

Violence and Women with Disabilities



by Kate Blisard

One of the best-kept secrets in the disability community is the violent acts, neglect, abuse, and sexual assault experienced by people with disabilities. This especially true for women with disabilities.

In 2004, disability and domestic violence organizations, including the NJ Women with Disabilities Healthcare Task Force, joined forces and held an historic conference to break the silence of this ugly and tragic secret

and take it out of the shadows into the light of day. A courageous panel of women with disabilities spoke of their abuse and how they turned from victims to advocates.

The statistics speak

for themselves. Between 40% to 65% of women with disabilities experience all types of abuse compared to 25% of non-disabled women and up to 85% of us experience physical and

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*for Women
with Disabilities*

I N S I D E

National Leadership Summit ③

A Provider's Guide for Care ⑤

SPECIAL INSERT "Celebrating Women"

emotional abuse by an intimate partner or caregiver.

The few studies that have been conducted reveal that women with disabilities, unlike our non-disabled sisters, are not only exposed to abuse by a husband or boyfriend. We are vulnerable to abuse and neglect by family members, neighbors, personal care assistants, institutional staff persons, healthcare providers and the so-called professionals who get paid to make sure our lives are secure and healthy.

Why do we suffer the violence and keep silent? Many of us may feel we are not worthy of a healthy loving relationship, have children and fear losing custody, and/or the severity of our disability isolates us from the outside world and getting the help to escape the violence.

Women with disabilities are raped and sexually assaulted twice as often as other women. Yet if we do call the police or go to court, our credibility, especially for women with cognitive disabilities, is questioned and we are forced to return to the partner or “caregivers” who are committing the abuse. The lack of accessible shelters and

other safe havens has been a chronic dilemma which is only recently being addressed in our state.

Our abuse is unique to women with disabilities. Our medication and assistive devices, such as wheelchairs, service animals, and electronic language boards, are withheld or destroyed. We are left in soiled beds for days, denied food or water, our finances stolen, our healthcare sabotaged. Verbal and emotional abuse leaves no scars, yet it is the prime form of abuse.

I paint a grim picture but at last there is hope. Organizations like the Center for Disease Control are helping domestic violence providers to make shelters and services disability friendly. Organiza-

tions providing services for women with disabilities are learning how to help women in abuse, and survivors of violence are speaking up and advocating for change.

I share a secret I discovered as a woman with a disability and a rape survivor. Living with a disability requires adaptability, determination, courage and survival skills. Women with disabilities are stronger than society thinks—stronger than we ourselves believe. We are all these things and more.

If you are reading this article and are experiencing abuse, remember this—it is never okay to be emotionally or physically abused; do not be ashamed; and it is not your fault.



Resources

NJ Statewide Domestic Violence Hotline
1.800.572.7233 (*Bilingual, TTY-Accessible*)

NJ Coalition for Battered Women
Battered Lesbian Helpline: 1.800.224.0211
(*Evenings & Weekends*)

References used in this article:

Stop the Violence, Break the Silence-A Training Guide-2003.
C.M.Hughes, MPA, Edited by W.H. Abramson, LMSW, Disability Services ASAP-A Safety Awareness Program of SafePlace, Austin, TX
Impact Feature Issue on Violence and Women with Developmental or Other Disabilities. Vol. 13, No. 3, Fall 2000. The College of Education & Human Development, University of Minnesota, Minneapolis, MN

Embracing a Common Goal

by Maryann B. Hunsberger

When Nicole L. Davis traveled to Washington, DC, she hoped to learn more about the disparity in health care for women of color so she could be a better advocate. Davis learned that and more at the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health Pre-Conference.

Davis, the Urban Outreach Coordinator at the Progressive Center for Independent Living, attended the pre-conference on January 8, 2006.

The purpose of the pre-conference was to address the health care and wellness needs of women of color with disabilities. Davis said the conference addressed three issues regarding health care—access, availability and services.

About three hundred people, mostly women, attended the conference. Davis said she was happy to be one of the women present. “I was glad the conference was addressing health issues related to women of color. It was good to

The National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

strategize to make sure that women with disabilities are getting the care they need. It was good to see that those issues were being addressed and an entire day was given to it, not just an hour.”

Davis experienced working between different states and agencies at the pre-conference. “I got the email address of a woman who was in a workgroup with me. She works for the Christopher Reeve Foundation and she needed information about accessible mammograms for her company. I was able to help her with that and tell her how the women’s group in New Jersey has been looking into finding women’s health care facilities with accessible mammograms. I emailed her more information about it after I got home.”

Margaret Giannini, the Director of the Office on Disability, Department of Health and Human Services, issued a call to action that resulted in this

pre-conference. The purpose was to break down barriers to health care faced by women of color.

Women of color often encounter even more obstacles to health care than other women do. Lack of transportation is one reason. More women of color tend to be low-income, so not as many have cars to get to doctors’ offices. Another issue is lack of understanding of culture. For instance, an Asian American woman might have difficulty finding a doctor who understands her way of life and her accent.

“Doctors need that understanding to properly treat people with different cultures,” said Davis. “One size doesn’t fit all. Suppose a woman of color goes to a doctor who tells her to eat certain vegetables and eat certain meat, but that person doesn’t have the money to eat that way. They hear you, but

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they can't do anything about that."

In addition, women of color have a higher risk of contracting certain illnesses. "They talked about how the Asian community has more women with osteoporosis," said Davis. "Also, with African American women, there is more of a prevalence of high blood pressure."

When the presentations ended, the women broke up into work groups with the purpose of developing a framework for a national health care and wellness policy that promotes the independence and quality of life for women of color with disabilities. "The work groups addressed the barriers preventing women of color with disabilities from receiving quality health care and services. The work group participants had to identify health disparities affecting women of color with disabilities and develop recommendations to correct these challenges and inequities. We also provided the Office on Disability with comprehensive strategies to form into an action plan that will address the health disparity issues unique to women of color with disabilities."

Davis' work group discussed access to health care. "The goal of our work group was to identify and make recommendations for women of color to have access to preventive and maintenance health care and services to promote independence and to promote a quality of life comparable to the general population's access to health care and wellness services. We defined access to be the level of contact a woman of color with disabilities has to preventive and maintenance health care and wellness resources. These resources include general and specialized health care providers, medical facilities and equipment, and culturally competent and sensitive health care providers and entities."

Although Davis learned much at the pre-conference, her personal care attendant learned quite a bit, too. "I had my mother with me as a personal care attendant. Even though I've been working in the disability community for seven and a half years, she never had a chance to see what I was doing.

"At the pre-conference, she got a chance to learn what I do and to meet with different

people in the disability community. Now she wants to be part of the disability field. She even discussed doing personal care attendance for other people. She sat in on the meetings and got more of a feel for what women with disabilities go through.

"Even though she's my mother, she didn't have a full understanding of what I go through. Last summer, I stayed with her and we got a handicapped parking placard. We couldn't find spots because people without disabilities were in that spot. She would go find a cop. She got somewhat of an understanding of what we are fighting for.

"This conference helped even more. We have another advocate because of her being exposed to these things. It helps when you have friends and families who become interested in advocating."

Editor's note: A comprehensive set of recommendations, developed during this pre-conference, will be posted on the federal government's Office of Disability web site by mid-May 2006.

www.hhs.gov/od/

A Provider's Guide for the Care of Women with Physical Disabilities and Chronic Health Conditions

By Suzanne C. Smeltzer, RN, EdD, FAAN
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The 2nd edition of *A Provider's Guide for the Care of Women with Physical Disabilities and Chronic Health Conditions* has recently been published by the North Carolina Office on Disability and Health. Its purpose is to increase the knowledge of health care providers about health care for women with disabilities and chronic health conditions.

Because of advances in health care, most women with disabilities and chronic conditions have normal or near normal life spans. As a result, they are at risk for the same health problems as other women (e.g., heart disease, hypertension, breast cancer and cervical cancer). They are, however, at increased risk for some health conditions because of their disability or chronic condition. Thus, they need holistic health care that focuses on health in general in addition to their disability or chronic condition. Health promotion and health care screening are important to the

well-being of all women. Yet, many women with disabilities or chronic conditions report that they are not offered preventive health care and health screening. Many women have reported that health care providers are unaware of the modifications needed to ensure an effective gynecologic exam or mammogram. Health care facilities are often inaccessible and lack equipment that would enable women to have these and other examinations. Health care providers and health care facilities are

frequently unaware of their legal responsibility to provide accommodations to ensure that women receive indicated health screening and treatment. The *Provider's Guide* was developed because of women's difficulty in finding and accessing health care providers who are sensitive to their health issues and knowledgeable about the modifications needed to provide quality health to women with disabilities and chronic health conditions.

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Smeltzer, S. C. & Sharts-Hopko, N. C. (2005). *A Provider's Guide for the Care of Women with Physical Disabilities and Chronic Health Conditions*. North Carolina Office on Disability and Health. Chapel Hill, NC.

Copies of the guide may be obtained from
North Carolina Office on Disability and Health
FPG Child Development Institute
Campus Box 8185, UNC-CH
Chapel Hill 27599-8185
E-mail: odhpubs@mail.fpg.unc.edu
Fax: 919-966-0862
web site: <http://www.fpg.unc.edu/~ncodh>

Alternate formats (i.e., large print, Braille, audio, diskette) will be made available whenever possible upon request.

The *Provider's Guide* addresses access to health care and strategies to promote health and wellness. Recommendations for screening women with disabilities for breast, gynecologic, colon and skin cancer are discussed. Issues related to women's reproductive function (e.g., sexuality, menstruation, contraception, pregnancy, breast feeding, and menopause) are included along with unique issues related to specific types of disability. Other issues important for women's health and discussed in the

Provider's Guide include osteoporosis, violence and abuse, and mental health issues. Although these issues are not different than those of other women, the special risks for these disorders associated with having a physical disability or a chronic health condition are addressed along with recommendations for screening and treatment.

The publication of the *Provider's Guide* is timely as it follows the dissemination of the *U.S. Surgeon General's Call to Action to Improve the*

Health and Wellness of People with Disabilities. In this *Call to Action*, the Surgeon General has identified education and training of health care providers about these issues as key to the health and wellness of individuals with disabilities. The *Provider's Guide* is one strategy to address this issue.

Health Access is a publication of the New Jersey Women with Disabilities Health Care Task Force.
 Holly Wetscher, Chair
 Paulette Eberle, Co-Chair

for Women with Disabilities

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