

# Disabled Womens Network Canada

Submission to

the International Committee on

the Elimination of Discrimination Against Women

By DAWN Canada & Indigenous Disability Canada

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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-RAFH is an organization that works towards the advancement and inclusion of women, 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.

About Indigenous Disability Canada / British Columbia Aboriginal Network on Disability Society

IDC/BCANDS, is an internationally recognized and award winning, national Indigenous not for profit, Society serving the unique and diverse disability needs of Indigenous peoples across Canada. IDC/BCANDS is a "stand alone" organization and is one of the only organizations of its type in Canada. IDC/BCANDS holds Special Consultative Status with the United Nations Economic and Social Council. In 2024, BCANDS will celebrate its 33rd year of successfully delivering Indigenous disability programs and services across Canada

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This report is supported by:

Empowered Perspectives: Black Women+ Leading Intersectional Change Report (2024) prepared by Tamara Angeline Medford-Williams, Director of Black Community Initiatives and Tatiana Payeur, Francisca Mandeya, Melissa Bagirakandi, Idil O. Kalif, Shayla S. Dube

The Impact of COVID-19 on Women living with Disabilities in Canada Report (2020) prepared by Sonia Alimi, PhD, Jihan Abbas, PhD and Bara Hladik

Introduction

Our Understanding:

As a party to the United Nations (UN) International Committee on the Elimination of Discrimination Against Women (CEDAW), Canada is required to report on a periodic basis to the UN on its domestic implementation of the provisions under the Convention. As of June 2024, the Government of Canada shared for the 10th Periodic Review broadly in a Hybrid gathering of FTP government(s) and CSO's who gathered to hear the federal government treaty monitoring and complaint mechanism(s) plans moving forward.

Women with disabilities in Canada account for 30% of the population of women in Canada, and continue to face disproportionate levels of unemployment, poverty, homelessness, and incarceration. The rate of disability is above 35% for women with disabilities who are Indigenous, racialized, immigrant or refugee, and/or lesbian, gay, bisexual, transgender, queer, intersex or Two-Spirit. We seek to provide the international committee our responses on the Convention on the Elimination of Discrimination Against Women (UN CEDAW).

## Questions

We viewed the questions in two segments. First, from Canada's own report and then from the List of Issues supplied to Canada in 2019. Additionally, we chose to include additional information on Gender-Based Violence (GBV), which is not in the report from the State party. This is followed by an additional information section regarding critical perspectives that emerged during the COVID-19 pandemic.

From Human Rights Commission of Canada:

### Section 5. Persons Deprived of their liberties

#### Question # 3

Please provide details of efforts to address the over-representation of federally incarcerated Indigenous women.

Additional context specific to the lived disability experience of women at this intersection can be found on page six of this shadow report.

### Section 6. Women with Disabilities

#### Question # 6

Please provide details of efforts to address barriers to education and employment for women with disabilities.

What efforts are being made to ensure coordination between the various jurisdictions in Canada in relation to these issues?

#### Question #7

Please provide details on the anticipated impact of the housing legislation and the National Housing Strategy on women with disabilities.

### Section 7. Indigenous Women and Girls; Sub section 7.1 Equitable and Adequate Services on Reserve

#### Question #8

Please provide details of the steps being taken to ensure that services for Indigenous women and girls in First Nations communities are equitable, adequate and appropriate.

What steps are being taken by Canada to implement the recommendations made by the National Inquiry into Missing and Murdered Indigenous Women and Girls including in relation to the provisions of services?

## Additional Information

This section of the report is on:

Canada's List of Issues Gender Based Violence (GBV) highlights specific to all intersection's women with disabilities which can be found in the List of Issues Prior to Reporting (LoIPR).

In 2019, UN CEDAW asked Canada to provide information on:

Implementation of the strategy to combat gender-based violence, including its main objectives, finances and human resources and whether a monitoring mechanism will be put into place.

Canada was asked to explain the implementation process of National Action Plan on combating violence against women. This included operational details on specific allocations.

## Responses

## 5. Persons Deprived of Their Liberty

The treatment of incarcerated Indigenous women with disabilities in Canada is a significant concern as they are disproportionately represented and face higher rates of victimization. As of April 2022, Indigenous women accounted for 50% of all federally incarcerated women. In addition, Indigenous women accounted for 65% of sentenced women in maximum security custodial centers across Canada.

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. As well, Canadian research also highlights the role of prisons in incarcerating Indigenous people and people with psychiatric disabilities. It is important to note that Indigenous women with disabilities are more likely to be victims of abuse or become disabled due to gender-based and colonial violence, which increases their risk of becoming incarcerated. The majority of women in Indigenous shelters for reasons of abuse were escaping intimate partner violence and represented a large proportion of the residents in shelters due to abuse. From 2015 to 2020, the average homicide rate involving Indigenous victims was six times higher than the homicide rate involving non-Indigenous victims and nearly half of Indigenous women aged 15 and older who were murdered were killed by an intimate partner.

These high rates of victimization and gender-based violence are a significant cause of disability for Indigenous women. Studies have shown that having a disability increases the risk of incarceration, especially if they are racialized. In a recent study in the US, sixty-six percent of incarcerated people self-reported a disability. This data reflects how the lack of services and healthcare Indigenous women with disabilities experiencing gender-based violence leads to these disproportionate rates of incarceration. Significant gaps remain in equitable and adequate services, healthcare and access to justice for Indigenous women with disabilities in Canada which has a significant impact on the liberty of Indigenous women with disabilities in Canada.

Incarceration and various forms of congregate living remain a critical issue with respect to women with disabilities and COVID-19. As of mid-May 2020, 333 inmates in federal prisons had tested positive for COVID-19 prompting several human rights organizations to file suit for the government to take action. Congregate living sites, including Long Term Care (LTC) facilities and group homes have also been at the center 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. 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-19 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. In part, this reflects the higher number of women in LTC as well as higher risk for women with disabilities in LTC facilities.

## 6. Women with Disabilities

Released at the end of 2023 Statistics Canada has shown that nearly one third or 30% of all women in Canada live with a disability. "We also know that at different intersections specific groups, such as Indigenous, Black and other racialized women and gender-diverse people experience even higher rates of disability within their respective communities," Statistics Canada goes on to recognize. Women with disabilities in Canada face high rates of gender-based violence and barriers to healthcare and services, which puts them at higher risk of opting for Medical Assistance in Dying due to unmet needs, lack of services, and the outcomes of gender-based violence.

Women, girls and gender-diverse people with disabilities are disproportionately affected by gender-based violence and gender-based violence is a leading cause of disability for women in Canada, especially for Indigenous and Black women. In 2018, 42% of Black women disclosed having experienced intimate partner violence or domestic violence. The large majority (80%) of the women who were staying in Indigenous shelters for reasons of abuse were escaping intimate partner violence, similar to what was reported among women residing in non-Indigenous shelters (84%). First Nations, Métis and Inuit women and children represented a large proportion of the residents in both Indigenous and non-Indigenous shelters for victims of abuse, relative to their representation in the overall Canadian population. An intersectional analysis is critical to exposing how certain groups of women, girls and gender-diverse people with disabilities are disproportionately impacted by gender-based violence.

Access to healthcare is a significant challenge for Black/African women+ with disabilities facing both systemic and interpersonal discrimination within healthcare systems. The health outcomes of Black/African women+ with disabilities are compromised due to a combination of limited healthcare access, environmental risk factors, and discrimination. For instance, women+ with disabilities are more likely than those without disabilities to report having poorer health and less access to adequate healthcare. This issue is exacerbated for Black women+ and girls+ with disabilities, who face additional barriers due to systemic racism and socioeconomic disparities. Furthermore, Black women+ face a higher prevalence of health conditions such as heart disease, stroke, cancers, diabetes, maternal morbidities, and obesity. These conditions are influenced by environmental factors, including living in areas with poor air quality, limited access to nutritious food, and inadequate recreational spaces for physical activity. Addressing social determinants of health through an intersectional lens is crucial for reducing disparities among equity-deprived groups.

Since Medical Assistance in Dying was decriminalized by the Canadian Parliament in 2016, the implementation has been fraught with ethical challenges. In just six years, the number of deaths from euthanasia or MAiD increased thirteenfold, from 1,018 deaths in 2016 to over 13,200 deaths in 2022. The 2021 federal report shows a 32.4% increase in MAiD in just one year, 2021 over 2020. More Canadians die by euthanasia than from liver disease, Alzheimer's, diabetes, or pneumonia. In fact, MAiD is now effectively tied as the fifth leading cause of death in the country. In comparison, California legalized Medical Assistance in Dying in the same year. "Both [Canada and California] have similarly sized populations, similar, though not identical, demographics, and no real differences in the leading causes of death or overall death rates. However, 853 Californians died by MAiD in 2022, compared to 13,241 in Canada."

Facing systemic oppression that is often exacerbated by intersecting identities, women and gender-diverse people with disabilities are most vulnerable to opt for Medical Assistance in Dying due to unmet needs in terms of disability support. Not only do women, girls and gender-diverse people with disabilities continue face higher rates of poverty, housing insecurity, victimization and intimate partner violence, research shows that women and girls attempt suicide 1.5 to 2 times more often than men and boys. Documented stories of women and gender diverse people with disabilities show that they often qualify for MAiD while being denied necessary resources and healthcare supports. Recent data on MAiD found that 41.8% of application withdrawals were due to receiving sufficient care services. This suggests that by providing full support to people with disabilities, many more applications for MAiD can be prevented.

## 7. Indigenous Women and Girls

The Missing and Murdered Indigenous Women and Girls report highlighted the connections between gender-based violence against Indigenous women but failed to acknowledge the significant impact of disability on the conversation.

Research shows that Indigenous women are more likely to become disabled due to colonial violence. Further, women with disabilities are more likely to experience gender-based violence. This cycle of violence is further impacted by systemic barriers to healthcare and services. Indigenous people continue to experience systemic racism and discrimination when accessing healthcare. Many Indigenous women live with undiagnosed disabilities due to stereotypes and racism and face barriers to accessing services in their community, often having to leave their First Nation Communities to access healthcare, disconnecting them from communities and families. There have been extensive cuts to special education programs and a lack of consistent funding which is a significant cause of displacement for Indigenous women with disabilities. These factors put Indigenous women with disabilities in significant risk and should be considered in the Missing and Murdered Indigenous Women and Girls report.

The National Inquiry into Missing and Murdered Indigenous Women and Girls reported that the MMIWG crisis amounts to a genocide and included 231 Calls for Justice. Yet, the five-year independent review by the Assembly of First Nations reported that only 2 of the Calls for Justice have been implemented. First Nations communities have been exempted from the Accessible Canada Act for a period of 5 years, and therefore will not only have a delay in having accessible services, but there is no accountability from the federal government. This demonstrates how government institutions continue to fail Indigenous communities, especially Indigenous women, girls and gender

diverse people with disabilities, despite commitments to UN Conventions.

Indeed, Canadian funding does not reflect that the Indigenous population has grown 9.4% from 2016 to 2021 or that 62% of status First Nations people live off reserve, which leaves them unable to access services, funding and healthcare. Status First Nations are often isolated from their families, culture and communities. Funding does not exist to keep individuals and families connected to their communities and culture. In 2021 ISC spent 16.35 billion and provided 4.69 million for Urban Indigenous programs. This chronic underfunding and gaps in services has catastrophic health outcomes. Alarming, between 2015 and 2021, life expectancy for First Nations people decreased by 7.1 years. Indigenous women, girls and gender-diverse persons living with disability are on the top of the lists no one wants to be on, and on the bottom of the lists where everyone wants to be on top.

#### Additional Information: Gender-Based Violence

The expansion of Medical Assistance in Dying (MAiD) in Canada intersects with issues of Gender-Based Violence (GBV) in several important ways, particularly for women with disabilities. Here's how MAiD relates to gender-based violence:

##### 1. Vulnerabilization of Women with Disabilities

- **Higher Rates of Violence:** Women with disabilities experience higher rates of gender-based violence compared to their non-disabled counterparts. This violence can take many forms, including physical, emotional, sexual, and financial abuse. The trauma from such violence can compound existing vulnerabilities, making some women feel that MAiD is their only escape from ongoing abuse and suffering.
- **Coerced Decisions:** Women with disabilities may be more susceptible to coercion, especially in abusive relationships where they may feel pressured to choose MAiD. Abusers might manipulate them into believing that their lives are not worth living or that they are a burden. This coercion is a form of gender-based violence, where the choice of MAiD is not fully autonomous but influenced by the abuser's control.

##### 2. Economic Dependency and Isolation

- **Financial Abuse and Dependency:** Many women with disabilities face financial abuse, where they are economically dependent on their abusers. This dependency can lead to a lack of access to resources that might otherwise support their health and well-being, such as adequate housing, healthcare, or legal protection. Feeling trapped by financial abuse, some women might see MAiD as the only way to regain control over their situation.
- **Social Isolation:** Abusers often isolate their victims, cutting them off from support networks. This isolation can leave women with disabilities feeling hopeless and alone, further pushing them towards considering MAiD as an escape from their circumstances.

##### 3. Inadequate Support Systems

- **Lack of Accessible Services:** Women with disabilities who experience gender-based violence often face barriers in accessing support services, such as shelters, counseling, and legal assistance. These services may not be equipped to handle the specific needs of disabled women, leading to inadequate protection and support. Without access to these services, some women may view MAiD as their only option.
- **Healthcare System Failures:** The healthcare system sometimes fails to identify and address the signs of gender-based violence among women with disabilities. Instead of offering comprehensive care and support, the system may inadvertently steer women towards MAiD, particularly if their suffering is not adequately addressed through other means.

##### 4. Intersectionality and Systemic Oppression with Compounded Discrimination:

- Women with disabilities often experience intersectional discrimination—where ableism intersects with sexism, racism, and other forms of oppression. This compounded discrimination can increase their risk of both gender-based violence and a lack of access to essential services, making them more vulnerable to the pressures of choosing MAiD.

- Cultural and Racial Factors: Indigenous, Black, and other racialized women with disabilities may face additional layers of discrimination and violence, exacerbating their vulnerability. The intersection of cultural and systemic barriers can make it even more difficult for these women to access the support they need, potentially leading them to consider MAiD as an option when their suffering becomes unbearable.

## 5. Impact of Gender Norms and Expectations

- Internalized Ableism and Sexism: Societal norms and expectations often devalue the lives of women with disabilities, viewing them as less capable or less valuable. Internalized ableism and sexism can lead women to believe that their suffering is inevitable or that their lives are not worth living. This belief can drive them toward considering MAiD, particularly when they are also coping with the trauma of gender-based violence.

Caregiving Burdens: Many women with disabilities are expected to take on caregiving roles despite their own needs, further increasing their burden and stress. In abusive situations, this caregiving expectation can be weaponized by abusers, making women feel that MAiD is the only way to relieve themselves of an unbearable situation.

## 6. COVID-19

Women, girls and gender-diverse people with disabilities were and continue to be disproportionately affected by COVID-19. Of all cases recorded by the government of Canada as of July 7, 2024, 54.8% were female. Across all age groups over 12 years, females were more likely than males to have reported cases. Black Canadians reported having more frequent infections than other racialized groups. Among those who experienced Long-term COVID-19, females (33%) were less likely than males (53%) to have resolved symptoms, with recovery taking much longer. 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. We note this as rates of chronic and episodic disabilities are higher among women than men.

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. 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. For women with disabilities, the risk of violence increases when they are racialized, younger, Indigenous, 2SLGBTQIA+, migrant workers, immigrants, non-status migrants or living in rural areas. 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, 36% of Canadian women with disabilities have experienced physical or sexual assault by an intimate partner, and 45% of women with disabilities have feared their partner. Currently, there is a knowledge gap in understanding the impact of the COVID-19 pandemic on Indigenous Peoples, particularly in rates of mortality disaggregated by Indigenous population groups (First Nations people, Métis and Inuit).

## Summary Recommendations

Throughout this submission, we have provided critical highlights for the committee to be aware of. Given these realities, DAWN Canada recommends the following:

Reliable and adequate funding for culturally specific services and healthcare for Indigenous women with disabilities in First Nations communities, on and off reserve.

Intersectional inequalities: 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.

With Canada's obligations under the Convention on the Elimination of Discrimination Against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD), DAWN Canada strongly urges the government to halt any further expansions to Medical Assistance in Dying (MAiD) without extensive ethical review

that considers gender-based violence and the linkages with Medical Assistance in Dying (MAiD) specific to the pressures applied through societal barriers and systemic pressures, as well as unique challenges faced by women with disabilities to ensure that MAiD is a truly autonomous choice, free from coercion or desperation. Women, girls and gender diverse people with disabilities deserve to have dignity in life before there is consideration of dignity in death.