

Gender and Disability: A First Look at Rehabilitation Syllabi and a Call to Action  
Allen N. Lewis, Ph.D., Sarah Jane Brubaker, Ph.D., & Amy J. Armstrong, Ph.D.  
Virginia Commonwealth University

**Abstract:** This study provides an overview of recent scholarship in the area of gender and disability, as well as findings from an evaluation of syllabi from five core courses in graduate rehabilitation education programs. Findings from this exploratory study revealed a need for more attention toward integration of the topic of gender and disability into rehabilitation education courses. Study results showed that in only one out of three courses where there would be a reasonable expectation to see such topics was the content actually addressed. Specific recommendations for enhancing attention to gender issues within rehabilitation education courses are offered.

**Key Words:** gender, disability, rehabilitation

\*Editor's Note: This article was anonymously peer reviewed.

### Introduction

The intent of this study is to investigate the pre-service education received by graduate-level rehabilitation counseling students related to gender and disability. The primary research question is, "To what extent are gender and its relationship to disability being addressed in selected rehabilitation counseling courses?" This question fits into a broader context of understanding what rehabilitation education programs are doing to address the topic of gender and disability, and ultimately of more importance, the potential impact of such efforts on vocational rehabilitation services.

The rehabilitation profession is charged with maximizing the strengths and employment potential of individuals with disabilities in order to increase community inclusion. Toward this end, researchers and practitioners investigate and implement best practices. Rehabilitation strives to achieve three primary measures of success for clients served: optimal health, maximum independence, and ultimately, a high quality of life. Actualization of each of these outcomes depends on individual preferences, functioning, and skills, as well as the demographic profile of the service recipient. Increasingly, gender is being viewed as an important demographic factor that influences the disability experience (Nosek & Hughes, 2003).

Theoretical advances in the areas of gender and sexuality have the potential to enhance our understanding of the experience of disability, and ultimately, empower advocates, practitioners, and people with disabilities to work for positive change. As researchers have begun to address the connections between gender and disability, they have realized that rehabilitation counselors must address unique psychosocial issues, as gender and disability combine to shape the interpersonal experiences of both women and men with disabilities.

Research-based knowledge on the impact of gender on the rehabilitation process is needed not only at the client and practitioner levels, but also at the pre-service education phase to target prospective professionals who intend to enter the field. Of paramount importance is

counselor awareness of gender-based disparities among those who experience a disability, as well as increasing knowledge on how best to address those differences in order to optimize services for clients. The goal of developing assessments and interventions designed to consider relevant gender and disability issues is essential to full inclusion of all individuals who receive rehabilitation services and enhancing their life outcomes.

## Literature

Developments in theory and research across various disciplines have expanded our understanding of how gender and disability combine in particular ways to shape the experiences of individuals with disabilities. In this section, we briefly review some of the major issues within this area of scholarship that are relevant to and should be incorporated into rehabilitation counseling education.

### Prevalence

Women with disabilities are one of the largest and most marginalized groups within our society (Nosek & Hughes, 2003; Jans & Stoddard, 1999) based on their status as females as well as being identified as persons with a disability (Menz, Hansen, Smith, Brown, Ford, & McCrowey, 1989; Traustadottir, 1990). They outnumber men with disabilities and constitute 21% of the population of women in the United States (Jans & Stoddard, 1999). The authors recognize that gender affects the experiences of both women and men with disabilities in distinctive ways. However, because women most often face gender-based obstacles and biases, in this review of the literature, there is a focus on their experiences to ground the argument on the need for more attention to gender. Nevertheless, one must be ever mindful that rehabilitation courses should focus on the unique experiences of both women and men with disabilities.

### Gender and Disability Theories

Some of the most promising recent advances in gender and disability theories have resulted from criticisms of and improvements to singular theories that have failed to fully address the combined foci of gender, sexuality, and disability. Scholars now recognize the importance of integrating foci from within feminist and disability theories in order to more fully address these interconnections.

Schriempf (2001) argues that both feminist theory and disability theory have failed to address the experiences and needs of women with disabilities, particularly around sexuality. Specifically, feminist theory's focus on the negative impact of the sexual objectification of women is ill equipped to address the negative experiences of women with disabilities that result from their social and cultural desexualization. Schriempf suggests that the social model of disability similarly fails to take into account the importance of the body in subjective and sexual experiences of women with disabilities. Others have similarly argued for the integration of the body and disability into feminism, and the importance of attention to the body and gender to theories and policies regarding disability (Gerschick 2000, Garland-Thompson 2002, Hughes & Paterson 1997; Edwards & Imrie 2003; Quinn, 1994; Watson, McKie, Hughes, Hopkins, & Gregory, 2004). The combined effects of gender and disability pose unique challenges to women and men with disabilities. For example, Thomas (2002) argues that women with disabilities,

because of “disableism” and patriarchy, are at more of a risk of experiencing oppressive medical practices than able-bodied women, or men with disabilities.

Although more recently, scholars and activists have criticized some aspects of the social model of disability (Corker & French, 1999; Shakespeare 2006), we suggest that this model identifies some of the major ways in which women with disabilities are discriminated against in various aspects of social life. This model assumes that disability is not inherent in the person, but is constructed by society in its failure to provide people with access and treat them with the same respect afforded persons without disabilities. Rehabilitation research in the last 20 years has begun to explore the impact of the combined social locations and identities of gender and disability on quality of life, as well as health and well-being, yet prior to 1990, the topic had been sparsely investigated (Nosek & Hughes, 2003; Traustadottir, 1990). According to Nosek and Hughes (2003):

“We have little empirically based evidence suggesting that clinical practice is different in the psychosocial rehabilitation and community reintegration of women and men with disabilities...It is time to think and respond differently to femaleness and maleness in rehabilitation and research” p. (225).

### Substantive Research

Gender affects the experiences of women with disabilities in terms of their access to resources such as health care, education, and employment (Froschl, Rubin, & Sprung, 1999; Gerschick, 2000; Nosek, Grabois, & Howland, 2002), all of which are social institutions that discriminate against them. In terms of employment, women with disabilities are less likely than men to be employed, and more likely to earn less money than men when they are employed (O’Harrar, 2004; Traustadottir, 1990). Women are underrepresented in rehabilitation programs and women with disabilities experience inequality in education and health care, more poverty, and less social inclusion compared to their male and able-bodied counterparts, as well as being subjected to policies and practices that were not originally designed to meet their needs (Fine & Asch, 1985, 1988; Kutza, 1985; Mudrick, 1988). Rehabilitation counselors need to be familiar with these issues, as they assist and advocate for clients seeking services within employment, education, health care, and other arenas.

Due to negative attitudes and stereotypes ascribed by the general public and rehabilitation counselors to women with disabilities, they are less likely to be referred to vocational training, have a harder time gaining access to rehabilitation programs, are less likely to receive quality training, and are more likely to be successfully rehabilitated into non-employment. Women with disabilities receive fewer and lower levels of benefits than men from programs designed for people with disabilities because such programs are designed and based on men’s relationship to the labor market (Traustadottir, 1990). Rehabilitation counselors should critically examine their approach to assisting persons with disabilities and rehabilitation counseling’s historical focus on vocation as paid employment. This conceptualization is also likely to be based on a male model of work and might need to be reevaluated and adjusted to fit the experiences, needs, and goals of women with disabilities.

Not only does the relationship between gender and disability produce unique barriers to social resources and institutions, but also gender and disability combine to shape the interpersonal experiences of women and men with disabilities. This area encompasses a number of issues, but for the purposes of this paper, we focus primarily on the ways in which gender shapes the experiences of women with disabilities in terms of their interpersonal relationships, including partnerships and parenting, and care giving experiences. Again, although these issues may not fit neatly into the traditional focus of rehabilitation counseling on vocation, they are related to independent living and essential to optimizing quality of life, also important domains of influence for rehabilitation counselors.

Because our current culture defines ideal femininity in terms of physical attractiveness, the ability to nurture, the desire to love and be loved, and the ability to mother in terms of femininity, women with disabilities experience negative consequences in those instances where there is a failure to meet these cultural expectations. Specifically, women are four times more likely than men to divorce after developing a disability, and their likelihood to marry is 25% to 33% of the probability of their male counterparts (Asch & Fine, 1985; Gerschick, 2000). Men with disabilities are more likely to find a partner who is willing to care for them than are women (Lorber, 2000). On the other hand, those disabled women who do have partners, but who wish to leave them, experience various barriers. According to Olkin (2003), such obstacles include “(a) physical needs; (b) financial needs; (c) custody concerns; and (d) relationship issues” (p. 237). These same barriers are faced by women with disabilities in several additional aspects of their lives and illuminate multiple areas in which rehabilitation counseling clients might need assistance and advocacy.

As discussed previously in the Gender and Disabilities Theories section (two sections above), women with disabilities are often seen as asexual, and hence, are denied sex education, access to reproductive information, and services including birth control and fertility (Schriempf, 2001; Burns, 2002; Lorber, 2000; Saxton, 2003). Women continue to need sexual information provided during rehabilitation through education, therapy, and guidance by peers (Nosek & Hughes, 2003). Relatedly, women with disabilities often are not seen as fit parents, and this view shapes policies denying them custody and adoption (Saxton, 2003). Accessing services related to education, health care, and other needs clearly poses challenges to women with disabilities and needs to be addressed through rehabilitation counseling.

Because of the widespread discrimination they face in many social domains, women with disabilities experience multiple psychosocial challenges that impact their quality of life. Social connectedness has been found to be related to the development of self-worth, whereas isolation is related to health problems and mortality. Women with disabilities experience social isolation that may negatively impact their self-esteem, levels of depression, and stress (Berkman & Syme, 1979). For example, stress levels for women with physical disabilities have been reported at higher levels than those of the general population (Hart, Rintala, & Fuhrer, 1996). Women with disabilities appear to be at higher risk for depression in comparison to men with disabilities, women without disabilities, and the general population (McGrath, Keita, Strickland, & Russo, 1990). Contributing to women’s depression are a variety of factors that include low levels of perceived control, lack of social support, low income or poverty, and abuse (McGrath, Keita, Strickland, & Russo, 1990; Warren & McEachren, 1983).

Women with disabilities also face serious health risks due to their vulnerability and stigmatization from the larger society where patriarchal and discriminatory views still pervade. They are likely to be victimized and may be more susceptible to violence and abuse due to their dual minority status as women, and as people with disabilities (Brownridge, 2006; Nosek, Foley, Hughes, & Howland, 2001). Abuse is five to eight times more likely among women with disabilities than men with disabilities, and more likely among women with than without disabilities (Nosek & Hughes, 2003). Women with disabilities are more likely than nondisabled women to experience abuse at the hands of attendants and physicians, as well as to experience abuse for longer periods of time (Hassouneh-Phillips & Curry, 2002). As primary advocates for many persons with disabilities, rehabilitation counselors need to be trained in how to assess and respond to the specific nuances of abuse in women with disabilities.

Each of the previously mentioned unique experiences of women with disabilities must be included in rehabilitation counseling education. Students must be trained in acknowledging and responding to these issues together with their clients.

### Methodology

This investigation was both exploratory and descriptive. It was exploratory in that it represents a first attempt to look at rehabilitation courses amid a long-range research plan to do a much more rigorous examination over time. This study does not involve variable manipulation, and therefore, its descriptive attribute is grounded in the evaluation of selected rehabilitation course syllabi employing a content analysis approach.

The study cohort was extracted in late 2004 and early 2005 from rehabilitation counseling graduate degree programs from across the United States that were member institutions of the National Council on Rehabilitation Education (NCRE). The NCRE Research Committee approved the use of the NCRE listserv by the investigators in the conduct of this study. NCRE members are either institutionally based, that is an entire faculty body at an educational institution is a member, or individually based (one faculty person is a member). NCRE consists of approximately 480 individual and institutional members.

All members were sent an email via the listserv in which they were asked to participate in an exploratory study on gender and disability by reviewing syllabi from five specific courses in graduate rehabilitation counseling programs. They were requested to provide all of their syllabi from the targeted courses. Five specific courses were targeted for the review: Introduction to/Foundations of Rehabilitation, Case Management in Rehabilitation, Psychosocial Aspects of Rehabilitation, Medical Aspects in Rehabilitation, and Multicultural Counseling in Rehabilitation. The rationale for selecting these five courses was to review a subset of all course offerings that the study investigators agreed would be likely to include the topic of gender and disability as part of the core course content.

The response rate to the study, based on listserv data, was 30% at the university program level. That is, 30% of the institutions offering graduate programs in rehabilitation counseling responded, or 27 out of approximately 90 Council on Rehabilitation Education (CORE) accredited programs. The study sample included 40 syllabi across the 27 responding university

programs. This represents from one to five syllabi for each responding institution with some variation across the 27 respondent programs. Course syllabi were used in this study since a syllabus is the most accessible single source of information on course content.

A content analysis was performed on each of the 40 received course syllabi. To avoid single reviewer bias, two raters independently reviewed each syllabus. The independent reviews were followed by a discussion between the two raters to reach agreement on the overall rating of each syllabus. Each syllabus was given one of four ratings: level 1 – gender is not an explicit focus in the course (i.e., the word “gender” is not mentioned on the syllabus); level 2 – gender is a minimally explicit focus of the course (i.e., the word “gender” is mentioned on the course syllabus among a list of many subtopics covered, but is not a key area the course covers.); level 3 – gender is a moderately explicit focus in the course (i.e., the word “gender” is mentioned as a main subtopic of a major focal area on the course syllabus); and level 4 – gender is a substantially explicit focus in the course (i.e., the word “gender” is a major content focal area in the course).

## Results

Of the 40 course syllabi, 9 were from Case Management in Rehabilitation courses, 10 from Introduction to/Foundations of Rehabilitation courses, 4 from Psychosocial Aspects in Rehabilitation courses, 11 from Medical Aspects in Rehabilitation courses, and 6 from Multicultural Counseling in Rehabilitation courses. Of the Case Management in Rehabilitation course syllabi, 8 did not mention gender at all (level 1 “gender not mentioned”), and 1 syllabus mentioned gender as a main subtopic of a major focal area in the course (level 3 “moderately explicit focus”). For the course Introduction to/Foundations of Rehabilitation, 8 syllabi did not mention gender at all (level 1 “gender not mentioned”), with 2 syllabi mentioning gender as one of the many subtopics addressed, but not a main subtopic of a major area (level 2 “minimally explicit focus”). For the course Psychosocial Aspects in Rehabilitation, 3 syllabi did not mention gender at all (level 1 “gender not mentioned”), and 1 syllabus mentioned gender as a major content focal area in the course (level 4 “substantially explicit focus”). Of the syllabi for the course Medical Aspects in Rehabilitation, 6 syllabi did not mention gender at all (level 1 “gender not mentioned”), and 3 syllabi mentioned gender as one of many subtopics covered, but not a main subtopic of a major area (level 2 “minimally explicit focus”), and 2 syllabi mentioned gender as a main subtopic of a major focal area in the course (level 3 “moderately explicit focus”). When mentioned as a level 3 focus, gender was more about how disease affects the sexes differently, rather than the broader issues related to discrimination and differential service delivery based on gender. Finally, the course, Multicultural Counseling in Rehabilitation, had 1 syllabus that did not mention gender at all (level 1 “gender not mentioned”), 1 syllabus mentioned gender as one of many subtopics addressed (level 2 “minimally explicit focus”), and 4 syllabi mentioned gender as a main subtopic of a major focal area in the course (level 3 “moderately explicit focus”). See [Table 1](#), which provides the same results regarding the syllabi by course just summarized above in tabular form.

## Discussion

Though at first glance it may seem that this study evaluates a small number of course titles, the five courses reviewed actually represent a significant portion of the coursework in graduate rehabilitation counseling programs accredited by CORE. Most CORE-accredited programs are 48 to 60 credit degree programs with up to 12 credits devoted to the internship component and skills-based coursework. This means that most CORE-accredited programs offer 12 to 16 didactic courses. Therefore, a five-course subset of a degree that consists of 12 courses is 42% of course content offered, and for a degree that consists of 16 required courses, it is 31%. Both percentages represent significant proportions of the didactic coursework in graduate rehabilitation education programs i.e., almost a third, 31% to approaching one-half of courses, 42%. Therefore, this study, though exploratory, does examine syllabi for a substantial segment of the didactic coursework in CORE-accredited graduate rehabilitation counseling programs.

Among the five courses reviewed, those that dealt the least with gender were Case Management in Rehabilitation, Introduction to/Foundations of Rehabilitation, and Psychosocial Aspects in Rehabilitation, with only 4 of 23 courses, or 17%, of this group mentioning gender. The topic of gender was most prominently represented in the two courses of Multicultural Counseling in Rehabilitation and Medical Aspects in Rehabilitation, and when these courses are combined, this reflects 10 of 17 courses, or 59% of courses in these two categories that mentioned gender. By course, the proportions of syllabi that mentioned gender were: Case Management in Rehabilitation (1 of 9 courses, 11%), Introduction to/Foundations of Rehabilitation (2 of 10, 20%), Psychosocial Aspects in Rehabilitation (1 of 4, 25%), Medical Aspects in Rehabilitation (5 of 11, 45%), and Multicultural Counseling in Rehabilitation (5 of 6, 83%). Overall, 14 of 40 course syllabi mentioned gender (35%). Caution is advised in interpreting these percentages since they are all proportions calculated within very small samples. It is also important to note that the findings are descriptive of the quantity of explicit references to gender in the syllabi, and not of the quality or intensity of activities within a course. Based on this first exploratory study, it appears that more work needs to be done towards integration of the topic of gender and disability into these five courses since 65% of the course syllabi reviewed did not mention gender.

This study has several limitations. First, the content review is an analysis approach that is qualitative and fundamentally interpretive. Therefore, the findings have limited generalizability beyond the sample of courses in this study though they do illuminate patterns worthy of further investigation. A second limitation is that some course syllabi mentioned the phrase “multicultural topics and issues,” so in the absence of more specificity, the reviewers assumed this meant a focus on racial and ethnic differences. However, it could have been the intent of some faculty members to include gender issues broadly under “multicultural topics and issues” on some course syllabi. Wherever this may have been the case, the course was not given credit as having a focus on gender and disability due to lack of explicitness.

A final limitation in this study is that the sample of syllabi received and reviewed for each course (40 total syllabi reviewed: 9 from Case Management, 10 from Introduction to/Foundations of Rehabilitation, 4 from Psychosocial Aspects in Rehabilitation, 11 from Medical Aspects in Rehabilitation, and 6 from Multicultural Counseling in Rehabilitation courses) is a small fraction of the potential total number of syllabi representing course titles this study could have reviewed from among the approximately 90 CORE member institution

graduate programs. Since each of the courses reviewed is a required course, the authors assumed that each of the approximately 90 CORE accredited programs would have these five courses. Keep in mind that the syllabi reviewed in this study were from 27 programs, or just under 1/3 of CORE programs.

## Implications and Recommendations for Further Research and Strategies for Educators

### Implications

Despite the small sample size and other study limitations already mentioned, the findings in this study provide preliminary insight into the extent to which rehabilitation education is addressing the topic of gender and disability. We conducted the study to gain a sense of the current state of rehabilitation education as a starting point for understanding the extent to which the five particular courses reviewed here address gender and disability. We suggest that not only should these five courses include more attention to gender and disability, but that the syllabus for every course needs to explicitly reflect this emphasis.

The positive findings in this study relative to the courses of Multicultural Counseling in Rehabilitation and Medical Aspects in Rehabilitation represent a solid foundation for rehabilitation education in its quest to do more pre-service professional preparation in the area of gender and disability. However, the apparent paucity of representation of gender and disability in other courses, for example, Case Management in Rehabilitation, warrants further consideration. Women have distinct service needs based on the earlier discussion of literature that elucidated the obstacles faced by this population.

### Recommendations for Further Research and Strategies for Educators

A natural next step in terms of future research recommendations on this topic would be to survey rehabilitation educators to hear directly from them how the topic of gender and disability is being addressed in all courses, as well as to request all course syllabi for a comprehensive content review. Subsequently, the administration of a survey of all certified rehabilitation practitioners to measure self-perceptions of their preparation to deal with gender and disability topics, as well as perceived overall effectiveness, would be useful.

In addition to recommendations for future research on this topic, we provide “strategies for educators,” which are suggestions for ways to incorporate more extensive and explicit attention to gender as a critical aspect of an individual’s experience with disability. We suggest that this topic should be incorporated into rehabilitation education curricula, particularly in the five core course syllabi that we evaluated for this paper. In addition to providing a preliminary look at the current status of rehabilitation education’s inclusion of gender and disability in the curriculum as this discussion has done, [Table 2](#) includes some recommendations for how instructors might incorporate relevant gender topics into these courses.

Based on the common course objectives listed in the submitted syllabi, we have identified the primary topics of each course that the literature suggests are most relevant to gender and disability. We then list the specific gender topics that are related to the course topics, and



provide suggestions for readings or course activities that instructors could utilize in order to include the topic in the course.

We want to stress that instructors of these courses need not be experts in the area of gender in order to include gender and disability topics. Numerous resources are available to instructors that can assist them in including gender and disability without a great deal of effort. First, most universities have Women's Studies or Sociology departments with faculty who are experts in the area of gender, and rehabilitation education instructors can utilize these resources, guest lecturers, and recommendations for reading materials, films, etc. Second, we also provide recommendations for readings within Table 2 that are available in the reference section of this paper.

There are also resources available online and through community organizations that provide information, referrals, and trainings on detecting and responding to abuse of women with disabilities. One program that is accessible online in many states (e.g. through Departments of Health) is the RADAR program. This program is designed to provide training to medical professionals. The acronym stands for **R**outinely inquire about current and past violence, **A**sk direct questions, **D**ocument findings, **A**ssess safety, and **R**evue options and referrals. Finally, inviting women with disabilities to speak in classes, or to be interviewed by students as part of a class assignment, and asking them to talk about their family and relationship experiences would provide valuable insights to the topic. This final recommendation of speaking to women with disabilities would be the most obvious recommendation and arguably one of the most important.

### Conclusion

The findings in this study make clear a needed call to action. The call to action is twofold. On the one hand, we know that five courses could use more attention to gender generally and that three of them need a lot more specific attention to gender. To this end, we have provided a few specific strategies.

On the other hand, more study is required to further document the scope of the need to bolster the attention given to the topic of gender and disability within graduate rehabilitation counseling programs across the United States. Additional studies are needed that are comprehensive, rigorous, and multifaceted in approach in order to gain the best empirical understanding possible of the true nature and extent of the challenge of integrating gender and disability topics into graduate rehabilitation education coursework.

**Allen Lewis, Ph.D., Sarah Brubaker, Ph.D., & Amy Armstrong, Ph.D.,** are professors in the departments of Rehabilitation Counseling and Sociology at Virginia Commonwealth University in Richmond, Virginia. This paper is a cross-disciplinary endeavor representing the disciplines of rehabilitation counseling and sociology. All inquiries should be addressed to the lead author, Dr. Allen N. Lewis, at P.O. Box 980330, Richmond, VA, 23298-0330, USA; [anlewis@vcu.edu](mailto:anlewis@vcu.edu).

### References

- Berkman, L .F., & Syme, S. L. (1979). Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents. *American Journal of Epidemiology*, 109(2), 186-204.
- Brownridge, D. A. (2006). Partner violence against women with disabilities: Prevalence, risk, and explanations. *Violence Against Women* 12(9), 805-822.
- Burns, J. (2002). Women who have learning disabilities. "The third sex." Paper presented at NNDR's 6<sup>th</sup> Annual Research Conference, Iceland.
- Corker, M., & French, S. (Eds.) (1999) *Disability discourse*. Buckingham and Philadelphia: Open University Press.
- Edwards, C., & Imrie, R. (2003). Disability and bodies as bearers of value. *Sociology*, 37(2), 239-257.
- Fine, M., & Asch, A. (1985). Disabled women: Sexism without the pedestal. In M.J. Deegan, & N.A. Brooks (Eds.), *Women and disability: The double handicap*. New Brunswick, NJ: Transaction Books.
- Fine, M., & Asch, A. (1988). Epilogue: Research and politics to come. In M. Fine, & A. Asch (Eds.), *Women with disabilities: Essays in psychology, culture, and politics* (pp.333-336). Philadelphia, PA: Temple University Press.
- Froschl, M., Rubin, E., & Sprung, B. (November 1-4, 1999). Connecting gender and disability. *Gender and Disability Digest of the Women's Educational Equity Act Resource Center*.
- Garland-Thompson, R. (2002). Integrating disability, transforming Feminist theory. *National Women's Studies Association Journal*, 14(H), 1-32.
- Gerschick, T. (2000). Toward a theory of disability and gender. *Signs*, 25(4), 1263-1273.
- Gerschick, T., & Miller, A. S. (1995). Coming to terms: Masculinity and physical disability. In D. Sabo & D. Gordon, (Eds.), *Men's health and illness: Gender, power, and the body* (pp.183-204). Thousand Oaks, CA: Sage Publications.
- Hart, K. A., Rintala, D. H., & Fuhrer, M. J. (1996). Educational interests of individuals with spinal cord injury living in the community: Medical, sexuality, and wellness topics. *Rehabilitation Nursing*, 21(2), 82-90.
- Hassouneh-Phillips, D., & Curry, M. A. (2002). Abuse of women with disabilities: State of the science. *Rehabilitation Counseling Bulletin*, 45(2), 96-105.
- Hughes, B., & Paterson, K. (1997). The social model of disability and the disappearing body: Towards a sociology of impairment. *Disability and Society* 12(3), 325-340.
- Jans, L., & Stoddard, S. (1999). *Chartbook on women and disability in the United States*.

*An InfoUse Report*. Washington, DC: National Institute on Disability and Rehabilitation Research.

- Kriegel, L. (2003). Taking it. In E. Disch, (Ed.), *Reconstructing gender: A multicultural anthology* (pp.196-197). Boston, MA: McGraw-Hill Higher Education.
- Kutza, E.A. (1985). A look at national policy and the baby boom generation. *Generations (American Society of Aging)*, 22(1), 16-21.
- Lorber, J. (2000). Gender contradictions and status dilemmas in disability. In B.M. Altman & S.N. Barnartt, (Eds.), *Expanding the scope of social science research on disability* (pp.85-104). Stamford, CT: JAI Press, Inc.
- McGrath, E., Keita, G. P., Strickland, B. R., & Russo, N. F. (1990). *Women and depression: Risk factors and treatment issues*. Washington, DC: American Psychological Association.
- Menz, F. E., Hansen, G., Smith, H., Brown, C., Ford, M., & McCrowey, G. (1989). Gender equity in access, services, and benefits from vocational rehabilitation. *The Journal of Rehabilitation*, 55(1), 31-41.
- Mudrick, N. R. (1988). Predictors of disability among midlife men and women: Differences by severity of impairment. *Journal of Community Health*, 13(2), 70-84.
- O'Hara, B. 2004. Twice penalized: employment discrimination against women with disabilities. *Journal of Disability Policy Studies*, 15(1), 27-43.
- Nosek, M. A., Foley, C. C., Hughes, R. B., & Howland, C. A. (2001). Vulnerabilities for abuse among women with disabilities. *Sexuality and Disability*, 19(3), 177-189.
- Nosek, M. A., Grabois, E., & Howland, C. A. (1992). *Top 10 Barriers to Quality Health Care for Women with Disabilities. Research information on independent living, independent living research utilization*. The Institute for Rehabilitation and Research. Available at <http://www.ilru.org/online/handouts/2002/Nosek/top10.html> as of July 2003.
- Nosek, M. A., & Hughes, R. B. (2003). Psychosocial issues of women with physical disabilities: The continuing gender debate. *Rehabilitation Counseling Bulletin*, 46(4), 224-234.
- Olkin, R. (March-April, 2003). Women with physical disabilities who want to leave their partners: A feminist and disability-affirmative perspective. *Women & Therapy*, 237-247.
- Quinn, P. (1994). America's disability policy: Another double standard? *Affilia*, 9, 45-59.
- Saxton, M. (2003). Reproductive rights: A disability rights issue. In E. Disch,

- (Ed.), *Reconstructing gender: A multicultural anthology* (pp.289-295). Boston, MA: McGraw-Hill Higher Education.
- Schriempf, A. (2001). (Re)fusing the amputated body: An interactionist bridge for feminism and disability. *Hypatia*, 16(4), 53-81.
- Shakespeare, T. (2006). *Disability rights and wrongs*. London: Routledge.
- Thomas, C. (2002). Medicine, gender, and disability: Disabled women's health care encounters. Paper presented at NNDR's 6<sup>th</sup> Annual Research Conference, Iceland.
- Traustadottir, R. (1990). Employment, equality, and gender. Center on Human Policy: Paper funded by the Division of Special Education and Rehabilitation, School of Education, Syracuse University under a NIDRR/OSERS/US DOE Grant.
- Traustadottir, R. (1991). Mothers who care: Gender, disability, and family life. *Journal of Family Issues*, 12(2), 211-228.
- Ville, I., Crost, M., & Ravaud, J. (2003). Disability and a sense of community belonging: A study among tetraplegic spinal-cord-injured persons in France. *Social Science & Medicine*, 56(2), 321-333.
- Warren, L. W., & McEachren, L. (1983). Psychosocial correlates of depressive symptomatology in adult women. *Journal of Abnormal Psychology*, 92(2), 151-160.
- Watson, N., McKie, L., Hughes, B., Hopkins, D., & Gregory, S. (2004). (Inter)dependence, needs and care: The potential for disability and feminist theorists to develop an emancipatory model. *Sociology* 38(2), 331-350.

Table 1. Distribution of gender as a specific content area.

Course	Syllabi Received	Level 1 not mentioned	Level 2 minimal focus	Level 3 moderate focus	Level 4 substantial focus
Case Management	9	8		1	
Intro to Rehab Counseling	10	8	2		
Psychosocial Aspects	4	3			1
Medical Aspects	11	6	3	2	
Multicultural Counseling	6	1	1	4	