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Beijing +25 Report: Executive Summary

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About DAWN Canada

DAWN Canada is a national, feminist, cross-disability organization whose mission is to end the poverty, isolation, discrimination and violence experienced by Canadian women with disabilities and Deaf women. DAWN Canada is an organization that works towards the advancement and inclusion of women and girls with disabilities and Deaf women in Canada. Our overarching strategic theme is one of leadership, partnership and networking to engage all levels of government and the wider disability and women's sectors and other stakeholders in addressing our key issues.

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Introduction

DAWN Canada's report on the situation of women and girls with disabilities in North America substantially deepens our understanding of which women are experiencing the most discrimination in all the key areas that the 1995 Beijing Declaration and Platform for Action is intended to measure.

It is irrefutable, for example, that the highest number of human rights complaints (more than 50%) at the Federal, Provincial and Territorial levels in Canada for the last four years have been disability related. Education and training, employment and economic security, access to childcare, healthcare, power and decision-making - all of these present significant barriers for women and girls with disabilities.

These are compounded by disproportionate levels of unemployment, poverty, homelessness, and incarceration. It is also clear from all evidence that the highest rates of acts of gender based violence are committed against women and girls with disabilities and that in fact, women are becoming disabled at alarming rates as a result of gender based violence. The connections between women, the environment and alarming increases in episodic and chronic illness need to be made.

For women and girls with disabilities who are Indigenous, racialized, immigrant or refugee, and/or lesbian, gay, bisexual, transgender, queer, intersex or two-spirited, these problems are further exacerbated. The rate of disability among Indigenous women is upwards of 35%.

The full report from which this summary is drawn examines these problems using an intersectional lens, which takes into account not only gender and disability, but also race, class, gender identity, sexual identity, geographic location and other factors which affect women's lived experiences. We were deliberate in juxtaposing these factors to create a complex and nuanced picture of women's needs and the governmental and societal responses required for them to achieve full social and economic inclusion.

In fact, the lack of an intersectional approach in the process and preparation of civil society reports on Beijing +25 is what led to the preparation of this report in the first place. Civil society reports typically fail to reflect the lived experiences not only of women with disabilities but many women whose experiences of discrimination, marginalization and oppression are influenced by multiple identity and social factors.

This process also fails to recognize that without the relentless advocacy and labour of women with disabilities, much gender-based analysis would continue without the critical

inclusion of our experiences. We must disrupt the whole of this process with a serious discussion about how intersectional human rights needs to be the standard in feminist solidarity and reporting. Any efforts to empower women and girls will remain exclusionary and incomplete without the deliberate inclusion of and meaningful support for activists and organizations like DAWN Canada.

Women and Girls with Disabilities in North America

In Canada, 24% of women report having a disability.¹ Similarly, in the United States, one in four women has a disability.²

Available research on **girls with disabilities** is sparse,³ but we know that girls with disabilities face incredible marginalization as the result of norms and biases around both gender and disability.⁴ Globally, they remain the group least likely to have access to sexual and reproductive rights.⁵ Data out of the United-States suggests high-school aged persons with disabilities who date are at greater risk of dating violence, with girls with disabilities experiencing higher rates of poor mental health and substance use linked to experiences of violence.⁶

In terms of **education and training**, women and girls with disabilities experience multiple obstacles that obstruct their access to education and training that has a deleterious effect throughout their lives.

In the Canadian context, there are serious gaps in our understanding of girls with disabilities and their educational experiences. However, four key barriers to education

¹ Morris, S, Fawcett, G., Brisebois, L., & Hughes, J. (2018). A demographic, employment and income profile of Canadians with disabilities aged 15 years and over, 2017. Available at: <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018002-eng.htm>

² National Center on Birth Defects and Developmental Disabilities (2015) Disability Impacts all of us: a snapshot of disability in the United States. Available at: <https://stacks.cdc.gov/view/cdc/40249>

³ Canadian Women's Foundation (2015) Girls Group Mentoring Toolkit : Girls with Disabilities. Available at: <http://mentoringgirls.ca/girls-group-mentoring-toolkit.pdf>

⁴ United Nations Girls Education Initiative (2017) Still Left Behind: Pathways to inclusive education for girls with disabilities. Available at: http://www.ungei.org/Still_Left_Behind_Full_Report.PDF

⁵ Plan International (2017) Let Me Decide and Thrive: global discrimination and exclusion of girls and young women with disabilities. Available at: <https://plan-international.org/publications/let-me-decide-thrive-srhr-disability>

⁶ Mitra, M., Mouradian, V. E., & McKenna, M. (2013). Dating violence and associated health risks among high school students with disabilities. *Maternal and child health journal*, 17(6), 1088-1094.

have been identified for persons with disabilities in general: a lack of accommodation (e.g. persistent barriers that prevent students with disabilities from attending classes of their choice etc.), a lack of services and funding (e.g. stretched budgets which lead to delays and/or lack of support etc.), ineffective dispute resolution (e.g. students are often forced into adversarial systems to resolve disputes around accommodation, etc.), and the unmet needs on First Nations reserves (e.g. student on reserves do not have access to the same level of disability supports and services as those living off-reserve etc.).

In the United States, several key barriers continue to prevent girls with disabilities from getting the support they need and/or excelling in education settings. These include: insufficient attention in the classroom; disproportionate numbers of suspensions as compared to girls without disabilities; greater risk of sexual abuse and violence; disproportionate levels of restraints and seclusion; higher rates of absenteeism; lower overall achievement scores; and lower graduation rates.⁷ While it has been suggested just as many girls as boys require special education services in the US, girls remain less likely to be identified and referred for these services.⁸

When it comes to **post-secondary education**, in Canada, women with disabilities aged 25-54 are more likely (18.3%) to report having no degree, diploma, or certificate than women without disabilities (8.3%).⁹ In the United States, 20% of female undergraduate students report having a disability.¹⁰

When we examine **women and the economy**, participation in the labour force and income level are key indicators. Not surprisingly, women with disabilities have lower levels of employment compared to men with disabilities, and also when compared to women without disabilities.

In Canada, only 59% of adults with disabilities between the ages of 25 and 64 are employed, compared to 80% of those without disabilities.¹¹ The employment rate changes based on the severity of one's disability but also reveals the highest gender

⁷ Schulman, K., Patrick, K., & Chaudhry, N. (2017) Let Her Learn: Stopping School Pushout for Girls with Disabilities. National Women's Law Centre.

⁸ Arms, E., Bickett, J., & Graf, V. (2008). Gender bias and imbalance: Girls in US special education programmes. *Gender and Education*, 20(4), 349-359.

⁹ Burlock, A. (2017) Women with Disabilities. *Women in Canada: a Gender Based Statistical Report*. Statistics Canada. Available at: <https://www.statcan.gc.ca/pub/89-503-x/2015001/article/14695-eng.htm>

¹⁰ National Centre for Education Statistics (nd.) Fast Facts: Students with Disabilities. Available at: <https://nces.ed.gov/fastfacts/display.asp?id=60>

¹¹ Morris, S., Fawcett, G., Brisebois, L., & Hughes J. (2018) A demographic, employment and income profile of Canadians with disabilities aged 15 years and over, 2017

gap. Men with mild disabilities between the ages of 55 to 64 have a 69.4% rate of employment, while only 50.4% of their female counterparts are employed.¹² Canadian women also remain far more likely than men to take time away from the workplace because of illness or disability¹³, another factor which affects their employment prospects and long-term economic security.

In the United States, only 34.6% of working aged women with disabilities are employed as compared to 82.5% of non-disabled women.¹⁴

In the United States women with disabilities in the US are paid on average just 83 cents on the dollar comparative to their male counterparts.¹⁵

Predictably, where motherhood and **childcare** are concerned, women with disabilities face significant attitudinal and systemic barriers, which also affects their employment. In terms of caregiving, a lack of funding for a full range of independent living means care labour tends to fall to women and negatively impacts their labour market participation.¹⁶

In Canada, research indicates mothers with disabilities feel the need to present themselves as 'normal' to be more accepted and often fear their children will be taken away if they don't meet expectations.¹⁷ Mothers with disabilities are also likely to experience additional stress and barriers due to their higher rates of precarious employment and lack of access to affordable child care services.¹⁸

Given these barriers to education and employment, it is not surprising then that women with disabilities have alarming rates of **poverty and homelessness**.

¹² Morris, S., Fawcett, G., Brisebois, L., & Hughes J. (2018) A demographic, employment and income profile of Canadians with disabilities aged 15 years and over, 2017

¹³ Townson, M., & Hayes, K. (2007) Women and the Employment Insurance Program. Canadian Centre for Policy Alternatives. Available at: http://www.policyalternatives.ca/sites/default/files/uploads/publications/National_Office_Pubs/2007/Women_and_the_EI_Program.pdf

¹⁴ Appelbaum, L. (2019) 3,736 Women with Disabilities Lose Jobs in the U.S. Available at: <https://www.respectability.org/2019/03/women-disabilities-jobs-2019/>

¹⁵ National Women's Law Centre (nd.) The Wage Gap: The Who, How, Why, and What to Do. Available at: <https://nwlc.org/resources/the-wage-gap-the-who-how-why-and-what-to-do/>

¹⁶ Gleeson, B. (1999). *Geographies of disability*. Psychology Press.

¹⁷ Grue, L., & Lærum, K. T. (2002). 'Doing Motherhood': some experiences of mothers with physical disabilities. *Disability & Society*, 17(6), 671-683.

¹⁸ Milne, K. (2016) High Stakes: The impacts of child care on the human rights of women and children. West Coast LEAF. Available at: <http://www.westcoastleaf.org/wp-content/uploads/2016/07/High-Stakes-low-res-for-web.pdf>

In Canada, 23% of those who report having a disability experience a low-income compared to 9% of those without a disability.¹⁹

Women remain more likely than men to experience poverty²⁰ and the risk factor for poverty increases when compounding factors like disability are present.²¹ Out of those who live in poverty in Canada, an estimated 26%²² to 33%²³ are women with disabilities. As well, 46% of women who report having been homeless also have a disability.²⁴ In Ontario, Canada's most populous province, it is estimated that 2,900 individuals with intellectual disabilities are being housed in long term care facilities, often because there is a lack of appropriate resources and choice.²⁵

In the United States, 30.7% of women with disabilities between the ages of 18 and 64 are poor, compared to 12% of women without disabilities.²⁶ US research confirms women and families represent the fastest growing segments of the homeless population, with 84% of families who experience homelessness being headed by women and African American families representing 43% of homeless families.²⁷

Poverty, precarious housing and homelessness, compounded with patriarchal and ableist systems of oppression means that women and girls with disabilities are much more vulnerable to violence. Indeed, the prevalence of all forms of **violence against women and girls with disabilities** should be cause for urgent national and international responses, but this has not been the case.

¹⁹ Wall, K. (2017) Low income among persons with a disability in Canada. Statistics Canada. Available at: <http://www.statcan.gc.ca/pub/75-006-x/2017001/article/54854-eng.pdf>

²⁰ Williams, C. (2010). Women in Canada: A gender-based statistical report. *Economic well-being. Statistics Canada Catalogue*, (89-503).

²¹ Duchesne, A. (2015) Women and Homelessness in Canada: A Brief Literature Review. Available at: https://www.mcgill.ca/socialdevelopment/files/socialdevelopment/women_in_homelessness_-_a_brief_report.pdf

²² Sekharan, V. (2015) Infographic: Canadian Women in Poverty. Homeless Hub. Available at: <http://www.homelesshub.ca/blog/infographic-canadian-women-poverty>

²³ Canadian Women's Foundation. The Facts About Women and Poverty. <http://www.canadianwomen.org/facts-about-women-and-poverty>

²⁴ Cotter, A. (2018) *Violence and Victimization of Women with Disabilities*. Statistics Canada. Available at: <http://www.statcan.gc.ca/pub/85-002-x/2018001/article/54910-eng.pdf>

²⁵ Stevens, C. (2016) More than 2,900 Ontarians with developmental disabilities live in long-term care facilities. Available at: <https://globalnews.ca/news/2843104/more-than-2900-ontarians-with-developmental-disabilities-live-in-long-term-care-facilities/>

²⁶ Patrick, K. (2016) National Snapshot: Poverty among women and families. National Women's Law Centre.

²⁷ The American College of Obstetricians and Gynecologists. (2013) Health Care for Homeless Women. Available at: <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Homeless-Women?IsMobileSet=false>

In the United States between 2010-2014 the rate of violent victimization for girls and women with disabilities 12 years and older, was almost three times the rate as their non-disabled counterparts.²⁸

In Canada, women with disabilities are twice as likely as those who do not have a disability to be the victim of violent crimes, as well as twice as likely to have been victimized more than once in the last 12 months.²⁹

In Canada, 24% of women with cognitive disabilities (including learning, intellectual and memory disabilities) and 26% of women with mental-health related disabilities report being sexually abused before the age of 15.³⁰

In the United States, one research study found that 39% of women with disabilities reported a rape in the 12 months prior to the study taking place.³¹

For women with disabilities, the risk of violence increases when they are racialized, younger, Indigenous, LGBTQI2S, migrant workers, immigrants, non-status migrants or living in rural areas.³²

Women with disabilities face more barriers in leaving abusive situations as both disability-related services and services for victims of abuse are not always able to respond to their.³³

Caregiver abuse is another common form of violence against women with disabilities that exploits their disability, but it is almost completely absent from the discourse on gendered violence. Caregiver and/or Intimate Partner Violence can include forms of abuse that are less apparent like threats of abandonment, emotional abuse, isolation,

²⁸ Erika Harrell, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, "Crime Against Persons with Disabilities, 2009-2014 - Statistical Tables" (2016), 4, available at <https://www.bjs.gov/content/pub/pdf/capd0914st.pdf>. These figures indicate incidences of nonfatal violent crimes, including rape or sexual assault, robbery, aggravated assault, and simple assault.

²⁹ Cotter, A. (2018) *Violence and Victimization of Women with Disabilities*. Statistics Canada. Available at: <http://www.statcan.gc.ca/pub/85-002-x/2018001/article/54910-eng.pdf>

³⁰ Cotter, A. (2018) *Violence and Victimization of Women with Disabilities*. Statistics Canada. Available at: <http://www.statcan.gc.ca/pub/85-002-x/2018001/article/54910-eng.pdf>

³¹ Basile, K. C., Breiding, M. J., & Smith, S. G. (2016). Disability and risk of recent sexual violence in the United States. *American journal of public health*, 106(5), 928-933.

³² Canadian Labour Congress (2017) Submission to Employment and Social Development Canada on Accessibility Legislation for Canadians with Disabilities. Available at: <http://documents.clc-ctc.ca/whr/DISAB-Rights/ODI-Legislation/SEP-CanadiansWithDisabilitiesAct-Submission-ElizabethKwan-2017-02-24.pdf>

³³ Pinto, P. C. (2015). Women, disability, and the right to health. *Women's Health 2e: Intersections of Policy, Research, and Practice*, 137.

intimidation, and withholding and/or misusing disability supports and equipment.³⁴

Violence victimization is also leading to disabling conditions, which in some cases can increase the possibility of incarceration. There is already ample evidence that people with disabilities are targets for **incarceration**, and also emerging evidence that women are ending up in prison because of their disability. Burgeoning research around Traumatic Brain Injury (TBI) indicates a high percentage of women offenders with this condition.³⁵ Literally thousands of women are sustaining brain injuries due to partner violence³⁶, mostly undiagnosed, and then end up in prison. Additionally, in the United States, while only 8.5% of the non-incarcerated population report a history of TBI, among the imprisoned population, 60% of adults report at least one TBI.³⁷ As well, 85% of young people in juvenile detention facilities in the US have a disability.³⁸

Canadian research also highlights disproportionate rates of incarceration for Indigenous peoples and persons with psychiatric disabilities.³⁹ In the United States almost half (49.5%) of female jail inmates have a disability.⁴⁰

Access to **health** is a pressing concern for women with disabilities, not only because of physical barriers but also because of significant attitudinal barriers rooted in ableism and a devaluing of disabled bodies. Discrimination in healthcare settings continues to prevent women with disabilities from having their health needs adequately met.⁴¹ These can include forms of pressure and neglect among healthcare providers including

³⁴ Ann Curry, D. N., & Navarro, F. (2002). Responding to abuse against women with disabilities: Broadening the definition of domestic violence. In *End Abuse Health Alert*. Available at: https://www.futureswithoutviolence.org/userfiles/file/HealthCare/responding_to_abuse.pdf

³⁵ Durand, E., Watier, L., Lécu, A., Fix, M., Weiss, J. J., Chevignard, M., & Pradat- Diehl, P. (2017). Traumatic brain injury among female offenders in a prison population: results of the FleuryTBI study. *Brain and behavior*, 7(1).

³⁶ Welton, B (2019) Women getting head injuries from partners at a higher rate than hockey players getting concussions, UBC researcher says. Available at: <https://infotel.ca/newsitem/women-getting-head-injuries-from-partners-at-a-higher-rate-than-hockey-players-ubc-researcher-says/it63546>

³⁷ Harmon, K. (2012) Brain Injury Rate 7 Times Greater among U.S. Prisoners. *Scientific American*. Available at: <https://www.scientificamerican.com/article/traumatic-brain-injury-prison/>

³⁸ National Council on Disability (2015) Breaking the School to Prison Pipeline for Students with Disabilities. Available at: <https://www.ncd.gov/publications/2015/06182015>

³⁹ Ware, S., Ruzsa, J., & Dias, G. (2014). It can't be fixed because it's not broken: Racism and disability in the prison industrial complex. In *Disability incarcerated* (pp. 163-184). Palgrave Macmillan, New York.

⁴⁰ Vallas, R. (2016) Disabled Behind Bars: The Mass Incarceration of People With Disabilities in America's Jails and Prisons. Centre for American Progress. Available at: <https://www.americanprogress.org/issues/criminal-justice/reports/2016/07/18/141447/disabled-behind-bars/>

⁴¹ Pinto, P. C. (2015). Women, disability, and the right to health. *Women's Health 2e: Intersections of Policy, Research, and Practice*, 137.

minimizing or ignoring reports of pain, not providing adequate time for communication needs, providing only limited treatment options, and pushing patients beyond their physical limits.⁴²

Health conditions that disproportionately impact women, like chronic fatigue syndrome, remain less understood than those associated with men, like spinal cord injury. Another example is concussion and brain injury. Recent Canadian research confirms that for every professional hockey player who acquires a concussion, an estimated 7,000 women will acquire a concussion as a result of gender-based violence.⁴³ Women are becoming disabled through gender-based violence in grave numbers, yet equivalent research on concussions and brain injury in women is only now beginning.

Pain management and access to **pain medication** is an important issue for people with disabilities, and it has serious gendered implications. In Canada, for example, women and girls aged 12-44 have higher rates of chronic pain (12%)⁴⁴ than men (9%).

Pain management is a key part of keeping those with chronic pain as well as those who are aging living independently, and opioids, when properly prescribed, can help, particularly for those who do not respond to other pain management treatments.⁴⁵ Yet across North America there are increased regulations and a general unwillingness among some doctors to prescribe opioids.⁴⁶

So while people with disabilities may be more vulnerable where opioids are concerned, there are other important and nuanced issues where opioid use and disability are concerned.

Canada's recently passing of legislation related to **medically assisted death** has also raised serious questions for women with disabilities about access to care, including pain management. Untreated symptoms and a lack of access to health care can make people with disabilities more vulnerable and advocates contend that is easier to be

⁴² Ann Curry, D. N., & Navarro, F. (2002). Responding to abuse against women with disabilities: Broadening the definition of domestic violence. In *End Abuse Health Alert*. Available at: https://www.futureswithoutviolence.org/userfiles/file/HealthCare/responding_to_abuse.pdf

⁴³ Welton, B (2019) Women getting head injuries from partners at a higher rate than hockey players getting concussions, UBC researcher says. Available at: <https://infotel.ca/newsitem/women-getting-head-injuries-from-partners-at-a-higher-rate-than-hockey-players-ubc-researcher-says/it63546>

⁴⁴ Ramage-Morin, P., & Gilmour, H. (2010) Chronic Pain at Ages 12 to 44. Statistics Canada. Available at: <https://www150.statcan.gc.ca/n1/pub/82-003-x/2010004/article/11389-eng.pdf>

⁴⁵ Gallagher, R. (2018). New category of opioid-related death. *Canadian Family Physician*, 64(2), 95-96

⁴⁶ Gallagher, R. (2018). New category of opioid-related death. *Canadian Family Physician*, 64(2), 95-96

approved for assisted dying than to access adequate pain management.⁴⁷ They fear that the legislation fails to account for the reasons many women with disabilities may seek out assisted dying, which include underfunded palliative and disability supports programs, social isolation, a lack of access to needed services and supports (suicide prevention, addictions treatment, trauma-informed services, etc.) and because disability still remains stigmatized and disabled peoples' lives are seen as less valued undervalued.⁴⁸

Where **screening and breast cancer** are concerned, women with disabilities remain less likely than their non-disabled counterparts to access cancer screening.⁴⁹

Research indicates women with disabilities have higher breast cancer mortality rates.⁵⁰ In the United States, women who have mobility based disabilities have been reported as less likely to be up-to-date with respect to mammograms and pap tests.⁵¹ Specific to the Canadian context, women with disabilities report a number of barriers with respect to cancer screenings that include the complex and arduous process of arranging and attending appointments, normative assumptions about women's bodies, and accessing health care information.⁵²

Women with disabilities continue to face significant barriers where access to **reproductive health** is concerned, including barriers grounded in negative attitudes around sexual and reproductive rights for women with disabilities.⁵³ They report that they have limited options in terms of contraceptives, as practitioners often appear surprised that they are sexually active and fail to ask about contraception and STIs.⁵⁴

⁴⁷ Gallagher, R. (2018). New category of opioid-related death. *Canadian Family Physician*, 64(2), 95-96

⁴⁸ Hutchison, C. (2017) Why are women with disabilities being given help to die, instead of help to live? Rabble. Available at: <http://rabble.ca/blogs/bloggers/views-expressed/2017/08/why-are-women-disabilities-being-given-help-die-instead-help>

⁴⁹ Angus, J., Seto, L., Barry, N., Cechetto, N., Chandani, S., Devaney, J., ... & Odette, F. (2012). Access to cancer screening for women with mobility disabilities. *Journal of Cancer Education*, 27(1), 75-82.

⁵⁰ McCarthy, E. P., Ngo, L. H., Roetzheim, R. G., Chirikos, T. N., Li, D., Drews, R. E., & Iezzoni, L. I. (2006). Disparities in breast cancer treatment and survival for women with disabilities. *Annals of internal medicine*, 145(9), 637-645.

⁵¹ Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American journal of public health*, 105(S2), S198-S206.

⁵² Angus, J., Seto, L., Barry, N., Cechetto, N., Chandani, S., Devaney, J., ... & Odette, F. (2012). Access to cancer screening for women with mobility disabilities. *Journal of Cancer Education*, 27(1), 75-82.

⁵³ Rugoho, T., & Maphosa, F. (2017). Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe: The case of Chitungwiza town. *African journal of disability*, 6(1), 1-8.

⁵⁴ Becker, H., Stuijbergen, A., & Tinkle, M. (1997). Reproductive health care experiences of women with physical disabilities: a qualitative study. *Archives of physical medicine and rehabilitation*, 78(12), S26-S33.

Canada's *Criminal Code* still allows for parents and medical professionals to perform cosmetic surgery on intersex infants, which causes lasting physiological and psychological pain.⁵⁵

In the United States, women with disabilities, specifically those with physical and sensory disabilities face higher rates of sterilization.⁵⁶

For lesbian, gay, transgender, queer, intersex and two-spirited **(LGBTQI2S) persons with disabilities**, heterosexism, ableism, and homophobia in health, social services, education, and disability services remain significant barriers. Persons with disabilities who are LGBTQI2S also continue to experience discrimination within the disability movement and ableism within the broader LGBTQI2S movement.⁵⁷

While disability studies has tended to view the environment as 'built environment'⁵⁸, there are important links between the **environment and disability** that require an intersectional lens. To decolonize our research and scholarship, we need to think critically about mainstream disability rights discourses and who is left out.

A gender lens allows us to see the many ways women remain disproportionately impacted by environmental questions, including climate change, as women the world over experience these impacts through their traditional roles, often as primary users, caregivers, and home keepers which intimately connect their lives and livelihoods to resources impacted by climate change.⁵⁹

Taking a more general approach to how women and girls with disabilities interact with the environment, it is important to flag the issue of environmental sensitivities (ES) and disabilities and how they may impact access. In Canada, around 3% of Canadians have been diagnosed with ES, yet women make up between 60-80% of those who have been

⁵⁵ Egale (2018) Egale Canada urges the Federal Government to meet domestic and International Human Rights requirements of Intersex People on International Intersex Awareness Day. Available at: <https://egale.ca/egale-canada-urges-the-federal-government-to-meet-domestic-and-international-human-rights-requirements-of-intersex-people-on-international-intersex-awareness-day/>

⁵⁶ Wu, J. P., McKee, M. M., McKee, K. S., Meade, M. A., Plegue, M., & Sen, A. (2017). Female sterilization is more common among women with physical and/or sensory disabilities than women without disabilities in the United States. *Disability and health journal*, 10(3), 400-405.

⁵⁷ Duke, T. S. (2011). Lesbian, gay, bisexual, and transgender youth with disabilities: A meta-synthesis. *Journal of LGBT Youth*, 8(1), 1-52.

⁵⁸ Kafer, A. (2017). Bodies of nature: The environmental politics of disability. *Disability studies and the environmental humanities: Toward an Eco-Crip theory*, 201-241.

⁵⁹ Government of Canada. Women and Climate Change. Available at: <https://www.canada.ca/en/environment-climate-change/services/climate-change/women.html>

diagnosed.⁶⁰ In the US it is estimated between 12-16% of the population has a chemical sensitivity, with 80% of those being women.⁶¹

Disability in Indigenous populations in Canada is complicated by several factors. First of all, they are underserved in terms of available disability supports. Secondly, the prevalence of disability is increased and a direct result of environmental racism and neglect.⁶² The conditions on reserves, including overcrowding, a lack of clean drinking water, a lack of adequate sanitation etc. have resulted in high rates of infectious diseases including HIV and tuberculosis.⁶³

With regards to **Indigenous women** in Canada, those between the ages of 25-54 are twice as likely as non-Indigenous women to report having a disability. Indigenous people overall are reported as having higher rates of disability⁶⁴ because of a lack of access to supports linked to key social determinants of health.

In the United States, there are more than 4.5 million American Indian and Alaskan Natives, with about half of that number representing women.⁶⁵ American Indian and Alaskan Natives have the highest rates of disability of any population (22%).⁶⁶

We do want to note the inherent tensions between the concept of disability itself and Indigenous ways of knowing. Disability, which is often viewed as a marker of difference in western culture, is conceptually at odds with ways of living and knowing that do not see disability as difference.⁶⁷

⁶⁰ Women's College Hospital (nd.) Environmental Sensitivities. Available at: <https://www.womenshealthmatters.ca/health-centres/environmental-health/environmental-sensitivities/>

⁶¹ Lipson, J. G., & Doiron, N. (2006). Environmental issues and work: women with multiple chemical sensitivities. *Health Care for Women International*, 27(7), 571-584.

⁶² Chandler, E. (2019). Introduction: Crippling the Arts in Canada. *Canadian Journal of Disability Studies*, 8(1), 1-14.

⁶³ COME, MATTHEW COON. "Apartheid pressures push Aboriginal peoples to edge of extinction." *Canadian Speeches*, July 2001, p. 37. *Canadian Periodicals Index Quarterly*.

⁶⁴ SOGC, J. (2001). A guide for health professionals working with aboriginal peoples. *J SOGC*, 23(1), 54-68.

⁶⁵ Cohen, L., Solomon, T., Joe, J., Haring, R., Randall, L., DeRoins, D., & Villavicencio, J. (2012). Native American developmental disabilities needs assessment. *Silver Springs*.

⁶⁶ Cohen, L., Solomon, T., Joe, J., Haring, R., Randall, L., DeRoins, D., & Villavicencio, J. (2012). Native American developmental disabilities needs assessment. *Silver Springs*.

⁶⁷ Quinlan, L. (2018) Accessibility and Disability for Indigenous Women, Girls, and Gender Diverse People: Informing the new Federal Accessibility Legislation. Native Women's Association of Canada.

While little research has been done around immigrants with disabilities in Canada,⁶⁸ what we do know points to barriers that need to be addressed. **Immigrant women with disabilities** who are racialized, tend to find themselves isolated in their new homeland, as they are not seen as a part of the multicultural Canadian landscape.⁶⁹

As well, Canada has a long and problematic history of immigration laws around medical inadmissibility because of a disability.⁷⁰ It is clear this inadmissibility was based on ableist ideas and stereotypes, and although the Government of Canada announced changes to these provisions in 2018 within the *Immigration and Refugee Protection Act* disability advocates contend that these are merely “tweaks” that fail to address broader and needed legislative reform.⁷¹

In the United States, growing anti-immigrant sentiment, espoused by the President and implemented through policies, is disproportionately targeting racialized bodies. Along with this, proposed changes to permanent residency applications are making it far more difficult for immigrants with disabilities.⁷²

There is also evidence and serious concern that the Trump administration's policies in the US which separates immigrant and refugee children from their parents or caregivers in detention has negative physical and emotional symptoms, as well as post traumatic stress disorder, and that children experience long after their release.⁷³ This practice is essentially producing disabling conditions in children with potentially life-long consequences.

One way in which women’s participation can be measured is through their representation in positions of **power and decision-making**. In Canada, a combination of stigma and barriers has meant low numbers of those with known disabilities in

⁶⁸ Hansen, S. (2019). *The Social Geographies of Adult Immigrants with Disabilities in Canada* (Doctoral dissertation).

⁶⁹ Dossa, P. (2005). Racialized bodies, disabling worlds “they [service providers] always saw me as a client, not as a worker”. *Social Science & Medicine*, 60(11), 2527-2536.

⁷⁰ Wilton, R., Hansen, S., & Hall, E. (2017). Disabled people, medical inadmissibility, and the differential politics of immigration. *The Canadian Geographer/Le Géographe canadien*, 61(3), 389-400.

⁷¹ Wright, T. (2018) Feds axe rules that turned away would-be immigrants with disabilities. Available at: <https://www.theglobeandmail.com/politics/article-feds-axe-rule-that-turned-away-would-be-immigrants-with-disabilities/>

⁷² Fries, K (2019) How we can make the world a better place for immigrants with disabilities. Available at: <https://qz.com/1600200/why-disabled-immigrants-are-one-of-the-most-invisible-populations/>

⁷³ Linton, J. M., Griffin, M., & Shapiro, A. J. (2017). Detention of immigrant children. *Pediatrics*, 139(5), e20170483.

political office.⁷⁴ Additionally, research around disability and participation in provincial office indicates ‘non-participation’, which emphasizes the need to attract candidates with disabilities.⁷⁵

In the US, as of 2018, there were no accurate statistics around the number of people with disabilities in elected office,⁷⁶ let alone any statistics based on gender and disability. In terms of the electoral process there are serious concerns in terms of overall participation and representation. In the US, some have noted how financial barriers (e.g. access to funds to run a campaign) and persistent accessibility barriers continue to make it hard for disability representation in the political landscape.⁷⁷

The representation of **disability in the media** is another way to assess social norms related to disability. Media representation can be a reflection of current social norms or it can be used to challenge them. However the representation of disability in the media it is often through negative stereotypes.⁷⁸ One recent US study that examined the 2015-16 television season found that 95% of characters with disabilities were played by non-disabled actors.⁷⁹

Women have historically been branded as ‘hysterical’ in mainstream portrayals, and even current portrayals of things like women who are bipolar tend to present women with disabilities without empathy and as dangerous.⁸⁰

⁷⁴ Levesque, M. (2016). Searching for persons with disabilities in Canadian provincial office. *Canadian Journal of Disability Studies*, 5(1), 73-106.

⁷⁵ Levesque, M. (2016). Searching for persons with disabilities in Canadian provincial office. *Canadian Journal of Disability Studies*, 5(1), 73-106.

⁷⁶ National Council on Independent Living (2018) Candidates with Disabilities Running for Elected Office. Available at: <https://www.ncil.org/candidates/>

⁷⁷ Powell, R (2018) People with Disabilities Are ‘ Severely Underrepresented in Political Office.’ These Candidates Hope to Change That. Available at: <https://rewire.news/article/2018/05/31/people-disabilities-severely-underrepresented-elected-office-candidates-hope-change/>

⁷⁸ United Nations. Disability and Media. Available at: <https://www.un.org/development/desa/disabilities/resources/disability-and-the-media.html>

⁷⁹ Woodburn, D., & Kopic, K. (2016). The Ruderman White Paper: On Employment of Actors with Disabilities in Television. *The Ruderman Family Foundation*, July.

⁸⁰ Chiu, J. (2012) Women with Disabilities: Understanding Media Representations to Empower one of the Most Victimized Groups in Society, Battered Women’s Support Services. Available at: <https://www.bwss.org/women-with-disabilities-understanding-media-representations-to-empower-one-of-the-most-victimized-groups-in-society/>

Conclusion

Given the compounding and interrelated problems that result in the on-going social and economic exclusion of women and girls with disabilities, it is clear that isolated service and support silos will remain ineffective. Instead there is a need for coordinated and collective efforts that address systemic forms of ableism and that are grounded in the advocacy and leadership of women and girls with disabilities.

This advocacy must be supported by governments, civil society, and feminist allies alike. As such DAWN calls on allied individuals and organizations to involve women and girls with disabilities and the organizations who represent them in all aspects of research, education, policy, and practice. This long overdue inclusion is a first step in not only informing gender-based analysis, but also in tackling systemic ableism that have thus far excluded us from these important endeavours.

It is only with our full and meaningful inclusion that we can, together, work to dismantle persistent systemic and attitudinal barriers.