



DisAbled Women's Network of Canada

Réseau d'action des femmes
handicapées Canada

Parliamentary Brief

The Impact of COVID-19 on Women living with Disabilities in
Canada

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

DisAbled Women's Network (DAWN-RAFH) 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-RAFH 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

People with disabilities, specifically women with disabilities face unique barriers related to Covid-19. This includes both the increased risk of transmission and death from Covid-19, as well as the unique ways policies targeting Covid-19 impact this group. Prior to Covid-19 more than 50% of human rights complaints at the Federal, Provincial and Territorial levels in Canada for the last four years have been disability related, which speaks to systemic failures that have been exacerbated under Covid-19. In this brief, DAWN Canada has chosen to use this opportunity to highlight these unique considerations, as well as significant and existing policy gaps facing this group. Women with disabilities in Canada account for almost ¼ of the population of women in Canada, and continue to face disproportionate levels of unemployment, poverty, homelessness, and incarceration. For women with disabilities being Indigenous, racialized, immigrant or refugee, and/or lesbian, gay, bisexual, transgender, queer, intersex or Two-Spirit, generally exacerbates these problems. We seek to inform holistic and inclusive policies that will better serve the needs of women with disabilities in future policy responses to Covid-19. On this note, as the first wave in Canada seems to be slowing, and speculation that the anticipated second wave could be worse, we seek urgent and targeted response to address the gaps outlined below.

Women with Disabilities, Gender-Based Violence, & Covid-19

Canadian statistics indicate that 24% of women report having a disability.¹ Recent Statistics Canada data begins to shed some light on how gender

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>

may shape the Covid-19 experience. Statistics out of Nova Scotia indicate women are more likely than men to contract Covid-19 (62% versus 38%).² New research from the United States on Covid-19 also confirms that those with pre-existing and chronic conditions like lung disease, diabetes and cardiovascular disease are six times more likely to require hospitalization and twelve times more likely to die from Covid-19.³ We note this as rates of chronic and episodic disabilities are higher among women than men. Covid-19 thus has gendered dynamics which need to be addressed. This includes not only how women may be at increased risk to contract Covid-19, but also, and importantly, how virus-related policy responses have had a more profound impact on women, specifically women with disabilities. For example, women in Canada are more likely than men to report being concerned about violence in the home as a result of Covid-19 policies.⁴ This was especially true among younger women between the ages of 15-24, as 12% of women were more likely to report they were very or extremely concerned about the possibility of violence in the home.⁵ While this crowdsourced research did not include disaggregated data, it is important to note that some groups of women are more likely to be victimized. 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.⁶

² COVID-19: case data in Nova Scotia (2020) Available at: <https://novascotia.ca/coronavirus/data/?fbclid=IwAR3bBjzwiXNoxDzJimWlwMB6ZloCr1gIH0oT5w4Uz1Qn3Lug7QwBePsjuwQ>

³ Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020. *MMWR Morb Mortal Wkly Rep.* ePub: 15 June 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6924e2>

⁴ Statistics Canada (2020) Impacts of COVID-19 on Canadians: First results from crowdsourcing. Available at: <https://www150.statcan.gc.ca/n1/daily-quotidien/200423/dq200423a-eng.htm>

⁵ Statistics Canada (2020) Impacts of COVID-19 on Canadians: First results from crowdsourcing. Available at: <https://www150.statcan.gc.ca/n1/daily-quotidien/200423/dq200423a-eng.htm>

⁶ 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>

In Canada, women with disabilities are already twice as likely to be the victims of a violent crime and make up 45% of self-reported incidences of violent crime (including sexual assault, physical assault and robbery).⁷ As a key policy to reduce the risk of contracting or spreading Covid-19 has been shelter-in-place, we must also be attentive to the role of Intimate Partner Violence (IPV) in the lives of women with disabilities. Indeed, 39% of Canadian women with disabilities have experienced spousal violence, 46% have been physically injured as a result of this violence and 38% of these women have feared for their lives.⁸ Of note here as well is that 44% of women with a disability report their abuser is a friend, acquaintance or neighbor, and 30% of these incidents occur in the home.⁹ As Covid-19 has meant many services and supports have been limited, including home and personal care support, it is likely that many women with disabilities have been put in the position to rely more on informal support networks while they shelter-in-place, in networks that likely include their potential abusers.

While the Government of Canada has taken measures to address gender-based violence as it relates to Covid-19 policy, we should also note that in a 2018 brief DAWN Canada prepared for the Standing Committee on the Status of Women in Canada for their study of shelters and transition houses in Canada, serious accessibility barriers for women with disabilities accessing shelters were noted.¹⁰ This compounds the issue for women with disabilities who were facing inaccessible gender-based violence services and supports pre-Covid-19, who are now faced with policies that bring them into greater contact with the sites and people associated with their disproportionately high rates of abuse.

⁷ 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>

⁸ 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>

⁹ 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>

¹⁰ DAWN Canada (2018) *Women with Disabilities and Access to Shelters and Transition Houses A Brief Prepared for the Standing Committee on the Status of Women in Canada (FEWO) for their Study of the System of Shelters and Transition Houses in Canada*

The Need for Disaggregated Data

One of the key failures across Canada to date has been a lack of disaggregated data related to Covid-19. As an example, in May, Indigenous Services Canada had reported only 183 positive cases and two deaths from covid-19 in First Nations, just a day later researchers at the Yellowhead Institute reported 465 cases on covid-19 in 42 communities and 7 suspected deaths.¹¹ Researchers from the Yellowhead Institute had to compile their information through publicly available data as no agency or organization in Canada was collecting Indigenous data in a reliable way. Indeed, across the country there have been calls to collect disaggregated data that helps us understand how Covid-19 is disproportionately impacting various communities so we can better understand the intersectional nature of its impacts. In Ontario, a sharp rise of Covid-19 cases in certain communities and the concentrated nature of the infections have led to calls for race-based data collection.¹² In the United States, available disaggregated data has illustrated that Black communities have three times the Covid-19 infection rate and nearly six times the mortality rate.¹³

While we may not have disaggregated data in Canada yet, those most likely to be exposed to and thus contract Covid-19, like health care workers, personal support workers, cleaners, and other essential and front-line workers are more likely to be racialized. Covid-19 is already a heavily gendered issue, as more than 90% of paid staff in Long Term Care (LTC) are women and more than 80% of unpaid family caregivers are women.¹⁴

¹¹ Cardinal, J. (2020) Differing reports reveal data gap in COVID-19 case counts for Indigenous people in Canada. Available at: <https://www.thestar.com/news/canada/2020/05/13/differing-reports-reveal-data-gap-in-covid-19-case-counts-for-indigenous-people-in-canada.html>

¹² Unifor applauds collection of race-based data on COVID-19 in Ontario (2020) Available at: <https://www.newswire.ca/news-releases/unifor-applauds-collection-of-race-based-data-on-covid-19-in-ontario-873388664.html>

¹³ Crenshaw, K. (2020) When Blackness Is a Preexisting Condition. Available at: <https://newrepublic.com/article/157537/blackness-preexisting-condition-coronavirus-katrina-disaster-relief>

¹⁴ Estabrooks, C., & Keefe, J. (2020) Women are 90 percent of paid staff in long-term care. Gender must be considered during policy-making, and women must have a seat at the table. Available at: <https://policyoptions.irpp.org/magazines/may-2020/covid-19-crisis-in-nursing-homes-is-a-gender-crisis/>

The makeup of care labour also speaks to the need for disaggregated data. Indeed, the need to fill certain jobs within migrant-receiving countries like Canada, has led to thousands of Filipino care workers on the front line of Covid-19.¹⁵ In fact, 90% of Canada's migrant caregivers are Filipino.¹⁶ In early May, Ontario reported that more than 2,500 health-care workers had contracted Covid-19, with 4 related deaths at that time.¹⁷ These realities not only speak to how vulnerable predominantly women and racialized front-line workers are, but also to how this crisis is shaping, or rather creating new and unique barriers for women with disabilities in accessing care supports as a lack of policy guidance for care workers and the disastrous neglect and management of Canada's private Long Term Care (LTC) facilities have sent ripples through the care sector and made both racialized women and women with disabilities more vulnerable to Covid-19. Yet, at the time of drafting this brief, the government of Canada is still only considering gathering race-based data.

Incarceration, Congregant Living & Covid-19

Incarceration and various forms of congregate living remain a critical issue with respect to women with disabilities and Covid-19. In terms of the incarcerated population in Canada, burgeoning research around women with traumatic brain injury (TBI) indicates a high percentage of women offenders with this condition.¹⁸ As well, Canadian research also highlights the role of prisons in incarcerating Indigenous people and people with psychiatric disabilities.¹⁹ As of mid-May, 333 inmates in federal prisons had

¹⁵ Valdez, W., Gatinao, A., Dorinilla, D., Accad, D., Medel, L., & Mandegarian, C. (2020) Filipino Healthcare Workers During COVID-19 and the Importance of Race-Based Analysis. Available at: https://www.broadbentinstitute.ca/filipino_healthcare_workers_during_covid19_and_the_importance_of_race_based_analysis

¹⁶ Friesen, J. (2011) The Philippines now Canada's top source of immigrants. Available at: <https://www.theglobeandmail.com/news/national/the-philippines-now-canadas-top-source-of-immigrants/article573133/>

¹⁷ Rinaldo, S., & Mae Jones, A. (2020) PSW death sheds light on risk facing health-care workers, home care patients. Available at: <https://www.ctvnews.ca/health/coronavirus/psw-death-sheds-light-on-risk-facing-health-care-workers-home-care-patients-1.4922566>

¹⁸ 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).

¹⁹ 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.

tested positive for Covid-19 prompting several human rights organizations to file suit for the government to take action.²⁰

Congregate living sites, including LTC facilities and group homes have also been at the centre of Canada's worst Covid-19 outbreaks. In Ontario, 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.²¹ While globally more men than women have died as the result of Covid-19, Canada is an exception. In Canada, more women have been diagnosed and died from Covid than men: 55% of confirmed cases are women and 53% of deaths are women. Quebec and Ontario (which make up the bulk of cases) reflect this as well with 57% of those infected in Ontario and 60% of those in Quebec are women.²² In part, this is a reflection of the higher number of women in LTC and impacts of Covid-19 within those sites, as well as the reality that women are more likely to work in care settings. In fact, more than 80% of Canada's Covid-19 related deaths (8,000 at the time of writing this brief) have been among older adults, particularly those in LTC.²³ The recent Canadian military report on conditions inside Ontario's LTC facilities highlighted some of the abhorrent conditions and neglect within these sites which include the following:²⁴

- Patients with Covid allowed to freely wander and housed in rooms with non-positive residents;
- A lack of PPE;

²⁰ Haig, T. (2020) Human rights groups sue Ottawa over COVID threat in prisons. Available at: <https://www.rcinet.ca/en/2020/05/13/human-rights-groups-sue-ottawa-over-covid-threat-in-prisons/>

²¹ 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/>

²² Bowden, O. (2020) More Canadian women have COVID-19 and are dying as a result. Here's some possible reasons why. Available at: <https://globalnews.ca/news/6920505/more-women-have-coronavirus/>

²³ Lao, D. (2020) Coronavirus has now killed more than 8,000 people in Canada. Available at: <https://globalnews.ca/news/7052645/coronavirus-has-killed-more-than-8000-people-in-canada/>

²⁴ McIntosh, E. (2020) Military report finds gruesome conditions, abuse inside 5 Ontario long-term care homes. Available at: <https://www.nationalobserver.com/2020/05/26/news/military-report-finds-gruesome-conditions-abuse-inside-5-ontario-long-term-care>

- Reusing medical supplies like catheters (which had been pulled out and left on the ground);
- Subpar cleaning and disinfecting as well as significant fecal contamination.

These conditions speak to not only a failure to properly respond to Covid-19 in sites with high numbers of women with disabilities, but also the results of persistent cuts and privatization to services accessed by women with disabilities.

Access to Accessible Health Care

Women with disabilities had serious barriers to health care pre-Covid-19 and were facing discrimination in healthcare settings that interfered with their needs being adequately met.²⁵ This includes forms of pressure and neglect among healthcare providers including 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.²⁶ As Covid-19 has been a pressing disability issue the world over, as it has highlighted how people with disabilities are denied health care when resources are scarce as well as how Covid-19 related policies create new barriers within health care. A tragic case from British Columbia, in which Ariis Knight, a 40 year old woman with a disability, died alone in hospital as a result of policies restricting her access to a support person, illustrates part of this issue.²⁷ Knight, who was non-verbal lacked access to support people and/or family members who could assist with communication because of policies limiting “visitors.” As a result Knight was placed in palliative end-of-life care without any consultation and

²⁵ Pinto, P. C. (2015). Women, disability, and the right to health. *Women's Health 2e: Intersections of Policy, Research, and Practice*, 137.

²⁶ 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

²⁷ Hau, J. (2020) B.C. woman with disability dies alone in hospital due to COVID-19 visitor restrictions. Available at: <https://globalnews.ca/news/6866586/bc-woman-disability-dies-covid-19/>

subsequently died. This case highlights the barriers facing those with disabilities that result in unequal access to care and treatment based on assumptions about quality, the failure to use a disability-related lens in Covid-19 policy development, as well as of life as well as a failure to make the Covid-19 responses accessible.

On this note, it is essential to flag how Covid-19, in conjunction with Canada's Medical Assistance Dying Act (MAiD), may increase specific health barriers. MAiD already raises questions about access to care and pain management, including whether it is easier to be approved for assisted dying than to access adequate pain management.²⁸ Prior to Covid-19 advocates feared the Act failed to account for the reasons many women with disabilities may seek out assisted dying. These reasons include underfunded palliative and disability supports programs, social isolation, lack of access to needed services and supports (suicide prevention, addictions treatment, trauma-informed services, etc.), and because disability still remains stigmatized and the lives of people with disabilities are seen as less valued.²⁹ A recent Quebec Superior Court Decision³⁰ around MAiD has raised further alarm bells about the vulnerability of people with disabilities, in particular women. The Court determined that "imminent death" is not a condition that needs to be met in order to request the procedure. Disability rights activists, including DAWN Canada, have argued that this puts women with disabilities at increased risk of coercion, and that when they try to access medical services, they risk being "offered" medically assisted death. It is clear that given the limited medical resources available and the strain of a global pandemic, systemic barriers to health care, and assumptions that people with disabilities do not have a "good" quality of life could position solutions like MAiD in ways that further deny people with disability the care they require.

²⁸ Gallagher, R. (2018). New category of opioid-related death. *Canadian Family Physician*, 64(2), 95-96

²⁹ 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>

³⁰ Truchon, J. (2020) The latest medical assistance in dying decision needs to be appealed: Here's why. Available at: <https://theconversation.com/the-latest-medical-assistance-in-dying-decision-needs-to-be-appealed-heres-why-124955>

Poverty, Women with Disabilities & Covid-19

Women remain more likely than men to experience poverty³¹ and the risk factor for poverty increases when compounding factors like disability are present.³² Out of those who live in poverty, an estimated 26%³³ to 33%³⁴ are women with disabilities. The risk of living in poverty increases for people who are also women, racialized, Indigenous and/or lone parents.³⁵ As Covid-19 has radically impacted the economy, the needs of women with disabilities must be addressed. While the government has responded to the needs of Canadians as Covid-19 has evolved, the needs of persons with disabilities, specifically women with disabilities, remain unmet. The recently announced \$600 for Canadians with disabilities is not only not enough for many, but because it is tied to Disability Tax Credit (DTC) eligibility, large swaths of people have been left out of this relief. Indeed, experts have reminded us that as it is currently designed, hundreds of thousands of Canadians with disabilities, especially those in low-income households (who are likely are most in need of support) will not benefit from this policy.³⁶

Children & Youth with Disabilities

Children and youth with disabilities have important needs that are not being met because of Covid-19 policies. One of the first policy responses to Covid-19 was the closure of schools. For children and youth with disabilities who are in primary and secondary school, the education system

³¹ Williams, C. (2010). Women in Canada: A gender-based statistical report. *Economic well-being. Statistics Canada Catalogue*, (89-503).

³² 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

³³ Sekharan, V. (2015) Infographic: Canadian Women in Poverty. Homeless Hub. Available at: <http://www.homelesshub.ca/blog/infographic-canadian-women-poverty>

³⁴ Canadian Women's Foundation. The Facts About Women and Poverty. <http://www.canadianwomen.org/facts-aboutwomen-and-poverty>

³⁵ 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>

³⁶ Alini, E. (2020) COVID-19 disability benefit, even if approved, would 'miss all kinds of people'. Available at: <https://globalnews.ca/news/7039419/covid-19-disability-benefit-even-if-approved-would-miss-all-kinds-of-people/>

is often the cornerstone of the delivery of needed support and services. Along with closures and reductions to other services, this has left many children and youth with disabilities without the support they require. A recent survey in the UK found that 75% of children had lost their support because of the Covid-19 lockdown.³⁷ A recent B.C Family Service report about children with disabilities found that the top three needs cited by families were flexibility in the use of funding, increased financial support, and clarity in terms of pandemic policy and funding. Given that a potential second wave may interrupt the school year again in the Fall of 2020, it is essential that we have policies in place to ensure that disability-related supports typically provided through the education system are still accessible so children and youth with disabilities are not underserved for a prolonged period of time.

Summary & Recommendations

Throughout this brief we have provided insight into how the current Covid-19 response has failed to consider the needs of women with disabilities. This has had tragic consequences for this population and given this there is a pressing need to engage in policy solutions that adequately cover the needs of all Canadians with disabilities. This is especially pressing as we brace for a potentially worse second wave. Given these realities, DAWN Canada recommends the the following:

1. Income security: People with disabilities across the country experience disproportionate rates of poverty, these rates remain high for women with disabilities and those experiencing other intersectionalities. Of note, the Government's emergency relief for Canadians remains higher than the disability related-benefits many currently receive. As well, recent announcements which have not been fulfilled tied to the DTC leave many of the lowest-income women with disabilities without needed financial support. This speaks

³⁷ Dathan, M. (2020) Three quarters of disabled children have had all their support withdrawn during lockdown. Available at: <https://www.thesun.co.uk/news/11871129/three-quarters-disabled-children-support-withdrawn-lockdown/>

for the need for increases in disability-related income supports and other measures like a universal basic income to ensure no one is left behind economically.

2. Collection of Disaggregated Data: We know that Covid-19 is disproportionately impacting certain populations including women, racialized people and new immigrants, Indigenous communities, those who are poor, those who are incarcerated or live in congregate settings, those with disabilities, front-line workers, and paid and unpaid care labour etc. Clear data here will help inform policy responses that meet the needs of the most underserved in Canada.

3. Access to Health Care: There needs to be clear, concise, and universal health care policy that ensures those with disabilities have access to care that is accessible, values their lives, and allows for access to support persons and caregivers in situations where this is needed. We have already seen the consequences on not addressing systemic barriers for those with disabilities during Covid-19 and must ensure that this does not persist in a second wave. Additionally, we need coordinated health supports and services that continue to address disability-related needs during the pandemic, as many have experienced interruptions to needed medical support, physiotherapy and other forms of therapy. This includes priority access to personal protective equipment (PPE) for persons with disabilities and their care workers to ensure that unlike the first wave, those who rely on medical care, equipment, and other supports are not left without these because they cannot compete for these scarce and necessary resources. Additionally, with respect to MAiD, there was a pressing need for disaggregated data and independent human rights oversight before Covid-19 that has become even more urgent given the impacts of Covid-19 on scarce medical resources, social isolation, poverty etc.

4. Accessible Gender-Based Violence Supports: Women with disability remain more likely to be victimized and Covid-19 related policy responses have inadvertently meant women with disabilities may be in situations that exacerbate this (i.e. sheltering in place with potential abusers, relying on informal networks of care, a lack of accessible gender-based violence supports etc.). We must ensure responses to gender-based violence are inclusive and accessible.

5. LTC Reform & Congregate Living Sites: Covid-19 has illustrated the failures of private and for-profit LTC. LTC and community care need to be treated as an integral part of Canada's universal health care policy and thus investments in community-based care and universal access to safe, accessible, and chosen accommodation must be a priority.

We also require immediate action to move forward on decarceration policies and implementation of community-based and holistic supports that move us away from mass congregate living and incarceration of people with disabilities. This includes the need to reduce poverty, access to affordable and accessible housing, and bold investments in disability-related support.

6. Targeted Support for Children & Youth: Interruptions to schooling should not leave families and children and youth without access to needed disability supports. There need to be efforts to ensure needed support can be delivered even if children and youth cannot attend school, and families must have the resources and information needed to best support development during Covid-19.