

Disabilities and imprisonment: a criticism of accumulated discrimination

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Abstract

This article deals with the problem of imprisoned persons with disabilities, showing the omissions which exist in studies on this matter. This problem is conceived from the critical viewpoint on disabilities and through an analysis of gender, proposing that there is no given objective of research and intervention. Thus, the construction of this analysis entails a position which, from the point of view of social work, will always be political and social, taking into account all of the subjects involved and the relationships which exist among them. The final thought leads to emphasizing the fact that specific problems should not get in the way of understanding the general context, because there is danger of contributing to the welfare state which distributes resources to evermore disintegrated subjects. Therefore, social work plays a predominant role in building sustained criticism of specific policies, thus avoiding, the production of tutelage identities which are continuously stigmatized.

Keywords: Disabilities, imprisonment, gender analysis, Social Work, Mexico.

Presentation

On October 16, 2005 Norma Angélica Ortega Sierra, an inmate in the Centro Femenil de Readaptación Social Santa Martha Acatitla (Santa Martha Acatitla Center for Feminine Social Rehabilitation) (D.F.), had something bothering her and she complained about it. Her cellmates asked for a doctor or custodian to attend to her, but they never arrived. This led to Norma's death: she was on the floor of the dormitory for several hours. In 2009, seven cases in relation to the health of women in prisons were presented. One of these, number 5, made reference to" the death of a thirty

eight year old woman who remained in a state of total disability, due to medical malpractice in the application of anesthesia, which led to irreversible brain damage" (Complaint lodged on June 13, 2008¹).

In relation to the first case, the Human Rights Commission of the Federal District

¹ Both complaints are mentioned in the document, "La salud de las mujeres en reclusión. Recomendación 8/2005" (Health of women in prison. Recommendation 8/2005) (on line). México. Available at: file:///C:/Users/INVESTIGACION/Documents/PROYECTO%20DISCAPACIDAD/LECTURAS%203/Justificaci%C3%B3n/Recomendaciones %20 de%20 salud.pdf

(CDHDF) emitted Recommendation 8/2005, Case: Restriction, negation or obstruction of medical attention and the right to health, in order to draw attention to the health of women in prison. In the second case, the second Visitaduría General of the CDHDF formulated recommendation 2/2009 which was approved by the Secretary of Health of the Federal District at that time, in relation to medical negligence and deficiencies in the availability of personnel and material resources for healthcare in prisons.

In recommendations of human rights commissions, the lack of in depth mention of what happens to people with disabilities in prisons is noteworthy. In the case of women in prison, what is usually mentioned is "maternal-infantile health" or sexual health. When talking about men in prison, disabilities are mentioned as one more element of vulnerability, along with being Indian, foreign, having non-heterosexual sexual orientation, and in some cases disabilities are placed alongside illnesses; making it hard to understand the meaning and differences of the two. I will now make a detailed description of women with disabilities in prison.²

² I consider two phases of research, the first working with the female population and the second with the male population. This article emphasizes the analysis of the female population and in advance I point out that I distance myself from envisioning gender as a social construct of the subjects and their relationships based on biological differences. This stance brings with it various problems. It tends to view gender in terms of a category of dichotomy and point to a generic "nature" or essence of persons. It also leads to considering heterosexuality as a hegemonic institution and it also reduces the matter to sexual differences.

Introduction

There is vast literature on women in prison, less on women with disabilities, practically non-existent on women with disabilities in prison. The relevance of considering this exercise in research lies not only in adding up exclusions as an accumulative process, but also in giving awareness to aspects which are often omitted from the imagery, both theoretically and practically. It is necessary to go beyond fragmented problems and, to this extent, show that there are no given problems of research and intervention, but rather these are constructed and they imply stances taken by the researcher.

The present article is the first installment of a broader research project which is about to begin. Said project has three main axis: disabilities, imprisonment and gender, which may be analytically separated, but in practice it is clear that this division does not exist and the three categories are equally important. That is why, in the article I will deal with the elements that I have found to be fundamental for starting this research and the provisional conclusions which indicate their belonging. I have divided the article into three parts. In the first place I pick up recent talk about thinking of disabilities not as a given phenomenon, in the body or biologically, but rather as a historical category for analysis which is useful in dislodging and questioning naturalized concepts.

Therefore, I believe that more than certainties, it is a concept which provides questions about the modalities adopted by gender schemes in concrete spaces (Mingo, 2006: 312). I also describe the studies which have been made on the female population in prisons in Mexico. Finally, I



aim to point out the voids and pertinence of research such as this, on the study of living conditions of clearly marginalized sectors of the population. At the same time, I try to contemplate their place beyond focalized policies.

1. Reflections on the category "disabled"

Since the 80s, speaking of disabilities as individual, organic, corporal or functional aspects has been questioned. Then Mike Oliver's "social model" came into being. This model conceptualized disabilities not as a problem of health nor an individual matter, but acknowledging it as a social process involving various subjects, criss-crossed by interrelations. This school of thought shows the segregation, discrimination and oppression with which people with disabilities live

and shows what the medical model hid (Brognna, 2006: 67). From this viewpoint, strong criticism of medical and educational schools will be made, showing them to be mechanisms of power which, through diagnosis, categorize and label people as "disabled." In literature on disabilities there are two dominant models: the medical model and the social model, the latter superseding the former (Soler, Teixeira and Jaime, 2008; López and Seco, 2005). However, there are stances which show that the matter is more complex because...

Over the past years, in an attempt to synthesize these two aspects, there has been an attempt to "add" the two together in a single definition. The resulting hybrid arising from this attempt, has not managed to overcome the dichotomous vision nor has it managed

a consensus of all of the actors who are involved (Brojna, 2006: 12).³

What is obvious is the tension of placing disability as a given phenomenon. On the one hand, the idea of its being "an illness" is questioned, this producing stigmas for those who are called "disabled;" and on the other hand, there has been an emergence of researchers and activists on disabilities, taking the matter to the fields of rights and pointing out the matters of segregation and exclusion lived by the "disabled;" making mention of how this distinguishing framework is sustained and accepted socially (Brojna, 2006: 14).

Without a doubt, the difficulty of renaming disabilities without alluding to the term originating in the field of medicine and the "subsequent contradiction in using a diagnosis to name a social subject" (Brojna, 2012: 38) is an intrinsic problem. Why isn't there another word to use? We end up referring to traditional concepts and "this is perhaps proof of everything being consumed, involved, achieved and naturalized which is the medical vision, its discourse and its rationality" (Brojna, 2012: 69).

What I think is the most important matter when dealing with disabilities--and not only with this subject--, is the way in which we socially situate and treat disabilities because it is evidence of how we build social ties and how we break them up

(Ravaud and Stiker, 2001: 490). Thus, the components when interrelated may show the ways in which disabilities are understood within a given context and these are: a) the biological-behavioral and social particularity of a subject (individual or collective); b) the economic and political organization and c) the culturally normative component of the group or society to which the subject belongs (Brojna, 2006: 34). All of this is articulated in function of the role played by ideology, and therefore subjects consider ourselves to have "disabilities" or we draw away from this social position.

I understand ideology to be the way in which a given content is related to a subjective position and the former appears as its "own" statement, that is, the subjective statement supports "logic of the legitimating of the relationship of domination [which] must remain hidden in order to be effective" (Žižek, 2008: 15). All of the mechanisms which point to and produce "disabilities," thus legitimizing one's exclusion are based on the idea of "normal." "They are intertwined at the level of production of senses, subjects, practices and reproduction of disabilities as 'a mechanism'" (Angelino, Priolo and Sánchez, 2008: 157). The discursive constitution of normal omits its social and historic character, thus naturalizing what is normal and what is pathological, what is functional and what is dysfunctional.

³ Brojna (2006), states that today our concept of disabilities is a complex in which various visions have settled throughout history and she describes them thus: the vision of extermination and annihilation, the sacralized or magic vision, the charitable-repressive vision, the medical-repairer model, the normalizing-assistant driven vision and the social model.

It is about denaturalizing the beliefs on which hegemonic discourse on disabilities is based and going against its evidence. To acknowledge what a priori was presented to us as natural is the product of a set of material and symbolic historically situated interactions (...) In the case of the *disabled*, the

ideology of normalcy not only defines them by what they do not have (...) but also simultaneously confirms the completeness of those who are *not disabled*, who are usually thought of as *normal* [cursives are mine] (Angelino, Priolo and Sánchez, 2008: 160).

There is no greater evidence that disabilities are interlaced with social aspects than to see the close relationship among disabilities and poverty, marginalization and processes of social exclusion. According to a study made by the Sistema Nacional para el Desarrollo Integral de la Familia Distrito Federal (DIFDF) (National System for the Integral Development of the Family-Federal District) and UNICEF (2006) on the population with disabilities which were consulted, 9% belonged to the mid-level of marginalization, 36% to high-level marginalization and 55% to very high-level marginalization. According to the World Health Survey, the prevalence of disabilities is greater in countries with lower incomes; in persons in the poorest quintile, women and the elderly; persons with low incomes, without work or with little academic formation; sons and daughters of the poorest families and those belonging to ethnic minorities (Programa Nacional para el Desarrollo y la Inclusión de las Personas con Discapacidad 2014-2018) (National Program for the Development and Inclusion of Persons with Disabilities 2014-2018).

It can then be said that the position of disability must be understood to be the product of structural circumstances (Brogna, 2006: 18). This is not to ignore what in the body is real and not metaphorically, that is, it may be that the condition of disability is not socially created, but it is socially known because "a biological peculiarity or one of



conduct may be a condition of disability at one social-historic moment and not at others" (Brogna, 2006: 175-176), and therefore, it is not a determining factor. There is still work to be done on the discussion of exclusion vs inclusion, based on the fact that both spectrums act as social control mechanisms which involve a "normalizing power" and which permit reproduction of a certain social order. The category of disabilities should consider these terms but they should also take into account the fact that the discussion goes beyond this horizon.

2. Female Population in prisons

In 2006 in Mexico there were 452 prisons. The entity with the greatest number of people imprisoned was the D.F., where 15.40% of the total population is, that is, about 33,000 prisoners (Espinosa and Gia-

comello, 2006: 28). In the case of Mexico, figures on the number of people in prison vary depending on the sources which are consulted. In this article I will use the data from the Consejo Nacional para Prevenir la Discriminación (CONAPRED) (National Council for the Prevention of Discrimination) which, while referring to figures from 2006, provides information on the population with disabilities. In that year, there were approximately 214,450 male prisoners and 11,027 female prisoners; that is to say, the female population represented 5.15% of the overall prison population. The vulnerable population was made up of people with disabilities (11,363), Indians (8,398), the elderly (3,782), mentally ill and persons not subject to criminal liability (3,368) and foreigners (1,940) (Espinosa and Giacomello, 2006: 28)⁴.

We find different papers which make more in-depth analysis of women in prison, among these is the diagnosis elaborated by Elena Azaola and Cristina José Yacamán (1996), "Las mujeres olvidadas. Un estudio sobre la situación actual de las cárceles de mujeres en la República mexicana" (Forgotten women. A study of the present situation in women's prisons in the Mexican Republic). In 2006, Marcela Briseño wrote "Garantizando los derechos humanos de las mujeres en reclusión" (Assuring human rights for women in prison) with support

⁴ Another example of the imprecision of the data is that according to Bergman and Azaola (2007), in prisons there were 9,800 inmates with disabilities; 1,800 of the inmates were foreigners and 2,832 mentally ill or not subject to criminal liability. "Despite our having no solid data to refute this, it is possible, that due to discrepancies and lack of clear extra-legal guidelines in diagnostics, this later figure is considerably underestimated" (2007: 76).

from INMUJERES and UNPD.⁵ In these writings emphasis is placed on the specific conditions of women in prisons, due both to the difficulties they face in an outdated male penitentiary system with many problems as well as to the greater stigma placed on them with respect to their family ties and reincorporation into society, if they manage to leave the prison system behind.

In 2008, the Supreme Court of Justice of the Nation (SCJN) began a program of activities for introducing the perspective of gender into its jurisdictional and administrative spheres, as a necessary strategy in complying with constitutional obligations derived from the principle of equality and the right to non-discrimination. One of the objectives is to reduce the obstacles for women and other vulnerable groups in obtaining justice, among the groups mentioned were people with disabilities; as well as questioning the supposed neutrality of norms and raise awareness of the differentiated impacts that the interpretation of the law has for men and for women (Cruz and Vázquez, 2013: vii). It is believed that both female and male delinquency take place within a patriarchic social context in which male privileges permeate all social spaces (Cruz and Vázquez, 2013: xi).

Various sources (Giacomello, 2013; Espinosa and Giacomello, 2006; Rodríguez, Mendoza, Durand Smith, Colmenares and Saldívar, 2006; Azaola and Yacamán, 1996), point out the importance of knowing who the women are who commit crimes and why they do it. In this way they bring us a profile of the female population in prisons:

⁵ INMUJERES-National Institute for Women and UNPD-United Nations Program for Development.

these women come from a highly marginalized environment; they are predominantly young, between 18 and 35 years old; they come from low and very low socioeconomic levels and violent homes whose members, in 30% of the cases, have criminal records. Of the total number of women in prison, 51.2% have been the victims of sexual abuse, 40% have lived part of their lives in the streets and have entered the job market at an early age, at between 8 and 14 years of age. In general, they were thrown out of their homes at an early age, have violent partners with problems of addictions who exploit them for work and sex; 96% are mothers who are heads of households and 13% have their children with them in prison. They are imprisoned for property crimes, especially theft, which is closely linked to their role as heads of households and to their situations of poverty. Moreover, these women are generally abandoned by their families, they have no economic support with which to defray their expenses within the centers and the right to conjugal visits and early liberation are aspects which are often impeded.

According to the latest Informe Especial de la Comisión Nacional de los Derechos Humanos (Special Report of the National Humans Rights Commission) (2013) on women inmates in prisons, the following data is available on the prisons Santa Martha Acatitla and Tepepan:

- The female population (4.87%) in the centers being lesser than the male, the infrastructure, organization and workings of the prison establishments have centered on and center on the needs of men.

- The material and hygienic conditions in the areas of observation, classification, dormitories, visiting areas, dining halls and family visiting areas show very serious deficiencies. Women prisoners do not have the right to hearings; the decisions on the sanctions are not founded nor do they have basis and women prisoners are not notified in writing of decisions, and their conjugal and family visits are suspended as corrective measures. With respect to the right to protection of their health, it was observed that in most centers there are grave deficiencies in medical services, which have to do mainly with the dearth of medical staff, lack of specific installations for women, as well as lack of medication.
- The Tepepan Feminine Center for Social Rehabilitation has an overpopulation of 8.7% and lacks medical instruments.
- In the Santa Martha Feminine Center for Social Rehabilitation there are not enough female security guards nor custodians. The medical equipment and furnishings are in poor conditions and the water is of poor quality, as well as its availability.
- *In the section on recommendations there is no mention made of the population with disabilities.*

The gender asymmetry observed outside of prisons is clear inside prisons as well. An example of this, until 2004, the female population was considered an annex of the male prisons and that meant worse living conditions. It also happens that justice institutions assume the mission of assigning traditional gender roles and those who do not stick to these roles are severely punished (Azaola,

2013: 154). Another matter which corroborates this inequality is the greater proportion of women inmates who are accused of federal crimes; while in 2010, 23% of the male population was imprisoned for these crimes, 35% of the women were in these conditions, mostly for drug related crimes. It has been documented that from the time of their detention women face abuses, violence, corruption, forced prostitution and pregnant women are discriminated against by not giving them the medical services they need (EPU Report on the Penal System in Mexico, 2013: 8). However, not all female inmates lead the same lives and the differences depend on the differences in their lives before entering the detention center, class, gender, ethnic groups, among others.

It may be intuited that these problems are only accentuated if we add the factor of people with disabilities. Information for Mexico City up until July 26, 2011 indicate that there were 796 people with mental disabilities, of which 60 were women and 736 men in the city's prison system. In the Centro Federal de Rehabilitación Psicosocial (CEFEREPSI) (Federal Center for Psycho-Social Rehabilitation) there were 187 persons being held:

The bad conditions of the installations and the insalubrity in the centers where inmates with mental disabilities are held, the lack of specialized installations for accommodating these persons and the permanent isolation with no activities to which they are *submitted*. In the majority of the detention centers in the country there are deficiencies in medical services (...) It has been found that persons with mental disabilities who commit a crime are *not attended* to by health authorities during the penal process [the cursive letters are mine] (EPU Report on the Penal System in Mexico, 2013: 9).

The previous quote shows one of the problem which exists with data provided by reports, diagnostics and human rights recommendations: information is biased in very specific sections, men/ women/ Indians/ persons with disabilities/ intellectual disabilities/ the elderly, etc. This hampers a clear view of the general panorama and leaves us to guess at the conditions in which these groups live

3. Reflections on accumulated discrimination

Something that stands out in this matter is, why it is so complicated to think of "integrating" persons with disabilities into the various social spheres, for example, of students with disabilities in regular educational spheres, but the practice does not happen within the environs of prisons. Based on what we saw in the previous section, people with disabilities live within prison space "just like any others," with all of the difficulties this sector may encounter. Simultaneously, when talking about prison populations, we think of homogenous populations.

[In detention centers] among the groups traditionally discriminated against, that is, the elderly and persons with disabilities, discrimination is present in the most absolute invisibility, while they are not attacked, they are given no special consideration (...) everyone is responsible for him/herself (Espinosa and Giacomello, 2006: 120).

It is relevant to point out that within prisons heterogeneity is latent. Espinosa and Giacomello (2006) show how in women's prisons there are special considerations towards elderly women and at times towards those

with some disabilities and; in male prisons this does not exist, there is total omission and "each one is responsible for himself." A second matter has to do with bodily experiences of those with disabilities in prison. Azaola (2013) mentions that the matter of bodily experience and sexuality in the case of women in prison has been studied before, however, there is no information on women with disabilities and we believe that gender does not only refer to women. What happens with bodily experience in men and those with disabilities in prison? This is a central matter in understanding subjectivities which emerge around disabilities and imprisonment. I mean the body as a space in and of itself, as well as the space it occupies and the space in which he/she moves. Specifically I think there is a field to be explored in identifying the limits of what is regulated and what is socially possible, even more so, if we take into account that the spaces are invested with values. Then beginning with an analysis of the bodily practices, we can understand the body and corporality (Aquilari and Soto, 2013: 7-9).

If in modernity we witness the transformation of bodies as useful, productive and disciplined, how are the bodies of persons with disabilities in prison cut through by political, social, economic, erotic forces and the exclusion of society? (Rosas, 2012: 57). On the other hand, how is the body and everydayness reassigned in prison?

[Speaking of disabilities] the body plays a real not metaphoric role: it is on the body that the social mandate of disability is inscribed. Bryan Turner refers to the body as "constituting the target of modern rationality since it becomes the object of power and

knowledge," "the target of political processes" (Brognna, 2006: 68).

With respect to the bodily experience in prison, every body is suspicious. It is suspicious from the moment of admission, and therefore the body should be marked with seals which guarantee that the person who is admitted is the same one that leaves, that it carried no forbidden substance; the body is registered, described, inspected, separated, classified, disciplined, observed and detained. Government employees, guards, visitors and of course inmates are suspicious. Suspicion leads to counting, ticketing, chaining, fearing displacement, the stillness of bodies or to anomaly (Rosas, 2012: 58).

When dealing with a subject such as this, more than the institutional prison must be taken into account. What happens every day and with others, unofficial rules and discipline; as well as the ways in which bodies with disabilities materialize in prison and have meaning, taking into account all of the subjects which are involved and their interrelations.

A third matter is the binding point between the question of disabilities and imprisonment, that is, poverty. A survey carried out in the Reclusorio Preventivo Varonil Norte (Northern Men's Detention Center) (Vázquez, 2011) questioned 60 men with disabilities, and the results corroborate and detail some data⁶:

⁶ Vázquez (2011) comments that his intention was to carry out the survey directly with the inmates, but the prison institution forbade that and only allowed for two people, workers in the prison, to carry out the survey and he was not given details on the procedures used.

- 38% of those who were interviewed say their means of livelihood had been formal or informal businesses. 60% practiced a trade or an activity related to administration and 1.67% was unemployed. Almost half, 41.67% subsisted on a minimum wage (2011: 106).
- 73.33% received regular visits on visiting days (2011: 108) and these people said they received economic help from their relatives.
- The kind of disabilities which prevails is physical with 81.67%, followed by visual and hearing; there was no person detected with mental disability (2011: 110). An interesting bit of information is that the origin of the disabilities in the study group were 96.67% acquired, followed by 3.33% who determined their disabilities were congenital. Those surveyed said that (31.66%) had acquired their disabilities in automobile accidents, (16.67%) from a gunshot and (21.67%) in other accidents. Only 31.67% had received some kind of rehabilitation; two thirds of the men said that they did not have access to rehabilitation. The author infers that this is "due to the lack of economic solvency or proper orientation [and that] the disabilities might have some kind of aftereffects (2011: 112). 38.33% of the total of persons surveyed, said they had some kind of disease, of which, 15.00% said they were diabetic. 30.00% admitted openly to having taken some kind of drug which "as they said, to make up for lack of medicine, the drug helped them with the pain" (2011: 114). 15% of the total surveyed said that their disability was the main reason they did not par-

ticipate in activities in the detainment center (2011: 120). And finally, 80% said they received no special treatment due to their disability (2011: 122).

If we take as a starting point that within prisons each service has a "price," we see that family contacts and support are essential for providing basic goods inside the prison. According to our study, one third of the men with disabilities in prison do not have this support, and based on the supposition that in the case of the female population family relations are lost with greater frequency, we must think that women with disabilities are in worse conditions. The information that 96.6% of the men with disabilities in prison acquired the disability through some violent event is important, as it reflects the fact that the incidents which caused the disabilities could have been avoided and also because it is worth asking whether the same happens with the female population. Or does it have to do with practices of reinforcing traditional masculinity?

If we consider that the occurrence of these accidental disabilities interrupts adolescence or adulthood (Brognia, 2006: 8), how is life of people in prison where support, rehabilitation and treatments are scarce, transformed? Investigation of this and other aspects imply the use of a qualitative methodology which goes beyond the figures and does not judge an object and subject of intervention a priori, but rather carry on a dialogue with the other and reconstruct, as deeply as possible, a phenomenon in its complexity, pointing out evidence and ruptures. The term "experience" is very useful, since because it is a shared dialogue,



the experience is both collective and individual. What was known beforehand may be confirmed and what previously seemed obvious may be disrupted. It is a process in which the person perceives and understands relations –material, economic and interpersonal– as subjective which are social and, from a broader viewpoint, historical (De Lauretis in Scott, 1998). It is worth mentioning that it is a challenge to investigate subjective processes in which beforehand things are discarded and the challenge appears more for the investigator because it implies moving in place and listening, such as the case of people with intellectual disabilities. Brogna (2012) has shown us that for her study, there is a way to reconstruct the paths, discourse and practices of these subjects through language.

Preliminary Conclusions

In April of this year, the Head of the Government of the Federal District, led the Decimocuarta Entrega de Certificados a 300 estudiantes egresados del Bachillerato a Distancia del Gobierno del Distrito Federal (Fourteenth Ceremony for Awarding Certificates to 300 students who had finished the program of distance learning high school of the Government of the Federal District) (GDF)⁷. In this event, he mentioned that one of his priorities is to eliminate limitations for sectors who have

⁷ On line note: "Mancera gives instructions to break barriers and extend distance learning high school education to students with disabilities, single mothers, inmates in detention centers and household help." Published by Monitoreo de Medios, April 3, 2014. Available at: <http://www.agu.df.gob.mx/sintesis/index.php/instruyemanceraaromperbarrerasyextenderbachilleratoadistanciaparaestudiantescondiscapacidadmadressolterascenrosdereclusionyempleadasdomesticas/>

been left behind, such as students with visual, motor and hearing disabilities; household workers and people in prison. Undoubtedly the measure is necessary but the way in which these programs are directed at certain well-defined sectors which were previously left out, is revealing. So reports, diagnosis and recommendations capture data and results in the same way and debate is opened in relation to the focalization of social programs:

Social programs are part of the measures adopted to fight exclusion, replacing comprehensive public policies with more focalized lines whose purpose is to repair the most visible effects of social malfunctioning (...) it seems easier than intervening in the processes which produce them, taking into account that the latter *demand treatment which is more political than technical* [the cursives are mine] (Duschatzky, 2000: 17).

I coincide completely with Duschatzky (2000) when he affirms that policies of social programs expose institutional inadequacies of "integration of modern society" and draw closer to a way of legitimizing present political-economic coordinates (2000: 18). Social Work has a preponderant role to play in constructing sustained criticism of this, because the social problems, in the case presented here within prisons and for prisoners with disabilities, cannot be reduced to the

subjects and their families. This only contributes to the production of ward identities which are continuously stigmatized. To point out the importance of specific problems not lead us to overlook the context, because then there is a risk of contributing to the "welfare" State which distributes goods to subjects who are more and more disintegrated. This subject requires deeper analysis than this article can provide, however, I wish to point out that it is one of the objectives proposed by this research project, to analyze the construction of "others" within a specific context which does not only look at him/her. Said process requires a complex interrelationship among the subjects, the material conditions and the symbolic universes.

There is still a lot to be said about the subject of disabilities. The initial objective of this project is to set up a dialogue with subjects with disabilities, without assuming a universal definition, questioning the frameworks in which we conceptualize, see and understand. With respect to the imprisoned population, it is important to show that this is not a homogeneous population. Gender analysis provides us with a framework for analyzing gender regimens in concrete social spaces. The connection between these elements is meant to be a contribution of social work having professional bearing on prisons, and at the same time, positions critical of the present tendency of focalized policies.

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