

Women and Disability: Perspectives on Education, Community Living & Employment



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INTRODUCTION

Studies and surveys have found that one in five Americans has a disability; more than half of those with disabilities are female. In real numbers, out of a population of over 260 million in the United States, 54 million have a disability. Of those, 28 million are female (Jans & Stoddard 1999). Although people with disabilities have many things in common, women and girls with disabilities have unique considerations and barriers that effect their lives throughout the entire life course.

In particular, young girls may need special programs to make education and future career opportunities accessible to them. Working-age women may face barriers to entering and participating in the workforce. Adult women may need help with parenting, access to medical care, and problems with abuse. Elderly women, as a growing group, may require more specialized forms of assistance, equipment or services in order to live independently.

In the last few years, issues concerning women and disability have expanded not only in terms of research devoted to them but also in terms of the responses of women and girls with disabilities. Many have formed various approaches to breaking down the barriers and therefore addressing their distinct needs. This report contains selected information on a variety of topics. In addition, readers can access the Web Page with Internet addresses for in-depth additional information.

Over half of the women who participated in a study on women with disabilities identified four top issues in need of future research: Abuse and Violence, Youth Programs, Reproductive Health, and Substance Abuse (BPA 1997). Some of these topics will be discussed in this report. The interviews included in this report are meant to provide a truly different and personal perspective on this critical topic: Women and Disability. Enjoy!



EDUCATION



Education has been called the “engine of empowerment” for all, especially for people with disabilities. Under the Individuals with Education Disabilities Act (IDEA), all children with disabilities are entitled to a free and appropriate education designed to meet their individual needs. Since 1977, enrollment in federally funded special education programs has increased at a rate greater than total public school enrollment. For instance, between 1977 and 1996, the number of special education students grew 52% while public school enrollment increased by 1%. Most of the increase is attributed to the rise in specific learning disabilities. Although girls and boys are equally represented in the overall school-age population, boys make up two-thirds of the students in special education (Jans & Stoddard 1999). This discrepancy has been attributed to various factors. One is the belief that boys are more likely in the overall population to be identified for special education because of possible school biases or physiological and maturational differences that make boys more likely to be identified for special education. Another is the belief that boys are identified for special education because the categories of emotional disturbance and learning disabilities have more broadly defined eligibility criteria and boys are more likely to make up these categories.

Boys have higher rates of mental disorders and speech impairments, and slightly higher rates of respiratory diseases and mental retardation. In contrast, girls show higher rates of nervous system diseases, hearing impairments, and orthopedic impairments. The numbers of girls in special education are highest in the deaf-blindness category. They tend to score lower on IQ tests and have been reported to have disabilities at earlier ages, suggesting more severe disabilities. However, once girls are identified and are in special education, they perform as well or better academically as their male peers. Overall, they receive better grades, are more likely to graduate from high school, and are less likely to be suspended or expelled. Achievement tests also show very little difference between females and males except in writing, where girls consistently show better scores on writing tasks than boys. There are few significant differences in secondary course-taking for females with disabilities, although higher rates of home economics and life skills instruction classes for females and a higher rate of vocational education classes for boys has been noted (US Department of Education, OSERS, 1998). Unfortunately, however, girls are less likely to be employed, earn lower wages, and are less likely to enroll in post-secondary training or education (US Department of Education, OSERS, 1998).

EDUCATION (CONTINUED)

In high school, students with disabilities are more likely to take remedial courses, less likely to take advanced placement scores, and generally have lower GPAs and SAT scores. Who gains access to post-secondary education? As of 1994, about 2 years after most finished high school, approximately 63% of students with disabilities had enrolled in some form of post-secondary education. The majority of those students had learning disabilities or orthopedic impairments with lesser amounts among those who had visual, hearing, or speech impairments. Despite the fact that most are minimally qualified for admission to a 4-year institution, nearly one half enrolled in public 2 year institutions (OSERS 1999).



Students with disabilities make up 6% of the overall undergraduate population. They are more than likely to be men, older, and white. Compared with those who report no disabilities, students with disabilities are as likely to be enrolled in private 4-year institutions, less likely to enroll in public 4-year institutions, and more than likely to enroll in community college. Once students with disabilities are enrolled, they are less likely to stay enrolled or earn a degree within 5 years. As of 1994, 53 percent of students attained a degree or were still enrolled. Most of that number attained a vocational certificate or a bachelor's degree. The outcomes, however, may not be directly comparable to students without disabilities. Those students with disabilities are more likely to have had to delay enrollment after finishing high school, completed high school through earning a GED or alternative high school diploma, and are more likely to have dependents other than a spouse. All of these are associated with lower persistence and degree attainment rates. Despite the impediments, however, more than half of students with disabilities persist in post-secondary education. Those who earn a bachelor's degree have similar labor market outcomes and graduate school enrollment rates as students without disabilities (OSERS 1999).

In Virginia, 78% of students in special education received a standard or advanced diploma.

However, the dropout rates are a concern:

By disability category---

Ed-50%

OHI-37%

Speech and Language-30%

LD-29%

Multiple disabilities-35%

Mental retardation-28%

According to the biennial statistical profile of college freshman with disabilities, slightly less than 3 percent of freshman reported a disability in 1978. In 1998, however, 9 percent of freshman reported a disability. This means that one out of every 11 freshman enrolled full time reports at least one disability. Learning disability has been the fastest growing category of disability. Two out of five (41%) had learning disabilities in 1998 as compared to the 1988 figure of 15%. Ten years ago, the most common disability reported was "partially sighted or blind" but that number has been reduced to fourth in importance today.

EDUCATION (CONTINUED)

Overall, freshman with disabilities are more likely to enroll in community colleges (46%) than their peers who did not report disabilities. A smaller share (17%) attend universities and approximately 37% choose four year colleges. Up until 1998, the proportion of students who enrolled in community colleges had declined steadily while the percentage choosing colleges and universities was increasing steadily. However, recent figures show that there is a shift among all college freshmen, including those with disabilities, to choose community colleges instead of universities or four year colleges.

In considering important factors that influenced their decisions to attend college, the responses for freshmen with and without disabilities are very similar but three other reasons seemed more important to freshmen with disabilities. They include: to prove to others that they could succeed, to improve reading/study skills, and the encouragement of a role model or mentor. When asked why they chose particular colleges, both groups of students had similar responses but two reasons are more important for students with disabilities: special programs offered and advice from guidance counselors or teachers.

There are striking differences pertaining to gender and age. Students with disabilities are more likely than not to be male and the number of older freshman with disabilities (age 20 and above) has increased to 10% of the population. Women with disabilities express more similarities with nondisabled women than with men who report disabilities. They are more likely to have the following characteristics in common:

- To come from a lower income family.
- To have a single parent.
- To have earned better high school grades
- To have taken more years of foreign languages, arts and/or music, and biological science, but fewer years of physical science and computer science in high school
- To have more interest in majoring in education, professional fields, and the social sciences and less interest in engineering and technical fields
- To choose a college closer to home.
- To have major concerns about financing their college education.
- To receive federal financial assistance.

Important differences were also found between women and men with disabilities. Women are more influenced by the amenities of higher education such as availability of special programs and have higher expectations for themselves in terms of getting their degree and volunteering for community service. They also report higher levels of depression and a feeling of being overwhelmed but have higher levels of confidence (ACE 1999).

COMMUNITY LIVING



No one does anything alone—we all need guidance or support in one way or another to accomplish tasks or reach goals whether they be personal or communal. To explore these issues more fully, this section considers some of the activities and concerns of community life that affect our sense of independence and our role in the community.

For women with disabilities, these are especially important and distinctive. Some of the issues considered here include sexuality and motherhood, health, community participation and social integration, exercise and sports, and religion.

HEALTH

There are over 26 million women living with disabilities in the United States. Some of the most frequently reported disabling conditions among women include arthritis, back or spinal problems, heart disease, respiratory problems, and high blood pressure (Thierry 1998). Overall, there has been very little research about the causes, risks, and consequences of disability among women.

In a study conducted by the Center for Research on Women with Disabilities, 31% reported that they had been refused healthcare because of their disabilities (Nosek, Rintala & Young, et al 1997.

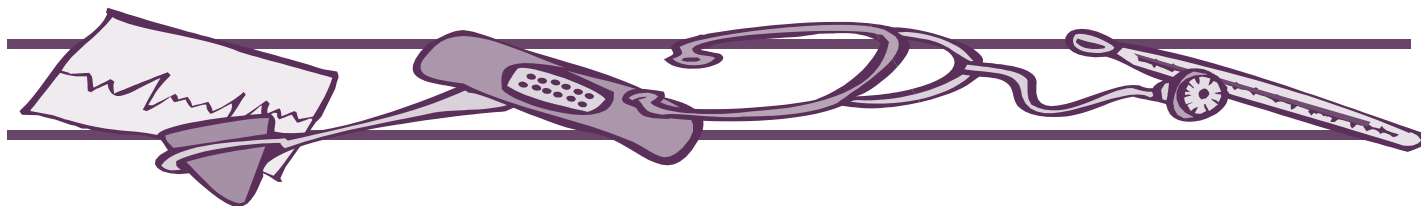
Women with disabilities may be at greater risk for health problems than men with disabilities or women without disabilities. They face the same health problems as women who are not disabled, and they have an extra responsibility of dealing with health concerns related to their disability. Promoting health and wellness requires multidisciplinary collaboration among federal agencies, state and local health departments, universities, and consumers (Thierry 1998). Women with disabilities are the most knowledgeable source of information about their own healthcare needs and they need to participate in all phases of research including setting research priorities, designing the questions, conducting the research, participating as subjects, and disseminating the results.

Women with disabilities face substantial barriers that limit their access to healthcare services. These include physical, attitudinal, and policy barriers; lack of information about how disability affects health; limited finances; and insufficient personal assistance. However, many of these barriers are beginning to be addressed through laws such as the ADA and the response on behalf of many women's groups interested in doing the research and providing support and information. One of the most comprehensive efforts by the federal



government to address health concerns in terms of information is the first ever federal resource center for women with disabilities as part of an expanding National Women's Health Information Center. This information center offers links to thousands of federal and private sector publications and organizations on women's health through both a web site and a toll-free information number. The resource center for women with disabilities offers summaries health issues for a variety of disabilities including physical, neurological, hearing, speech and visual

HEALTH (CONTINUED)



visual impairments. The web site section also provides information on mental, learning, and developmental disabilities. There is information on federal and state laws and regulations that protect disabled citizens, news about medical research, statistical information on disabled women for researchers and journalists, and information for health care professionals on what they can do to improve health care access for women with physical limitations. In addition, on the web site, there are links to sites sponsored by private sector advocacy groups, and special information on the unique problems and concerns of minority women with disabilities.

The relationship with health care providers is one of the most important. It can either facilitate the participation in society of women with disabling conditions or pose formidable obstacles. Health care providers must have the knowledge and sensitivity to disability issues as issues of health and wellness are some of the most crucial to women with disabilities, especially in terms of preventing secondary conditions. A secondary condition is any physical or mental health condition that occurs more frequently among people having a primary disabling condition. Among women with disabilities, some of the most frequently reported secondary conditions include pain, osteoporosis, chronic bladder infections, fatigue, depression, and trouble with weight management (Nosek, Rintala, Young et al 1997). Unfortunately, information on the incidence and prevalence of secondary conditions has been limited and regular monitoring of their health is critical .

Further, anecdotal evidence suggests that a disproportionately high percentage of women with disabilities have never had counseling or received information on sexually transmitted diseases or human immunodeficiency syndrome. Questions about contraception, obstetric issues, and menopause are only beginning to be addressed. Disabilities do not negate the need for information on a variety of other health issues from gynecological and breast health to issues of adolescence, fertility and birth control.

In addition to increased availability of information and the relationship to the healthcare provider, it is also important that health clinics and physicians' offices be accessible to women with disabilities. Many providers are still not aware of access requirements under ADA. In addition to removing standard architectural barriers, accessibility to medical equipment is also needed. For example, universally accessible examination tables that can accommodate most physical limitations are now available (one having been designed specifically by a

HEALTH (CONTINUED)



disabled woman doctor herself) but many women have been denied access to important gynecological exams because of the inaccessibility of tables currently used by their doctors. Additionally, information about health and disability should be developed in a variety of formats that are appropriate and displayed in clinic waiting areas or doctors' offices that serve this population.

One particular health concern to women in general is cancer. The United States set year 2000 national health objectives to promote preventative screening for reproductive system cancers, estimated to affect more than a quarter of a million women nationally. These objectives were set to ensure that at least 85% of women 18 years and older received a Pap test for cervical cancer within the past 3 years and that at least 80% of women 40 and over will have received a mammogram in their lifetime. Women with functional limitations are less likely than women with no functional limitations to have had a Pap test in the past 3 years. Women 65 years and older with functional limitations are less likely to have had a mammogram than those in the same age group with no functional limitations. For younger women, the numbers are much closer in those who have received preventative screening for cervical and breast cancer (CDC-MMWR 1998).

The concern is that as women age, the numbers grow further apart. Here it is not only important that health professionals encourage women with disabilities to conduct their own self-exams and monitor their own health status, but also that providers not entirely focus on the primary source of women's disabilities. As opposed to the Healthy People 2000 objectives, of which there were no prevention strategies specifically targeted to people with disabilities, the 2010 objectives will include a chapter for people with disabilities and secondary conditions. Some of the proposed objectives include ensuring that every state has health promotion programs for people with disabilities and increasing the quality of life for people with disabilities in a quantifiable way.

Finally, by the year 2040, women 65 and older are projected to number over 40 million, nearly nine times the number of women who were 65 and older in 1940 (Jans & Stoddard 1999). One in five of these elderly women will be 85 years of age or older, the group most likely to be disabled by chronic health conditions. Disability in old age is associated with poor quality of life, dependence on formal and informal care providers, and often substantial medical and long-term care costs. In addition, disabled persons are at increased risk of other adverse health outcomes, including further declines in function, acute illnesses and injuries, recurrent hospitalization, and mortality (Guralnik et al 1995). Successful prevention or delay of disability could make a substantial difference in health status and well-being, as well as in the care needs and care costs of the older population. Attention to the issues of women with disabilities will serve all women alike as women live longer than men and experience more disability in each age group.

SEXUALITY



Sexuality is rarely discussed at the present as an essential element of being human, especially for people with disabilities. It is something that probably makes us slightly uncomfortable to talk about because it seems like a private matter or a very personal matter. But sexuality need not be such an elusive topic. For women with disabilities, it is important topic because it has received so little attention and is something they care about. Sexuality begins with us and our relationship with ourselves and extends to our relationships with others. Our relationship with ourselves includes how we feel about ourselves as a person, as sexual beings, as men and women, and how we feel about our body and how we feel about sexual activities and behaviors. Our relationships with others may include friendship, emotional intimacy, love, and/or sexual activities. We are all sexual people regardless of disability or illness and have a right to live a fully sexual and satisfying life.

For many women with disabilities, a prevailing stereotype has been the treatment of them as asexual or as if the disability is their primary identity to others; yet, their sexual interests and desires are no different from those of women in general. Social attitudes can constitute a significant barrier to realizing sexual potential. With little attention in this area, women with disabilities have not received and are not seen as needing important information. This include what is physically possible in terms of having a fulfilling sexual life and also important emotional considerations. Additionally, it includes health consideration information about birth control, sexually transmitted diseases, and AIDS.

“They may actually deprive themselves of sexualized thoughts or actions believing these are inappropriate for a disabled person. In its place are feelings of ugliness, self-contempt and fear that are as great an internal barrier to satisfying sexuality as are the real external barriers to the achievement of these satisfactions such as social isolation, lack of recreational opportunities and architectural and attitudinal barriers” (Kroll & Klein 1992)

In a national study of women with disabilities, women with disabilities who had a more positive sexual self-image and who perceived themselves to be more approachable by potential romantic partners also had higher levels of sexual activity. It is notable that the severity of the disability was not significantly related to the level of sexual activity. However, in some cases there were difficulties with sexual functioning because of physical aspects associated with certain types of disabilities. Most of the differences between women without disabilities and women with disabilities is the difficulty finding a partner. In terms of information, in the national study, like women in general, most learned very little information on sexuality from their families or schools. Some did receive information, but thought that because they had a disability, it didn't apply to them. When given a list of professionals who give information and/or advice about sexuality, both groups of women with disabilities and those without indicated with the same order of frequency those who had helped them. Gynecologists were selected the most often, then family physicians, and psychologists. For women with disabilities, the fourth most frequently checked category was rehabilitation counselors (Nosek, Howland, Rintal, et al 1997).

MOTHERHOOD

Did you know that in the United States alone, more than 8 million families include at least one parent that has a disability? In a preliminary report of the first national survey of parents with disabilities, it was found that among the greatest challenges identified by parents were keeping up with the appointments and errands for their children as well as making recreational opportunities available to their children outside of the home and finding accessible parking near child care or school activities. Almost one third identified that they had been discriminated against as a parent with a disability. In addition, overwhelmingly, parents reported that the greatest blessing is that their children have learned to be compassionate, accepting, and open to diversity (BPA 2000).



As parenting in general is receiving more attention as an overlooked topic among people with disabilities, so goes motherhood and pregnancy for women with disabilities. Today, there are guides available to women with disabilities just as there are for non-disabled women. Most of the literature still consists of individual accounts but great strides are being made. Most women with disabilities have the same capacity to conceive children as non-disabled women. Despite the interest and the ability of many to give birth and

***“It is important to seek knowledgeable counseling about birth control.. especially as many physicians are not aware that certain methods are incompatible and actually dangerous to women with disabilities”
(Kroll & Klein 1992)***

raise children, health care professionals often recommend that they abstain from sex and not bear children. While faced with the same issues common to any woman intent on becoming a mother, women with disabilities do have special needs and concerns. In a study of pregnant women with spinal cord injury (as part of the National Study on Women with Physical Disabilities), it was found that there were no significant differences between women with disabilities and those without disabilities who were studied in terms of the rate of miscarriage, abortions, or stillbirths. However, there were higher rates of complications suffered during the pregnancy (Nosek et al 1997). Many women with disabilities have decided to have children knowing that they will have to be monitored more closely than other women and that adaptations

will have to be made to care for babies, especially for mothers with mobility impairments. As with other women, it is a choice to make based on a number of careful and practical questions that takes into account not only the health and welfare of children but the physical health of the mother.

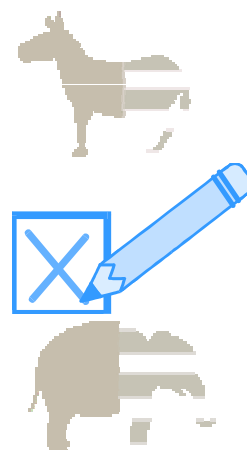
COMMUNITY PARTICIPATION SOCIAL INTEGRATION



Although many believe that the American with Disabilities Act focuses exclusively on employment or accessibility and accommodation guidelines and requirements, one of the goals of this act was to allow people with disabilities to become more integrated into the life of the community. That involves more than finding employment, establishing relationships in the healthcare system, formulating programs accommodating to other needs, or compelling physical sites to be accessible. That purpose also involves encouraging the active participation and partnership of people with disabilities in all facets of the spirit and energy of the community including advocacy, volunteerism, political participation, and opportunities for leadership. This section addresses these issues.

COMMUNITY ACTIONS

From newsletters to web sites to government testimony, there is a great deal of information about advocacy on the part of people with disabilities. There are training programs and projects that seek to incorporate people with disabilities more fully into the community through the understanding of their rights and advocacy for their issues. However, there is very little information or research on how people with disabilities advocate, volunteer and participate politically on global issues or those exclusively related to disability. Embracing the concept of full participation and integration involves sharing the information more fully on how people with disabilities already do many of the aforementioned activities and encouraging them to participate as full partners in community affairs.



Political participation is a critical foundation. The passage of ADA would not have been possible without the influence and commitment of the beneficiaries. In the United States, there are over 35 million voting age persons with disabilities but 14 million voting age people with disabilities are not registered to vote. In the last presidential election, 30% of people with disabilities of voting age voted compared to 50% of the voting age population at large; 11.6 million Americans with disabilities did vote and 23.5 million Americans with disabilities of voting age did not vote. In Virginia alone, the estimate of increased turnout among people with disabilities if they voted at the same rate as people without disabilities is at 88,600. Further, in Virginia, the estimate of the number of unregistered voting aged people with disabilities is at 35,400 (Kruse & Schur, 1998). To have issues discussed that are important to people with disabilities and especially for women with disabilities, it is important to vote in both primaries and general elections. Disability service providers are required by law to provide voter registration to their clients. Although 75% of people with disabilities reported in the 1998 NOD Survey on People with Disabilities that they have never been asked to register to vote there, it is still important that the voice of women with disabilities be heard.

COMMUNITY ACTIONS (CONTINUED)

Volunteering can play multiple roles for an individual. Opportunities to learn new skills can aid in finding employment, opportunities to interact with other people can develop interpersonal skills, and opportunities to impart wisdom and experience adds to development of self-confidence and feelings of self-worth. For women and people in general with disabilities, there are numerous opportunities including both direct and indirect service that directly impact their role and life in the community. Direct service involves working with people and indirect service involves behind the scenes work that helps an organization run (Latka-Davis 1992).

Today, there are even special programs for people with disabilities to volunteer through the Internet. One particular program of interest is mentoring to others with disabilities. A study conducted on this subject found that youth, parents, and mentors expressed high levels of enthusiasm about their mentoring experiences. Parents reported that in conjunction with mentoring, their children began talking more about their ability to live and work independently when they were older, getting involved in community groups, and self-advocating at school and in the community (Powers et al 1995). As volunteers, women with disabilities have much to offer and gain from the experience, especially serving as mentors to young women with disabilities.

LEADERSHIP

As with volunteerism, women with disabilities have unique opportunities to pursue leadership positions that further enhance their skills and confidence. These positions can include serving on advisory boards that are tackling particular areas of interest or serving as leaders in their career field in everything from the arts to business to technology. Further, women can serve as leaders when they create something of their own and must shepherd it through the process of finding its wider impact. Finally, women can make an impact within the disability community itself. There are too few individuals who have taken on the mantle of leadership and it is critical that an increasing number take on leadership roles. Their voices need to be heard and their experiences need to be shared as potential positive impacts on not only advocacy efforts, but also on research and programmatic efforts that serve their population. There are countless examples of women with disabilities who have taken leadership roles on. They include:

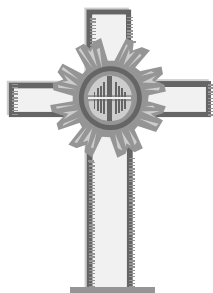


- Judith Heumann-Assistant Secretary for Special Education and Rehabilitative Services since 1993; helped draft the ADA, helped in developing IDEA, helped design federal and state legislation that led to the creation of more than 200 independent living centers nationwide
- Heidi Van Arnhem-Creator of website, ICANOnline; recently named one of the top 25 Women on the Web
- Cheryl Marie Wade-Award winning writer and performance artist as well as an activist

LEADERSHIP (CONTINUED)

Presently, disability rights organizations are implementing a project called Ideas 2000 to concentrate on four areas that include leadership training programs for women with disabilities. One of the first symposiums was organized in 1995 in Beijing, China. A database of international information was created and an International Leadership Institute for women with disabilities was formed. A small study conducted on some of the women attending the symposium from countries around the world found that many of the women had to create their own leadership opportunities and that they believed leadership training for women with disabilities must include information on starting organizations from the ground up. Barriers included negative social attitudes and a lack of role models but many of the women expressed the belief that mentoring networks and their own self-confidence were great strengths in obtaining leadership positions. As one participant stated, one of the first steps in becoming a leader is “becoming an activist and supporting the need to collect and disseminate information and stories about disabled women’s social, political and economic conditions” (Hershey & Stephens 1995). This data is useful for educating the general public and influencing policy-makers as well as moving members of the disability community to take action and commit themselves to changing the status quo.

RELIGION

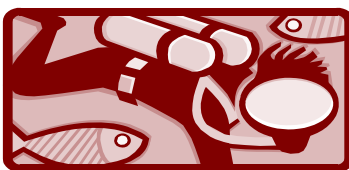


Religion tends to be a complicated topic. People tend to seek help when they are in trouble or in crisis especially if they have been brought up with some kind of faith tradition. For people with disabilities, data has shown that they are more likely to seek help from religion, especially if the disability is of a more severe nature. It is not necessarily a distinction that separates people with disabilities and people without disabilities because studies have shown that all people tend to seek religion and faith when they experience a crisis in their lives or problems of a more severe nature. One of the ways, however, that has often been cited is how faith and religious beliefs allows them to rise above their problems by putting them in a context in which the physical body does not matter that much.

For women with disabilities, studies have shown that religious participation brings with it more optimism; higher levels of religious participation have been linked to lower levels of depression and social isolation (Idler & Kasl 1997). Women have participated in community programs that encourage local congregations to not only include people with disabilities but ask them to give something back as well through their own gifts, talents and abilities. Further, groups have been established on the Internet to encourage web relationships and further extend their influence to local congregations.

The National Organization on Disability has a 2000 campaign to urge local congregations, national denominational groups and seminaries to remove architectural, communication and attitudinal barriers to people with disabilities

SPORTS/ATHLETICS/EXERCISE



It is a little known fact that the history of girls and women with disabilities in competitive sport dates back to the early 1900's and has continued to evolve throughout the 20th century. This history has been difficult to trace separately from the general history of disability sport which has been "nonspecific in terms of gender, race, ethnicity, or type of impairment " (DePauw 1994). Some of the milestones include:

- 1924 First International Silent Games with women among the competitors
- 1957 First US National Wheelchair Games included women
- 1968 International Special Olympics founded with girls & women among its competitors
- 1974 6 teams participated in the first US National Women's Wheelchair Basketball Tournament
- 1982 Karen Farmer (single leg amputee) became one of the 1st amputees to earn an athletic scholarship and to compete on the track team for Eastern Washington University
- 1991 Jean Driscoll (USA) became the first athlete with a disability to win the Sudafed Female Athlete of the Year

In the broadest sense, female athletes with disabilities including the hearing impaired are found not only in the history of disability sport but in the history of able-bodied sport. The experiences of these women have included major international sport events such as the Olympic Games and the Boston Marathon as well as international sports competitions for athletes with disabilities including the Paralympic Games, World Games for the Deaf, and Special Olympics. It is estimated that 175,000 people with disabilities regularly participate and compete each year in organized sports alone. Unfortunately, disabled women in sport is scarce. Although there are many specialty publications for the disabled in sport, few national news shows and publications feature women athletes who have overcome disability barriers and portray these women as role models.

A study was recently conducted on the interaction of gender, disability, and sport. It found that women generally participated in activities associated more with fitness than with sport. The three most commonly mentioned activities included lifting weights, swimming, and working on fitness machines. Other activities identified as popular included walking, wheelchair sports, aerobics, bowling, canoeing and fishing. On average, women participated in these activities approximately twice a week. When asked why they participated in sport and physical fitness activities, body functionality was the dominant theme but they also frequently mentioned the opportunities to socialize and the benefits of psychological factors such as the release of stress (Blinde & McCallister 1999).

SPORTS/ATHLETICS/EXERCISE (CONTINUED)



The researchers also found that the unifying theme among their responses was the intrinsic nature of their participation. Instead of focusing on extrinsic factors such as status, awards, recognition or winning, these women stated that their initial motives were for maintaining body functionality and that they had a more enlightened experience impacting several aspects of their lives. Common areas included an enhanced view of their capabilities, seeing the body as a source of strength, viewing sport and physical fitness activity as a motivational outlet, and experiencing a greater sense of control in their lives (Blinde & McCallister 1999).

In addition to competitive sports teams and high profile athletics, there are a wide variety of recreational opportunities and programs that provide exercise in addition to opportunities for social interaction. The Surgeon General's report on physical activity and health of 1996 stated that regular physical activity can help people with disabilities, including those with chronic disabling conditions, improve stamina and muscle strength and improve psychological well-being and quality of life by increasing the ability to perform the activities of daily life (Henderson 1999). Further, a study that focused exclusively on women with disabilities found that a significant number were not aware of physical activities available to them. The greatest proportion were participating at a non-competitive level in non-organized settings although they preferred to participate in an organized setting (Henderson 1999). Additionally, from a review of the literature, the common theory on recreation for people with disabilities is that if involvement is difficult to attain, an individual often has less choice and is therefore less likely to pursue physical activities as leisure. Disability in and of itself does not necessarily cause a lack of involvement in physical recreation but rather the issue is one of the environment being able or unable to accommodate the physical recreation needs. Across this country, community service providers have made efforts to increase the availability of programs that can accommodate differing needs. These are available to women with disabilities as well as all people with disabilities. The following is a list of sports and exercise activities that are available for people with disabilities. Some are available in the state of Virginia and are so noted. They include:

- Adaptive Dance-Available in Northern VA
- Adaptive Skiing-Wintergreen
- Paralympic Games-Training activities across the state
- Special Olympics-Year round training and competition in 22 Olympic-type sports including aquatics, basketball, bowling, soccer, ice skating and tennis-Various places in VA
- Therapeutic Riding-Blacksburg, Fairfax, Leesburg & Manassas, VA
- Therapeutic Golf
- Wheelchair Sports-National Women's Team and local teams in VA



ABUSE / VIOLENCE

According to a nationwide survey of women with disabilities, abuse is a serious problem (Nosek et al 1997). Literature in the disability arena has tended to focus on the abuse of developmentally disabled children but rarely on women with disabilities. Across types of disabilities, they appear to be at risk for emotional, physical, and sexual abuse to the same extent as women without disabilities. Husbands or live-in companions are the most frequently reported perpetrators of abuse but health care professionals have also been cited. It is important to note that in comparison to women without disabilities, women with disabilities have reported significantly longer duration of abuse and higher levels of low self-esteem. Higher numbers in these categories has been attributed to a lack of escape options with many women economically dependent on someone else, needing assistance for personal care, and social isolation.

From research conducted in the last five years by CROWD (Center for Research on Women with Disabilities), domestic abuse intervention programs were poorly prepared for women with disabilities. For example, many shelters are physically inaccessible and it is difficult to obtain personal assistance in a shelter. Shelter staff were inadequately trained to understand the needs of women with disabilities. CROWD realized that independent living centers would be an important contact for women and gathered information on their collaboration with abuse intervention programs. They found that many offered help for women in shelters and helped shelters improve their physical accessibility as well as providing outreach information. Most agreed that much more needs to be done in this area.

Most data appear to also indicate that women with disabilities are at a higher risk for sexual violence than are people without disabilities. Among people with disabilities across all age ranges, 72 to 82% have been sexually victimized. Sexual violence has been investigated more widely among people with disabilities related to cognitive impairments as the rates for sexual violence among this group ranges from 25% to 67%. Most perpetrators are male and are known to the victim. The most common place for where this occurs is the victim's home and data suggests that most cases involve multiple episodes of sexual contact (Nosek, Howland & Young 1997).

“Women with disabilities are subject to types of abuse that are not issues for non-disabled women including denial of medication, withholding of attendant services, or denying access to assistive devices” (Berkeley Planning Associates 1999)

There is a great deal of work to be done in this area including studying more fully at-risk populations, especially the institutionalized and the elderly. Self-protection training is needed and services for victims of sexual violence must be available and accessible to people with disabilities. A recent study in Virginia found that women with disabilities “experience specific forms of abuse that are distinct and unique, requiring special services and training for providers and further research to recognize and meet these needs” (Cramer, Depoy & Gilson 2000).

EMPLOYMENT



One of the most interesting topics to find success stories for women with disabilities on is employment-with recent changes that will allow for work without effects to benefits, it is a very exciting time to look at the opportunities of working for not only monetary purposes but the sense of confidence and fulfillment that those experiences can provide. This section will examine the status of women with disabilities. For women with disabilities, conference features on women who have already torn down those barriers are the most popular. Some of those successes include a visually impaired woman who has become one of the leading stockbrokers, a wheelchair user who runs her own daycare center, and others who have developed a dairy farm, a property management firm, technical services and gourmet food lines.

ECONOMIC STATUS

Past studies have found that women with disabilities tend to be given guidance or instruction in the school setting that tracks them into jobs consistent with traditional sex-role stereotypes. Such jobs tend to be service-oriented, lower paying, lower skilled and generally less interesting (Jans & Stoddard 1999). However, other studies have found that women themselves tend not to consider security and advancement considerations when looking at employment and have less self-confidence.

Recent studies show that young women with disabilities just out of school for less than 2 years are more commonly employed in service or clerical jobs. Overall, in the first year after school, males are more likely to be employed than females, to be employed full time, and to remain in employment for at least the next 2 to 3 years.



It has also been found that women with disabilities are typically in unskilled jobs. Some explanation

Values of work:

- ***Road out of poverty and into self-fulfillment***
- ***Importance of identifying goals and taking risks***
- ***Finding strong women mentors***
- ***Learning how to articulate needs such as workplace adaptation and personal assistance***

for the numbers includes recent findings of what happens to young women with disabilities within 3 to 5 years after leaving high school. Almost one third of women are likely to be married compared with fifteen percent of young men. Forty one percent of women with disabilities have been found to have had children of their own within that time period compared with twenty eight percent of the general population of women (US Department of Education, OSERS, 1998).

Finally, women are less involved with vocational rehabilitation services than men and more likely to have their cases closed while not earning wages. However, there have been training programs initiated that are women-specific and have made progress towards rehabilitating women into jobs that are not only part-time or stereotypically female professions.

EMPLOYMENT (CONTINUED)

Whether or not they have a disability, women are less likely than men to have a job or a business. Among people 21 to 64 years old, severity of disability has the largest impact on employment. Only 24.7% of women with a severe disability and 27.8% of men with a severe disability have a job or a business. However, disabilities that are not as severe also have an impact on women. 68.4% of women and 85.1% of men are working at a job or business among those with non-severe disabilities (Jans & Stoddard 1999).



Approximately 2 million women with disabilities are employed in the service sector, representing about 20% of all women working in that category. As the service sector has grown over the last few decades, the employment of women with disabilities has increased. In the category of managerial and professional occupations, women with disabilities comprise about 11% overall. However, they are represented in higher numbers of traditionally female-dominated professions including nurses, teachers, and librarians. Significantly, women outnumber men in both categories for middle management positions. Median earnings are another

The Institute for Community Inclusion has been awarded a grant to study the experiences of Working Women with Disabilities and document strategies used to improve programs to assist them.

story. Among people with a non-severe disability, men earn 55% more than women. In real dollar terms, women earn approximately \$1200 in median monthly earnings in comparison to men who earn \$1857 in median monthly earnings. Women with a severe disability have the lowest earnings of any group overall. In real dollar terms, the median monthly earnings for women with severe disabilities amounts to \$1000 compared to \$1262 for men with severe disabilities (Jans & Stoddard 1999).

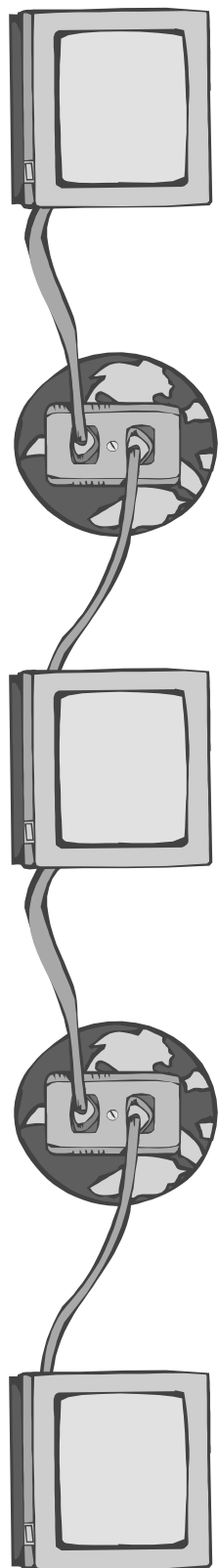
Women with a work disability, aged 16 to 64 years, have higher poverty rates (33.8%) than men with a work disability (24.2%). Women with severe work disability, a condition that prevents them from working, have the highest poverty rates of all. About 40.5% of women with a severe work disability live in poverty compared to 31.2% of men with a severe work disability. In terms of vocational rehabilitation services, which is a program providing services for people with disabilities to assist in obtaining employment, people with severe disabilities represent more than three-quarters of the group. In 1996, women represented only 43.9% of all of the cases closed. Of those who cases were closed with an employment outcome, 45% were women (Jans & Stoddard 1999).

To help combat some of the barriers to employment, there have been various forums around the country to address their needs. Some of the activities and strategies have included career planning, job-seeking, using the Plan for Achieving Self Support (PASS) program to transition from benefits to work, introduction to small business planning, knowing rights in the employment process, peer support approaches to employment, information resources and services available from government agencies, demonstrations on assistive technology and consultations with Internet experts, employment specialists and mentors with disabilities.



WEB PAGE

Further Resources:



- Center for Research on Women with Disabilities (CROWD):
<http://www.bem.tmc.edu/crowd/index.html>
- Disabled Personal Ads: <http://www.ozemail.com.au/~pacetrav/>
- Disabled Sports USA: <http://www.dsusa.org>
- Disabled Teen Zine (New-Positions Open for Teens including Young Women's Interests): <http://www.disabilitycentral.com>
- Disabled Women on the Web:
<http://www.geocities.com/~technocrone/dwow.html>
- Disabled Women's Alliance: <http://www.igc.org/beijing/ngo/widnet.html>
- Do It Program: <http://www.washington.edu/doi/>
- Federal Resource Center for Women with Disabilities:
<http://www.4woman.gov>
- Half the Planet: <http://www.halftheplanet.com>
- I Can Online: <http://www.icanonline.net>
- JobAccess: <http://www.jobaccess.org>
- MentorNet: <http://www.usm.maine.edu/~coe/mentornet/>
- National Center on Physical Activity & Disability:
<http://www.uic.edu/orgs/ncpad/>
- National Organization on Disability: <http://www.nod.org>
- National Sports Center for the Disabled: <http://www.nscd.org>
- Paraquad-Independence for People with Disabilities:
<http://www.paraquad.com>
- President's Committee on Employment of People with Disabilities <http://www.pcepd.gov>
- Virginia's Disability Network: <http://www.handinet.org>
- Virtual Volunteering: <http://www.serviceleader.org/vv/atech/>
- VSA Arts: <http://www.vsarts.org>
- WILD-Women's International Linkage on Disability:
<http://www.mlsonline.com/~wil/history.html>
- Window on Wellness: <http://www.windowonwellness.m>

UNIQUE PROGRAMS/PROJECTS



Start on Success Student Internship Program (Alabama, Pennsylvania, New York, Maryland, Connecticut, Ohio):

To increase the career potential of young people with disabilities, the National Organization on Disability started this program to provide part-time paid internships to high school students with disabilities. The interns acquire skills that they need in the work place. Work sites have included law and engineering offices, bookstores, hotels, hospitals, and retail centers. Interns are paired with job coaches with whom they meet regularly. NOD selects communities that have experienced and committed high school faculty as well as supportive community employers and the prospect of locally generated funding for the program.

MentorNet (Maine):

Linking young women with disabilities from Maine’s high schools with high school counselors, other women with disabilities, and women pursuing non-traditional careers. The goals of the program are to increase peer, mentor, and school support and self-efficacy and empowerment for young women with disabilities pursuing careers in non-traditional fields including mathematics, science and technology.

International Leadership Forum for Women with Disabilities (Global):

Sponsorship of conferences where women meet to discuss their lives, their concerns, and their cultures as well as finding answers and making connections for the future. Future conferences will focus on credit and micro enterprise for women with disabilities.

Networking Project for Young Adults with Disabilities (New York City):

Development of a network of successful women with disabilities from a wide range of occupational fields to assist young women in becoming independent productive adults. Among the programs are an advocacy training program, a pre-employment training program, and a support group that provides information and networking opportunities to young women making the transition to adulthood.

World Institute on Disability sponsors domestic forums to enable interaction between women with disabilities, women entrepreneurs, business leaders, and employment service providers. Cities are selected according to diversity of population as well as best practices related to women and employment.

New Mexico 4H: Sponsorship of a 36 week program for girls with learning disabilities to learn science methods in a hands-on environment.

Project Gold (Girls Online with Disabilities): Club for girls in grades 4-8 with physical, sensory, or medical disabilities that encourages interest and careers in science, mathematics, or technology.

Project on Women and Disability (Boston): Program set up to facilitate partnerships between women with disabilities and their medical providers.



INTERVIEWS

MS. TRACEE GARNER



Ms. Garner is a twenty three year old college student. She was diagnosed at 2 with Muscular Dystrophy-Spinal Muscular Atrophy. Today, she works as a secretary for her father's ministry and serves as a member and secretary for her local Loudoun County Disability Services Board. She is currently working on two conferences for youth with disabilities, including the Youth Leadership Forum. Additionally, she is currently working with Greg Smith of On A Roll talk radio in forming a nonprofit organization that represents African-Americans with disabilities in all facets of life.

How did you come to be actively involved in issues in the disability community?

I attended a national Youth with Disabilities Leadership conference where, at the end of it, I was very vocal about what needed to be changed, what I got out of it, and how I felt that it could be made better. After further sending a letter suggesting some practical solutions, I was asked to join a committee to help design, implement, and run a follow up to the conference. I've been involved with that for about three years and have loved working on those issues. Although I was hesitant to get involved because I didn't think I could have normalcy without thinking how does disability affect this or that, I feel passionate about it now and feel that I can look at things more objectively and I don't expect everyone to feel that woe is her because I am disabled. I believe in getting things done through being cordial and polite and teaching people through opening their minds to make gains and, if necessary, pointing out the law (ADA) and code and so forth.

Do you advocate on any issues that include or are specific to women with disabilities?

I have not but it is something that I would like to get involved in and know more about. Honestly, I'm particularly interested in hearing what other women with disabilities have to say about sexuality and relationships. This is an issue that needs to be addressed more. There are so many stereotypes and women feel weird about whatever it is they would like to discuss about the issue. I would like to see some kind of a women's summit-wishful thinking on my part. How can we as women find, keep and maintain meaningful and loving relationships with men? I advocate on issues on the whole not specifically geared towards women but if a friend or something else I know specifically about comes my way to do, then I'm on it but nothing as of yet specifically about women has been brought to my attention.

In your estimation, what do you see as concerns for women with disabilities?

Besides the relationship and sexuality issues, I think that employment is number one. Others that are also very important are healthcare: many women are actually not getting the care they need because of the inaccessibility of doctors. How do you give a mammogram to someone who cannot stand? How can we get access to regular gynecological exams? What are the risks of having children, with mothers who have certain disabilities versus other disabilities? Another important topic is isolation/fitting in/breaking social barriers. In many instances do I feel a great sense of not fitting in and some isolation in trying to interact with my peers, specifically those who are non-disabled. I don't think things need to be this way, they just are, because we as persons with disabilities may feel we can't relate and those without disabilities feel they don't relate, that they don't share the same desires, aspirations, wants and needs as us. This is not the case and having a disability doesn't camouflage such issues-to me it makes them greater because of the assumptions made by the general public. Finally, discrimination is a concern. This relates back to employment, healthcare and family

INTERVIEWS (CONTINUED)

MS. TRACEE GARNER (CONTINUED)

issues but not just discrimination in the workplace but attitudinal barriers and assumptions about people with disabilities.

What is your sense of the needs of women with disabilities in Virginia?

- Technology-how many women with disabilities have access to computers and things that can enhance their life and educate them.
- Sports & access to leisure and recreation-Access to those things that allow women to escape and seek fun, pleasure, and not to mention good exercise.
- Transportation-a major problem for me. Without it, you are stuck at your home with access to nothing and I feel that this is the case for many women. Virginia does not have a comprehensive transportation system, except in vastly populated areas yet even those systems have their own share of problems and are not totally sufficient.
- Education-I don't know what the statistics are for those who complete post-secondary education, but overall the number is low. I myself am struggling to get through, often becoming discouraged, and do not have the proper emotional or psychological support I feel that I need that would encourage me to do better not to mention the lack of financing and encouragement to reach the end. I think that service providers don't know what the supports are and thus they don't and really can't help us.
- Minority issues-As an African-American female with a disability; I think it's hard enough with a disability being a white male, twice as hard being disabled and a white female but three times being black, disabled and a woman. When you're rejected or turned down for any one thing, you wonder now which is it? Not that any of them could be changed but it seems harder.
- I'm not sure what other states do-it's something that I'd like to know more about-but across the globe, I think healthcare, employment, transit, and sex/relationships/family for women is still pretty lacking.

MS. BRENDA HUNDLEY-POBOL



Ms. Hundley-Pobol has devoted her life to advocating for the rights of people with disabilities. She works out of her home in Danville completely as a volunteer, which she feels aids in getting "pocketbooks to open" when a disabled person is in need. She works with local foundations and private citizens as well as operating her own website and shares her personal story there-
<http://www.members.spree.com/health/cdadvocate>.

When did you become actively involved with issues in the disability community? I became involved back in the '70's when I returned to college (there was no ADA) and it was a reality for me personally to be able to get to classes. With the help of two friends, I formed a support group for women with disabilities returning to college. I moved back to my home town of Danville in 1987 and realized that Danville was not as aware or sensitive to people with disabilities. After settling down, I got involved in volunteer organizations and formed a support group, leaving flyers and information with physician's offices and churches and contacting the media for a human interest story. After the story ran on a Sunday, we had our first meeting on a Tuesday with 80 people in attendance.

INTERVIEWS

(CONTINUED)

MS. BRENDA HUNDLEY-POBOL (CONTINUED)

Do you advocate on any issues that include or are specific to women with disabilities?

One specific issue that I have been dealing with in this area is the lack of community support services for females. The agencies that provide CNA for profit to people and especially the three women that I have been dealing with is a horrible social injustice.

In your estimation, what do you see as concerns for women with disabilities?

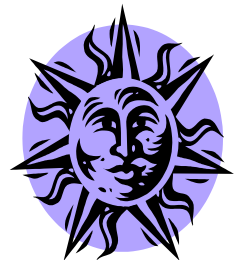
Lack of respect, tunnel vision, insensitivity, and an under-estimation of our abilities. One case that I have recently been dealing with is an older woman who had to have a company come to her home to measure for a wheelchair. When they delivered the new chair, it was not acceptable and unusable. The company absolutely told this 79 year old woman that she had to have that chair and that they would not reorder another one. The service provider actually told her that they could force her into a nursing home. This was resolved by having a provider from outside of this area come in and get what she needed.

What is your sense of the needs of women with disabilities in Virginia?

While there may be some common needs throughout the state, in our area we have some unique needs. This is considered a rural area. Women with disabilities in this area often experience such barriers as transportation, and the general public's lack of awareness of the abilities of people with disabilities.

MS. DANA JOHNSON

Ms. Johnson is an Office Manager and works on financial matters for the Lynchburg Area Center for Independent Living. She was working as a supervisor at a catalog sales business when she became disabled after a car accident in 1996. She now walks with a cane and uses a wheelchair part of the time.



When did you become actively involved with issues in the disability community?

After I became disabled, I received information from DRS and the CIL.

Do you advocate on any issues that include or are specific to women with disabilities?

Most of my advocacy is for the general population of people with disabilities but I do work with abused and battered women.

In your estimation, what do you see as concerns for women with disabilities?

Most of my concerns are the same for women as they are for men. They include transportation, housing and fair job hiring. For women with disabilities that are also abused, there are other concerns since it makes it harder for them to leave and, in some cases, shelters will not take a women with a disability.

What is your sense of the needs of women with disabilities in Virginia?

As previously mentioned, they include transportation, housing, and fair job hiring.

INTERVIEWS (CONTINUED)

MS. ALLYSOUN GALLUP

Ms. Gallup works at the Disability Resource Center in Fredericksburg, Virginia as an Advocate & Information and Referral Specialist. She provides advocacy to individuals and the community on the local, state, and federal levels as well as providing technical assistance, outreach, educational training, and mediation on civil rights issues. She runs a support/educational group for cross-disability members of the CIL as well as providing peer counseling. In addition, she is certified to provide support services to victims of sexual assault and to provide Case Management Life Skills Training for People with Brain Injuries.



When did you become actively involved with issues in the disability community?

I acquired a disability at the age of ten. My experiences throughout that point in my life lead me to pursue an education in the helping field. I happened upon the Center for Independent Living through a friend when she heard of an employment opportunity in the field.

Do you advocate on any issues that include or are specific to women with disabilities?

In my collegiate and professional experience, I have had the opportunity to address the issue of sexual assault and abuse in relationship to women, and in particular to those with disabilities. The reporting on the incidences of sexual assault and abuse tends to be very low due to many factors such as: dependence, low self-esteem, lack of either personal and/or community supports, and misinformation. I have personally participated in educational trainings to law enforcement personnel in my advocacy efforts. As a Volunteer Advocate, I have attended a youth with mental retardation post rape at our local emergency room during the Physical Evidence Recovery Kit (PERK) and gynecological exam. That experience made quite an impression on me and the attending physician as well.

In your estimation, what do you see as concerns for women with disabilities?

I sense that women with disabilities are too often discounted in their potential to contribute to society. I have a woman on my current caseload who represents this statement. The individual had a stroke several years ago. Her doctor basically told her family that she would be a “vegetable”. She survived. She walks and talks and feels and dreams and works hard at getting “better”. She states that her husband and teenage children have treated her differently since the stroke. She states that she is the same person she was and just does things a little differently now. She speaks of the pain of isolation and abandonment by those closest to her and does not understand why they don’t seem to care about her struggle. She is, however, aware that she must seek other supports to get to where she wants to go. And, currently we are working on the expansion of her circle of support so that she may reach the fullest extent of her potential.

What is your sense of the needs of women with disabilities in Virginia?

I feel women with disabilities throughout the state need understanding from service providers concerning the complex issues which affect them in their attempt to attain community integration.

ROLE MODELS

Many women who have shaped our history have been women with disabilities. Without fanfare, their presence is felt as they play significant roles in law, science, arts, and in public administration. The faces of women with disabilities have always been in our history. They include the following:

- *Elizabeth Blackwell*-First woman to complete medical school in 1849; despite the loss of an eye, she went on to open her own clinic, write about important public health issues and fight for equal entrance of young women to medical school.
- *Harriet Tubman*-Despite a condition known today as epilepsy, this woman led countless slaves to northern states and Canada along with serving as a nurse and a scout during the Civil War. After the war, she was active in community affairs and known for her support of poor, disabled, and elderly people.
- *Juliette Gordon Low*-Guided an organization of girls from a first meeting of 8 to an organization known as the Girl Scouts of America with over 140,000 members representing every state despite deafness that made it somewhat difficult in her leadership role.

These women have not been remembered for their disabilities but rather for their contributions. Yet, their disabilities shaped their character and they have become an inspiration to young women, with and without disabilities, today (Fendrick G10).

EDITORIAL



I have had an opportunity to explore this area-women with disabilities-over the course of many months. At times, it has seemed like a hidden community filled with ideas, stories and experiences that are rarely heard. As the title of the new book out recently states, women with disabilities seem to be the missing voices. I do not wish to divide the overall community of people with disabilities. The wider group of people with disabilities are divided naturally among many categories, each having their own experiences. In this same vein, women's issues are important to look at separately because they have different life experiences, needs, and opportunities. Hearing and responding to those missing voices is critical in having an inclusive system that serves the entire community of people with disabilities.

Finding information was difficult and research is sorely lacking in this area. Although there are various projects that address women's issues both in this country and around the world in varying ways, there is very little written about them that is not specific to the disability. Some areas of interest that need to be further explored that make important impacts not only on women include assistive technology, transportation and education. The statistics on employment, especially for women, show very slow progress. Perhaps the recent legislation will make a difference but further attention is needed and there is always more room for success stories and ideas to enhance programmatic efforts. Where I could, I tried to relay information that was pertinent to Virginia, but that was not always possible. In comparison to other states, Virginia, to date, has not committed the resources that address women and girls with disabilities' unique concerns. An assessment would be helpful and programmatic efforts to serve their needs would be beneficial to all people with disabilities.

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