending constraints on health and social care were associated with an estimated 57,550 excess deaths. It is against this backdrop that the government's Green Paper proposed abolishing the Work Capability Assessment by 2028. Proposals would also mean losing the crucial 'substantial risk' safeguards that have allowed people at risk of suicide or serious harm to be recognised as not fit for work. Despite acknowledging these risks, the Department for Work and Pensions intends to replace the Work Capability Assessment with a system that imposes 'support conversations' and heightened conditionality for most new claimants, with only a narrow group of people with severe lifelong conditions exempted. For many, the proposed change will mean lower income support and repeated engagement with work-focused processes, even where they are unable to work.

It is against this backdrop that we position our work. We are fired by anger, but determined to channel that anger into rigorous, critical scholarship. We write as an act of resistance.

As scholars with different relationships to disability but a shared commitment to justice, we bring complementary perspectives to our analysis. Angharad writes as a non-disabled person whose career in Disability Studies began through volunteer work with a self-advocacy group for people with learning difficulties – an experience that transformed her understanding of injustice and disabled people's fight for equal citizenship. In her research and advocacy work she seeks to *practise* and *practise* allyship, acknowledging her privileges and recognising the expertise that comes from disabled people's lived experience. Miro, in addition to his academic expertise in Disability Studies, brings his perspective as a disabled person with spinal muscular atrophy who uses a powered wheelchair and requires 24-hour personal assistance. His background in disability activism, since his teenage years, combined with his role as a government social policy advisor, has established him as an experienced policy operative with deep insights into systemic barriers.

Our approach and the journey ahead

This book deliberately weaves together a more traditional presentation of academic analysis with direct dialogue. Each subsequent chapter includes ‘cutaways’ – conversational interludes where we step back from formal academic prose to speak directly with each other. These dialogues are not merely illustrative asides; they reveal the dialogic nature of knowledge production. Like filmmakers using cutaway shots to enrich storytelling, we hope these dialogues offer insight into our thinking and our academic activism, showing how theory, practice and personal biographies intertwine in our approach to disability justice.

In [Chapter 2](#), we establish our conceptual framework for understanding violence against disabled people. We expand conventional definitions of violence to capture its full spectrum, developing an original typology with four interconnected forms of violence: commission (direct harmful acts), omission (harm through inaction), commission by omission (deliberate decisions not to act despite having the capacity to do so, enabled by discretionary authority that allows fundamental duties to be treated as conditional), and omission by commission (policies that actively remove protections or withdraw support from disabled people). We examine how international frameworks engage with these forms of violence, revealing both opportunities and tensions in the way violence against disabled people is conceptualised within rights frameworks.

In [Chapter 3](#), we move from typology construction to theorisation, reconceptualising ableism as a ‘*dispositif* of violence’. Drawing upon the work of Michel Foucault and Gilles Deleuze we map how ableism operates as an assemblage that determines what can be seen, said, and done in relation to disability. We examine how disabled people are subjectivised within these power relations while identifying points of resistance and escape.

The subsequent chapters apply the typology and theoretical framework to various manifestations: interpersonal violence and microaggressions ([Chapter 4](#)), confinement ([Chapter 5](#)), assisted dying and terminalism ([Chapter 6](#)), and the failures of human services during the COVID-19 pandemic ([Chapter 7](#)). Our final chapter is not a conclusion but a pause – a reflective moment that resists closure. We recognise that ableism, as a *dispositif* of violence, operates as a dynamic network that continuously reconfigures. Understanding how violence operates is the first step toward imagining something different. Violence is not inevitable. We *can* intervene.

We invite you to join us on this journey – one that will take us through difficult terrain but with purpose and hope.

Defining violence and types of violence

Violence matters. It wrecks lives. It causes injury and misery. Violence is both a cause and consequence of inequality. It is a violation of human rights. Violence is a detriment to health. (Walby et al, 2017, p 1).

To define violence clearly and purposefully matters profoundly. As stated in the opening quotation, it *wrecks lives*. Definitions carry weight, steering our analyses and shaping political, institutional, and social responses. This chapter, and the next, seek to define violence as it relates to disabled people and, critically, to ableism. Our goal is to demonstrate not only that violence against disabled people exists, but that it operates systemically, institutionally, and normatively – intimately woven into structural configurations that devalue certain lives and render them precarious. Central to our analysis is how violence operates through different manipulations of the relationships of duty and responsibility within ableist systems, revealing the sophisticated mechanisms through which harm is produced, legitimised, and sustained.

Our typology

Violence remains a contested concept across disciplines, with definitions varying considerably depending upon theoretical traditions and analytical priorities. We begin by setting forth our position, drawing upon established understandings, while developing our own distinctive approach that foregrounds the operations of duty and discretion within ableist power relations.

The World Health Organization (WHO, 2002, p 5, drawing upon their earlier 1996 definition) offered us a helpful foundation for our approach, defining violence as the ‘the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation’.

This definition includes not only physical force but also ‘power’ – thus broadening our understanding to encompass ‘those acts that result from a power relationship, including threats and intimidation’ and, crucially, ‘neglect or acts of omission’ (WHO, 2002, p 5). This recognition of power

relationships and omission proves particularly valuable for understanding violence against disabled people, where harm often operates through the manipulation of care relationships and professional discretion.

Sylvia Walby's 2013 and 2017 work with colleagues also provided a crucial grounding for our conceptualisation. She insists that violence, to be such, must produce measurable, embodied harm – physical or psychological. In this way, she resists expanding its conceptualisation into purely metaphorical or abstract domains. Interestingly, we find in Foucault (1982, p 789) a sentiment close to that of Walby and colleagues: 'A relationship of violence acts upon a body or upon things; it forces, it bends, it breaks on the wheel, it destroys, or it closes the door on all possibilities'.

This grounding in real, experienced harm has provided an essential empirical anchor for our analysis. That said, we disagree with Walby et al's (2017, p 42) argument that violence necessarily involves 'actual, intended or threatened, direct or indirect physical contact'. We recognise that violence against disabled people often operates through the absence of action – various types of omission that manipulate fundamental relationships of duty and responsibility. We also decouple violence from the necessity to involve physical contact. The withdrawal of support, institutional neglect, and systematic deprioritisation of disabled lives may involve no physical contact whatsoever, yet produce profound physical and psychological harm that would meet Walby's own criterion of measurable damage to people's physical and/or psychological wellbeing.

Drawing upon these foundations, we propose a typology comprising four distinct yet interconnected actions. Our framework recognises that understanding violence against disabled people necessarily involves questions of duty and responsibility – not merely formal legal obligations, but the broader web of moral, social, and ethical duties that structure relationships between people and between people and institutions. This web operates across interpersonal levels (the moral and social duties we owe each other in families, communities, and workplaces) and institutional levels (the responsibilities that governments, corporations, schools, and health systems have towards individuals and communities). These encompass everything from basic human obligations, such as not injuring, humiliating, excluding, or abandoning others, to professional responsibilities of care and institutional duties of protection and support. These duties are borne by different actors – individuals in their personal relationships, professionals through their roles and training, institutions through their mandates and policies, and states through their legal obligations – with each level creating overlapping webs of responsibility that ableism systematically manipulates. This approach reveals the sophisticated operations of power that require different analytical and political responses. We identify four distinct yet interconnected mechanisms through which duties to protect,

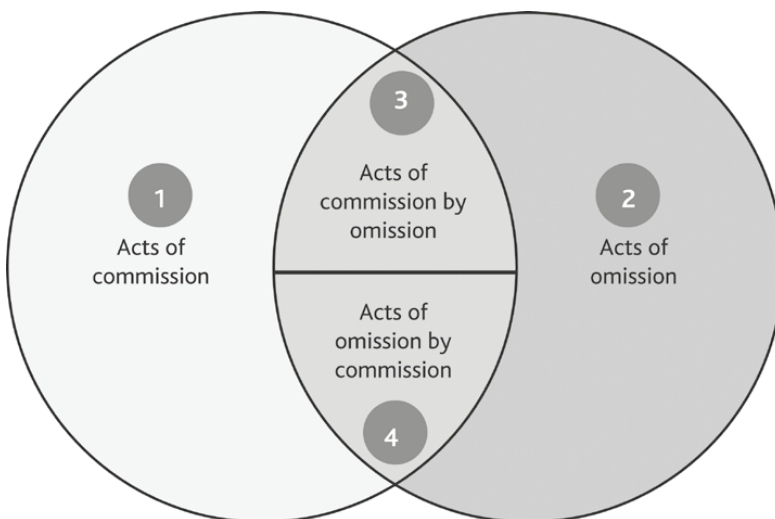
support, or refrain from harming disabled people are violated, avoided, or systematically undermined:

1. **Commission:** When individuals or institutions engage in actions that directly harm disabled people.
2. **Omission:** When individuals or institutions fail to act, leading to serious harm to disabled people.
3. **Commission by omission:** When an individual with power and capacity to protect or support disabled people deliberately chooses not to act, enabled by legal or policy discretion, thus causing harm.
4. **Omission by commission:** When a law or policy actively removes, withdraws, or denies rights or protections from disabled people, explicitly withholding previously available or reasonably expected support, resulting in harm.

We provide a visual representation of this typology in [Figure 2.1](#).

These are, of course, ‘constructed types’ as explained by [McKinney \(1966\)](#), which we have developed to facilitate description, comparison, and analysis. Importantly, these forms of violence often interconnect in systematic ways. For example, when policies systematically withdraw protections or narrow legal requirements (omission by commission), they create institutional environments where professionals can exercise discretionary authority to deny care or support while claiming to follow policy guidance (commission by omission). The systematic removal of safeguards enables individual

Figure 2.1: Venn diagram of typology of violence



Source: © A.E. Beckett 2026

professionals to make discriminatory choices that would otherwise be recognised as clear violations of duty.

This typology allows us to capture the full spectrum of violence experienced by disabled people – from direct, interpersonal acts to systemic neglect, discretionary denial of support, and formal withdrawal of protection. Each category represents distinct mechanisms through which harm is produced and legitimised, yet all result in measurable damage to disabled people's physical and/or psychological wellbeing. We recognise that empirical cases often blur these boundaries, with the same incident potentially involving multiple forms of violence simultaneously. Our purpose is not taxonomic precision but analytical clarity – revealing how different mechanisms of harm operate and interconnect within the broader *dispositif*. We hope that this heuristic typology will prove useful to others when employed empirically as part of a typological methodology (Winch, 1947).

Making violence concrete: examples in disability contexts

To illustrate how our typology applies specifically to violence against disabled people, we offer concrete examples of each type. These examples demonstrate how different mechanisms of duty-manipulation operate across the interpersonal and institutional levels we have identified, revealing why distinct analytical and political responses are required.

Violence by commission encompasses the most recognisable forms of harm – violations of the fundamental duty not to harm others. It includes hate crimes against disabled people, such as verbal abuse, physical assault, harassment, and, in some cases, murder. It also includes institutional mistreatment, such as forceful restraint in psychiatric facilities or forced sterilisation. These acts produce direct, embodied harm through the active application of force or power. The damage is both immediate and visible; however, its legitimisation often comes wrapped in professional authority – hidden behind euphemisms such as 'control', 'management of challenging behaviours' or even 'treatment'. Whether perpetrated by individuals or institutions, these acts represent direct violations of basic obligations not to harm disabled people.

Violence by omission operates through inaction that produces harm – the failure to fulfil duties to act, protect, or provide support when such duties (which can be moral, not just legal) exist. This operates across both interpersonal and institutional levels. Community members failing to act against the persistent bullying of a disabled person reflects broader cultural norms that position disabled people as less deserving of protection and intervention. A building management company failing to maintain a lift or offer alternative, accessible accommodation, leaving a wheelchair user trapped in their apartment, unable to evacuate during a fire. A hospital failing to provide accessible communication methods for a deaf patient, resulting in misdiagnosis or delayed treatment.

These harms result not from direct action but from a failure to act – a failure to provide vital assistance or accommodations. The violence of omission is just as harmful as commission, yet it remains less visible precisely because it operates through absence rather than presence.

Commission by omission involves a deliberate decision by someone who has the capacity to provide protection or support but who also has the discretionary authority *not to act*. This differs from simple omission because it involves the conscious exercise of legitimate power to avoid fulfilling duties, rather than just a failure to act. A doctor legally placing a DNAR order on a patient with learning disabilities through unilateral judgement rather than consultation with the patient or their family, based upon ableist assumptions about that patient's quality of life. Other medical professionals dismissing disabled people's reports of pain, using their clinical authority to reframe genuine medical needs as drug-seeking behaviour or attention-seeking. Child protection workers who have the authority to investigate abuse allegations deciding not to pursue cases involving disabled children based on assumptions that these children will not make credible witnesses. These actions are not passive oversights; rather, they are active choices enabled by discretionary power, which uses professional or institutionally granted authority to hollow out existing duties of care by reinterpreting fundamental obligations as discretionary choices. This transformation shifts the imperative 'must protect' to 'may choose *not to protect*'. This form of violence operates through what might be termed 'purposeful neglect' – using discretionary power to render fundamental duties conditional based on judgements about whose lives merit full consideration and whose accounts can be trusted or believed. It is perhaps the most insidious form of violence because it masquerades as 'reasonable professional practice' while encoding deeply ableist assumptions about the value of disabled lives and the credibility of disabled voices within apparently neutral decision-making processes.

Omission by commission occurs when institutional or legislative actors formally redefine or remove duties of protection and support through policy changes, systematically rewriting the existing obligations. In our typology, this differs from commission by omission because it operates through blanket policy decisions rather than individual discretionary choices. This might include legislation that reduces disability benefits below subsistence levels or policy directives suspending legal requirements to provide reasonable accommodations during emergencies. It could also include the deliberate exclusion of certain categories of disabled people from accessing support services based on cost-benefit analyses. Here, the harm comes from explicit institutional decisions to remove support and deny rights – formally withdrawing previously available or reasonably expected protections. This is violence enacted through policy. It destroys lives, dismantles independence, and, in some cases, results in premature death.

These examples illustrate how our typology captures both the overt and covert forms of violence experienced by disabled people, operating through different manipulations of duty relationships across interpersonal and institutional levels. While hate crimes and forced interventions may be more readily recognised as violence, the failures to act when moral and legal duties exist, discretionary denial of care and protection, and formal blanket withdrawal of support are equally harmful in their effects, producing measurable damage to disabled people's wellbeing, autonomy, and often their very survival. The distinctions between these types matter because they reveal different operations of power that require different analytical and political responses. Individual perpetrators of commission require criminal justice responses. Omission at interpersonal levels calls for cultural change, while those at the institutional level require policy reform, accountability, and external inspection. Discretionary abuse of authority requires, among other interventions, robust scrutiny of discretionary powers and independent review of the application of professional authority, while systematic policy withdrawal requires legislative and political challenge. The value of this typology, we suggest, lies in its ability to name violence where it might otherwise be obscured, sanitised, or reframed as necessary administrative action. By recognising these different mechanisms of harm – and the different manipulations of duty relationships they represent – we can more effectively identify, analyse, and challenge the full spectrum of violence against disabled people.

Further, these categories often operate simultaneously. The Winterbourne View scandal in the UK exemplifies this complexity: staff violence against residents with learning disabilities (commission), regulatory failures to adequately monitor the facility (omission), care quality inspectors choosing not to act on available evidence of harm (commission by omission), and policy decisions that maintained inadequate oversight systems (omission by commission) all functioned together as interconnected elements of systematic abuse.

Why violence against disabled people remains unrecognised

Before examining how violence is recognised, missed, or obscured within legal frameworks, we want to address a thorny question: why is it that societies around the world struggle to recognise violence against disabled people as violence at all? Even the more obvious types, such as hate crimes, are not always recognised. What mechanisms enable this systematic misrecognition?

Several scholars offer complementary analyses to answer this question. [Hughes \(2012\)](#) examines the emotional infrastructure of ableism, identifying fear, pity, and disgust as affective building blocks that sustain violence against disabled people. [Shildrick \(2002, 2012\)](#) demonstrates how ableism stems from deeper existential anxieties about bodily instability and interdependency, disrupting normative fantasies of bodily integrity. [Goodley \(2014, p 117\)](#)

describes the ‘psychopathology of the normals’ that manifests through mechanisms of disavowal, often rationalised through seemingly benevolent practices. Ahmed’s (2004) concept of ‘affective economies’ explains how these emotional responses ‘stick’ to disabled bodies, producing stigma.

The concept of vulnerability is crucial to understanding these processes of misrecognition. Beckett (2006, 2025) offers a framework that positions vulnerability as both a critical tool and a dangerously misapplied label. She argues that vulnerability has become problematically associated with disabled people, creating a false binary that justifies paternalistic interventions while obscuring the universal nature of human interdependence. She emphasises our universal interdependence on others, environments, and institutions. Importantly, Grech (2015) and Meekosha (2011) remind us that this positioning of disabled people as inherently vulnerable is not universal but largely emerges from Western biomedical traditions exported through colonial contexts. Many indigenous frameworks conceptualise disability and interdependence quite differently.

We suggest that ableist violence remains unrecognised precisely because most societies today refuse to acknowledge this shared precarity – projecting vulnerability onto disabled bodies while maintaining the fiction of non-disabled invulnerability. This projection operates through the manipulation of duty relationships that we have identified. When disabled people are constructed as an inherently vulnerable Other, duties to protect become reframed as benevolent interventions rather than fundamental human-to-human obligations, while duties not to harm become conditional upon professional judgements about capacity and worth. Vulnerability, as a concept, becomes dangerous, as Beckett (2006) noted, when it becomes falsely attached only to certain groups rather than recognised as a universal human condition, *and* when it is misrecognised as solely inherent rather than understanding how social factors also systematically increase vulnerability for some while providing protection for others.

While other explanations exist, the operations of this affective infrastructure convincingly explain why ableist violence remains largely invisible. When embedded cultural anxieties operate through emotional registers that legitimise exclusion, violence transforms into apparently necessary or beneficial action, allowing it to remain unrecognised as violence at all. The sophisticated manipulation of duty relationships – from rendering fundamental obligations conditional, to formally withdrawing protections through policy – becomes naturalised as a ‘reasonable’ response to inherent vulnerability rather than recognised as systematic harm.

Legal recognition of violence: international frameworks

Having established our typology of violence, we will now examine whether, and if so how, these forms of violence are recognised within international

legal frameworks. The law speaks powerfully to what societies value. It codifies which harms are perceived to warrant recognition and redress, establishing formal duties of protection and support. Despite their lofty rhetoric, international frameworks frequently fail to protect disabled people from the very violence they purport to prevent – not merely through implementation failures, but through structural features that enable the manipulation of the duty relationships we have identified. We have chosen to focus on international law for several crucial reasons. First, international frameworks establish shared normative standards that signatories (States) have formally committed to uphold, regardless of their chosen approach to implementation at the national level. Second, these frameworks create a common reference point across different national contexts, providing a baseline against which to measure state failures. Third, States Parties have explicit obligations under these frameworks, making their failures to protect disabled people not only moral but also legal failures – breaches of binding commitments that they have voluntarily undertaken. While a comprehensive cross-national comparison of domestic legal frameworks lies beyond the scope of this book, international law provides a revealing lens through which to examine the recognition, or lack of recognition, of violence against disabled people.

Our analysis draws upon major international human rights instruments, with particular attention to the CRPD as the most significant legal framework specifically addressing the rights of disabled people. We examine how these frameworks explicitly or implicitly recognise the different types of violence in our typology and where significant gaps remain – gaps that are not accidental oversights but structural features of legal systems that remain deeply imbued with ableism and its manipulation of fundamental duty relationships.

The content of [Table 2.1](#) might suggest, at first glance, that international frameworks provide comprehensive protection against violence toward disabled people. Such a conclusion would be profoundly mistaken. The reality on the ground – the lived experience of disabled people worldwide – tells a starkly different story. These frameworks, despite their apparent coverage, have many loopholes, exceptions, and implementation gaps that render their protections largely theoretical. More fundamentally, they often fail to recognise how violence operates through the sophisticated manipulation of duty relationships that our typology reveals.

Consider the case of Michael Hickson, a 46-year-old African American man and quadriplegic, who contracted COVID-19 in 2020. Despite the clear protections enshrined in CRPD Articles 10 (right to life) and 25 (right to health), Mr Hickson was denied admission to intensive care based on a frailty assessment that categorised him as unlikely to benefit from such interventions. His family watched in despair as he was moved to palliative

Table 2.1: International legal frameworks and their recognition of types of violence against disabled people

Framework	Key articles/provisions	Recognition of violence types – an interpretive reading
UN Convention on the Rights of Persons with Disabilities (CRPD)	Article 10: Right to life.	Recognises violence by commission (harmful practices) and violence by omission (denial of care).
	Article 11: Situations of risk and humanitarian emergencies.	Addresses omission by commission (removal of protections during crises) and violence by omission (failure to include disabled people in emergency planning).
	Article 12: Equal recognition before the law.	Identifies commission by omission (discretionary denial of legal capacity leading to harmful practices).
	Article 14: Liberty and security of person.	Addresses violence by commission (institutionalisation) and omission by commission (legal removal of liberty protections).
	Article 15: Freedom from torture or cruel, inhuman, or degrading treatment.	Recognises violence by commission (restraint, seclusion) authorised through omission by commission (permitted exceptions).
	Article 16: Freedom from exploitation, violence, and abuse.	Directly addresses violence by commission while recognising violence by omission (failure to monitor).
	Article 17: Protecting the integrity of the person.	Addresses violence by commission (forced interventions).
	Article 19: Living independently and community inclusion.	Recognises violence by omission (institutional segregation despite community living rights).
	Article 25: Health.	Addresses commission by omission (discretionary denial of care) and violence by omission (inaccessible healthcare).
UN Convention Against Torture (CAT)	Article 28: Adequate standard of living and social protection.	Recognises omission by commission (withdrawal of benefits and supports).
	Articles 2 & 16: Prevention of cruel, inhuman, or degrading treatment.	Addresses violence by commission (institutional practices) with limited recognition of other types.

Table 2.1: International legal frameworks and their recognition of types of violence against disabled people (continued)

Framework	Key articles/provisions	Recognition of violence types – an interpretive reading
UN Convention on the Rights of the Child (CRC)	Article 19: Protection from all forms of violence.	Recognises violence by commission and omission (neglect and failure to monitor) against disabled children with limited attention to other forms.
	Article 23: Rights of disabled children.	Partially addresses violence by omission (failure to provide necessary support).
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	General Recommendation 35: Gender-based violence.	Limited recognition of intersectional violence affecting disabled women.
International Covenant on Economic, Social and Cultural Rights (ICESCR)	Article 2(2): Non-discrimination.	Addresses violence by omission (neglect of disability rights).
	Articles 6 & 7: Right to work.	Recognises violence by omission (economic marginalisation).
	Article 11: Right to an adequate standard of living.	Recognises omission by commission (e.g. austerity measures).
	Article 12: Right to health.	Addresses violence by omission (healthcare neglect) and commission by omission (resource allocation decisions).
WHO Global Disability Action Plan 2014–2021	Objectives on removing barriers and improving access.	Addresses violence by omission (implementation failures).
Sendai Framework for Disaster Risk Reduction (2015–2030)	Inclusion of disabled people in disaster planning.	Recognises violence by omission (neglect in emergency preparedness).

care without their consent. Michael died, becoming one of countless disabled people whose rights under international law were recognised in theory but denied in practice through the discretionary manipulation of clinical duties (Wilson, 2021). We will return to Mr Hickson's case in [Chapter 7](#). While the legal case surrounding his death is pending, for his family and supporters, his death exemplifies commission by omission – medical professionals with discretionary authority rendering fundamental duties of care conditional upon ableist judgements about whose lives merit full protection.

Law as violence: from protection to permission

In addition to the issue of laws that appear to be unenforceable, there is another uncomfortable issue, all too often overlooked: how the law itself can function as a mechanism through which violence against disabled people operates. As [Steele \(2014\)](#) argues in her concept of 'lawful' and 'good' violence, law is not merely a solution to violence but can be implicated in violence itself. Legal frameworks establish the 'contours of lawful violence' – defining which forms of violence are prohibited and which are permitted ([Steele, 2014](#), p 473). For disabled people, these contours often operate differently, creating what she terms a 'differential lawfulness of violence' based on perceived capacity and normality ([Steele, 2014](#), p 475).

We suggest that the Mental Health Units (Use of Force) Act 2018 in the UK (commonly known as 'Seni's Law') represents an example of what Steele describes. This legislation emerged following the death of Olaseni Lewis, a young Black man who died after being restrained by police officers in a mental health unit. He was handcuffed, leg-restrained, and held face down (a form of prone restraint, known to be dangerous). During the restraint, he lost consciousness, but police officers believed him to be feigning, and medical professionals did not intervene. He later died of cerebral hypoxia (lack of oxygen to the brain) on 3 September 2010. While establishing important safeguards, the legislation nevertheless ultimately 'regulates' rather than 'prohibits' the use of force against people in mental health crises. It legitimises certain uses of force that would be unlawful if used against people not labelled as having psychosocial disabilities.

Similarly, restraint provisions in mental capacity legislation explicitly define and permit forms of control that would otherwise constitute assault. Section 6 of the UK Mental Capacity Act 2005, for instance, permits restraint when considered 'necessary' and 'proportionate' to prevent harm to someone deemed to lack capacity. The very existence of such provisions reveals how legal frameworks construct disabled bodies as legitimate targets of force and control. These legal mechanisms operate through all four forms of violence in our typology: commission (direct physical restraint), omission (failing to require alternative responses), commission by omission (legitimising

professional judgement to deliberately withhold protections available to non-disabled people), and omission by commission (systematically removing protections through specific legal provisions targeting disabled people).

Mechanisms that obscure ableist violence within legal frameworks

Extending this analysis, we conclude that several mechanisms systematically obscure violence against disabled people within legal frameworks. These function not as accidental flaws but as structural features that maintain the status quo through the organised manipulation of duty relationships.

Exception clauses: Many human rights instruments permit limitations ‘in accordance with law’ or for ‘public health’ reasons. Such exceptions create legal justifications that have systematically enabled coercive psychiatric interventions against people with psychosocial disabilities. They appear as neutral safeguards. This connects directly to what [Foucault \(1998\)](#) calls the ‘will to knowledge/truth’ – a system that presents itself as neutral and benevolent while masking violence through ostensibly objective legal and scientific discourses. In practice, these clauses function as structural loopholes through which fundamental rights become conditional privileges – formally transforming universal duties of protection into discretionary powers exercised by professionals and institutions. Rights withdrawn precisely when protection is most needed exemplifies omission by commission operating at the legislative level.

[Gurbai \(2020\)](#) demonstrates how this approach has been endorsed by various treaty bodies. For example, he shows how the committees overseeing the ICESCR, and to some extent those overseeing CEDAW, have applied what might be termed a ‘pragmatic definition’ of discrimination. This definition legitimises differential treatment, including involuntary detention and forced treatment, whenever such interventions are deemed to pursue a legitimate aim and are considered reasonable by those in positions of authority. This exemplifies how commission by omission operates through international legal frameworks – granting authorities discretionary power to render fundamental protections conditional upon their own judgements. The UN CRPD Committee has, [Gurbai \(2020\)](#) notes, increasingly rejected this justification-based reasoning. Through General Comment No. 6 (UN CRPD Committee, 2018) and evolving case law concerning coercive psychiatry, the Committee is developing a position that disability-based deprivations of liberty and involuntary treatment are inherently discriminatory. They cannot be justified by appeals to public interest, protection, or therapeutic intent ([Gurbai, 2020](#)). This work by the UN CRPD Committee is vital. We hope that it will be ongoing.

Vague implementation obligations: The phrases ‘progressive realisation’ and ‘to the maximum of available resources’ when used in legislation or legal discourse are particularly problematic. They systematically transform

immediate duties into indefinitely deferred obligations, representing omission by commission at the policy level. They allow states to justify failures to protect disabled people and guarantee their rights in terms of resource constraints. O’Sullivan and McNamara (2021) show how progressive realisation has been invoked to justify austerity measures, with governments like the UK enacting cuts that disproportionately harm disabled people. Thus, economic crisis serves as a shield against accountability.

Young (2019) argues that progressive realisation has normalised the idea of delay, resulting in rights-holders waiting indefinitely for entitlements that are legally recognised but deferred. Such waiting is not merely inconvenient – it can be tantamount to a denial of rights and allow the implementation or continuation of policies, programmes, or practices that are harmful to disabled people. For us, this mechanism perfectly exemplifies what Nixon (2011) terms ‘slow violence’ – harm that accumulates gradually, often invisible due to its incremental nature, yet no less destructive.

In a recent analysis, Clough (2025) has critiqued how legal frameworks – particularly around mental capacity and the CRPD – operate through static, fixed, and linear conceptions of time that legitimise delay, deferral, and stagnation in the realisation of rights. As she explains, ‘(o)ne of the reasons perhaps for such “glacial progress” in this context is the stagnant, fixed and static assumptions that often pervade the legal frameworks that the CRPD touches upon’ (p 2). She argues that the CRPD has the potential to disrupt these problematic temporalities by jarring us ‘out of existing temporal frames’ (p 6) and creating an ‘untimely orientation for future legal responses’ (p 3). Her use of the concept of the ‘untimely’ is thought-provoking. This perspective directly supports our arguments about slow violence, progressive realisation as structural omission, and the legal legitimisation of inaction through concepts like ‘reasonable time’.

Medicalisation of disability: International and domestic legal frameworks continue to perpetuate violence against disabled people, particularly those with learning disabilities, psychosocial impairments, or neurodivergent identities, by legitimising coercive and exclusionary practices through the language of medical necessity and/or protection. This represents a sophisticated form of commission by omission – using medical authority to render fundamental rights conditional upon diagnostic categories and professional judgements about capacity. Returning again to the work of Clough (2017, 2022), she critiques the binary distinction between capacity and incapacity as a legal fiction that sustains control over disabled people’s lives through subjectivation, infantilisation, and discretionary power. The CRPD, particularly General Comment No. 1 on Article 12, challenges this logic by affirming the right to legal capacity regardless of disability (UN CRPD Committee, 2014). Yet, most legal systems persist in using psychiatric diagnoses as grounds for substituted decision-making, involuntary treatment,

and confinement – violence by commission reframed as therapy, assistance, or safeguarding (Minkowitz, 2007; FRA, 2012; Arstein-Kerslake and Flynn, 2016). In many jurisdictions, including across the EU, legal standards continue to allow detention for the protection of the person or others (FRA, 2012; Perlin, 2012), despite growing evidence that such thresholds are vague, inconsistently applied, and deeply traumatising for those subjected to them.

This laundering of violence through clinical language is not accidental. As Yergeau (2018) contends, diagnostic classification operates as a form of rhetorical violence, capturing neurodivergent lives in deficit narratives that strip away agency and intelligibility. Milton (2012) similarly explains how autistic-neurotypical communication breakdowns become pathologised as autistic deficits, legitimising coercive intervention and exclusion. Within mental health systems, LeFrançois et al (2013) and Burstow (2015) have shown that the very structures of psychiatry operate as systems of epistemic and embodied violence: institutionalisation, forced medication, and surveillance are enacted under the banner of care. These practices exemplify how ableism functions as a *dispositif* – an assemblage of legal, medical, and bureaucratic instruments that naturalise control while concealing harm (Foucault, 1980; Deleuze, 1992).

Drawing upon our book's typology, such mechanisms embody violence by commission (forced treatment), by commission by omission (denial of legal capacity by professionals with the authority to make such judgements), and via omission by commission (introduction of legal 'safeguards' that justify rights withdrawal). In this way, the law not only permits violence, it actively constitutes it through its selective recognition of personhood, capacity, and need. Beyond these concrete manifestations, our typology also acknowledges the foundational violence in the instituting moments of the *dispositif* – the dispersed processes through which it establishes itself as the dominant framework of intelligibility. The very act of transforming lived experience into diagnostic categories represents an epistemic violence that precedes and enables the more visible forms we have catalogued.

Lack of disaggregated data for purposes of monitoring: The absence of disability-specific data that would facilitate rights monitoring further obscures patterns of violence and limits the effective operation of legal frameworks. Lee et al (2022, p 2) highlight that 'very few countries report good quality, comparable, and consistent data' on disability. This data gap persists despite increased global interest and recognition of the importance of disaggregated data for policy and monitoring. The UN Department of Economic and Social Affairs (2024) recently acknowledged the absence of sound disaggregated data about the experiences of disabled people – it highlighted, for example, how limited data masks the greater risk among disabled women of experiencing intimate partner violence and raised concerns that disabled women remain invisible within policies, prevention, and response strategies.

A simple truth emerges: what remains uncounted remains invisible to legal bodies, legislators and policy makers. This erasure, we contend, constitutes a form of violence through omission at an institutional level – the systematic failure to fulfil duties of monitoring and protection that cannot be discharged without adequate data.

Normalisation of segregation: Despite international recognition of the right to community inclusion, separate systems in education, housing, and employment remain legitimised in many countries. This constitutes a form of spatial violence that we must acknowledge. Segregation is reframed as ‘specialised provision’ – a euphemism that masks its exclusionary nature. This represents omission by commission at the policy level – formal decisions to withdraw or withhold integration obligations while maintaining the fiction of adequate alternative provision. [Rosenthal \(2021\)](#) offers a compelling analysis of how conflicting interpretations of the CRC and CRPD perpetuate this problem. While the UN [CRPD Committee \(2017, para. 16\[c\]\)](#) has stated that ‘(l)arge or small group homes are especially dangerous for children, for whom there is no substitute for the need to grow up with a family. “Family-like” institutions are still institutions and are no substitute for care by a family,’ the CRC continues to allow for placement in institutions as a form of necessary ‘alternative care’. Article 20 of the [CRC \(1989\)](#) does not specify what ‘alternative care’ is acceptable/non-acceptable. Why does this matter? Because this contradiction enables what Rosenthal terms the ‘medical/tragedy model’ of disability to persist in international frameworks. As he observes, ‘(a)llowing the placement of the child in an institution, even as a “last resort”, is a classic medical/tragedy model limitation on the child’s rights based on actual or perceived deficits’ ([Rosenthal, 2021, p 111](#)).

These competing standards – or more precisely, different ‘interpretations’ by UN committees – create barriers to recognising segregation (in this case in the form of institutionalisation) as violence.

Insufficient recognition of hate crimes: [Lord et al \(2024\)](#) observe that disability hate speech and crimes have until recently received very little attention from international institutions. The UN system has been particularly negligent in this regard. While there is now some traction in relation to addressing these issues, there is still much work to be done to ensure international human rights institutions account properly for disabled people within their work on hate speech and crimes. We consider it particularly troubling that the very frameworks designed to track violence have, to date, rendered the specific targeting of disabled people largely invisible. This invisibility allows such violence to continue unchallenged, representing a form of violence by omission – the failure of monitoring systems to fulfil their fundamental duties of recognition and response.

These mechanisms reveal how international legal frameworks, despite their stated commitments to protecting disabled people, often contain

structural features that enable violence to continue unrecognised and unaddressed. The gap between formal legal protection and lived reality is stark. It reflects not simply implementation failures but conceptual limitations in how violence itself is understood within these frameworks. These limitations emerge through the systematic manipulation of duty relationships – transforming fundamental obligations into conditional privileges, deferring immediate duties through temporal sleight-of-hand, and formally withdrawing protections through policy decisions disguised as neutral administrations. As we have argued throughout this chapter, addressing these limitations requires a fundamental reconceptualisation of violence against disabled people.

Our typology offers a more comprehensive framework for identifying and addressing violence against disabled people, capturing forms of harm that often escape recognition within existing legal approaches. In the next section, we examine how the UN CRPD Committee's Concluding Observations provide empirical validation for our typology, demonstrating its relevance for understanding and addressing real-world patterns of violence against disabled people.

Empirical recognition: evidence from the UN CRPD Committee

While international legal frameworks provide normative standards for addressing violence against disabled people, examining how these standards are applied in practice reveals a chasm between promise and reality. The UN CRPD Committee – tasked with monitoring the implementation of this convention – provides a particularly rich source of empirical evidence through its Concluding Observations on State Party reports. These observations offer a window into disabled people's lived reality worldwide and the persistent, systematic violence they face – violence that is neither accidental nor isolated, but structural and pervasive.

To provide a contemporary picture, we have systematically analysed the Concluding Observations issued by the Committee between 2023 and 2025, covering more than 30 countries across both majority and minority world contexts. This approach has allowed us to identify patterns of violence that transcend national, economic, and cultural boundaries, demonstrating the universal nature of the problems we identify. The remarkable consistency of these patterns across diverse contexts speaks to the operation of a global system of ableism, rather than mere isolated occurrences of mistreatment or neglect. The universality of these patterns across different legal, cultural, and economic systems suggests that our typology captures systematic features of how ableism operates, rather than random policy failures. [Table 2.2](#) captures our analysis, providing examples from Concluding Observations and encompassing countries from the minority and majority worlds.

Table 2.2: Types of violence recognised in UN CRPD Committee Concluding Observations with country examples

	Definition	Country examples from CRPD observations	Explanation (how it meets criteria)
Violence by commission	When someone does something directly harmful to a disabled person – includes hate crimes, all interpersonal violence, plus acts enabled by laws, institutions, or policies, such as the use of restraints, forced treatment, and sterilisation.	Argentina: Forced sterilisation of and abortions for women and girls with disabilities (CRPD/C/ARG/CO/2–3, para. 35). Germany: Use of restraints and seclusion in psychiatric facilities (CRPD/C/DEU/CO/2–3, para. 33). Togo: Children subjected to inhumane treatment (CRPD/C/TGO/CO/1, para. 13).	Explicit act violating bodily autonomy. Explicit institutional practices causing direct physical and psychological harm. Direct interpersonal violence.
Violence by omission	When people or institutions fail to act, leading to serious harm, such as not providing healthcare, not intervening in abuse, or not including disabled people in disaster plans.	Germany: No inclusive COVID-19 planning (CRPD/C/DEU/CO/2–3, para. 23). Mauritania: No accessible evacuation protocols (CRPD/C/MRT/CO/1, para. 19). Mongolia: Insufficient access to healthcare, assistive technologies, and devices (CRPD/C/MNG/CO/2–3, paras 23, 41, 47b).	Systematic neglect causing disabled people to face increased risk. Systematic neglect causing disabled people to face increased risk. Systematic neglect depriving disabled individuals of essential support.

Table 2.2: Types of violence recognised in UN CRPD Committee Concluding Observations with country examples (continued)

	Definition	Country examples from CRPD observations	Explanation (how it meets criteria)
Commission by omission	When someone with power and duty to protect or support a disabled person deliberately chooses not to act, enabled by discretion in laws or guidelines, thus causing harm or exclusion.	Germany (CRPD/C/DEU/CO/2–3, paras 21–22) and Israel (CRPD/C/ISR/CO/1, para. 21): Triage discretion during COVID-19. Georgia: Family discretion to refuse life-saving care (CRPD/C/GEO/CO/1, para. 21).	Discretionary power legally enabling deprioritisation of disabled people for essential healthcare. Discretionary power legally enabling denial of life-saving care.
Omission by commission	When a law or policy actively removes, withdraws, or denies rights or protections from disabled people, explicitly withholding previously available or reasonably expected supports or rights.	Canada: Expansion of MAID eligibility removing previous protections (CRPD/C/CAN/CO/2–3, para. 19). Malawi: Expiry of National Action Plan on Albinism (CRPD/C/MWI/CO/1–2, para. 21b). Sweden: Legal restrictions explicitly removed personal assistance services from approximately 1,500 disabled individuals (2015–2022) and entirely excluded persons over 66 years from applying for such support (CRPD/C/SWE/CO/2–3, para. 41a).	Explicit legal decision withdrawing critical protections safeguarding disabled people's right to life. Deliberate policy decision removing previous legal protections and exposing people to discrimination and violence. Explicit policy action systematically withdrawing previously available essential support services, exposing disabled people to heightened risk of harmful institutionalisation and isolation.

The Committee do not explicitly use our typology; they speak in the language of rights violations rather than violence. Yet their observations provide compelling empirical validation for the categories we have identified. Reading between the lines of diplomatic language reveals a catalogue of violence against disabled people that precisely aligns with our four-part typology. What follows is not merely illustrative but evidential, empirical proof that our theoretical framework captures real-world patterns of harm.

These UN CRPD Committee observations represent real lives at risk of harm, damaged or destroyed, confirming that our typology captures real-world patterns experienced by disabled people across diverse contexts.

Four patterns emerge from this analysis:

1. **Violence by commission** is most consistently recognised, particularly when involving direct physical harm or explicit discrimination. Yet even here, the UN CRPD Committee often uses terms like ‘mistreatment’ or ‘rights violations’ rather than naming these practices explicitly as violence – a linguistic softening that, we suggest, fails to confront the embodied harm that wrecks lives.
2. **Violence by omission** receives less systematic attention, although the Committee increasingly highlights failures of inclusion. The causal link between these omissions and resulting harm often remains implicit rather than explicit.
3. **Commission by omission** is identified primarily in healthcare contexts, particularly around pandemic triage decisions. The Committee recognises the harmful effects of discretionary power but rarely frames such discretion itself as a form of violence – missing how professional authority systematically renders fundamental duties conditional upon ableist judgements about whose lives merit protection.
4. **Omission by commission** is addressed through concerns about regression in support services or legal protections. The Committee clearly recognises the harm caused by the active withdrawal of protections or support, but again without systematically conceptualising this as violence.

These patterns reveal a troubling reluctance to name violence against disabled people as violence, even within the most progressive international monitoring mechanisms. The Committee’s consistent use of diplomatic euphemisms – ‘mistreatment,’ ‘rights violations,’ ‘concerns’ – reflects and reinforces the broader invisibility of ableist violence. When even expert bodies tasked with protecting disabled people’s rights avoid confronting the violent nature of these practices, it demonstrates how deeply embedded these patterns of linguistic sanitisation have become. This systematic avoidance of the term ‘violence’ is not merely semantic but *political* – it obscures the severity of harm, diffuses responsibility, and maintains the fiction that these

are administrative or technical failures rather than systematic attacks on disabled people's bodily integrity, autonomy, and survival.

This linguistic evasion, combined with the broader empirical findings from the UN CRPD Committee observations, raises fundamental questions about why these patterns persist so consistently across different legal, cultural, and economic contexts. The universality of these violations – their appearance across radically different legal systems, cultural contexts, and economic arrangements – suggests that legal frameworks alone cannot address violence against disabled people. Instead, we need to understand the deeper mechanisms that systematically produce, legitimise, and sustain these patterns of harm.

Understanding violence against disabled people

Disability Studies foundations

While our typology provides a framework for identifying and categorising different forms of violence against disabled people, it does not itself explain why and how these forms of violence occur and persist. The patterns we have identified demand a deeper explanation. To address this explanatory gap, we turn to theoretical frameworks that can illuminate the underlying mechanisms and drivers of violence. Before presenting our own theoretical approach, we briefly examine relevant contributions from Disability Studies and broader sociological traditions.

Within Disability Studies, violence has increasingly emerged as a central and critical concern, with scholarship illuminating its multiple dimensions: physical, psychological, epistemic, ontological, and institutional. Empirical analyses have demonstrated how disabled people are disproportionately subjected to harm within care homes, institutions, family settings, workplaces, and public spaces (Hughes et al, 2012). Hollomotz's (2012) work described a 'continuum' of violence, underscoring how seemingly benign everyday neglect or infantilisation easily escalates into explicitly harmful behaviours and profound psychological damage. There is now a substantial body of work on disability hate crime (see, for example, Sherry, 2010; Quarmby, 2011; Burch, 2021; and Burch and Wilkin [eds], 2024) that critically examines the lived experiences of disabled victims, along with the systemic failures of law, policy, and public discourse to recognise, address, or prevent such violence. Significant scholarship on carceral logics (for example, Ben-Moshe, 2020; Steele, 2020) has revealed how institutionalisation itself constitutes a form of structural violence – revealing how facilities ostensibly designed for 'care' function as sites of control, containment, and systematic harm. Violence permeates these spaces – it manifests through practices of restraint, isolation, and forced treatment that strip away dignity and autonomy. Steele's (2014, 2020) concept of 'lawful violence' powerfully underscores how ostensibly

protective or therapeutic interventions are inherently violent through their denial of agency, autonomy, and consent.

In building our theoretical approach, we stand on the shoulders of these Disability Studies scholars who have provided crucial insights into specific manifestations of violence. Yet we believe that a comprehensive framework is still necessary to connect these varied forms of harm within broader networks of power/knowledge relations and material arrangements – an integration that our *dispositif* approach seeks to accomplish.

Theoretical development

In developing our theoretical framework, we integrate perspectives from several key sociological and philosophical traditions, each providing distinctive insights into how violence operates in relation to disabled people.

Walby's (2013; Walby et al, 2017) insistence that violence must produce measurable, embodied harm provides an essential empirical anchor for our analysis. While we depart from her requirement for physical contact, we maintain her focus on concrete, measurable effects rather than expanding violence into purely abstract domains.

Complementing this perspective, Žižek's (2008) distinction between subjective violence (visible, personal acts of harm) and objective violence (systemic harms arising invisibly from political and economic structures) offers valuable analytical tools. This distinction helps us recognise how violence against disabled people often remains unacknowledged precisely because it operates through taken-for-granted structures rather than spectacular events.

The temporal dimension of violence finds expression in Nixon's (2011) concept of slow violence, revealing how structural harms, neglect, and deprivation accumulate gradually, their devastating impacts obscured by their very quotidian nature. This concept proves particularly relevant for understanding how disabled people are subject to everyday violence – insidious in form and of accumulative toxicity. Unfortunately, when it comes to this 'slow' form of violence, the cause, ableism, is all too often obscured by the passage of time, along with the harmful consequences for disabled people's health and wellbeing. Like everyday racism or sexism, everyday ableism is not always recognised as violence. It proceeds under the radar. In addition to its accumulative toxicity, everyday ableism is, we argue, what makes 'faster' (escalation of) violence inflicted upon disabled people more possible and likely. This is where we incorporate Christian and Dowler's (2019) feminist relational approach to fast/slow violence as a single complex. Their work demonstrates how taken-for-granted violences become closely entangled with more explosive acts, supporting our conceptualisation of ableism as a *dispositif* of violence with both incremental and immediate manifestations.

For understanding the production of expendable populations, we turn to the work of Bauman on modernity and exclusion. In *Wasted Lives* (2004), Bauman examines how modernity produces certain populations as ‘human waste’ – individuals deemed excessive, redundant, or disposable. Disabled people, particularly those with significant support needs, frequently experience this categorisation – their lives positioned as burdensome within systems that prioritise productivity and standardisation.

The relationship between power, institutional practices, and the body is, of course, thoroughly explored within Foucault’s work – and his work is our main source of inspiration. His analyses of disciplinary power and biopolitics (Foucault, 1991, 1998) offer powerful conceptual tools for examining institutionalised violence against disabled people. Institutions, such as schools, hospitals, and social care systems actively regulate and classify disabled lives, exerting pervasive forms of violence through institutional logics of exclusion, discipline, and normalisation directed at bodies deemed ‘abnormal’ or ‘dependent’.

Developing Foucault’s work further, Butler (2004, 2009) foregrounds normative frameworks that determine whose lives matter and whose do not. Her concepts of *precarity* and *grievability* demonstrate how normative hierarchies themselves function violently, through exclusion, dehumanisation, or neglect. Disabled people, rendered precarious precisely by ableist norms defining independence, productivity, and worth, experience this normative violence systematically and relentlessly when their lives are positioned as less grievable.

Finally, to ground our conceptualisation in concrete practices, we turn to David Sudnow’s (1967) work on the social organisation of death and his analysis of how certain lives are deemed less valuable in medical decision-making. This concept of social death – where certain lives are devalued (made dead) before biological death occurs – connects powerfully with Bauman’s analysis of ‘wasted populations’, and Butler’s concept of differential ‘grievability’ helping us to understand how violence against disabled people is often normalised through professional judgements about quality of life or ‘worth’, for example, in terms of productivity.

Integration and application: theorising the violence complex

By integrating these theoretical perspectives, we can develop a framework that allows us to explore how our four types of violence function as part of an interconnected system. Rather than mapping theories to types in a one-to-one fashion, we adopt a bricolage approach, working with these perspectives to reveal the complex operations of violence against disabled people. This approach recognises that certain theoretical lenses are particularly relevant for specific types of violence while acknowledging their broader applicability.

Violence by commission encompasses both individual acts of interpersonal violence and institutionally sanctioned forms of harm. At the individual level, hate crimes against disabled people represent the most visible manifestations of this type, recognisable through Žižek's concept of subjective violence – direct harm with identifiable perpetrators. Yet importantly, these individual acts exist within a broader context of institutional responses that can function as a form of secondary violence. The failure of police to adequately investigate hate crimes against disabled people represents an institutional sanctioning of violence through what might be termed 'permissive neglect'.

Beyond individual hate crimes, violence by commission also operates through institutionally authorised forms of intervention. From a Foucauldian perspective, these apparently legitimate forms of violence – restraint, forced treatment, and sterilisation – operate through institutional practices that classify certain bodies as appropriate sites for control. Steele's (2014) concept of 'lawful' or 'legal' violence illuminates how these acts gain legitimacy through their authorisation within legal and medical frameworks.

Violence by omission operates not only through Nixon's concept of slow violence – harm that accumulates gradually over time – but can also produce immediate and catastrophic harm through acute neglect. The failure to provide accessible housing may lead to gradual social isolation and a decline in mental health, while the failure to implement appropriate supervision to keep a person safe can result in death within minutes. This dual temporality of omission – both slow and fast – is perfectly captured by Christian and Dowler's (2019) slow/fast violence concept.

Commission by omission manifests in both individual professional decisions and systematic institutional practices of discretionary deprioritisation. At the professional level, it operates through the social organisation of death (Sudnow, 1967). When a doctor places a DNAR order on a patient with learning disabilities without consultation, this represents a conscious choice to withhold potentially life-saving intervention based on judgements about 'quality' of life, or worse, the 'value' of life. Yet beyond individual clinical decisions, commission by omission also operates at systemic levels. During the COVID-19 pandemic, numerous countries implemented triage protocols that explicitly or implicitly deprioritised disabled people for life-saving care. This was achieved, not through exclusionary language but rather through seemingly neutral criteria that disproportionately disadvantaged those with pre-existing conditions. This reflects what Foucault (1998) terms 'biopower' – the regulation of populations through judgements about which lives are worth sustaining.

Omission by commission represents perhaps the most structurally embedded form of violence in our typology, operating through formal, explicit decisions to withdraw protection or support from disabled people.

This operates most visibly through what Bauman (1989) famously described as ‘bureaucratic violence’ – harm produced through administrative rationality rather than emotional hostility. Violence becomes morally invisible when carried out via a chain of bureaucratic steps. When legislation explicitly reduces disability benefits below subsistence levels or narrows eligibility criteria for personal assistance, these acts harm disabled people and constitute what Bauman terms the production of ‘human waste’ through bureaucratic processes.

The temporal dimensions of omission by commission are particularly significant. While the formal decision itself might occur at a specific moment, its effects unfold across multiple timeframes. The immediate consequence is often the abrupt termination of essential support, producing ‘fast violence’. Yet these formal withdrawals also initiate longer trajectories of what Nixon terms ‘slow violence’ – a gradual deterioration in wellbeing, incremental erosion of independence, and cumulative damage to physical and mental health over months or years.

This theoretical integration reveals how violence against disabled people operates simultaneously across multiple dimensions – institutional, normative, temporal, and embodied. It demonstrates how apparently different forms of violence are in fact interconnected elements within broader systems that produce, sustain, and legitimise the devaluation of disabled lives.

Conclusion: from typology to *dispositif*

In this chapter, we have sought to define violence with clarity and precision because this is a political and analytical necessity. Violence is not merely interpersonal assault; it is often quiet and procedural, an action of a pen rather than a fist. Our typology captures distinct mechanisms of harm that operate through different temporalities and visibilities. Through concrete examples, we have illustrated how these different forms manifest in disabled people’s lives – from hate crimes to institutional neglect, from discretionary denial of care to policy-driven withdrawal of support.

Our examination of international legal frameworks has revealed recognition of these forms of violence, but also mechanisms that systematically obscure violence through exceptions clauses, vague implementation obligations, ongoing medicalisation of disability, and capacity-contingent protections. Analysis of UN CRPD Committee observations provided empirical validation for our typology while highlighting the need for more systematic conceptualisation of violence against disabled people and articulation of harmful acts *as violence*.

Moving beyond typology to theory, we have developed an integrated analytical framework drawing upon multiple traditions to understand how violence operates simultaneously across institutional, normative, temporal,

and embodied dimensions. This framework reveals how different forms of violence function as interconnected elements within broader systems that devalue disabled lives. Our analysis demonstrates how these different mechanisms of harm are not isolated phenomena but systematic manifestations of ableism – revealing the need for a comprehensive framework that can capture how various forms of violence operate as coordinated elements within a broader system of oppression. In the [next chapter](#), we extend this analysis by conceptualising ableism itself as a *dispositif* of violence – a heterogeneous ensemble of discourses, institutions, practices, and material arrangements that systematically produces, normalises, and legitimises harm toward disabled people. This *dispositif* approach will allow us to explore how seemingly disparate phenomena are connected elements within a broader system that renders certain lives more vulnerable to harm than others.

Cutaway 1: Thinking together – on violence and resistance

Angharad: Miro, what do you hope readers will do with our typology of violence?

Miro: I hope they'll use it widely in practice. There's power in being able to categorise harm precisely – to say that something isn't just *unfair* but constitutes a specific form of *violence*.

Angharad: Yes, our four-part model gives people language to name what's happening. Distinguishing types of violence creates clarity. The point isn't simply categorisation but developing more effective responses.

Miro: Exactly. For example, when we identify commission by omission – deliberate decisions not to act despite having the power to do so – it allows us to target advocacy at those discretionary spaces where decisions are made.

Angharad: And when we recognise omission by commission – how formal policies actively withdraw protection or support – we can challenge those systematic decisions. This is where our theoretical framework becomes crucial.

Miro: Yes. I do remember struggling with the typology terminology though! Not the easiest of linguistic formulations.

Angharad: Indeed not! Yet despite the awkwardness, we needed terms that would capture these distinct mechanisms precisely. Moving beyond the typology itself, which theoretical concepts most resonated with you, Miro?

- Miro:** For me, Nixon's concept of slow violence was transformative. It articulated something I'd felt but hadn't found language for – how damage unfolds gradually over time for marginalised groups, often invisibly unless you're experiencing it. This is precisely what happens to disabled people – the steady accumulation of barriers, small indignities, and erosion of rights.
- Angharad:** That concept resonated strongly with me too. I found it particularly powerful when combined with Walby's empirical approach, which insists that violence must produce measurable harm.
- Miro:** Though we felt her emphasis on physical contact was limiting, and we needed to get past that, didn't we?
- Angharad:** Exactly. That's why conceptualising ableism as a *dispositif* of violence became so important – it captures how violence operates through interconnected discourses, institutions, and practices. It helps us see violence, not as isolated incidents, but as part of a coherent system that devalues disabled lives.
- Miro:** What gives me hope is that by understanding these mechanisms, we create possibilities for resistance.
- Angharad:** Yes. Because resistance is almost always possible. That's the hopeful message disabled people's movements have consistently demonstrated. Even within oppressive systems, there are opportunities to create change. And the more precisely we understand how violence operates, the more strategically we can resist it.
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(Re)conceptualising ableism

The concept of ableism has gained increasing traction within Disability Studies over the past two decades. It provides a critical lens through which to examine societal norms, practices, and structures that privilege certain forms of embodiment while marginalising others. Scholars across various theoretical traditions have developed sophisticated analyses of ableism – [Wolbring's \(2008, 2012\)](#) concept of ableism as an 'umbrella-ism' encompassing many forms of oppression, [Campbell's \(2009\)](#) epistemological and ontological framework, Foucauldian approaches, Mad Studies and Critical Autism Studies perspectives. These diverse theoretical contributions have significantly advanced our understanding of how ableism operates across multiple registers, including discursive, material, institutional, temporal, and embodied.

Despite these important advances, a critical conceptual gap remains. While violence against disabled people is widely documented empirically, existing theoretical frameworks rarely position violence as constitutive of ableism itself – as central to its ontology. This chapter addresses this gap by reconceptualising ableism as a *dispositif* of violence – a heterogeneous ensemble of behaviours, discourses, institutions, architectural forms, regulatory decisions, laws, administrative measures, and scientific statements that systematically produces, normalises, and legitimises harm against disabled people.

We draw, of course, on [Foucault's \(1980\)](#) concept of the *dispositif*. We are, however, also drawn to [Deleuze's \(1992\)](#) creative interpretation of it. We argue that ableism operates through multiple, interconnected forms of violence – the very forms delineated in our typology in [Chapter 2](#) – each functioning through different temporalities and modes of power. This typology examines how moral and legal duties to protect, support, or refrain from harming disabled people are violated, avoided, or systematically undermined. We believe that the *dispositif* framework has great analytical potential. It allows us to examine how ableism operates simultaneously through material arrangements, discursive practices, institutional logics, and subjective experiences. It enables us to trace how ableism produces both disability and ability as relational categories through mechanisms of normalisation, classification, and regulation. Most importantly, it allows us to comprehend connections between seemingly disparate forms of violence, revealing how they function as part of a coherent, although constantly evolving, system.

This chapter continues as follows: first, we survey current theoretical perspectives on ableism, acknowledging their significant contributions to our thinking, while identifying the specific limitation our framework seeks to address. We introduce the *dispositif* framework, demonstrating its analytical utility for understanding ableism. We then articulate our original conceptual contribution: ableism as a *dispositif* of violence, examining its context, components, and operations across multiple domains. We explore how this *dispositif* functions *within*, through internalised ableism and identify potential avenues for subversion and escape – points where resistance and transformation become possible. Finally, we explore the analytical and political implications of this framework, setting the stage for the case studies that follow in subsequent chapters.

By reconceptualising ableism in this way, we aim not only to enhance theoretical understanding but also to provide more effective tools for identifying, analysing, and challenging the multiple forms of violence that shape disabled people's lives. Our framework seeks to reveal connections that might otherwise remain obscured. It identifies points of intervention that are often overlooked and imagines possibilities for resistance that might otherwise be foreclosed.

Current theoretical perspectives on ableism

Campbell's (2009 and later) work represents perhaps the most comprehensive theorisation of ableism to date. Crucially, she clarifies that ableism and disablism are distinct. She articulates disablism in terms of overt discrimination towards disabled people, while defining ableism as 'a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human' (Campbell, 2001, p 44).

This definition moves beyond individual attitudes or discriminatory actions to position ableism as a pervasive epistemological and ontological system. Campbell (2001, p 44) emphasises how ableism establishes normative ideals of ability and humanity, rendering disability a 'diminished state of being human'. We find her exploration of how ableist norms are internalised, sustained, and performed by disabled people themselves, including through what she terms the 'compulsion to emulate able-bodied standards' particularly helpful (Campbell, 2008, n.p.). This attention to internalisation adds crucial depth to understanding ableism's operation at the level of subjectivity.

Wolbring (2008) offers another influential perspective, positioning ableism as an 'umbrella-ism' that underlies other forms of discrimination. Wolbring's analysis is particularly insightful in highlighting how emerging technologies produce new forms of ableism. His concept of 'transhumanised' ableism captures how technological enhancements create new divides between those