



DisAbled Women's Network of  
Canada/ Réseau d'action des  
femmes handicapées Canada

# Parliamentary Brief

Challenges faced by senior women with a focus on the  
factors contributing to their poverty & vulnerability

A Brief Prepared for the Standing Committee on the Status of Women in  
Canada (FEWO)

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*Leadership, Partnership & Networking*

**ABOUT THE DISABLED  
WOMEN'S NETWORK  
OF CANADA (DAWN  
CANADA)**

DisAbled Women's Network (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 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

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In exploring the gendered dynamics of aging, it is also critically important to include a disability analysis. The prevalence of disability increases with age (13% for those aged 15-24 jumps to 47% for those 75 years and older).<sup>1</sup> We also know that women in Canada remain more likely (24%) to have a disability than men (20%).<sup>2</sup> Senior women also remain more likely to report that they are “usually in pain.”<sup>3</sup> Thus, even though many women may not formally identify as having a disability as they age, the issues and barriers they experience are likely to be similar to those experienced by women with disabilities, if not immediately, then eventually.

It is equally important to examine the experiences of senior women with disabilities from an intersectional perspective, as women with disabilities are not a homogenous group. Race, ethnicity, sexual identity and other identity markers all impact on their experiences. Due to the size limitation of this brief, a more fulsome intersectional analysis will be presented when we appear before the Committee.

## Access to Transportation

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Women with disabilities remain more likely than men to use public transportation.<sup>4</sup> Since activity limitations increase as women age, senior women are likely to encounter similar barriers to transportation access as women with disabilities. Regarding women’s use of transportation:

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

<sup>2</sup> Ibid.

<sup>3</sup> Hudon T., & Milan, A. (2016), Senior Women, <https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14316-eng.htm>

<sup>4</sup> 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>

- Research indicates women with disabilities are more likely to be the targets of sexual assault in transit environments.<sup>5</sup>
- In terms of accessible and/or specialized transit, usage among women with disabilities increases with the severity of one's disability (11.2% for women with a severe disability versus 6.1% for women with a mild or moderate disability).<sup>6</sup>
- A lack of access to information about transportation and travel, coupled with limited financial assistance prevent women with disabilities from fully participating in social life.<sup>7</sup>
- 46% of women who report either a severe or very severe disability report difficulty in using public and/or specialized transportation.<sup>8</sup>
- For women with disabilities in Northern communities, transportation can be particularly difficult, as women may depend on taxis, yet availability and cost can be impacted because of an influx of resource jobs.<sup>9</sup>

## Access to Health Services

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As women age and develop disabilities, they may experience similar forms of discrimination as women with disabilities with regards to health care. In general, healthcare providers' perceptions as well as their lack of knowledge around disability shape the healthcare process.<sup>10</sup> Forms of pressure and neglect from healthcare providers include 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.<sup>11</sup> As well, a life course analysis is useful in terms of evaluating the healthcare experiences of women as needs shift

<sup>5</sup> Iudici, A., Bertoli, L., & Faccio, E. (2017). The 'invisible' needs of women with disabilities in transportation systems. *Crime prevention and community safety*, 19(3-4), 264-275.

<sup>6</sup> Ibid

<sup>7</sup> Crooks, V. A. (2004). Income assistance (the ODSP) and disabled women in Ontario, Canada: Limited program information, restrictive incomes and the impacts upon socio-spatial life. *Disability Studies Quarterly*, 24(3).

<sup>8</sup> 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>

<sup>9</sup> Manning, S. (2016) Experiences of Women with Disabilities in Canada's North. A FemNorthNet Factsheet. Available at: <http://fnn.criaw-icref.ca/images/userfiles/files/WWDsNorth.pdf>

<sup>10</sup> Dillaway, H. E., & Lysack, C. L. (2015). "Most of them are amateurs": Women with spinal cord injury experience the lack of education and training among medical providers while seeking gynecological care. *Disability Studies Quarterly*, 35(3).

<sup>11</sup> 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](https://www.futureswithoutviolence.org/userfiles/file/HealthCare/responding_to_abuse.pdf)

throughout a woman's life.

Research indicates women with disabilities remain less likely than their non-disabled counterparts to access cancer screening,<sup>12</sup> and have higher breast cancer mortality rates.<sup>13</sup> Barriers to cancer screenings include the complex and arduous process of arranging and attending appointments, normative assumptions about women's bodies, and accessing health care information.<sup>14</sup> These barriers can be exacerbated by unreliable accessible transportation (i.e. late and no-shows).

An emerging issue is tension between the Convention on the Rights of Persons with Disabilities (CRPD) and Canada's Medical Assistance in Dying Act (MAiD). Many have argued the Act itself is in violation of Canada's obligations where disability and right to life are concerned.<sup>15</sup> Advocates fear that the Act 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 undervalued.<sup>16</sup>

## Housing & Institutionalization

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Research indicates that housing and homelessness are different issues for women, and that women experience a continuum that ranges from secure to precarious housing based on a number of factors including the availability of affordable housing, employment, health and disability, safety,

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<sup>12</sup> 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.

<sup>13</sup> 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.

<sup>14</sup> 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.

<sup>15</sup> Mikochik, S. L. (2017). Broken to the Hope: The Right to Life, the UN Convention on the Rights of Persons with Disabilities, and Canada's Medical Assistance in Dying Act. *The National Catholic Bioethics Quarterly*, 17(2), 225-233.

<sup>16</sup> 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>

gender, culture, etc.<sup>17</sup> In Canada, 46% of women who report having been homeless also have a disability.<sup>18</sup>

While women in general are more likely than men to experience poverty, Aboriginal women with disabilities, older women, women of colour, and immigrant and refugee women are most affected by housing issues.<sup>19</sup> Lack of access to stable housing can lead to higher risks of chronic disease, infectious disease, and premature death.<sup>20</sup> Indeed, women facing housing issues are six times as likely as women who have adequate housing to die by suicide.<sup>21</sup> “Hidden homelessness” is another issue. Unlike the population who live on the streets and/or access shelters, the “hidden homeless” have access to some form of accommodation (i.e. temporary accommodation with friends or family etc.).<sup>22</sup>

Due to a lack of adequate supported housing in the community, women with disabilities are also at risk of various forms of institutionalization, including in group homes, hospitals, long term care facilities, etc.). Additionally, incarceration remains a reality for many women whose disabilities are undiagnosed and therefore untreated. For example, it has been estimated that 40% of Ontario’s population of incarcerated women have a history of Traumatic Brain Injury (sustained before they committed their first crime).<sup>23</sup>

## Access to Justice

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High rates of victimization against women with disabilities indicate significant gaps with respect to safety and access to justice. Women with disabilities are twice as likely as those who do not have a disability to be

<sup>17</sup> Tabibi, J., & Baker, L.L (2017). Exploring the intersections: immigrant and refugee women fleeing violence and experiencing homelessness in Canada. London, Ontario: Centre for Research & Education on Violence Against Women & Children. Available at: <http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/ESDC-CREVAWC-Meeting-Report-FINAL-August-9.pdf>

<sup>18</sup> 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>

<sup>19</sup> Canadian Women’s Health Network (nd.) Women, Housing, and Health. Available at: <http://www.cwhn.ca/en/node/43290>

<sup>20</sup> Canadian Women’s Health Network (nd.) Women, Housing, and Health. Available at: <http://www.cwhn.ca/en/node/43290>

<sup>21</sup> Research Alliance for Canadian Homelessness, Housing and Health (2010) Housing Vulnerability and Health: Canada’s Hidden Emergency. Available at: <http://www.stmichaelshospital.com/pdf/crich/housing-vulnerability-and-health.pdf>

<sup>22</sup> Statistics Canada (2016) Study: Hidden homelessness in Canada, 2014. Available at: <http://www.statcan.gc.ca/daily-quotidien/161115/dq161115b-eng.pdf>

<sup>23</sup> University Health Network (2014) 40% of Women Enter Prison with Brain Injury. Available at: [http://www.uhn.ca/corporate/News/Pages/fourty\\_per\\_cent\\_of\\_women\\_enter\\_prison\\_with\\_brain\\_injury.aspx](http://www.uhn.ca/corporate/News/Pages/fourty_per_cent_of_women_enter_prison_with_brain_injury.aspx)

the victim of violent crimes.<sup>24</sup> There are disproportionately low rates of prosecution and conviction in cases of sexual assault of older women in institutional settings - in a review of a 120 cases, law enforcement was notified in 96% of these cases, yet only 55% resulted in charges and only 25% resulted in an assailant being found guilty.<sup>25</sup> In another study looking at sexual assault in nursing homes, only 5% of these cases were prosecuted.<sup>26</sup>

## Conclusion/Recommendations

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This brief presents research that is relevant to women with disabilities and which has policy implications for senior women.

In order to ensure that needs of senior women with disabilities, inclusive of race, ethnicity, Indigeneity, sexual identity, class, and geographic location are fully included in social policy and programs, DAWN Canada recommends that:

- Monitoring mechanisms are in place in group homes and institutions to ensure that women are safe and can report incidents of abuse and sexual assault and are supported to do so
- Senior women are supported in all stages of reporting sexual assault and abuse
- There is funding for improved availability of adapted and public transportation
- Service providers in health care, social services, and victim services are educated about needs of senior women with disabilities
- Research and policy related to senior women includes a disability lens, and most critically, an intersectional lens
- Implementation of the Medical Assistance in Dying Act is monitored to ensure that senior women, in particular women with disabilities, are not subject to coercion

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<sup>24</sup> 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>

<sup>25</sup> Grant, I., & Benedet, J. (2016). The Sexual Assault of Older Women: Criminal Justice Responses in Canada. *McGill Law Journal/Revue de droit de McGill*, 62(1), 41-78.

<sup>26</sup> Ibid.