

Older Women Living with Disabilities Experiencing Intimate Partner Violence

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The Canadian Human Rights Commission, responsible for tracking Canada's implementation of the UN Convention on the Rights of Persons with Disabilities, identified the top three concerns according to people living with disabilities in their report "What We Did and What We Learned: Monitoring Disability Rights." These priority areas are housing, income security, and employment.

Introduction

53% of women with mobility-related disabilities have experienced IPV (Savage, 2021).

Disability is a dynamic concept that has continuously evolved in response to changing societal standards, medical improvements, social justice movements, technology, and media. In the context of this brief, disability is defined as any physical impairment experienced by older women (65+) prior to their experiences with intimate partner violence (IPV). These disabilities include blindness, being Hard of Hearing or Deaf, or having mobility limitations due to illnesses or diseases, especially chronic ones. While the brief does not cover IPV-related disabilities or illness because of length, we do want to note that the long-term effects of IPV on women across their life course can result in living with chronic disabilities or illness. For example, research on traumatic brain injury illustrates that IPV survivors present a range of neurological and physical co-morbid conditions (Costello and Greenwald, 2022).

Despite the rise in research and awareness of IPV, many studies are limited to the experiences of able-bodied, middle-aged white women and there is limited research at the intersection of age, gender, disability and IPV (Sasseville et al., 2022). When research does focus on marginalized women, the analysis primarily focuses on the experiences of one social group rather than applying a fulsome intersectional analysis to examine how survivors belonging to multiple social groups experience compounded systemic barriers and forms of abuse (ibid). Existing literature reiterates that identifying as a woman, having a disability, and/or being older than 65 years old all come with varying degrees of structural barriers that prevent establishing safety, having independence - financially and socially - and accessing support services (Mars, 2022). It is unsurprising then, that older women with disabilities are statistically more likely to be vulnerable to IPV due to compounding risk factors (Sasseville et al., 2022). According to an analysis of the 2018 Survey of Safety in Public and Private Spaces by Statistics Canada (Savage, 2021), more than half of women with disabilities (55%) reported experiencing some

form of IPV since the age of 15, compared to 37% of women without disabilities. When looking at prevalence across different forms of disabilities, 51% of women who identify as Blind or Hard of Hearing or Deaf have experienced IPV in their lifetime and 53% of women with mobility-related disabilities have experienced IPV. In comparison, 37% of women without disabilities have reported experiencing IPV since the age of 15 (ibid).

Financial and Economic Security

In 2014, Statistics Canada found that 1 in 5 (22%) of women with disability reported that they experienced emotional or financial abuse by a current or former partner in the past 5 years (Cotter, 2018).

Older women experience various forms of abuse but can be especially vulnerable to economic and financial abuse and control, often perpetrated by family members and intimate partners. Identifying as having a disability increases the risks of experiencing all forms of abuse, but especially financial abuse. Financial abuse experienced by women living with disability include caregivers/partners taking supplemental income or using the victim's money for their own needs and desires, and actions of financial control like controlling bank accounts, limiting access to money, and telling them what they can or cannot do with their money. Unfortunately, older women living with a disability can feel that they "owe" their caregivers/partners or are entirely dependent on them for care, even if they are the ones causing them harm (Rajan, 2011). Especially in the current Canadian context, where there is a growing demand for homecare but insufficient resources or capacity to meet the need (Abbas, 2023).

Global or national economic crises, like

inflation or recession, are more likely to impact older cohorts of Canadians living with a disability profoundly. This is because women with disabilities are more likely to be dependent on fixed incomes and government benefits as their primary source of income (Abbas, 2023). Similarly, older women are more likely than older men to rely on government income supports like Old Age Security or Guaranteed Income Supplement and experience poverty (Queiser et al., 2020). Older women with disabilities are more likely to be living in poverty compared to older women without disabilities and older men, making it difficult to comfortably meet basic needs of housing and food, and critical care needs around health, mobility, and accessibility.

For older women with disabilities experiencing IPV, limited financial capacity and resources can become a significant barrier to leaving abusive relationships, increasing a sense of dependency, or preventing a survivor from seeking external supports. Older survivors living with disabilities are vulnerable to a particular form of financial abuse where disability cheques and retirement funds are stolen or withheld as a method of control and manipulation by one's caregiver/partner, creating further financial instability and dependence. Older women with disabilities who are experiencing IPV are further negatively impacted by the scarce community resources available and awareness to address the lasting impacts of financial or economic abuse on survivors (Abbas, 2023).

Employment Barriers

Women with disabilities will, on average, earn an annual income of \$31,100 compared to the \$43,300 average that men with disabilities earn annually (Schimmele et al., 2021).

Economic and financial security is very rarely possible without consistent, stable employment. Having a job and a reliable source of income can be a lifeline that facilitates access to community, social engagement, and a means to integrate into society (Araten-Bergman and Stein, 2014). Without it, survivors are often forced to depend on their abuser for economic or financial support. Currently, data on the work experiences of those living with disabilities in Canada is limited to the ages of 20 to 54 (Schimmele et al., 2021). However, trends indicate that women with disabilities generally face systemic employment barriers which limit access to secure and well-paying jobs. An analysis conducted by Statistics Canada revealed that women with disabilities were more likely to change their work situation due to their condition than men with disabilities; opting to work from home, reducing their amount of work, or taking a leave of absence (Schimmele et al., 2021). Additionally, women with disabilities are more likely to work part-time not because of their disability but because of childcare responsibilities (ibid). This study indicates that women with disabilities require more workplace accommodations from their employers because of their disability and gender norms around caregiving.

Although there is a lack of data about the employment status of older women with disabilities, there is data about the employment status of older women in general. In 2015, 1 in 5 Canadians aged 65 and older worked (Statistics Canada, 2019). However, there is a significant gender difference with 25.7% of older men (65+) working full-time, year-round compared to 14.6% of older women (ibid). More and more ageing adults do not have the financial means to retire; 1 in 5 Canadians older than 50 expressed that

their current earnings are not enough for retirement (Iciaszyk et al., 2022). For older women, decades of the gender wage gap, inadequate workplace pension plans, care responsibilities, and underemployment means precarious financial security past the conventional retirement age of 65 (Wang, 2023).

For older women who are survivors of IPV, the abuse itself has created barriers to employment. According to WomanACT's Ageing, Gender Equality, and Safety (AGES) project, survivors said they depended financially on their partners for most of their working lives and only held part-time or precarious jobs, not jobs that consistently developed their employment skills (Wang, 2023). Abusive partners may use intentional sabotage by attempting to control or sabotage access to education, training, and opportunities for upward mobility in a career field, as well as disparaging the woman's image to peers through fabrications (Showalter, 2016). Additionally, the abuser may use fear, violence, harassment, and stalking as a tool to exert control and make an older woman with a disability fear leaving, reduce their self-esteem, and cast doubt on their skills and self-sufficiency in their job (ibid). Retirement itself can also be a risk factor for older women experiencing abuse because it increases social isolation and has been seen to have a strong correlation with declining physical and mental health (Sheppard and Wallace, 2018). Stable employment creates opportunities to seek safety; therefore, isolation is weaponized as an effective tactic by the abuser to increase dependence and loneliness and decrease help-seeking (Park and Jeon, 2021).

Limited Affordable and Appropriate Housing Options

79% of women and gender-diverse people experiencing housing need or homelessness report having a disability (Schwan et al., 2021).

Older women with disabilities have access to less community resources if they need to escape an abusive situation (Abbas, 2023) and have a high likelihood of being financially dependent on their partner for housing due to higher rates of poverty. Older adults also tend to have less of a social network nearby, with family and friends having passed on, moved away, or distanced themselves because of abusers' control tactics (Wang, 2023).

The recent Pan-Canadian Women's Housing and Homelessness survey released in 2021 highlighted accessibility and affordability as prominent barriers to finding appropriate housing for women with disabilities (Schwan et al., 2021). 16% of survey respondents living with a physical disability reported that they had difficulties finding a place that was accessible (compared to 1% of those without disabilities), and 65% reported having difficulties finding an affordable place (compared to 53% of those without disabilities) (ibid). Being unable to find affordable, accessible or supportive housing creates another barrier for older survivors living with disabilities fleeing violence.

Shelters are an alternative life-saving option to increase physical safety but can be an overwhelming experience which can re-traumatize or further traumatize a survivor. Moreover, shelters are not a consistently viable option for everyone seeking temporary alternative accommodation. Older women with disabilities are often turned away from shelters due to the lack of appropriate

accommodations and systemic discrimination (Rajan, 2019). Roughly 80% of shelter employees in a Canadian-based survey admit to turning women with disabilities away because they did not have the resources or facilities to accommodate their disabilities, and 50% admitted to turning away older women because the shelters could not provide adequate medical care (ibid). This is compounded by a lack of bed availability in Canada's shelter system. In 2021, it was reported that beds in most short-term facilities are often at capacity, with employees having to turn away roughly 487 victims of abuse per day (Ibrahim, 2022). This contributes to an increased risk of homelessness or hidden homelessness for older women with disabilities. Unfortunately, women's risk of violence increases with homelessness, with women who are homeless reporting experiencing violent victimization at 5x the rate of those with stable housing (Cotter, 2021). Access to safe, affordable and appropriate housing is crucial for women fleeing violence and the prevention of femicide.

Conclusion

The intersection of age, gender, and disability creates structural challenges to one's everyday life and well-being. These challenges are magnified when considering the intersection of IPV. An important step in organizations and individuals identifying solutions comes from having knowledge and awareness of the experiences and barriers faced by older women with disabilities experiencing IPV. In this brief, we have focused on significant financial, employment, and housing barriers in line with the priority concerns of persons with disabilities laid out by the Canadian Human Rights Commission. However, further research and knowledge on IPV experiences, barriers, and risk factors of older women survivors with disabilities is needed. Additionally, intersecting

areas, such as immigration status, race and ethnicity, should also be researched to improve intersectional understanding of older survivors living with disabilities' risk factors of IPV, and barriers to safety and inclusion.

If you are a woman experiencing abuse, we encourage you to contact a service for support.

Seniors Safety Line:

1-866-299-1011

Assaulted Women's Helpline (AWHL):

1-866-863-0511 TTY: 1-866-863-7868

Fem'aide:

1-877-336-2433 (1-877-FEMAIDE)

TTY: 1-866-860-708

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