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**Serious Problems Experienced by Diverse People with
Disabilities: Western Canada
A Qualitative Study**

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Canada 

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Acknowledgements

This acknowledgement is to the people who participated in this research.

It was clear that being involved in these discussions was often not an easy task. As you will hear in this report, diverse people's lives are difficult as they battle through inaccessible systems, pervaded with sexism, racism, queerphobia, and ableism. Yet participants jumped at this opportunity because they felt it was important to bring often invisible experiences to the forefront. It was important that their experiences be known and validated because, as many stated, their experiences matter, and by telling their story, the voices of people with disabilities will be heard.

Therefore, thank you to each and every person who took part in this research project for your honesty and generosity in sharing your experiences. Your strength, confidence, and clarity will contribute to advancing inclusion for people with disabilities in Canada, because...

I believe that the people reading this report are listening.

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I. EXECUTIVE SUMMARY

This report presents the results of research conducted with people with disabilities living in Canada's western provinces, i.e., British Columbia, Alberta, Saskatchewan, and Manitoba. The primary purpose of this qualitative study is to obtain information from diverse people with disabilities about the kinds of serious problems they experienced in the last three years, the avenues they took to address these problems, and the outcome and effect on their lives.

In total, 30 people with disabilities living throughout Western Canada participated in this study through 25 interviews and one focus group for people with intellectual and cognitive disabilities. The outreach process achieved a diverse intersection of study participants living with a wide range of physical and mental disabilities. These included: women, men, a variety of ages, and racialized, immigrant, Indigenous, 2SLGBTQ+, and low- to middle-income people. Compared with the general population, there was an intentional over-representation of marginalized populations, i.e., women, Indigenous, racialized, immigrant, and 2SLGBTQ+ peoples. People living with intellectual, cognitive, and/or mental health disabilities were also over-represented in this study given their experiences of acute marginalization.

The findings illustrate that people with disabilities experience serious problems when they attempt to access the basic things all of us strive for to live a safe, secure, and meaningful life, i.e., earning a decent income, living in a safe place, raising our own children, and being free from violence. Problems experienced were categorized as follows:

- 1) Employment related;
- 2) Problems when trying to access health, social, and educational services;
- 3) Lack of access to disability and income supports;
- 4) Child custody issues;
- 5) Problems with insurance companies;
- 6) Issues with landlords;
- 7) Experiences of violence; and
- 8) Problems with legal authorities managing trust funds.

Regardless of the problem, participants described experiencing discriminatory, rude, and dismissive treatment, with the majority not challenging this mistreatment. People felt forced to comply with discriminatory systems for fear of, for example, not receiving the disability income support they need or losing their job. The majority of research participants described feeling that their adversaries lacked an understanding of their disability, did not see them as credible, and felt that they were being exploited and/or taken advantage of due to their disability. A significant number indicated that they were denied the disability accommodation that they sought and many people were reluctant to disclose their disability for fear of, for example, being disqualified for an insurance claim.

Research participants attempted to resolve their problems by:

- 1) Dealing directly with the organization where the problem occurred;
- 2) Contacting law enforcement;
- 3) Contacting their union;
- 4) Engaging third-party support;
- 5) Filing a human rights complaint; and
- 6) Pursuing legal action.

When participants attempted to resolve their problems, they experienced the same negative treatment as they had during their problems, i.e., discriminatory treatment, not being believed or seen as credible by, for example, law enforcement or in the courts. There was also a demonstrated lack of understanding of their disability and consequent denial of the disability supports they needed to take action. For example, preparing for a court case or filing an insurance claim required them to compile extensive paperwork – a task that is often difficult for people with cognitive, intellectual, and some mental health disabilities.

There was a notable difference in experiences for people with disabilities who were also Indigenous, racialized, immigrant, women, and/or those who belong to a 2SLGBTQ+ community. Racism was identified as the core problem for Indigenous and racialized people with disabilities when dealing with law enforcement and child welfare, and in the workplace.

Women with disabilities shared their feelings of powerlessness when dealing with their male, non-disabled ex-spouses in child custody cases and with male landlords. People from the 2SLGBTQ+ communities with disabilities often questioned whether their queer identity intensified the problems that they were experiencing. A significant finding was that people with invisible disabilities, i.e., chronic fatigue syndrome, brain injury, and intellectual or mental health disabilities, frequently identified feeling less credible, their disability not being understood, and being denied the disability supports they needed.

Research participants identified poverty as the root of their problems. This meant they did not have the financial resources needed to resolve their problems in court. Participants indicated that because they were poor, they were segregated from mainstream society, resulting in discriminatory treatment and not being understood. This was intensified for people with disabilities with intersecting layers of marginality. Research findings also highlight that the segregation of people with disabilities has resulted in systems and practices that do not respond to their needs, placing them in conditions where they are vulnerable to exploitation and violence.

Research findings support the fact that the COVID-19 crisis is having the greatest effect on the poorest and most marginalized populations in Canada, i.e., people with disabilities.

Since the onset of the COVID-19 pandemic, study participants indicated:

- Feeling increased isolation;
- A strong fear of getting sick;
- Difficulties in understanding COVID-19 protocol and dealing with technology;
- Not being able get the healthcare they need;
- Increased stress with justice-related services being delayed;
- Losing work income and/or the ability to work; and
- Being forced to go into work, even if they have underlying health conditions that would make them more vulnerable to COVID-19.

Participants also stated that the pandemic underlined their sense of not being valued in society, as they witnessed governments swiftly put in place income- and employment-related supports

for non-disabled people –the kinds of supports that people with disabilities have been asking for for decades.

This report concludes with some key areas for policy reform highlighted by the results of this research:

- Compulsory intersectional disability anti-bias training for key service sectors;
- The requirement for all services to put in place disability-related anti-discrimination policies; and
- An increase in affordable and accessible legal aid and other third-party justice advocacy services.

II. INTRODUCTION

1. Background

Justice Canada, in partnership with other federal government departments and Statistics Canada, are working together to implement the Canadian Legal Problems Survey (CLPS). The CLPS will collect national data on Canadians' legal needs and how those needs were, or were not, addressed, as well as the health and economic effects of these legal problems. It was anticipated, however, that, as a general population survey, the CLPS would have only a relatively small number of respondents from minority populations, and thus it would likely not be possible to report on these experiences. Officials therefore want to gather more information on certain groups, such as people with disabilities, to learn more about the kinds of serious problems experienced, the avenues people take to address these problems, the outcome, and the effect on their lives.

This report presents the results from research that was conducted during between March and June 2020 with people with disabilities living in the four western Canadian provinces – British Columbia, Alberta, Saskatchewan, and Manitoba. The primary objective of this study is to gather in-depth, qualitative data on the experiences of diverse people with disabilities who have encountered serious problems in the previous three years.

2. Research Methods

The data were collected through one-to-one interviews and focus groups. Due to the COVID-19 pandemic, all interviews and the one focus group took place over the phone or online. Twenty-five interviews in total were done with people with disabilities living throughout the western provinces. Interviews ran anywhere from 45 to 90 minutes long. The focus group had five participants, all living with an intellectual and/or cognitive disability. While in-person sessions are more accessible to people with intellectual and cognitive disabilities, due to the pandemic video conferencing was the next best option. Specific accommodations, such as online live chat platforms, were in place for deaf and hard-of-hearing individuals.

Promising Practices in the Recruitment and Interview Processes

In recognition that people with disabilities in Canada live with other experiences of marginalization, the recruitment process set out to engage a diverse intersection of people with disabilities. These included: women, men, gender-diverse people, older and younger adults, racialized, immigrant, Indigenous, 2SLGBTQ+,¹ and low- and middle-income people. In addition, given that people live with many different types of disabilities, many with more than one disability, an effort was made to engage a diversity of experiences of disability, i.e., sensory/vision, intellectual, cognitive (brain injury), mental health, mobility, and deaf and hard-of-hearing disabilities.

The researcher mobilized key community-based disability, Indigenous, 2SLGBTQ+, and immigrant settlement agencies and community leaders in British Columbia, Alberta, Saskatchewan, and Manitoba to assist in identifying and recruiting people with disabilities for this research. The recruitment process largely relied on the support of these local population-specific agencies who, by providing front-line services, have established trusting relationships with their service users.

In order for community partners to feel confident that the research would be carried out in a respectful and culturally sensitive manner, it was important to establish that the research process would be based on an understanding of systemic intersectional discrimination and resultant trauma. With this in mind, the researcher spoke to local grassroots organizations that she has worked with in the past to explain the purpose of the research, privacy provisions, the interview and focus group processes, and the supports that would be in place for participants. Given the researcher's past relationships with these local agencies and the explanation that the research process is grounded in understandings of structural oppression, they felt they could trust the process and were happy to reach out to their communities for potential participants.

¹ 2SLGBTQ+ stands for: Two-Spirited, Lesbian, Gay, Bisexual, Trans, Queer. The "+" acknowledges that there are many varied identities and that this is not meant to be a complete list.

Safety Planning

Potential research participants were also encouraged to contact the researcher before the interview. If a person indicated that they had anxiety issues, pre-interview calls and/or online chats were set up to clarify expectations, prepare them for the questioning process, and provide an opportunity for participants to ask questions. A key component of these preparatory discussions was the co-development of a safety plan in which:

- ✓ The participant informs the researcher how they wish to be supported should they become upset by the discussion;
- ✓ The research participant feels confident that they hold the decision-making power in not answering questions that they do not wish to answer;
- ✓ Support breaks can be taken when needed; and
- ✓ Post-interview calls would be available if participants wanted to add or retract information.

The researcher also found that it was a good idea to inquire ahead of time if people felt comfortable and safe at the location where the phone interview was to take place. This is particularly important if someone wishes to share their experience of violence, as they may currently be in an abusive situation. This did occur in a few instances and it was determined that an online chat method would be the safest method of conducting the interview. It was important to assist those participants in erasing their phone or computer activity after the interview.

Scheduling

Some important learnings occurred while scheduling the interviews:

- Interviews should be held in the afternoons, because additional time may be needed in the mornings for primary care. In addition, some people take medication that requires them to sleep longer in the mornings.
- It is good practice to be cognizant and sensitive to people's primary care schedules when booking interviews.

- Inquire if there are any costs associated with a phone interview, because some people cannot afford data charges. Therefore, a Voice Over Internet Protocol service provider, such as WhatsApp, may need to be used.
- The majority of people do not have the capability to sign, scan, and send back the letter of consent electronically. In fact, this requirement may prevent them from participating in the study. Thus, a process was developed where they simply had to read and reply to an email version of the letter of consent. This option was well received.
- Some people may need a support person during their interview due to memory problems associated with a cognitive disability or to enhance their feelings of safety. It is a good idea to ask if people would like to have a support person during the interview.

Sensitivity During the Interviews

As is quite evident, many people with disabilities have experienced trauma in their lives, particularly if they are a woman, Indigenous, Black/African, racialized, or from a 2SLGBTQ+ community, due to systemic discrimination and experiences of violence, including the violence of colonialism and racism. Given this reality, people may be triggered by something during the interview that may or may not relate to the topic of discussion. The researcher found it important to demonstrate her understanding and to validate their expression of pain, while gently de-escalating their emotional response and redirecting them to the questioning process. It was also a good idea to ascertain whether or not the person has follow-up support and, if able, to direct them to services and supports in their community.

The researcher aimed to create a safe environment to put participants at ease and found that by using affirming, non-judgmental language, being comfortable with long pauses and silence, and conducting a “check-out” at the end of each interview, participants felt less anxious.

It was important not to adhere rigidly to the questioning format and sequence as outlined in the Interview and Focus Group Guides.² The questions outlined in these guides were effective in eliciting the information being sought; however, the interviews were most successful when the

² Please see the Interview and Focus Group Guides in the Appendices.

researcher was reflexive and responsive to the flow of the discussion by adapting the sequence of the questioning and readjusting the wording for clarity where necessary.

The focus group with participants labelled with a cognitive and/or intellectual disability was more successful than anticipated. The researcher felt that in-person focus groups for people living with these disabilities were critical to create an environment of peer support, to increase and control safety, to allow more time for discussion, and allowed the opportunity to provide a meal – something that is really welcomed by people living in poverty. In addition, there was hesitation around the accessibility of technology required for a virtual discussion group. However, the group went surprisingly well due to the preparation process that occurred before the session, which included testing Zoom with each participant ahead of time and organizing support people to be available with participants online and in person.

The focus group questions were delivered in plain language, i.e., presenting one idea at a time, using shorter sentences, and sharing examples that were relevant to participants' lives. Focus group participants were also told at the beginning of the session that they could raise their hand when they needed the facilitator to slow down and/or when they did not understand a question or word. This occurred a few times during the focus group. Most of the participants contacted the researcher after the focus group indicating their enjoyment of the discussion and their hopes to be able to organize another session in the near future.

3. Respondent Profile

In total, 30 people participated in this study. They represented different marginalized populations and a wide range of physical and mental disabilities. The following offers a breakdown of the respondent population, delineating our success in achieving the diversity sought.

Socio-demographic Observations

Although we cannot arrive at empirically-based conclusions about certain cohorts, we can identify common experiences that emerge by socio-demographic category. This section outlines and describes the socio-demographic characteristics of the study participants.

Table 1: Gender

	% of participants
Female	67
Male	33

Table 2: Sexual Orientation

	% of participants
2SLGBTQ+	28
Heterosexual	72

Table 3: Ethno-racial

	% of participants
White	52
Indigenous	31
Racialized	17

Table 4: Type of Disability

	% of participants
Physical	52
Mental health	45
Intellectual and cognitive	31
Both physical and mental health disabilities	21

Table 5: Level of Education

	% of participants
High school or less	31
College	31
University	38

Table 6: Employment Status

	% of participants
Employed	34
Not employed	66

Table 7: Age of Respondent

	% of participants
25–34	10
35–44	31
45–54	28
55–64	24
65+	7

Highlights

- Compared with the general population (GP), marginalized groups were over-represented. For example, 67 percent female/ 31 percent male (GP – approximately 51 percent female/49 percent male); 31 percent Indigenous/52 percent white (GP – 5 percent Indigenous/73 percent white); 28 percent 2SLGBTQ+ (GP – 13 percent).³ This is important because there are more barriers to engaging marginalized people in research projects and thus their voices are

³ According to the Foundation Jasmin Roy survey; for more information please see: <https://www.newswire.ca/news-releases/according-to-lgbt-realities-the-first-pancanadian-survey-on-lgbt-communities-conducted-by-crop-for-the-benefit-of-the-fondation-jasmin-roy-13-of-the-canadian-population-belongs-to-the-lgbt-community-639432223.html>

often absent in the results.

- Disability: Of the respondent population (RP) 21 percent had both a physical and mental disability, with the vast majority of the RP (76 percent) living with an intellectual, cognitive, and/or mental health disability. Three-quarters (76 percent) of the participants identified having a mental health, intellectual, or cognitive disability. The breakdown can be found in Table 4 above. This over-representation of people with intellectual, cognitive, and/or mental health disabilities is also important because these populations experience greater marginalization than people with physical disabilities, i.e., higher rates of violence.
- The majority of the respondent population was unemployed, yet were educated (69 percent had a post-secondary education).
- The vast majority of respondents indicated that they had a very low income, with a few participants identifying themselves as middle class.
- A variety of age groups participated in this study.

III. FINDINGS

1. Types of Problems Experienced

Participants with disabilities experienced serious problems that can be categorized in eight areas as described below. However, it is important to note that participants had, on average, experienced two to three serious problems in the last three years, with one problem often triggering another, highlighting the interrelated nature of the problems experienced.

- 1) Problems when trying to access services;
- 2) Employment-related issues;
- 3) Difficulties in accessing income and disability supports;
- 4) Problems related to child custody and/or child welfare;
- 5) Issues with insurance companies;
- 6) Experiences of all forms of violence;
- 7) Issues with landlords; and
- 8) Problems with people who have legal authority to manage trust funds.

Problems when trying to access services

Regardless of the type of disability, gender, and/or ethno-racial background of study participants, respondents most frequently identified many serious problems when attempting to access services. Issues occurred in diverse services settings – i.e., healthcare, government services, transportation, post-secondary education, banking, recreation, and in the justice system – leading to legal and other forms of complaints. Specific types of experiences can be categorized in the following areas:

i. Refusal to permit disability accommodations and supports

This was a common occurrence that often led to serious altercations and disputes. Examples include not allowing a person to bring a support dog to work and not providing a reader for a student with a cognitive disability so they could take an exam. People felt that the reason their disability accommodation was denied was never clearly explained and that there was an

unwillingness to try and find a solution. The case below of a woman who was not allowed to bring her service dog to a healthcare service illustrates the lack of communication and resistance to resolve a problem experienced by many research participants:

Then all of a sudden, they were not letting me come with him and then they started making up stories about how they had to fumigate the place and that “so and so” had allergies and they had to clean the carpet . . . But it was afterwards ... they were emailing us about the carpet and stuff like that. They didn’t say anything like that when I was there [...] When I went back, I was in the waiting room and they were talking about me in a little room and then they came out and she was telling me that I had to leave. They called the clinic security to take me out.

There were many cases of disability accommodations not being provided when interacting with the justice system, particularly with people living with mental health disabilities. For example, a research participant outlined the difficulties they encountered when attempting to get mental health supports while they were incarcerated.

ii. Lack of understanding of people with disabilities

People felt that a disability accommodation was not provided due to a lack of understanding of their disability and thus the related supports required. Often a serious problem would emerge due to this lack of understanding, which was particularly acute for people with invisible disabilities, such as mental health or cognitive disabilities, chronic pain, or chronic fatigue syndrome.

There were many examples of people discussing how certain service protocols and procedures discriminated against them due to the agency’s lack of understanding of their disability, i.e., having to line up to receive a government service when a person could not stand for long periods of time or a person with a mental health disability being forced to do a cognitive

assessment to renew their driver's license despite a letter from their psychiatrist stating that they were fit to drive again. A lack of understanding of intellectual disabilities led to one man, who did not understand why his belongings had to be searched when exiting a library, becoming anxious and frightened. This procedure triggered past trauma, resulting in him becoming upset and resistant, and leading to him being banned from the library. Many people with invisible disabilities discussed incidents with transit police or fare enforcers who would question why a person was in possession of a disability transit pass, often issuing tickets and making comments such as, "You don't look like you have a disability."

There were multiple examples of healthcare and other professionals reacting negatively to a person experiencing a mental health "episode" at their service. It was also apparent that service providers were not able to understand the multiple stresses people with disabilities experience, which serves to exacerbate their mental health condition. The following example demonstrates how this lack of understanding can ignite a mental health crisis, leading to a serious incident.

I have panic attacks due to my endometriosis that was undiagnosed [...] and I am trying to deal with multiple chronic illnesses without a General Practitioner. They kept sending me to different places, Emergency Rooms to clinics ... It took two years to find a doctor! I was living in an apartment before I got sick with no income and I used all my savings waiting for my disability support to be approved. I was in an anxious state. So, at the clinic I was crying and hyperventilating and the doctor told me she wasn't comfortable examining me. I am panicking because I am anxious about everything else going on! I tried to convince her and my friend who was with me tried to help, but she said no. I was sitting there quietly and this staff member asked me to come to the front and she really quietly said you are banned and you have to leave. The doctor told my friend it is because of my behaviour. They basically banned me because of my disability! Because I had a panic attack at their office!

In a few examples, even doctors demonstrated a pronounced lack of knowledge of certain disabilities, particularly when a person had more than one disability. This had significant

implications for people with disabilities who needed appropriate documentation for legal cases, insurance claims, and disability supports.

iii. Rude, dismissive, and aggressive treatment from service providers

Not understanding how a disability may present often led to people being treated rudely, condescendingly, and dismissively. Many people indicated the confrontations that ensued as a result of the poor treatment that they received from a variety of service providers, i.e., healthcare, government, and social service workers. Many people, particularly women with disabilities, indicated that they felt doctors did not listen to them or take the time to get familiar with their files before “diagnosing” them. They felt that they were being spoken to in a condescending and dismissive manner, which led to being misdiagnosed.

An Indigenous man who lives with a cognitive and mental health disability in a small town indicated that he avoids going to the hospital or other healthcare facilities because of the disrespectful treatment he receives from healthcare staff. This has resulted in him avoiding the treatment he needs. For example, he was once in so much pain due to a dental problem that, rather than face the negative and rude treatment he always experiences at the dentist, he chose to pull out his own teeth.

There were many examples of people, particularly those with intellectual, cognitive, and/or mental health disabilities, calling emergency services for support during a mental health crisis only to be subjected to aggressive, forceful behaviour from the responding police officers. Many of the people indicated that they were subjected to racism and queerphobia when dealing with law enforcement. In one case, an Indigenous man during a mental health crisis was charged with assault and was not read his rights.

Problems also occurred in recreational environments. In one incident a woman was denied participation in an art class because of ableist attitudes from the instructors.

I had asked to join the [Arts] Guild which my doctor recommended as part of my therapy and the woman said to my husband in private, “I’ve been meaning to

talk to you about [*her name*]. I think that she's retarded or suffering from retardation [...]” and my husband was like, “are you kidding me?” And the woman said yes, “her behaviour is very strange.” My husband came home and he was like, “Honey, you know how we say we will never keep anything from each other? I have to tell you what she said. I know it's a bad day but they said that they won't let you join ... because you suffer from retardation.”[...] Even if I was completely mentally handicapped. I just wanted to sit there and play with a thing of clay. What would be wrong with that?

Employment-related issues

Many serious problems experienced were connected to employment and can be categorized as follows:

- i. Denied employment due to their disability;
- ii. Employer's lack of understanding of their disability;
- iii. Fear of disclosing their disability to their employer;
- iv. Lack of provision of disability accommodations;
- v. People feeling forced to comply with work-related activities that are detrimental to their health; and
- vi. Employer endeavours to terminate a person's employment.

i. Denied employment due to their disability

Many research participants indicated that they were denied employment due to their disability. Stories ranged from indirect communication, such as a job suddenly not being available once they arrived at the interview, to frank statements of people being told that they were not hired due to their disability. In all of these cases, participants did not take any action to contest this perceived discrimination.

ii. Employer's lack of understanding of their disability

Many participants, particularly those who live with invisible disabilities, found themselves in the position of having to explain their disability to their employers and/or colleagues. Participants had a sense that their supervisors did not believe their conditions and that they were “faking” or “just being lazy.” This lack of understanding served as the basis for people not disclosing their disability or being denied the accommodations that they needed to do their job, often leading to them risking their health by pushing themselves beyond their capacity.

iii. Fear of disclosing their disability to their employer

Many research participants with invisible disabilities indicated that they were fearful of disclosing their disability during the hiring process and once employed. People were afraid of not being hired because of their disability, losing their job once attained, experiencing discriminatory treatment from colleagues, and/or that they would be thought of as “less than” due to their disability. People with mental health disabilities in particular expressed that they lived “in fear” of being “outed” by experiencing a mental health crisis at work.

As this participant explains:

It impacts me a lot at work. I have a lot of fear around this. My thing is always like, 'Oh am I getting enough sleep? Am I taking my medication? What if I have an episode? Or what if something happens at work? How am I going to deal with that? And how's my Board gonna respond? How's my staff going to respond?' Is there going to be an impact on our ability as an organization to do our job because of me? That's probably just paranoia but it really worries me. What if something legitimately happens...

As we know, people with disabilities experience high rates of poverty and unemployment and thus are fearful of losing the jobs that were so difficult to obtain in the first place. The fear of disclosing your disability is warranted, because, as this example illustrates, when a person is upfront during the interview process, there can be negative consequences :

They were looking for a tenant support worker which is a glorified name for being a desk clerk. I applied for the job and I went for an interview and the interviewee asked me what I am able to do and I said, "I could do some light stuff but nothing heavy. I can answer phones. I can let people in and out of the building [...]" and she goes, "well what do you expect to get out of working for us if you can't do much? We need people to do more." I'm like, "well I'm not applying for maintenance. [...]" and they go, "well that's not what we're looking for. We're looking for people who can do more within our company. Sorry. You're not suited for us."

iv. Lack of provision of disability accommodations

It was evident that if a person did disclose their disability, it was usually because they were unable to fulfill a task, resulting in a serious problem. Many research participants indicated that their employer refused to provide the accommodations needed for them to perform their duties. Individuals who asked for accommodations stressed the things that they could do in exchange for what they could not do. As this person explained in relation to their job at a grocery store:

They said this wasn't going to work if I can't do heavy lifting. They don't even think about looking at what I'm able to do for them. Can they fit me in somewhere else? ... I can put tons of stuff on the shelf, I can put eggs and milk in the cooler, I can stock the frozen stuff in the freezers, but they wouldn't even look at what I could do. They just looked at what I couldn't do.

In many situations, individuals requested a leave of absence due to a chronic or episodic disability and, even with medical documentation, they were denied. They knew this was not fair treatment because they often referred to the "Duty to Accommodate" (i.e., where employers are obligated to modify their processes, policies, and practices to ensure that people with disabilities are supported to do their job). However, they did not bring this up with their employer.

v. People forced to comply with work-related activities that were detrimental to their health

Given the hesitation to disclose one's disability due to a fear of negative repercussions, people would push themselves past their capabilities to keep their jobs. This practice often led to serious problems with their employer because once their health began to take a turn for the worse, they would ask for some kind of disability accommodation, such as a leave of absence or taking sick days, which, in all cases, was denied. Without the accommodation, the individual is less able to perform their work duties and becomes more and more unwell – as this person with low immunity and a chronic health condition explains:

They said I was taking too much time off work being sick and that's actually when I was passing kidney stones and stuff. So, it was pretty severe. And I didn't really want to go to work when I was in that way... in pain. They said they're putting me on probation and things were, I mean okay for a little while. But in October and November when flu season hit, I did get the flu. And at the time my supervisor was saying I only get one sick day a month. And so they wouldn't let me take sick days so I said well can I take a vacation day? And they refused that as well. So, I kept working and this made it worse. Like, I ended up getting a very serious respiratory infection.

vi. Employer endeavours to terminate employment

It was frequently reported that once there was an increased need for accommodations in the workplace, people felt that their employer was working towards terminating their employment. In some cases, people were just fired without being given a reason, and in other cases, the reason was explicitly discriminatory.

In companies where workers were unionized and/or they were in managerial positions, there was the sense that their employers were creating an intolerable work environment in an attempt to make the person with a disability quit. Participants also sensed that their employer was making legal inquiries associated with the termination of their employment without their knowledge.

The following quote offers a concise summary of how the above six employment-related problems can lead to termination.

I needed a leave of absence and my doctor wanted me to do a gradual return . They told me there wouldn't be a job for me if I took longer and I would lose my benefits. I need the money so there was this 'Return to work plan' that my doctor came up with. But at work, they kept pushing me and I felt forced to do it. They were consulting a lawyer through the entire process and I did not know this until the end. They never told me I would be fired, but that we could 'mutually agree' to part ways. So, I pushed myself as I was afraid to lose my job. This ended up making my health worse. I took a second leave of absence then lost my job.

Difficulties in accessing income and disability supports

Many of the people interviewed identified a problem related to difficulties that arose when attempting to access income supports and disability benefits. Specific issues experienced included:

- i. Conflicting eligibility requirements;
- ii. Available supports not meeting people's needs; and
- iii. The process to obtain supports being confusing and inaccessible.

i. Conflicting eligibility requirements

The interviews revealed that the process for obtaining provincial income and disability supports is quite complicated, even more so when a person lives with more than one disability. For example, a person who had chronic fatigue syndrome plus a pain condition was not eligible for financial support for the pain treatment because of their chronic fatigue syndrome diagnosis. In another case, a person was not eligible to receive a specific kind of healthcare treatment directed by their physician for one of their conditions, because they had opened an insurance claim to cover the cost of an assistive device.

ii. Available supports not meeting people's needs

Many participants outlined problems that occurred because the supports they needed were not covered by disability benefits. For example, one person suffered great dental pain, making them unable to work or go to school. Dental work and pain medication were not covered by their disability benefits.

In addition, there was a sense that the more chronic a disability was, the harder it was to get treatment costs covered. That is, the greater the need, the fewer supports available. There was a sense that the “system” was intentionally set up to decrease a person's chance of getting benefits, particularly those in most need, because it was too expensive. This lack of access to needed supports has resulted in people being less able to fully participate in society, as this person explains:

I think it all comes down to the bottom line of money. They don't want (*to support*) one's chronic pains ... think about how cruel this is for people with disabilities [...] Someone who has a chronic condition, it only makes sense, they're going to have more medical bills all their life. So, if there's no way to alleviate this, like there should be some kind of program where it becomes more accessible and cheaper for them. The cost of everything – physio, counseling... anything like that, is very expensive but without it you can't function! Like if you can't sleep, you're getting worse and you're going to have a harder time getting out of your condition and working.

iii. Confusing and inaccessible process to obtain supports

Not only are eligibility requirements unclear, many participants talked about how the process itself for obtaining supports was often confusing and inaccessible. For people with intellectual, mental health, and cognitive disabilities, it can be challenging to secure disability benefits due to difficulties such as gathering the necessary documentation, comprehension issues, sensory issues, and not being well enough psychologically to go through the application process.

Further, people explained that, ironically, the process to secure disability supports is often inaccessible. For example, people living with chronic pain, muscle weakness, and fatigue cannot line up and stand for long periods of time at government benefit offices where they are asked to wait in a queue. Also, people with cognitive, intellectual, and mental health disabilities may not be able to read and fully understand procedural guidelines or complete the necessary forms.

Problems related to child custody and/or child welfare

This problem was identified by many of the research participants, and often involved legal action. All of the people who reported this issue were women with disabilities fighting for custody of their children with their non-disabled male partners. Problems that were identified in this area can be categorized as follows:

- i. Fear of child welfare agencies taking their children away;
- ii. Experiences of vulnerability in court when up against their non-disabled male partners;
- iii. Lack of support to parents with disabilities resulting in child welfare interventions; and
- iv. Lack of understanding of disability issues when deciding on child custody cases.

i. Fear of child welfare agencies taking their children away

This theme was quite pronounced for mothers with disabilities, regardless of the type of disability, and included women with mobility, intellectual, traumatic brain injury, and mental health disabilities. Women talked about the notion in society that women with disabilities are viewed as unfit parents. The fear of child welfare services was particularly acute for Indigenous women with disabilities:

You know I think the biggest thing was probably after my kids were born and having the diagnoses ... oh my God ... I got it and then being really afraid of Child Welfare involvement and all of that because of the stuff that I was disclosing. And not that there was any reason for that to happen, but just that serious fear

that it *could* happen and you know especially with being an Indigenous person and seeing what happens to women so frequently I think just even some of the ... compulsions that I have ... the obsessive behaviour and then some of the paranoia. I wouldn't talk about it at all because I was afraid that people would be like, "Oh, no, she's not stable enough to have her kids."

ii. Experiences of vulnerability in court when up against their non-disabled male partners

Women spoke about how their male partners would build their whole cases around how they were unable to care for their children due to their disability. To make matters worse, women with disabilities expressed an increased financial dependence on their spouses because of the difficulties they face trying to find employment. Most women who identified this issue felt that since their ex-partners had more money than they did, they were better equipped to fight and win custody in court.

He would say "how can she care for her, she is in poverty," right. And he's like "look at her life and then look at mine." The money he has, right... he has all these things. Like it's not a choice. Poverty is not a choice. I also have a rare skin disorder... so I can't walk very far... so he used that against me in court also.

iii. Lack of support to parents with disabilities resulting in child welfare interventions

Many women spoke about how they needed support to parent and that, without it, they face a real risk of losing their children. One woman who lives with complex physical disabilities found it difficult to arrange for home support workers to help her with household tasks, parenting support, and respite. This resulted in her three children being taken away from her and put in a continuing care home.

iv. Lack of understanding of disability issues when deciding on child custody cases

There was a sense that the courts did not understand the challenges women with disabilities face and the supports they need to be able to parent effectively. They felt that the perception was that a woman with a disability is less capable of parenting. Many women stated that although the courts generally seem to understand that it is in the child's best interest to stay with their mothers, that was not the case for women with disabilities.

Issues with insurance companies

Research participants identified many problems when dealing with insurance companies. The types of problems experienced included:

- i. Questioning the extent of the disability and/or injury;
- ii. Being denied insurance due to disability;
- iii. Fear of filing a claim; and
- iv. Discriminatory practices.

i. Questioning the extent of the disability and/or injury

Participants spoke about how insurance companies seem to doubt their needs and disability claims, even with medical documentation. There was a sense that insurance companies minimize the extent of a disability to avoid paying out a claim:

First of all, they told me that my injuries couldn't possibly be as bad as I said which is ridiculous because I got hit on the head by a minivan that didn't even hit the brake. They do this to everyone which is awful. They discriminate against everyone who is disabled and they try to force them back to work. This is systemic in our province and that's part of why I wanted to speak to you because this is something that is happening to everyone.

Further, it was felt that insurance companies prioritize money over people's health needs:

It's like the insurance company is driving my healthcare. That should not be. The insurance companies are just crooked. We have no protections from insurance companies. . . The motivation for them is simply money, not my health. They won't fund care that even their own people recommended! The [*name of the insurance company*] hired an occupational therapist. He said, oh, he needs this, and he needs that. And yet, they wouldn't fund it!

ii. Being denied insurance due to disability

Some people indicated that they were denied an insurance claim in writing because of their disability. In one case a young mother was denied home insurance because of her mental health diagnoses, even though she has a well-paying full-time job.

iii. Fear of filing a claim

A few people indicated that they would rather go without income support or the healthcare that they need than have to be subjected to the application process for insurance. Many people heard "horror" stories about how people with disabilities are treated and they could not endure the stress and humiliation of engaging in that process.

iv. Discriminatory practices

Many people felt that they were being discriminated against by insurance companies because of their disability and/or other marginalized statuses. For example, in one case an insurance company made a home visit to investigate a claim and the person with a disability felt that once the insurance company discovered that they were transgender, the claim was denied.

Experiences of all forms of violence

It is quite evident through this research that many people with disabilities, particularly women, are subjected to all forms of violence and abuse. Participants shared their experiences of sexual

assault by healthcare professionals and personal support workers. There were many cases of people with disabilities experiencing verbal, emotional, and even physical abuse by primary care workers who come into their homes, i.e., withholding food, rough handling when conducting primary care activities, and screaming and yelling at their clients.

Issues with landlords

Research participants shared problems related to dealing with landlords. In all cases, participants felt that they were being exploited, disregarded, and/or treated poorly because of their disability. Problems with landlords fell into three categories:

- i. Violation of rights;
- ii. Eviction to raise rent; and
- iii. Eviction due to ableism, racism, and/or homophobia.

i. Violation of rights

Research participants shared incidents of landlords entering their homes without permission. In one case, a landlord came into a woman's bedroom while she was sleeping. There was a sense that landlords have no fear of violating participants' rights because they are disabled – something participants felt landlords would never do with their non-disabled tenants.

ii. Eviction due to raising rent

This problem was shared frequently and stated as extremely problematic because, a) people with disabilities have great difficulties finding an accessible home, and b) people with disabilities are often low income, thus finding a place they can afford is rare. In one egregious situation, the landlord tricked the tenant with a disability out of her lease so he could raise the rent:

I lived there five and [a] half years and my rent always went directly to them. They got paid the rent early and everything and soon as the rent went up, they decided they wanted me out. And I can't read ... I read words backwards. They

knew this. So, I signed this piece of paper because I trusted them and I found out later that was to get me out of the house. So, they took all my furniture, everything ... and they threw all my stuff out on the street [...]. They even took my pictures of the kids. I also had pets at the time but I had to let them go.

iii. Eviction due to ableism, racism, and/or homophobia.

People described situations in which they were asked to leave their homes for no apparent good reason. Many felt that it was because the landlords were racist against Indigenous and/or racialized people and, in one case, homophobic.

Problems with people who have legal authority to manage trust funds

A few participants identified problems related to being exploited by those with legal authority over trust funds left to them by their parents. All individuals who shared this problem live with an intellectual disability. They explained that when their parents died, they had left them money in a trust fund to be administered by a family member. There were concerns about how the family member was using their funds; for example: charging their visits to them to the estate; using the funds for personal items; and not allowing the person to determine how they would like to spend their own money.

2. [Problem Resolution and Outcomes](#)

Avenues Taken to Address Problems

Research participants sought to address the problems they experienced in the following ways:

- 1) Deal directly with the organization where the problem occurred;
- 2) Contact law enforcement;
- 3) Contact their union;
- 4) Engage third-party support;

- 5) File a human rights complaint; or
- 6) Pursue legal action.

People often pursued more than one of these avenues.

1) Deal directly with the organization where the problem occurred

As a first course of action, the majority of research participants attempted to resolve the problem directly with the organization where the problem occurred, i.e., with their employer, a government service office, or an insurance company. Individuals would attempt to comply with processes laid out by the organization to resolve their problem. For example, they would get the necessary documentation requested to contest a denied insurance claim or they would meet with their human resources department to discuss their options when a disability-related illness flared up at work. In all cases, the problems were not resolved by following organizational procedure. Participants felt that this was because the organizations were not committed to resolving the issue. For example, employers pushed for people to resign because they did not want to provide the disability accommodation. In one case, even though a person was approved for sick leave, their employer regularly called them inquiring when they would be back at work. With insurance company procedures, people felt overwhelmed with the amount of paperwork required, found the process confusing, and often, even if they believed they were complying (i.e., presenting a letter from a doctor confirming the need for the claim) their claim would almost always be rejected.

People also followed organizational complaints and appeals processes, which again did not result in resolving their problem. Often people felt that this avenue was ineffective because the organization was reviewing the complaint itself. One person, who was abused by her primary care worker, reached out to the homecare agency and, as she explained: "They were so reluctant to do anything because they are all on the same team." In this situation nothing was done to remove the worker until the abuse worsened:

This was an ongoing issue [...] she left me in the bathroom with no working phone. I would ask her for simple things like I want my slippers and she would yell at me and throw my slippers down in front of me. I would call the agency

and they said they would talk to her, but the supervisor doesn't do anything about it. You see it's a free service so there is nothing you can do about it. I thought about applying for private care, but then I would lose the hours of care that are covered. They told me I could approach my MLA. They would never hear my side when I talked to them. Then one day I told them that she threw a broom at me, then finally they changed my worker.

2) Contact law enforcement

Usually in a crisis situation, people called the police through 911. However, all their experiences were negative and most people indicated they would never call the police again. In all cases shared, the person with a disability was also Indigenous. Here is one such example:

I was intimidated by the police after calling for assistance for a friend with a mental health issue. Instead of assisting, they threatened to take my baby if I ever called them again. My boyfriend had taken too much medication. It was early in the morning. The officers thought he had "lunged" at them. They handcuffed him but didn't arrest him. They didn't take me seriously. Pointed at my little guy and said they'd turn him into social services if they ever heard from us again. Then they said, "we missed breakfast for this."

3) Contact their union

In many of the work-related problems shared, people reached out to their union to assist in addressing the problem. Unfortunately, this avenue also did not seem to be very helpful. As one person explained:

We don't have a shop steward so that really puts a damper on any possibility of help [...] They weren't responsive. Since last June I've had seven different staff representatives from the union and each time it's like I have to update them all over again – there's no consistency.

One individual with an intellectual disability who was fired from her grocery store job because, she was told: "...you are unable to do stuff that is needed and you are very slow" – reached out to her union, which she found was very supportive, agreeing to take on the "fight." However, the termination was upheld because the employer fired her after a six-month training period. Further, the employer denied that the termination was discriminatory: "I asked, was it because of my disability and they said, 'No that is not it, it is because you do not work fast enough.'"

4) Engage third-party support

Many individuals shared that they reached out to third-party supports to help them resolve the serious problem that they were experiencing. They identified contacting disability rights organizations, women's centres, justice advocacy organizations, healthcare providers, political representatives, i.e., their member of legislative assembly (MLA), and cultural community supports, i.e., Indigenous, immigrant, and ethno-specific services. The effectiveness of these avenues varied depending on the nature of the support provided and the level of assistance the third party was able to provide. For example, one person described the bare minimum support she received from a justice advocacy organization when she unknowingly signed papers that led to her eviction. The advocacy agency indicated that there was nothing they could do since her signature was on the papers. That was the end of their involvement. Another scenario involved an individual with a mental health diagnosis who was in custody and was considered a high risk to reoffend. This person connected with a disability advocacy organization, which provided continual support over five years, resulting in the individual being released on probation, eventually being considered low-risk, able to establish healthy relationships, and enrolling in post-secondary education. However, in many situations, regardless of the commitment and support the third party provided, people were unsuccessful in resolving their problem.

A few Indigenous people, frustrated with the barriers they faced in attempting to resolve their problems through the various formal "systems," turned to spiritual and cultural supports.

"What really helped me was going to ceremonies and sweats [...] nothing else."

5) File a human rights complaint

Given that many research participants believed that the basis of their problem was discrimination based on their disability, reaching out to a human rights organization was a common avenue pursued. People's experiences with human rights' tribunals and commissions were dependent on whether or not they had strong third-party support to file a claim and/or their individual perseverance. In one situation, a person with a mental health disability who was banned from attending a post-secondary institution due to his criminal record won his case, with persistent third-party support:

It's my understanding that an organization can't be using that (*criminal record*) as a justification to not include someone. The university was not wanting to really deal with this ... they put every little block up. Then we filed a Human Rights complaint [...] and the arbitrator ruled in my favour... that a criminal record is protected under the *Human Rights Code*.

A successful outcome was rare however, and people frequently indicated that they were so exhausted and stressed out by the human rights complaint process, that they gave up. As this person explains:

I went to the Alberta Human Rights Commission. I was told I had a very strong case but year after year, it just dragged on and on and on without it going anywhere. And unfortunately, the stress of that and the harassment from my former employer who eventually terminated me for being disabled – in writing. I gave up. But I do think the Human Rights Act is pretty strong, but without any budget to support the Commission, it is ineffective. And companies and employers know that they can just wait it out and wear people down. They (*Human Rights Commission*) just don't have the staff to cope with their caseload.

6) Pursue legal action

Many of the people who participated in this research took legal action to resolve the serious problem that they experienced. However, not one case resulted in the outcome desired by the participants.

Experiences with the legal process

Two common themes emerged in people's experiences dealing with the courts.

i. Success of legal action was dependent on financial resources

The issue of money was identified as the key reason why people were unsuccessful when they took legal action. There were many instances of people with disabilities being up against institutions, i.e., post-secondary schools and employers, or their ex-spouses, all of whom had considerably greater financial resources than they did. In the few cases where participants did have the money to support legal action, they spoke about having spent thousands of dollars, drawing on their savings, and, in the end, losing their court case.

There was also a sentiment that the defendants they were up against were aware of their financial vulnerability, thus they stalled proceedings and kept the case active in court until the person could not afford to go any further. Participants also felt that defendants were not afraid of any legal recourse if they behaved maliciously.

Not having the financial resources to afford sound legal representation resulted in having to use legal aid services. These were often deemed insufficient for the following reasons: there were long waiting lists to get a lawyer; legal aid lawyers were not given enough hours to work on a case; meetings with legal aid representatives were inaccessible, i.e., they were too far away, and accommodations were not provided; and legal aid lawyers did not seem to be effective against formidable defence attorneys.

People also had negative experiences with other legal avenues available to low-income people:

So I tried going through all the various legal avenues that are afforded to people like myself, such as, Legal Aid, UBC law students, several advocacy programs ... but I found that in 90 percent of civil issues you can only get advice and they'll only give you one session and then after that it's a long, long line to get back in and speak with the same people you were speaking with previously! So that is frustrating because I have provincial disability benefits and there are programs available through this for this very type of support.

In the context of employment disputes, it was stated that the legal process favours “employers because of the lack of resources we have.”

ii. Disability was used against them in court

In multiple examples, people felt that their disability was used against them in court. For example, in custody cases the ex-spouse would attempt to demonstrate how the mother with a disability was “mentally unfit” to care for her child(ren), often labelling her cognitive disability as a sign of mental instability that could be harmful to their children:

I had a legitimate doctor's note that says I have a brain injury. It is very clear I have a brain injury that affects my memory and yet this was used against me to remove my son.

Challenges with the legal system

In addition to more structural or systemic challenges, such as not having enough money to adequately pursue legal action and the limitations with Legal Aid services, participants also indicated other issues related to their disability that proved to be challenging when they pursued legal action.

i. Lack of credibility and not being believed

Many research participants expressed their sense that they were viewed as lacking in credibility because of prejudice and assumptions made about their disability. One person, who was a refugee living with post-traumatic stress disorder due to her war experiences, described her interaction with lawyers in her pursuit of a sexual assault charge:

There is a filter that people put on in their minds as an association with you. They do not believe you. Because you are not as important in society... at first, I didn't understand and then I was like... whoa?! What is happening here? It felt like, in the end that I didn't have the same rights as other people. I felt like my word meant less ... because, you know, I am a refugee and a person with this condition...

Another woman, who pressed charges against a male nurse who sexually assaulted her in a hospital, felt that she was seen as lacking credibility throughout the whole process:

I went to the police to file a report and the police officer, was a woman and well, she was rough! She snapped at me and doubted me saying, "Well, maybe it was this or maybe it was that." And I'm like, NO – I know what happened! Then there were meetings with the lawyer and the hospital had appointed their own investigator who interviewed me. Asked me all the questions about what had happened, etc. And I answered and started crying ... so, I guess I lost credibility.

This same woman stated that because she had a physical disability and uses a wheelchair, she believed that the police felt she also had an intellectual disability. She felt this contributed to her not being believed.

Cognitive and psychosocial barriers

Many people spoke about the difficulties that arose in both preparing for and participating in the court process. On the stand, a person with a brain injury had difficulty remembering the

sequence of events and/or particular occurrences. They were called a liar in the court due to this. Many people with cognitive, intellectual, and mental health disabilities spoke about their challenges in understanding the law, and the procedures and processes taking place. As this person explained:

My biggest problem was actually presenting everything coherently to a lawyer. Because I struggle to be coherent everything took much longer and therefore the legal bills were considerably higher. Now on top of that, trying to get documentation together and pull it all together, is also very, very difficult. And it's something that you can't really ask somebody else to do. I had two filing boxes of material and a laptop full of material. And all that had to be sorted and organized. And every time I looked at it, I had a panic attack.

OUTCOMES

The vast majority of people who participated in the research indicated that there was no resolution to the problems that they experienced. This may be because a significant number of research participants chose not to take any action to address the problem that they were experiencing. The challenges outlined above – i.e., a lack of financial resources, minimal supports, fear of not being believed, or a sense that they lacked credibility – were all reasons given for people deciding not to pursue any avenue to resolve their problems. In addition, participants indicated that the ongoing stress related to the resolution processes would be too overwhelming, and, further, that even if they tried, they felt they would be unsuccessful.

As one woman explained after her mistreatment by the police:

I did not do anything. I was a 19-year[-old] Aboriginal female, shocked at their response [...] I always assumed I would be stereotyped as a “drunk or drugged-out Indian woman.” I pick up on racism, whether overt, subtle, or patronizing very easily. So, there is no use.

Participants also said that they simply did not have the energy to fight because it was difficult enough trying to survive their day-to-day life, being isolated, poor, and lacking the disability supports they needed.

In situations where participants felt that they had no recourse but to follow the process in place at the organization, the outcome was always negative, i.e., they lost their jobs, did not receive the disability supports or accommodations that they were asking for, were evicted from their homes, and/or were left feeling shaken and upset by the poor treatment and disrespectful process that they were subjected to.

In the few cases where participants had the financial resources, the will, and support to keep fighting for justice, they did experience moderate success, however at great expense and with compromise.

For example, one person, who was terminated from their job and not given a severance package, believed this was due to their disability. They initially filed a claim with a provincial human rights commission, which was “unresponsive,” and the process “dragged on and on.” Eventually they hired a lawyer and after thousands of dollars in legal fees and extreme stress, they decided to take a settlement, which required them to close the human rights case.

Many people said that they were so frustrated and humiliated with the process that they would never take action again. Here are some of those voices:

The whole process was very frustrating and disappointing. I would never file another complaint even if the issue was so blatant and obvious because the stress and disappointment is too great.

I will get other support and will do anything I can to avoid police assistance ever again.

I've just stayed clear of the legal system. Like I have absolutely no faith in the legal system. If I happened to be assaulted again, I would never go to the police. I would never report it. Never. And I know now why women don't.

In only two examples did participants feel that they were successful in achieving an acceptable resolution to their problem. In both cases, the participants had strong and unwavering advocates, who, as a team, never gave up until they obtained what they felt was due justice.

3. Perceived Causes

Poverty

The majority of people who participated in this research project experienced more than one serious problem. When asked “why do they think these problems occurred” and “what is the connection between them,” the majority identified poverty as the root of all the problems they and other people with disabilities experience.

Lack of knowledge of the experience of disability and the relevant supports required

Research participants clearly outlined that the institutions and services where the problems occurred were not knowledgeable about the various supports that people with disabilities might need to access their services and/or fulfill their employment duties. For example, people with disabilities may communicate differently, have different cognitive and comprehension abilities, and may not be able to physically engage with the processes set out by an institution, factors that ultimately led to a serious problem.

Discrimination

Participants often expressed that the impetus for the negative treatment that they experienced was based on the perpetrator’s fears, prejudice, and/or negative attitude towards people with disabilities. Further, there was a strong sentiment that because they had a disability and other marginalized identities, (i.e., being Indigenous, racialized, a woman, 2SLGBTQ+, etc.) they faced even more discrimination by the people involved in their dispute.

Exploitation

Research participants stated that because they lived with a disability, many people in power did not think that they – as tenants, employees, clients, patients, etc. – would ever challenge the

problematic situation. This kind of impunity allowed those people to continue to act in unjust ways. There were many examples of people in positions of power acting in a blatantly unjust manner, including an employer regularly firing people with intellectual disabilities as soon as a free training period was completed or a landlord deceptively getting a person who could not read to sign papers that ultimately got them evicted.

Other causes

Research participants also identified lack of empathy and the lack of family and community supports as other causes of the problems they experienced.

Lastly, participants indicated that there is a domino effect, with the cause of one problem triggering another. For example, one person was in a car accident that required a number of different therapies in order to function, resulting in an ongoing dispute with an insurance company. Due to the fact that this person was unable to get the therapies needed, they were unable to fulfill their work responsibilities. This led to serious problems with their employer.

4. [Effect on people's lives](#)

The effect these problems have had on people's lives has been enormous. The effects are long-term due to the fact that often these incidents occur over a number of years, wearing away people's emotional and financial resources. The following section outlines the main areas of the effect that these serious problems have had on people's lives.

Negative effect on mental health

When asked: "What has been the effect this problem has had on your life?" the majority of participants stated that the stress and anxiety that they experienced related to their problem had a long-term effect on their mental health. Many said that after their negative and prolonged experience their self-esteem was greatly damaged, and they began to develop strong feelings that they did not matter. Some people also considered suicide as a means of getting out of their dilemma. The following quote is representative of what many research participants shared about the effect the problem had on their mental health:

...the stress of everything was killing me quite literally. I was regularly up in the hospital in the Emergency Room because of it. So, I ... just had to stop. And the only way to stop was to accept an out-of-court settlement at a much lower value than I was entitled to [...] And the way the municipality handled it and the additional stress that they caused, I strongly believe, greatly deteriorated my mental health even further. I was paranoid at one point. I was at the extreme end of depression. I was having major panic attacks. Mine are apparently very, very severe compared to most people. It all got worse, fast.

Not obtaining necessary supports to live a healthy, safe, and productive life

As we heard, participants were not successful in obtaining the disability supports needed to resolve their problem, which in turn created more problems, i.e., their health deteriorating, losing their jobs, and, consequently, experiencing housing insecurity.

Significant financial loss

Whereas the majority of research participants were low income and could not afford legal services, those research participants who could afford those services all reported that the process had a tremendous effect on their finances. They reported spending thousands and thousands of dollars, often draining their savings, only to receive a negative outcome, leaving them impoverished. People who had employment-related disputes lost their jobs and were thus left without an income.

Other types of effects

Another less frequently cited type of effect on participants was a sense of lost opportunity, i.e., missing out on post-secondary education or keeping a job that they found to be meaningful. Given that the problem resolution process was so difficult, frustrating, and at times humiliating, participants spoke about a loss of will and enthusiasm to pursue their dreams.

Lastly, a few respondents, all racialized and/or Indigenous, discussed how, after their extremely negative experience with the police, they now suffer from post-traumatic stress disorder and live in fear of law enforcement. This fear can manifest while they are doing normal everyday activities, i.e., driving or walking alone or with other racialized people. They reported that as soon as they see a police car or a person in uniform, they begin to get very anxious and fearful for their lives.

5. Reaction to the COVID-19 pandemic

Over the last year it has become increasingly evident that the COVID-19 crisis was having the greatest effect on the poorest and most marginalized populations in Canada – which includes people with disabilities, particularly those with intersecting marginalized identities.

The interviews for this research began just as COVID-19 was becoming an issue, and at the very onset of the country-wide lockdown. The researcher and interviewees were thus discovering and learning about this phenomenon together and the effect it was having, in real time, for research participants. Further, the timing of this research resulted in us obtaining people's initial reactions to the COVID-19 pandemic. The following summarizes the main points shared.

Increased isolation: The lockdown increased a sense of loneliness and isolation for the participants as people with disabilities, particularly those with intellectual disabilities. The few people who were in their lives, i.e., their support workers, were now not able to visit them in their homes and take them to their regular activities in the community.

Fear of getting sick: For those people who needed assistance with primary care on a daily basis, workers were still coming into their homes, resulting in them feeling afraid and unsure about the risk to their health. Participants also felt that public education on the risks was not communicated in clear, plain, and accessible language.

Difficulty in understanding COVID-19 protocols and dealing with technology: Many of the participants, especially those with intellectual and cognitive disabilities, expressed confusion around distancing rules and application processes for income support. Making the situation even worse was that their usual support people could only provide guidance using video-

conferencing services. This was problematic because some participants did not have access to a computer and others found the technology challenging to operate without in-person support.

Unable to get needed healthcare services: Many participants shared that because of the lockdown they could not receive the healthcare services they critically needed, e.g., physiotherapy. Those with pre-existing chronic health conditions were going to get “sicker” and were struggling the most.

Justice-related services delayed: A few participants shared their increased stress and anxiety because their court cases, i.e., child custody or criminal cases, were put on hold or indefinitely delayed.

Lack of work income: Participants talked about their dire financial situations related to having to shut down their small business or the loss of contract work, and some people shared their anxiety at having to stop their job search.

Forced to go into work: A few participants shared that they were being forced to go into their workplace. In one extreme case, an older man with serious respiratory issues who was already in a dispute with his employer, was told he had to go into work or his job would be on the line.

Feeling forgotten and not valued: At the time the interviews took place, there was a sense that emergency benefits were being activated for non-disabled people yet not for people with disabilities. This emphasized participants’ feelings that society does not value people with disabilities as much as non-disabled people, as this person explains: “The government is not willing to put in the kind of resources for us that they are doing now with COVID for healthy, non-disabled people.”

A sentiment that was often shared was that the COVID-19 crisis demonstrates how the government can find the money if they have to, to support people in need:

This whole COVID thing has highlighted how doable accommodations are.... This is making me really, really mad. Like in employment. I have been asking for these things for a long time and now when it effects non-disabled people, suddenly it can be done?!

Lastly, an interesting and somewhat surprising finding was that some people interviewed were not stressed by the pandemic at all. They expressed that these types of restrictions, income insecurity, and isolation were the way their lives had always been. This sentiment was offered a few times, intimating feelings of retribution:

I'm seeing the rest of the world maybe for the first time, deal with things and deal with loss. Things that I've dealt with all my life. And so, for me COVID has not made things worse ... there is just more awareness of what a bad life is like.

IV. DISCUSSION

Observations: Problems Experienced and Resolution Strategies

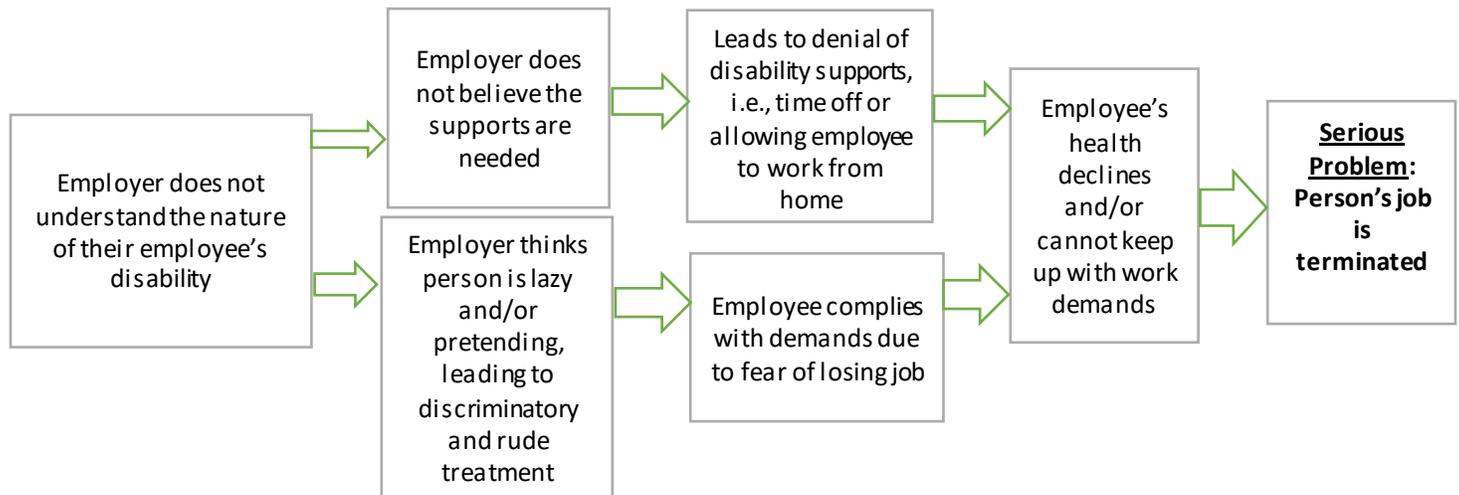
The findings illustrate that diverse people with disabilities can experience serious problems when they attempt to access the basic things all of us need to live a safe, stable, and meaningful life, i.e., earn a decent income, pursue education, secure a respectable place to live, raise our own children, be free from violence, and stay healthy. This is evident by the types of serious problems people with disabilities have experienced:

1. Employment related;
2. Problems when trying to access health, social, and educational services;
3. Lack of access to disability and income supports;
4. Child custody issues;
5. Problems with insurance companies;
6. Issues with landlords;
7. Experiences of violence; and
8. Problems with people who have legal authority to manage trust funds.

Each of these types of problems shared similar characteristics that were more often than not related to a person's disability. That is, whether participants discussed problems related to accessing services, child custody, or dealing with insurance companies, they consistently identified the following seven types of experiences:

1. Discriminatory, rude, and dismissive treatment;
2. A demonstrated lack of understanding of a person's disability;
3. Resistance or denial of disability supports needed;
4. People being perceived as an easy target for exploitation;
5. People complying with discriminatory processes because they feared the consequences of non-compliance;
6. Fear of disclosing one's disability; and
7. Not seen as credible and/or not being believed.

Also important to note is the relationship or interplay of these characteristics in escalating the severity of a problem. For example, in cases of people experiencing issues at their place of employment, the scenario often unfolded as follows:



In every problem shared, participants described being treated in discriminatory, rude, and dismissive ways. The vast majority (75 percent) also spoke about not challenging such mistreatment because they felt forced to comply with discriminatory systems for fear of, for example, not receiving the disability income support or insurance claim that they so desperately needed. Another significant finding was that the majority of research participants (63 percent), regardless of the type of problem experienced, described feeling that their adversary lacked an understanding of their disability, did not believe them or see them as credible, and felt that they were being exploited and/or taken advantage of due to their disability. Half of all research participants shared that they were denied the disability accommodation that they sought. Half also shared their unwillingness to disclose their disability for fear of not being able to, for example, retain their job or qualify for an insurance claim.

These same types of experiences occurred when participants sought to resolve their problems. For example, they experienced discriminatory treatment, were not believed, and their disability was not recognized when they reached out to law enforcement in times of crisis. Participants felt that they were not deemed credible when pursuing legal action because of their disability. Related to this, there was also a demonstrated lack of understanding of a person's disability

from other legal services and consequent denial of the disability supports they needed to take legal action, for example.

Often procedures for addressing a problem were not accessible. For example, preparing for a court case or filing an insurance claim required people to compile and complete extensive paperwork – a task that is difficult for people with cognitive, intellectual, and some mental health disabilities. Whereas legal and human rights tribunal processes are time consuming and stressful for most people, for people with disabilities the stress appeared to be amplified because they faced many access barriers. The mental stress, negative treatment, and physical demands of challenging injustice often worsened their mental health disabilities and/or chronic health conditions.

Given that similar behaviours and circumstances that led to a problem (i.e., lack of understanding of the nature of a disability and thus having a disability accommodation denied) were also present in the context of problem resolution strategies, (i.e., courts not recognizing the supports needed for people with cognitive disabilities to achieve a fair trial) it is understandable that the vast majority of outcomes were unsuccessful.

Socio-demographic Observations

There were notable differences in the experiences for people with disabilities who were also Indigenous, racialized, immigrant, women, and/or who belong to a 2SLGBTQ+ community. Indigenous peoples often discussed the double, and in the case of Indigenous women, triple levels of discrimination they experienced when dealing with law enforcement, child welfare, and in the workplace – with racism identified as the core problem. Immigrants from non-European countries felt that because they have an accent and are racialized, they were treated more severely than a white person with or without a disability would have been – again identifying racism as the driving force of their mistreatment. Women with disabilities often cited a lack of power when dealing with their male ex-spouses in child custody cases and with male landlords. A few people from 2SLGBTQ+ communities wondered whether the

discriminatory treatment that they received was intensified because they were openly queer-identified.

The findings also demonstrated distinct experiences by type of disability. A significant finding was that people with disabilities such as chronic fatigue syndrome, traumatic brain injury, ADHD, and/or mental health disabilities, i.e., depression, anxiety, panic disorders, etc., often stated that the invisibility of their disability greatly exacerbated their problem. That is, people with invisible disabilities were more likely to not be believed and/or experience a lack of understanding of their disability and the related supports needed. People with invisible disabilities also had the choice to not disclose their disability, often leading to increased conflict.

The core of many of the problems experienced appeared to be a pronounced lack of understanding about how to support people living with mental health disabilities, for example, service providers acting aggressively rather than de-escalating interactions during a conflict or assuming people are being defiant rather than confused, agitated, or triggered. Further research to examine whether people with mental health disabilities experience more serious problems might be valuable, given that this group represented almost half of the study's participants (45 percent).

The results of this study demonstrated that when people live with more than one marginalized social location, separate identities co-exist or are co-constituted in interlocking systems of discrimination. In the case of this study, outreach was directed to recruit people with disabilities. Therefore, research participants told the stories of their problems from the vantage point of their disability. However, in the telling of these stories, other experiences of discrimination emerged, which at times surpassed disability oppression (i.e., racism) and at other times coalesced (i.e., sexism and ableism). As a result, although it is important to understand the specificities of a particular system of marginalization (i.e., ableism), a deeper analysis seeks more comprehensive understandings of how these different systems of oppression interact.

Observations: Causes, Effect, and Outcome

The common characteristics that cut across all of the different types of problems experienced by participants originate in what the majority of research participants identified as the root of their problems – poverty. Participants were clear that if they had the financial resources, they would have been successful in resolving their legal problems. Also, people with disabilities continue to be segregated from mainstream society. This isolation is highlighted by the many reports of peoples’ disability-related needs not being understood. Segregation and isolation is closely related to poverty. When people are poor, they are often segregated from mainstream society, making them more vulnerable to violence and exploitation. Poverty also limits access to the things needed to live a good life, i.e., housing, education, and appropriate health care for people with disabilities.

Research continues to demonstrate that people with disabilities experience some of the highest rates of poverty in Canada.⁴ People with disabilities are also represented in all other marginalized groups, i.e., women, Indigenous, racialized, migrants, etc., who also experience high poverty rates. Thus, with each intersecting layer of marginality, people with disabilities experience an intensified vulnerability to their economic security, health, and safety.

Participants also felt that the “system,” or policies and practices in society, lacked an understanding of the disability-related barriers they experience and thus their respective needs. They were more likely to experience multiple problems when attempting to participate in daily life. For example, one person had a panic attack that barred them from receiving a needed healthcare service. As a result of not receiving this health service, coupled with continual panic attacks at work, the person lost their job. Participants were well aware that the “systems” were not built with their needs in mind, as demonstrated by their fears of disclosing their disabilities,

⁴ Canadians aged 25 to 64: 23 percent of people with disabilities were living in low income, compared with nine percent of non-disabled populations. For people with mental disabilities these rates are even higher: 17 percent for those with a physical/sensory disability compared with 27 percent for those with a mental/cognitive disability, were living in low income. Source: Cotter, A. (2018, March 15). *Violent victimization of women with Disabilities*. Canadian Centre for Justice Statistics. Statistics Canada. Catalogue no. 85-002-X. ISSN 1209-6393. page 3.

feeling like they had to comply with discriminatory processes, and deciding not to take any route to resolve their problems because they felt that they would be unsuccessful.

Research participants also identified that many of their problems occurred because they believe that people with disabilities are not valued in society. Further, they felt that this sense of not being valued in society is being highlighted during the COVID-19 pandemic, where income and employment-related supports were quickly put in place for non-disabled people, the very kinds of supports that people with disabilities have been asking for unsuccessfully for decades.⁵

It is evident that there is a complex and interlocking relationship between the causes of most people's problems, e.g., poverty leads to segregation, and if people are segregated, they are less likely to be "known" and valued and thus their needs are not responded to.

Lastly, the research findings on the effect that participants' problems have had on their lives, i.e., deteriorating mental health – not obtaining the supports needed to be safe, healthy, and productive, and significant financial loss – highlight the systemic nature of marginalization, which continues to keep diverse people with disabilities poor, unhealthy, and unsafe.

⁵ This research was conducted during the beginning of the pandemic in March–April 2020. In June 2020, the federal government announced a series of measures to support Canadians with disabilities, including a one-time, tax-free, non-reportable payment of \$600 to assist with additional expenses due to the pandemic, i.e., additional expenses related to hiring personal support workers, paying for increased costs for medical supplies and medication, and home delivery services to obtain groceries and prescriptions. In July 2020, the federal government proposed expanding the one-time payment to include approximately 1.7 million Canadians with disabilities. Source: *COVID & Disability, Inclusion Canada*. Retrieved 28 November 2020 from: <https://inclusioncanada.ca/coviddisability-2/>.

V. CONCLUSION

Historically in Canada, people with disabilities were subjected to mass institutionalization and forced sterilization, and were denied access to education. The segregation and devaluation that legitimized such discriminatory practices resulted in the development of socio-economic structures and arrangements that exclude people with disabilities. In addition, people with disabilities also belong to other marginalized groups with their own histories of structural oppression. Although the disability rights movement has achieved many victories over the last 50 and more years, the findings from this study have demonstrated that people with disabilities continue to experience significant serious problems as they attempt to access the things we all need to live a quality life. Participants in this study feel devalued in our society as they try to navigate inaccessible services where they lack credibility and are subjected to prejudicial treatment. The results highlight that the segregation from mainstream society that people with disabilities experience has resulted in systems and practices that do not respond to their needs and places them in conditions where they are vulnerable to exploitation and violence. Problems appear to be intensified for people with disabilities who are also Indigenous, female, racialized, or belong to a 2SLGBTQ+ community. Finally, this study has demonstrated that when people with disabilities attempt to resolve their problems by contacting law enforcement, pursue human rights or other complaints processes, or take legal action, they are met with a lack of disability awareness, denial of supports, and discriminatory treatment.

The people who participated in this research were clear about both the nature of the problems they experience and the types of challenges they contend with when they attempt to resolve these problems. This clarity directs us to key areas for policy and program reform:

- Develop and implement compulsory intersectional disability sensitivity and anti-bias training, targeted and customized to all key sectors. Service providers would learn about systemic ableism, its intersection with other experiences of oppression, and the diverse support needs people with disabilities require when attempting to access a variety of services.

- Require services to develop anti-discrimination policies related to disability rights to guide organizational procedures and practices.
- Increase legal aid services and other third-party justice advocacy supports in ways that diverse people with disabilities can afford and access.

The results of this research have stressed the urgency for bold public policy action that would effectively address income disparity and systemic poverty for people with disabilities and other acutely marginalized groups. It is critical that people with disabilities receive a reasonable income that will get them the individualized supports that they need to be safe, healthy, and to realize full and equal access to all avenues of Canadian life.

APPENDIX 1: INTERVIEW DISCUSSION GUIDE

INTERVIEW DISCUSSION GUIDE

Serious Problems: People with Disabilities, Western Canada

Researcher, Doris Rajan

Consent Process

Thank you for agreeing to participate. I am a researcher who has been engaged by Justice Canada to conduct a small qualitative study on serious problems experienced by people with disabilities in the western region of Canada. This research is being carried out to complement the national Canadian Legal Problems Survey. In this interview I will be asking questions about:

- 1) The types of serious problems that you may have experienced in the last three years;*
- 2) The ways you have attempted to resolve those problems; and*
- 3) The outcome and effect of these experiences.*

The information you share today is completely confidential, and I will not associate your name with anything you say in this interview. I would like to tape this interview so that I can make sure to capture the thoughts, opinions, and ideas that you share today. The information will be used exclusively to inform this research. You may refuse to answer any question or withdraw from the study at any time and you will still receive your honorarium. If you have any questions now, during or after this interview please feel free to contact me.

I. Explanation of the process

This interview will last for a maximum of 90 minutes. There are no wrong or right answers I am here to learn from you. Any questions? Here we go!

(Turn on recording device)

II. Introduction

If you would like, tell me a bit about yourself.

III. Questions:

1. *What was the serious problem or interaction with the legal or other systems that you experienced in the last three years?*

(If there is more than one problem, go to Question 2).

a. Purchases or services

PROBES

- a large purchase for which you did not receive what you paid for (e.g., home, car, truck, motorcycle, ATV, snowmobile, or major appliances);
- major repairs or renovations for which you did not receive what you paid for (e.g., home renovations, repairs done to your car, truck, motorcycle, ATV, snowmobile, or major appliances);
- not getting what you paid for in a service (e.g., a moving company, a health club membership, a vacation package or having your taxes prepared);
- a safety concern with something you bought;
- an insurance claim;
- a bill or invoice that was incorrect;
- not getting a refund.

b. Work-related problem

PROBES

- not being paid your wages, not being paid for working overtime, not getting vacation pay, severance pay, or other wages that you believe were owed to you;
- being fired or dismissed from a job;

- being refused child-related leave (e.g., maternity or parental leave), sick leave, or other rights that were part of agreed conditions of work;
- a safety issue at your job or workplace;
- being subject to disciplinary procedures at work.

c. Financial – bank or collection agency

PROBES

- personal bankruptcy;
- a collection agency contacting you repeatedly to get you to pay an outstanding bill or debt;
- the refusal of credit because of inaccurate information;
- a bank or credit union contacting you repeatedly to get you to pay an incorrect charge;
- an electricity, gas, or cable company, or any other utility contacting you repeatedly to get you to pay an incorrect charge;
- a threat of legal action from an individual, a company, or a government agency to collect debt;
- misleading or incorrect information that led you to buy insurance, pensions, mortgages, or other financial products;
- collecting money owed to you (*Exclude* rent or any housing-related money owed) (e.g., a loan to a friend or family member).

d. Family related – child custody, domestic violence

PROBES

- the division of money or property following a family breakdown;
- collecting spousal support that you were awarded by the court;
- applying for, enforcing, or making changes to a spousal support order;

- obtaining or enforcing a restraining or civil protection order in the case of a couple or family breakdown;
- applying for, making changes to, or enforcing child support;
- child custody or access arrangements;
- becoming the guardian of a child who is not your own;
- any of your children, or a child under your care, being taken away by a family services agency;
- a child abduction or threat of abduction.

e. Discrimination

PROBES

- Where did you experience harassment (e.g., school, in a store, at work, when dealing with the police?);
- Was the harassment based on any of the following grounds (e.g., race, colour, ethnicity; Indigenous identity; religion; age; sex, gender identity or expression; sexual orientation; marital status; family status; a physical or mental disability; language, etc. ?);
- Please indicate the nature of the harassment you experienced (e.g., aggressive behaviour, offensive remark, sexual comment or gesture, etc.).

2. Do you think any of your serious problems were connected to one another?

PROBE

Which of the problems may have caused or contributed to the other problems that you experienced?

3. What did you do to try and solve this problem?

PROBES

- a. Did you attend court?
- b. Were you aware of supports and resources that were available to you?
- c. If you didn't take action, why not?
- d. If you received legal advice, who did you receive legal advice from?
- e. If you did not receive advice from a legal professional, why not?
- f. Informal resolutions (i.e., internet searches, reached out to friends/family, connected with the other party involved in the dispute, contacted an advocacy or social service agency)
- g. What approaches did you find helpful?
- h. What approaches did you find unhelpful?

4. What was the outcome? What happened?

PROBES

- a. How much did legal professionals help?
- b. What is the current status of the problem?
- c. Were there any costs associated with the problem?

5. What has been the effect of these problems on your life?

PROBES

- a. On your mental/emotional health?

- b. On your physical health?
- c. Financially?
- d. In your relationships?

This is the end of the interview.

For purposes of noting any differences between groups of people, could I ask you some questions about how you self-identify? Again, all the information I am gathering is confidential and will not be connected to your name.

SOCIO-DEMOGRAPHIC INFORMATION

1. What is your gender?

- Male
- Female
- Another gender

2. What is your age?

- 18–24 years old
- 25–34 years old
- 35–44 years old
- 45–54 years old
- 55–64 years old
- 65 years or over

3. Do you identify as:

- Heterosexual
- Two-spirited
- Lesbian or gay
- Bisexual
- Other (*please specify*) _____

4. Do you identify as Indigenous?

- First Nations
- Métis
- Inuk

5. What type(s) of disability do you identify with?

6. Citizenship Status

Born in Canada

Born outside Canada (*please specify country*) _____

Canadian citizen

Landed immigrant

Permanent resident

7. Do you identify as:

White

South Asian (e.g., East Indian, Pakistani, Sri Lankan)

Chinese

Black and/or African

Filipino

Arab

Latin American

Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)

West Asian (e.g., Iranian, Afghan)

Korean

Japanese

Other (*please specify*) _____

8. What is the highest certificate, diploma, or degree that you have completed?

9. Are you employed? Yes No

APPENDIX 2: FOCUS GROUP DISCUSSION GUIDE

FOCUS GROUP DISCUSSION GUIDE

Serious Problems: People with Disabilities, Western Canada

Researcher, Doris Rajan

Consent Process

Thank you for agreeing to participate. I am a researcher who has been engaged by Justice Canada to conduct a small qualitative study on serious problems experienced by people with disabilities in the western region of Canada. This research is being carried out to complement the national Canadian Legal Problems Survey. In this focus group I will be asking questions about:

- 1) The types of serious problems that you may have experienced in last three years;*
- 2) The ways you have attempted to resolve these problems; and*
- 3) The outcome and effect of these experiences.*

The information you share today is completely confidential, and I will not associate your name with anything you say in this focus group. I would like to tape this focus group so that I can make sure to capture the thoughts, opinions, and ideas that you share today. The information will be used exclusively to inform this research. You may refuse to answer any question or withdraw from the study at any time and you will still receive your honorarium. We understand how important it is that this information is kept private and confidential. We will ask participants to respect each other's confidentiality as well. If you have any questions now, during, or after this focus group please feel free to contact me.

I. Explanation of the process

This focus group will last for a maximum of two hours. There are no wrong or right answers. I am here to learn from you. Any questions? Here we go!

(Turn on recording device).

II. Introduction – Brief introductions

III. Questions:

1. *What was the serious problem or interaction with the legal or other systems that you experienced in the last three years?*

(If there is more than one problem, go to Question 2).

a. Purchases or services

PROBES

- a large purchase for which you did not receive what you paid for (e.g., home, car, truck, motorcycle, ATV, snowmobile or major appliances);
- major repairs or renovations for which you did not receive what you paid for (e.g., home renovations, repairs done to your car, truck, motorcycle, ATV, snowmobile, or major appliances);
- not getting what you paid for in a service (e.g., a moving company, a health club membership, a vacation package or having your taxes prepared);
- a safety concern with something you bought;
- an insurance claim;
- a bill or invoice that was incorrect;
- not getting a refund.

b. Work-related problem

PROBES

- not being paid your wages, not being paid for working overtime, not getting vacation pay, severance pay or other wages that you believe were owed to you;
- being fired or dismissed from a job;
- being refused child-related leave (e.g., maternity or parental leave), sick leave, or other rights that were part of agreed conditions of work;
- a safety issue at your job or workplace;
- being subject to disciplinary procedures at work.

c. Financial – bank or collection agency

PROBES

- personal bankruptcy;
- a collection agency contacting you repeatedly to get you to pay an outstanding bill or debt;
- the refusal of credit because of inaccurate information;
- a bank or credit union contacting you repeatedly to get you to pay an incorrect charge;
- an electricity, gas, or cable company, or any other utility contacting you repeatedly to get you to pay an incorrect charge;
- a threat of legal action from an individual, a company, or a government agency to collect debt;
- misleading or incorrect information that led you to buy insurance, pensions, mortgages, or other financial products;
- collecting money owed to you (*Exclude* rent or any housing-related money owed) (e.g., a loan to a friend or family member).

d. Family related – child custody, domestic violence

PROBES

- the division of money or property following a family breakdown;
- collecting spousal support that you were awarded by the court;
- applying for, enforcing, or making changes to a spousal support order;
- obtaining or enforcing a restraining or civil protection order in the case of a couple or family breakdown;
- applying for, making changes to, or enforcing child support;
- child custody or access arrangements;
- becoming the guardian of a child who is not your own;
- any of your children, or a child under your care, being taken away by a family services agency;
- a child abduction or threat of abduction.

e. Discrimination

PROBES

- Where did you experience harassment (e.g., school, in a store, at work, when dealing with the police?)
- Was the harassment based on any of the following grounds (e.g., race, colour, ethnicity; Indigenous identity; religion; age; sex, gender identity or expression; sexual orientation; marital status; family status; a physical or mental disability; language, etc.?)
- Please indicate the nature of the harassment you experienced (e.g., aggressive behaviour, offensive remark, sexual comment, or gesture, etc.).

2. Do you think any of your serious problems were connected to one another?

PROBE

Which of the problems may have caused or contributed to the other problems that you experienced?

3. What did you do to try and solve this problem?

PROBES

- a. Did you attend court?
- b. Were you aware of supports and resources that were available to you?
- c. If you didn't take action, why not?
- d. If you did receive legal advice, who from?
- e. If you did not receive advice from a legal professional, why not?
- f. Informal resolutions (i.e., internet searches, reached out to friends/family, connected with the other party involved in the dispute, contacted an advocacy or social service agency)
- g. What approaches did you find helpful?
- h. What approaches did you find unhelpful?

4. What was the outcome?

PROBES

- a. What happened?
- b. How much did legal professionals help?

- c. What is the current status of the problem?
- d. Were there any costs associated with the problem?

5. What has been the effect of these problems on your life?

PROBES

- a. On your mental/emotional health?
- b. On your physical health?
- c. Financially?
- d. In your relationships?

6. Is there anything else you would like to add?

That concludes this focus group. With your permission I will be following up with to answer some questions about how you identify in terms of your race, disability etc. . This is completely voluntary and, again, all information is confidential and will not be attached to your name.

Thank you so much for coming and sharing your thoughts and opinions with me. If you have additional information that you did not get to say in the focus group, please feel free to contact me and we can arrange a time to speak further.

SOCIO-DEMOGRAPHIC INFORMATION

1. What is your gender?

- Male
- Female
- Another gender

2. What is your age?

- 18–24 years old
- 25–34 years old
- 35–44 years old
- 45–54 years old
- 55–64 years old
- 65 years or over

3. Do you identify as:

- Heterosexual
- Two-spirited
- Lesbian or gay
- Bisexual
- Other (*please specify*) _____

3. Do you identify as Indigenous?

- First Nations
- Métis
- Inuk

4. What type(s) of disability do you identify with?

5. Citizenship Status

Born in Canada

Born outside Canada (*please specify country*) _____

Canadian citizen

Landed immigrant

Permanent resident

6. Do you identify as:

- White
- South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- Chinese
- Black and/or African
- Filipino
- Arab
- Latin American
- Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)
- West Asian (e.g., Iranian, Afghan)
- Korean
- Japanese
- Other (*please specify*) _____

7. What is the highest certificate, diploma, or degree that you have completed?

8. Are you employed? Yes No