

**WOMEN, EDUCATION AND DISABILITY:  
A STUDY OF THE EXPERIENCES AND OUTCOMES  
RELATED TO POST-SECONDARY EDUCATION AND THE  
LIVES OF WOMEN WITH PHYSICAL DISABILITIES**

**BY**

**KELLY SCOTT**

**A Thesis  
Submitted to the Faculty of Graduate Studies  
in Partial Fulfillment of the Requirements  
for the Degree of**

**MASTER OF SOCIAL WORK**

**Faculty of Social Work  
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**ABSTRACT:**

The "Women, Education and Disability Research Project" evolved as a direct means of gathering information about experiences and outcomes related to post-secondary education, as articulated by women with physical disabilities. The premise that post-secondary training contributes to increased opportunities was a key consideration in this analysis. Outcomes in this regard were examined in relation to participant involvement in the labour market and acknowledgment of economic and personal consequences. In addition to commonly identified barriers, attention was given to the range of formal and informal supports and services utilized and prioritized by women in this project. This study also examined the experiences associated with the visible and invisible nature of disabilities, and the positive ways in which disability had influenced women's lives.

Findings from this project revealed that post-secondary training had positive personal outcomes on participant's awareness of societal issues, levels of self-esteem, and community involvement. While a significant number of women reported enhanced marketability and opportunities for higher level jobs, the current rate of employment reported by respondents did not differ from the overall rate of employment prior to attainment of post-secondary education. Results of this study underscore the need for continued efforts to tackle attitudinal, architectural and systemic barriers in post-secondary educational and subsequent work settings. Enhanced efforts to advance a wider span of educational choices, inclusive of professional and traditionally male-oriented fields of training are also indicated, in an attempt to increase opportunities for employment and resist further marginalization of women with disabilities in society.

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TABLE OF CONTENTS

ABSTRACT .....	iii
ACKNOWLEDGEMENTS .....	iv
CHAPTER ONE	
Introduction .....	1
I Overview of the Topic .....	1
II Objectives of the Study .....	2
III Overview of Thesis Chapters .....	3
CHAPTER TWO	
Theoretical Perspectives: Women with Disabilities .....	5
I Minority Group Theory .....	5
II Interactionist Approaches to Deviancy .....	12
III Summary .....	19
CHAPTER THREE	
Obstacles and Opportunities: A Presentation of the Research Findings .	22
I Nature and Severity of Disability .....	22
II Economic Factors .....	26
III Accessing Social Supports .....	31
IV Education .....	40
V Summary .....	45
CHAPTER FOUR	
Development of the Research Project: Elements of Inquiry and Design .	47
I. Assumptions, Hypotheses and Definitions Relevant to the Study .....	47
II. Methodology: Research Design, Data Collection and Analysis .....	53
CHAPTER FIVE	
Women, Education and Disability: A Summary of the Study Findings .	59
I. General Demographics .....	59
II. Information Regarding Disability .....	61
III. Education .....	67
IV. Employment .....	85
V. Levels of Income .....	95
Theoretical Perspectives Relative to Study Findings .....	100

Response to Initial Assumptions, Exploratory Questions and Hypotheses .....	103
CHAPTER SIX	
I. Summary .....	111
II. Limitations of the Study .....	113
III. Learning Goal Attainment .....	114
IV. Conclusion .....	115
VI. Recommendations .....	116
APPENDICES .....	122
BIBLIOGRAPHY .....	148

LIST OF TABLES

TABLE I	Health and Activity Limitations Relative to Disability . . . . .	63
TABLE II	Number of Women Reporting Experiences of Discrimination Relative to the Visible or Invisible Nature of Disability . . . . .	65
TABLE III	Importance of Services Used by Participants During Post-Secondary Studies . . . . .	71
TABLE IV	Recommendations Reported by Study Participants Directed at Other Women with Disabilities Considering Future Post-Secondary Training . . . . .	83
TABLE V	Employment Status of Participants by Category, Prior to Post- Secondary Training . . . . .	86
TABLE VI	Employment Status of Participants by Category, Following Post- Secondary Training . . . . .	86
TABLE VII	Current Employment of Participants by Type of Occupation . . . . .	88
TABLE VIII	Employment Status by Visibility of Invisibility of Disability Using Chi-Square Crosstabulation Measures . . . . .	91
TABLE IX	Mean Ranks of Annual Income for Women with Visible and Invisible Disabilities . . . . .	96
TABLE X	Exact Annual Income by Visibility and Invisibility of Disability Using T-Test Analysis . . . . .	97
TABLE XI	Annual Incomes of Part-Time and Full-Time Employed Participants in Relation to Visibility and Invisibility of Disability . . . . .	98

LIST OF GRAPHS

GRAPH I	Level of Formal and Informal Supports Used to a Great Extent During Post-Secondary Studies . . . . .	73
GRAPH II	Employment Categories of Participants Prior to and Following Post-Secondary Training . . . . .	87
GRAPH III	Employment Status by Length of Post-Secondary Program . . . . .	90
GRAPH IV	Equipment or Arrangements Used in the Workplace in Relation to Disability Needs . . . . .	93

## CHAPTER ONE

### Introduction

Implications of being female and having a disability in our society are many. Although the status of women appears to have advanced somewhat in recent times, many inequalities remain. For women with physical disabilities, these disadvantages are compounded. Recent literature has provided a valuable base of information with regard to the needs and concerns of this "doubly disadvantaged" population. Further research is urgently needed with regard to the impact of education, acclaimed by many authorities as a central way in which oppressed groups, such as women with disabilities, may improve their situation.

### I Overview of the Topic

The "Women, Education and Disability Research Project" explored the range of experiences identified by respondents with specific reference to barriers faced, and level of supports utilized throughout the period of educational study. This examination included consideration of the effects of post-secondary education in relation to employment, economic, psychological and social circumstances. The study also explored experiences of individuals in view of the visible and invisible nature of disabilities and the positive ways in which disability had influenced women's lives. As it was recognized that the range of physical disabilities was relatively broad and certain disabling conditions could result in distinct social issues, this study focused specifically on disabilities which impacted upon individual levels of mobility and/or agility.

## II Objectives of the Study

The central aim of this study was to develop a greater understanding of the experiences of women with physical disabilities who had participated in post-secondary training. Within this realm of study, a number of personal learning goals were identified, as follows:

- (i) to acquire direct experience in the development and implementation of a research project;
- (ii) to expand the professional's knowledge and understanding of issues which confront women with disabilities including the types of barriers faced in the post-secondary setting;
- (iii) to enhance an understanding of the relationship between attainment of post-secondary training and outcomes such as psychological or social benefits and employment or economic opportunities, as articulated by research respondents;
- (iv) to enhance the professional's knowledge and contacts with existing community resources and organizations which provide services to women with physical disabilities;
- (v) to contribute to the professional's work role of vocational rehabilitation counsellor, through the identification of ways in which the rehabilitation process may be made more accessible and beneficial for female consumers in their attempts to fulfill educational and employment-related goals.

In addition to personal learning objectives, this research project was intended to provide a detailed analysis for consideration in future governmental policy development and implementation strategies. The data base findings and accompanying recommendations were identified as a guideline for priority setting for women with disabilities, under the Secretary of State Women's Program. The outcome measures used in the study were also intended to provide information regarding barriers, both

attitudinal and structural, frequently encountered by women with physical disabilities. These were viewed as potential targets for change in future policy-setting as well as proactive measures considered by relevant lobby and consumer groups. The results were also intended to identify supports which have been of use in assisting individuals in successfully completing further education. This was viewed as potentially beneficial in future advocacy strategies geared towards developing and maintaining availability of specific support services for women with disabilities. Economic and employment status of respondents was included as a means of providing a framework for reviewing issues relating to employment equity. The research report findings were also intended to be provided to community groups, training institutions and other governmental organizations for the purpose of promoting a greater awareness of issues such as accessibility of education and employment experiences of women with physical disabilities. As well, a key objective of this study was to distribute a report of the findings to project participants and other women who may gain insights with regard to shared experiences associated with aspects of gender, education, disability and employment.

### **III Overview of Thesis Chapters**

Following these preliminary remarks, an overview of theoretical perspectives will be provided in chapter two. Reference will be made to minority group theory and interactionist-deviance perspectives and the ways in which they contribute to an understanding of the situation faced by women with disabilities in our society. The

obstacles and opportunities faced by women with disabilities, as detailed in the research literature, will be examined in chapter three.

An introduction to the "Women, Education and Disability Research Project" will be elaborated upon in chapter four. This will include a description of the research design and methodology used, in addition to the underlying assumptions, hypotheses and terms of reference identified in the study. In chapter five, a summary of the study findings will be provided, including analysis of quantitative and qualitative data as gathered in this project. The latter part of this chapter will include a discussion of the study findings in conjunction with initial research assumptions and theoretical findings. Chapter six will provide a final summary of the study findings. The concluding chapter will also consider limitations of the study, personal learning goals, and recommendations for change, based on the data findings.

Current trends in our society have contributed to an emphasis of importance placed upon further education. In this report, an attempt will be made to identify and explore outcomes and experiences relative to women with physical disabilities who have successfully attained training at the post-secondary level.

## CHAPTER TWO

### Theoretical Perspectives: Women with Disabilities

Minority group theory and deviancy theory provide a conceptual framework for understanding the status of women with disabilities in society. Cumulatively, these perspectives illustrate the manner in which disabled women have been placed in an economically and socially disadvantaged role. In this chapter, a synopsis of the fundamental elements of both theoretical perspectives is provided.

#### I Minority Group Theory

The literature pertaining to the existence of minorities throughout the world is extensive (Blalock, 1967; Kinloch, 1979; Marden & Mayer, 1978; Stroman, 1982; Wirth, 1945). The development of minority group theory offers valuable insights with regard to the experiences of many disadvantaged groups in our society. In recent years, women and the physically disabled have been described as members of the "awakening minorities", due to an increased awareness of their minority status, by themselves and by others (Stroman, 1982).

Having a disability often gives people a minority status, fundamentally affecting their life chances and their ability to live the kind of life they might otherwise have expected to lead not least of all because of discrimination in the crucial areas of education and employment (Lonsdale, 1990, viii).

The minority status experienced by women with disabilities in our society is characterized by conditions of unfair or prejudicial treatment. Deegan (1981) points out

that the subjective condition of a "minority status" may be experienced for many years prior to the development of a minority group.

A minority group, as defined by Wirth (1945), is "...any group of people who, because of their physical or cultural characteristics, are singled out from others in the society in which they live for differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination" (p. 347). Implicit in this paradigm is a shared awareness of prejudicial treatment and the presence of a dominant or majority group. As a result of the power and influence exerted by the dominant group, the minority group is limited, formally or informally, from full and equal participation in the life of the society (Marden & Meyer, 1978).

Anthony and Rosalind Dworkin (1976) describe four qualities which are characteristic of a minority group. The first feature, identifiability, refers to the physical or cultural-behavioural aspects associated with a particular group. Physical differences are observable and include aspects such as skin colour, body stature, gender, age or physical disabilities. Ethnic groups are identified according to this definition, by differing cultural-behaviour which distinguishes them from others. Differential power, the second criteria described, refers to the dominant group as possessing greater resources from which to influence and control others with fewer resources, namely the minority group(s).

Differential and pejorative treatment is another feature of minority group theory identified in this framework. This refers to the stereotyping and discriminatory treatment by the dominant group toward the less powerful group; Consequences of this

process include fewer available opportunities for the minority group members in terms of labour force participation, economic gain, educational advancement and community participation. Finally, as a result of the stereotypes held and discriminatory treatment by the dominant group, the minority group is maintained in an inferior position--socially, financially and politically, and a sense of group awareness develops.

The stereotypes about the minority group act as an ideology which justifies their differential treatment and lower status. The sense of "we-ness" and "they-ness" that develops among both dominant and minority groups calls social attention to and makes significant the physical and cultural differences among people (Stroman, 1982, p.8).

Therefore, the process of awareness which takes places, as described by the Dworkins' (1976) and earlier by Wirth (1945), can be viewed as a two stage process. First, the individual recognizes, at varying levels, that they are discriminated against. Secondly, in relation to others with a minority status, the individual experiences a shared awareness of collective differential treatment.

Minority groups have become more prominent as they have directed their abnegation of dominant group discrimination into the establishment of various social movements (Kinloch, 1979). For women with disabilities, the process of collective recognition and action has been preceded by the women's movement of the 1960's and the grass-roots disability movement of the 1970's. In fact, it was not until 1985 that a formal organization of disabled women came into existence in Canada. The DisAbled Women's Network (DAWN) was formed as a means of working towards full

participation and equality of women with disabilities in mainstream society (Stone, 1989).

In part, DAWN evolved from a recognition that the unique needs of women with disabilities were not being adequately addressed by either the feminist or the disabled consumer movements. Historically, the women's movement has shown little awareness of the need for accessibility for members which has prompted conflict between the two minority groups (Stone, 1989; Toews, 1981). The disabled consumers movement, though accessible, has been viewed as largely run by disabled men with disabled female members viewed in the traditional sense as "helpers". The DisAbled Women's Network was not created in opposition to either of the aforementioned groups but as a way of addressing concerns related to being disabled and being a woman in Canadian society. As described by Stone (1989), DAWN is an example of the ability of oppressed people to join together to advocate for their rights despite many obstacles.

From this perspective, women with physical disabilities, as women and as disabled people, belong to at least two minority groups. As members of "multiple minority groups", disabled women experience discrimination based on gender as well as disability (Deegan, 1981). Barriers to full and meaningful involvement in society are attitudinal and structural for both disadvantaged groups (Toews, 1981). Sexism, or the labelling process by which physiological differences are translated into assumed inferiorities, results in control and discrimination of women. Thus, physical attributes results in fewer choices and rewards in addition to limited roles for women (Weintraub et al., 1980, p. 3). Relative to men, women with or without disabilities, face disparities

in the employment, economic, and political spheres of society. As women, they are also more frequently than men, victims of exploitation and violence (Weintraub et al., 1980).

There are additional problems faced by females with disabilities which are of similar concern to males with disabilities. People with disabilities share experiences common to the elderly, Blacks and other minorities, since they are treated and reacted to as a category of people (Safilios-Rothschild, 1976). Hannaford (1985) notes that "...the plethora of literature on 'the disabled' reveals all too clearly the emphasis placed on people designated the "disabled" as being fundamentally 'the problem'...Seen from the social perspective as, how they can adapt ('rehabilitate') to 'normal' society, rather as the poor were seen as the problem and not society's inequities which cause poverty..." (p. 13). Limitations in the availability of support programs for individuals with physical disabilities, architectural barriers, inadequate transportation services, and discriminatory attitudes of others, are only a few of the concerns shared by men and women with disabilities in society.

When minority status relating to having a disability coincides with minority status based on gender, what experiences emerge? The interactive effects of these combined characteristics brings about two processes specific to multiple minority groups:

- (1) the differential and unequal treatment is usually more severely limiting for the multiple minority group compared to a single minority group, and

(2) the groups of people discriminating against the multiple minority group may include members of both the "majority" and "single" minority groups (Deegan, 1981, p. 276).

Therefore, although patterns of inequality exist for women with disabilities which are in certain ways parallel to the experiences of men with disabilities and women without disabilities, some distinctions are made. The research findings indicate that restrictions faced by women with disabilities, in comparison to single minority groups, are more pronounced. Women with disabilities may face a "less than whole" attitude held by non-disabled women and men as well as a sexist attitude frequently held by the able-bodied population in addition to men with disabilities in society.

Women with disabilities have been described as more prone to the negative repercussions of sexist and discriminatory attitudes of others (Hannaford, 1985; Weiss, 1985). This is illustrated in reactions of medical professionals who diagnose women with disabilities as emotionally ill (Weiss, 1985) in addition to employers and peer workers who respond prejudicially to them (Study Group on Employment and Disability, 1991). Similarly, the psychological and social information presented to individuals through the convergence of dominant group attitudes may influence negatively on self-image. It is speculated that for women with disabilities, these attitudes are particularly influential (Fine & Asch, 1981; Hannaford, 1985; Lonsdale, 1990).

While men and women, disabled and not, fall prey to many stereotypes, disabled men and disabled women have varying access to distinct social roles. Disabled men may

perceive a choice between two relatively incongruous roles--being male and being disabled. Disabled women may perceive a choice between two more congruous roles--being female and being disabled (Fine & Asch, 1981, p. 237).

Although men with disabilities struggle with the societal stigma associated with being disabled, they nonetheless benefit from the favourable economic and social status of males in our culture. Women with disabilities fare worse in terms of economic and employment opportunities in comparison to other dominant groups (i.e. men) and minority groups, such as men with disabilities or women without disabilities (Statistics Canada, 1990).

In terms of familial roles, the literature findings suggest that women with disabilities have fewer opportunities for nuclear family relationships (DeLoach, 1989), and when a woman becomes disabled, her marriage is more likely to eventuate in separation (Hannaford, 1985). For women with disabilities, decisions regarding whether or not to bear and raise children is often actively discouraged by health care professionals (Lonsdale, 1990) and other family members. Lonsdale (1990) identifies a number of reasons for this attitude: a belief that a woman with a disability is not able to adequately manage, that she is not sexually active, that parenting demands require physical dexterity and mobility, or that her children would suffer or that the disability would be passed on to the child(ren). Lonsdale further notes that the evidence against these conceptions is overwhelming and that as with parenting in general, the need for available support systems and adjustments as required to the home environment are paramount.

Theoretical implications of "rolelessness" as described by Fine and Asch (1981) are exemplified by the scarcity of socially sanctioned roles and lack of visible, relevant role models for disabled women. This is believed to contribute further to the limited access and opportunities for participation of women with disabilities in traditional parental and spousal roles in addition to economic, work roles.

## II Interactionist Approaches to Deviancy

The socially constructed nature of deviancy is a central aspect upon which interactionist theory is based. This approach considers morality in society as being constructed by certain members in accordance with their own personal interests and goals. "...deviance consists of those categories of condemnation and negative judgement which are constructed and applied successfully to some members of a social community by others" (Conrad & Schneider, 1980, p. 5). Within the broader domain of interactionism, deviancy theory which particularly focusses on societal reaction and labelling perspectives, offers information valuable to the study of women and disability. In this examination, deviancy theory is not used to imply that the behaviour of women with disabilities is "bad" or "negative". It is used instead to contribute to a greater understanding of the situation faced by women with disabilities as a result of the negative viewpoints, definitions, and actions of the larger society.

Societal reaction theorists differentiate between primary and secondary deviance (Lemert, 1967). Primary deviance refers to situational or random deviance which is

perceived by the individual as part of an acceptable work or social role. Primary deviance "...at best, has only marginal implications for the psychic structure of the individual; it does not lead to symbolic reorganization of self-regarding attitudes and social roles" (Lemert, 1967, p. 17). Primary deviance is viewed as significant only in terms of others reactions and not in the context of the behaviour itself.

According to Lemert (1967), secondary deviance is deviant behaviour or deviant social roles which develop as a means of defense, attack or adaptation to the implicit and explicit difficulties resulting from societal response to the primary deviance. From this standpoint, secondary deviance refers to behaviours engaged in as a result of the individual being placed in a deviant role (Gove, 1976). The behaviour is not perceived as innately deviant; instead, deviancy is determined by societal responses to the behaviour. Distinctions made, socially and morally, between the majority of us or primary deviants and secondary deviants are related to outcomes of societal responses to deviancy (Ellis, 1987). Societal responses subsequently contribute to limited educational and occupational opportunities for certain individuals (Ibid, 1987), such as women with disabilities. In this way, emphasis is placed upon the process by which others define deviant behaviour, the manner in which this definition is assumed subjectively by the individual and is changed into active roles of deviancy. As described by Stroman (1982),

Extrinsic social limitations often become self-fulfilling prophecies or vicious circles. If disabled persons are defined as having few employment possibilities or learning skills, they will not be given such opportunities. They then become as they are labelled and

treated, underemployed and undereducated, which confirm the originally false definition of their unemployment or uneducability (page 47).

Similarly, proponents of labelling theory are concerned with the process by which a behaviour is identified, defined and labelled as deviant (Conrad & Schneider, 1980). Labelling interactionist approaches consider deviance to be a social product, closely linked to time, place and audience rather than being viewed as an objective condition (Ibid, 1980). The process of labelling contributes to deviance outcomes and occurs minimally at three levels of social action: collective rule-making (by others), interpersonal reactions and organizational processing or official labelling (Schur, 1971).

According to Becker (1974), the process of labelling is fundamental to the "moral drama" which takes place between individuals being labelled as deviant and others who do the accusing, the "definers". Certain social groups create deviance by making rules and designating to whom they are applied.

The moral drama begins when others perceive that...something about the suspect or his (or her) behaviour seems unusual or wrong. Members of the audience try to make sense of their perception by attempting to interpret the person/behaviour to social definitions that exist in the culture and/or subculture(s). The social definitions take the form of stereotypical descriptions (e.g., junkie, fink, gay) that also entail evaluation (good/bad) and prescription (how should one react/what should be done) (Ellis, 1987, p. 53)

This process is clearly illustrated in the situation faced by women with disabilities in society: their conditions are viewed by others as different or external to the norms of

the larger society; they are ascribed the deviant label on the basis of physical disabilities, and; they subsequently become the subjects of negative evaluations and accompanying repercussions.

Thus, labels tend to create and affirm the distinction between deviants and non-deviants in society. Societal response of labelling certain individuals as "deviants" also serves to reinforce the individual's self-image (internal self-conception based, in part on physical appearance) of being different or deviant (Hanks & Popplin, 1990; Lonsdale, 1990). Given the emphasis in Western society on the importance of physical appearance, traditionally for women, it has been suggested that the consequences of negative evaluations for women with disabilities is of particular significance (Fine & Asch, 1981; Fine & Asch, 1988; Lonsdale, 1990). If a woman with a disability begins to assume the societal interpretation of her disability as deviant, she may begin to define herself in terms of limitations rather than strengths. In this manner, the social mechanisms which create the "deviancy" are reinforced.

The principles underlying both societal reaction and labelling theory are directly applicable to the analysis of women with physical disabilities in our society. Women with physical disabilities often appear "different" to others and may have specific observable limitations associated with their disability. From an interactionist-deviance perspective, the disability is a quality or condition which is labelled "deviant" by the larger society. The disabled woman therefore is subject to both stigma and discrimination based on the condition of being "different". As stigmatized individuals, women with disabilities may experience an ongoing struggle in dealing with the

negative attitudes of others and the devalued status which ensues as a result of these conceptions (Becker & Arnold, 1986). Potential consequences of discrimination include limited motivation and restricted opportunities for economic and educational achievement (Raimbault, 1987; Statistics Canada, 1990; Stroman, 1982). For women with disabilities, the stigma associated with this devalued status may be determined on the basis of disability as well as gender, and may result in exclusion from full participation in work, school, and community settings.

The notion of disability has become institutionalized in our culture in a variety of ways. Medical and governmental systems are structured in a manner which formally defines who is or is not labelled as "physically disabled". Aside from purposes relating to medical care and treatment, these labels serve additional societal functions. Lonsdale (1990) identifies two other functions which accompany this labelling process:

- (1) They are used as administrative indicators of need, legitimising and controlling someone's access to financial and other assistance;
- (2) They also attach a stigma to the person so labelled by suggesting a physical imperfection or deviance from the norm (p. 35).

Traditional formal policy has moved from focussing overt blame on individuals with disabilities to establishing programs, such as rehabilitation or income supplement measures aimed at supporting or caring for the "disabled". Services have been developed as a means of maximizing the disabled individual's opportunities to lead as "normal" a life as possible. The professional's role within this service system is to help

individuals to deal with problems believed to arise as a result of their physical disabilities. It has been suggested that blaming of the "disabled" has consequently been replaced by identification of individuals as having a problem, the stigma of which becomes a central feature of their being ascribed the deviant role (Lonsdale, 1990). Interactionist theorists generally view the social system as oppressing the underdog and interpret the societal procedures for processing and helping the disabled as essentially creating and stabilizing deviant behaviour (Gove, 1976). Subsequently, although formal definitions of "disability" facilitates entitlement to certain services, they also result in the labelling of disabled women as "deviants". Services provided on the basis of "care" and "concern" not only lacks respect for individual autonomy but also serves to reinforce feelings of inadequacy on the part of individuals with disabilities.

The physically disabled are stigmatized and their stigma frequently appears to act as a master status which determines the nature of their interactions with others (Goffman, 1963; Davis, 1961 in Gove, 1976). Coleman (1986) suggests that the most extremely stigmatized differences may be those which are physically salient and often unalterable. In this regard, the nature and extent of the individual's physical disability is believed to influence the extent of the stigmatization and deviance experienced.

Based on this perspective, women with observable physical disabilities are viewed as likely to experience stigmatization and discrimination which is more severely restricting. On the other hand, women with physical disabilities which are not readily visible, or otherwise known about, may not be labelled in this manner and therefore will not experience the devalued status associated with it. However, it should not be

assumed from this hypothesis that women with "invisible" disabilities do not experience limitations in daily living; rather, the societal responses and the negative repercussions accompanying these labels will not necessarily be applied, or will be applied differently. There are possible negative outcomes experienced for individuals who maintain their disability as "invisible" to others. For example, although an individual may escape being labelled as deviant, if certain accommodations or treatments are not established, in the long-term, these efforts may be detrimental to the well-being of the individual. It is also worth noting that certain disabilities which are not observable at onset, may degenerate to a point at which they become more salient and are thus subject to the influences of societal responses and definitions.

In summary, societal responses determine, as deviants, individuals with physical disabilities in our society. It has been suggested that the more severe and obtrusive the disabling condition, the more severe the societal response to the individual. According to this framework, the behaviours or conditions associated with a disability are not viewed as innately deviant but are defined as such by others reactions. This definition appears to be formalized in the systems established in response to "dealing" with the disabled population. These procedures contribute further to the stigma and discrimination experienced as a consequence of the socially defined role. The experience of stigma, exclusion and dependency creates barriers to acceptance and integration and deprives women with disabilities from having control over their own lives (Lonsdale, 1990).

### III Summary

The theoretical orientations described in the foregoing review provide distinct frameworks from which to draw upon in an analysis of women with disabilities. Although the underlying concepts of minority group and deviancy theory differ, a number of similar themes can be identified. While historical aspects of deviancy theory have focussed largely on law-breaking, criminal behaviour, initial developments in minority group theory have concentrated on the experiences of racial and ethnic groups. Traditional approaches to both theories have differed with an emphasis in deviancy theory on "voluntary" deviance and minority group theorists primarily concerned with "involuntary" deviance based on cultural or racial differences (Stroman, 1982). In recent decades, both perspectives have expanded their field of analysis to groups based on gender and other physical attributes. While a major focus in recent interactionist perspectives to deviancy is the way in which a behaviour or condition comes to be defined as deviant by others, a central characteristic of minority group status is the visual physical identifiability of the individual or group.

In this respect, the notion of certain groups labelling the attributes or behaviours of others is common to both orientations. Both identify theoretical elements of stigmatization and discrimination which are associated with the labelling process. "The lower social, political and economic status that accrues for most deviancy and minority group members follows from the way they are labelled, discriminated against, and their own self-identities" (Stroman, 1982, p. 37). Minority group and interactionist-deviancy theories have therefore contributed in some ways to a shift in focus of blame and

responsibility from the "deviants" to the "dominant group" in society. In specific reference to women with disabilities, interactionist theorists have offered valuable information with regard to outlining the process whereby women with disabilities come to be treated as "deviant" by others in society and may subsequently view themselves as "deviant". Minority group theory has contributed to a greater awareness of the relationship between dominant and minority groups, and the patterns of response which arise from unjust discrimination of disabled women, and others (Stroman, 1982).

Despite the contributions of both theoretical frameworks, there are a number of limitations apparent in their application to the experiences of women with disabilities. Since the extension of theoretical concepts to consider the "disabled" population is relatively recent in both approaches, many questions remain unanswered. For example, why do some women with disabilities assume the deviant label while others reject it? Why do certain individuals assimilate to the viewpoints of the dominant group while others maintain an active conflictual relationship in response to societal attitudes? There is a need to identify factors which mediate the manner in which women with disabilities react differently to their minority status or, from a deviancy perspective, to the negative labelling imposed by others. As well, the lack of significance given to "primary deviance" in interactionist approaches may not necessarily apply to the situation faced by individuals with disabilities. Certain disabling conditions result in severe restrictions in the individual's ability to communicate clearly or perform activities of daily living. Since these limitations may have a profound impact on the

person's interactions with others, primary deviance is considerably more significant in the experiences of the disabled.

The majority of theorists cited in this analysis have emphasized the deviant and identifiable physical attributes in the process of labelling a minority or deviant status. As such, a great deal of information presented with regard to less obtrusive or "hidden" disabilities has been based on this writer's knowledge, derived directly from work experiences with disabled consumers and in reference to recent research studies. Further theoretical examination is required in order to interpret incidents of stigmatization and discrimination experienced, at varying levels of social interaction, by women with "invisible" disabilities. Future analysis directed at exploring these elements would be useful in developing a greater understanding of women with physical disabilities.

### CHAPTER THREE

#### Obstacles and Opportunities: A Presentation of the Research Findings

Despite some changes in recent decades in the social and economic lives of women, with and without disabilities, both groups remain in a secondary economic status in our society. In order to better understand the disadvantaged position of women with disabilities as a multiple minority group, it is necessary to consider the concrete problems faced by women with disabilities in this country. Research to date has revealed that they experience lower levels of income and employment (Raimbault, 1987; Statistics Canada, 1990), and are confronted with numerous other barriers to involvement in community life (Fuchs et al, 1984; Hutchison, 1980; Study Group on Employment and Disability, 1991; Wight-Felske, 1984). At the same time, the need exists to unveil the differing responses of individuals and the role of specific variables, such as education, rehabilitation, and informal supports, which may influence outcomes for disabled women. In this chapter, a presentation of the research findings will explore the current obstacles and opportunities facing women with disabilities in our society.

#### I Nature and Severity of Disability

"Factors such as age, race, disability and class, when combined with gender present unique situations of inequality for differently situated women" (D'Aubin & Peters, 1990, p.3). An explicit assumption in this examination is the doubly disadvantaged status, based on gender and disability, held by women with disabilities

in society. Another factor which requires further consideration in this analysis is the influence of the nature and severity of an individual's disability. The theoretical perspectives described in the preceeding chapter suggest that the greater the severity and obtrusiveness of the disability, the more likely the individual is to be labelled and discriminated against by others. Yuker (1977) found that the public response to disabled individuals varied according to the types of disabilities experienced. In this study, responses to disabilities such as sensory impairments appeared more favourable, while responses to disabilities such as cerebral palsy, which often involves mobility-related problems, were viewed less favourably by respondents. It is interesting to note that according to a recent Statistics Canada report (1990), seven out of every ten disabled females surveyed experienced a mobility-related disability compared to five out of every ten disabled males. As well, disabled men report a higher number of hearing disabilities, at 37%, compared with 25% of women reporting a similar disability.

At the same time that women experience more mobility-related disabilities, it has been suggested that they are also more likely than men to suffer from "invisible" disabilities. Depending upon the severity experienced, some disabilities such as arthritic and rheumatic diseases and back or neck injuries can be "invisible" (Weiss, 1985). Criteria for special assistance such as increased social assistance rates is frequently dependent upon the views of the individual government worker involved. Men and women who have visible disabilities, such as wheelchair mobile individuals, are more likely to fit into the traditional stereotype of the "disabled" than individuals with

unobservable disabilities. Consequently, they may be more likely to be defined as disabled and gain access to services as a result. This difficulty can be exacerbated by sexist attitudes of others, such as doctors who are often called upon to confirm and document a patient's diagnosis (i.e. to enable them access to certain services) and "often label disabled women as neurotic or malingering" (Weiss, 1985, p. 5). In Living Outside Inside: A Disabled Woman's Experience, Susan Hannaford describes her own experience with the medical profession:

I went to my doctor after feeling vague symptoms of difficulty in walking, and was dismissed perfunctorily and given tranquilizers, and the symptoms didn't go away...The doctor no doubt, was reacting to accepted wisdom: women are prone to neurosis, women are more likely to complain of psychosomatic illness, women with young children (like me) doubly so. The pressure of these months of uncertainty and fear, combined with the feeling that I was somehow to blame, was unbearable (1985, p. 16).

In 1991, Willing to Work...Together, a study group on employment and disability, interviewed over 130 disabled consumers in an attempt to identify problems with employment programs and services. The researchers found that attitudinal barriers posed a particular problem for individuals with "invisible" disabilities. Respondents overwhelmingly reported that barriers were created by employers and trainers who responded to their invisible disabilities in a prejudicial manner:

As a result of the prejudices faced by participants, those with invisible disabilities were often hesitant to report their disability, only to find that they occasionally required accomodation that they could not then request.

Others reported their disability, only to find that it led to lower level jobs and salaries than they might otherwise have been offered (p. 7)

Attitudinal barriers are further illustrated in this study by reactions of peers in the workplace. Respondents who requested accommodations because of restrictions associated with their disability were often denigrated by peers who viewed them as being favoured. Respondents with visible physical disabilities frequently identified architectural barriers which made it impossible for them to participate in work or training programs. Despite apparent legislative efforts to make buildings more accessible to the disabled, many government funded offices and educational institutions remain inaccessible.

In summary, it appears that the nature and severity of disability experienced by an individual will have some degree of influence on how others react. Despite the preponderance of theoretical and research attention to salient physical disabilities, findings suggest that barriers also exist for individuals with less visible disabilities. Although it cannot be assumed from these findings that women with disabilities face a less favourable societal response, the differing nature of disability by gender is significant and worthy of consideration in future analysis. "The causes of their disadvantage, like many of the handicaps in our society are invisible or disguised, and their disadvantage is not always apparent in individual cases, but the long-term and aggregate results are very concrete and visible" (Weintraub et al., 1980, p. 3).

## II Economic Factors

Poverty is described as one of the most inescapable realities faced by women with disabilities (Weiss, 1985). This reality is reflected in the substantially lower income earnings of disabled women when compared to other groups in the workforce. Although the median employment earnings of women with disabilities at \$8,360 does not differ dramatically from earnings of women without disabilities at \$10,000, significant gaps exist as revealed in the comparative figures for men in the population (Statistics Canada, 1990). Corresponding employment income for men with disabilities at \$19,250, is more than double that of women with disabilities, while men without disabilities earn \$21,000 (Statistics Canada, 1990).

In terms of workforce participation, disability appears to magnify the traditional male/female separation (Statistics Canada, 1990). According to statistics, 37.5% of women with disabilities participate in the labour force compared to 59.2% of men with disabilities. Other groups in the population participate at higher rates, with 67.9% of women without disabilities, and 88.1% of men without disabilities in the workforce. Rates of unemployment for females identified as participating in the labour force are higher than the national average with 17% of females with disabilities unemployed and between 11-12% of females without disabilities unemployed (Ibid).

Local studies corroborate the disadvantaged status of disabled females and reveal that the greatest economic difficulties exist for the young, single women with disabilities in our society (Fuchs et al, Winnipeg, 1984). Raimbault (1987) documented the social and economic needs and strengths of women with disabilities residing in the

province of Manitoba. A high priority need described by a majority of respondents in this study was a desire for economic independence. Difficulties in attaining economic security related directly to experiences of low-paying jobs and a lack of opportunities in the labour market. Raimbault notes that "their lack of economic security affects them in very fundamental ways and is directly related to their perceived inability of leading their own lives in a purposeful and satisfactory manner" (p. 14).

A recognition that barriers to employment exist for some individuals because of reasons other than "ability" was formalized to some extent with the establishment of the Employment Equity Act. Proclaimed in August, 1986, the Act was intended to ensure equal representation and employment opportunities in line with skills and abilities of members of four designated groups. The targeted groups include women, individuals with disabilities, aboriginal peoples, and members of visible minorities. This legislation pertains to federally regulated employers having one hundred or greater employees. Employers are required to develop an employment equity plan inclusive of goals and time frames, a description of and removal of employment barriers, and implementation of policy which is accommodative of the cultural, physical and other related differences of employees (Employment and Immigration Canada, 1992).

Employment and Immigration Canada is the governmental body responsible for the administration and monitoring of the Act. The role of E.I.C. includes the reviewing of annual reports of employers and assessing, based on ranks, the progress of each employer in achieving employment equity goals. The department is also responsible for identifying and following up with employers who need to improve their progress.

According to 1991 reports of employment equity outcomes, the representation of women during the year rose from 43.74% to 44.11%, while the representation of individuals with disabilities increased from 2.39% to 2.50% (Employment and Immigration Canada, 1992). A review of the E.I.C.'s assessments of employers employment equity results, specifically those assigned an "a" for the highest standing in hiring and promotion activities of designated group members, provides some interesting findings. Of the 353 participating employers, the number being given an "a" with respect to each of the four categories was as follows: 114 for progress of women, 88 for the progress of visible minorities, 38 for the progress of aboriginal peoples, and only 24 for the progress of individuals with disabilities. It is clear from these findings that employers initiatives with regard to the hiring and promotion of target group members are less successful with regard to individuals with disabilities than comparative outcomes for the other three designated groups. Although not provided, it is noteworthy that the combined effects of gender, disability and race on individuals (i.e. an aboriginal woman with a disability) are likely to involve multiple or accumulative barriers with regard to individual efforts to secure employment.

Close analysis of the overall **employment growth** provides a less positive outlook than can be gathered from statistics which have considered representation of target group members based only on the number of people hired throughout the year. Statistics based on employment growth consider both hiring and terminations of employees within each of the four designated groups for the one year period. While the sum total of all employees hired within the four groups was reported to be 56,069,

the number of terminations was 69,536. Therefore, an actual decrease in employment of 2.13% occurred in the net hirings of employees within the employment equity patterns. This was slightly higher than the decline in the Canadian labour market as a whole, which dropped by 1.8% as a consequence of the recession.

As females, women with disabilities as with other women in our society, may experience further economic limitations associated with motherhood or parenting. As noted in the previous chapter on theoretical perspectives, women with disabilities have fewer socially sanctioned roles (Fine & Asch, 1985) and fewer opportunities for nuclear family relationships (DeLoach, 1989). Given that they are often faced with difficulties in accessing necessary support services to assist with parenting and are also confronted with discouraging and negative attitudes of others (Lonsdale, 1990, Shaul, Dowling & Landen, 1985), many may opt out of the parenting role.

For women with disabilities who have children, economic implications may be particularly significant since they may be confronted with the demands and financial responsibilities associated with parenting and child care in addition to the doubly disadvantaged economic status of being female and disabled in our society. Fewer opportunities for adequate, gainful employment may result in limited choices associated with working inside or outside of the home. For some individuals who may have a financially contributing partner, part-time employment or full-time caregiving to children in the home may be a possibility. However, as noted by Kutner (1985) in Fine and Asch (1988), implications for women with disabilities appear more far-reaching

since mothers with disabilities are more likely to face the stresses, financial and otherwise, of single parenthood and disability.

Some authors have suggested that social status will directly influence the impact that societal reactions have on persons with physical disabilities (Safilios-Rothschild, 1976; Wright, 1960). Specifically, being a member of the "upper social strata" may result in a greater availability of resources, materialistically and experientially, which can take precedence over the "deviant" label often assigned to disabled people (Safilios-Rothschild, 1976). This may also lead to increased opportunities for education or training which leads to skill-development, knowledge building, and increased interactions with others, which may have carry-over effects on the individual's sense of achievement and self-esteem.

It appears that a majority of women with disabilities in Canada do not enjoy the secondary benefits associated with enhanced socio-economic status. Instead, depressed rates of participation in the labour force and reduced earnings reflect the impoverished situation faced by many. The need for a greater understanding of the economic outcomes of disability has been amplified by two major changes. As noted by Mudrick (1983), the first change involves the ongoing increase of females participating in the labour force. Regardless of marital status, the overall earnings of women have become a substantial component of total family income. The second change identified by Mudrick is a higher number of female-headed households as a result of increased rates of separation, divorce, unmarried parenthood, and widowhood.

### III Accessing Social Supports

Women with physical disabilities, as with other disabled citizens, experience difficulties in accessing supportive community-based services. Basic needs such as attendant care, transportation and accessible housing are lacking but nonetheless required to enable individuals with disabilities to live independently in the community. Weiss (1985) suggests that instead of supporting individuals, service programs contribute to further alienation of the disabled. She notes that the effects of poverty "...are compounded by an inefficient, uncoordinated welter of 'services' for people with disabilities, usually administered by well-meaning 'professionals' which effectively leave disabled people isolated and segregated from the mainstream of life" (p. 5). In the following section, an overview of a wide array of supports, formal and informal, will be identified which may be viewed as creating opportunities or conversely, obstacles, for women with disabilities.

#### (i) Housing

There is an estimated 3,316,870 people experiencing some level of disability in Canada (Statistics Canada, 1990). This includes 13.8% of females and 12.7% of males in the total population. The housing situation for individuals with disabilities includes a variety of accommodations such as independent living in private or public apartments, segregated housing complexes, family environments, transitional homes or institutional settings. Fuchs et al (1984) in their study of 462 people with physical disabilities found that 77.1% of respondents lived in "unaltered physical environments while the

remainder resided in environments which were in some way supportive of their disability. Unfortunately for many people with physical disabilities, the element of choice in deciding where to live is restricted by a lack of accessible, affordable housing.

Societal acceptance of the need for greater community living options for individuals with disabilities "...cannot be achieved until various hurdles erected by the 'specialized' service model of rehabilitation, the architectural barriers of housing and streets and neighborhoods, and the legal barriers of zoning are faced and conquered" (Wight-Felske, 1984, p. 73). Moreover, if an individual is able to locate satisfactory housing, she may be faced with additional problems associated with arranging or re-arranging required community support programs in addition to facing negative attitudes of others around them.

### **(ii) Transportation**

Individuals with physical limitations who are unable to use the regular transit system require special transportation services. Available services, such as "Handi-Transit" in Winnipeg, Manitoba, are segregated and overburdened. With the ever-increasing demand for use, these services cannot always be relied upon to arrive and depart as required by the consumer (Fuchs et al, 1984). Appointments which are scheduled on short-notice are not generally given priority by the special transportation systems, and as such cannot always fulfill the service requested. There is also a limit to the number of rides which can be given and special assistance, such as helping the individual from her apartment to the vehicle, is not provided. Transportation services

which provide extra assistance for the consumer or allow for more immediate service, are more costly than other transportation systems. Since women with physical disabilities typically have lower income and employment earnings (Statistics Canada, 1990), their access to these services appears to be even more restricted.

### **(iii) Leisure**

Barriers to community living are also apparent in the lack of adequate recreational and leisure activities for individuals with physical disabilities. Despite the growing awareness of the value of leisure opportunities and the potential for enhanced quality of life, benefits of available programs for the disabled remains questionable. In a 1980 study, Hutchison asked disabled consumers to describe perceived barriers to community involvement. Major barriers identified were as follows:

1. low pensions and unemployment combined with high costs (of programs);
2. lack of legislation to ensure equal rights and access to community services and resources;
3. inconvenient and inaccessible facilities;
4. lack of continuum which would enable participation at a variety of levels;
5. disabled person's lack of awareness of rights and resources;
6. lack of inclusion of persons who have disabilities in planning and policy decisions which affect their lives (p. 4-16).

The results of this study suggest that future planning "with" rather than "for" people with disabilities may contribute to enhanced opportunities for equal participation in the community.

**(iv) Equipment**

Accessing appropriate equipment, such as technical aides, computers or home modifications can be a time-consuming and frustrating task. Since there is no central equipment registry, countless enquiries may be needed in order to locate the particular service required. Once found, accessing funds from formal service agencies can involve further barriers in the form of "bureaucracies" which often involves lengthy waiting lists and restrictive eligibility criteria (Weiss, 1985).

**(v) Home Care Services**

Home care support services are generally designed for other groups in the population, such as the sick or the elderly, and while they may allow individuals with disabilities to function, are not usually sufficient to allow for a productive and independent life (Weiss, 1985). In a 1984 study, Fuchs et al found that limited home care and transportation resources created difficulties in terms of flexibility and utilization of services for the physically disabled. As well, although costs of attendant care are usually covered for individuals in their home environment, accessing available and funded attendant care for the workplace can pose further difficulties (Study Group

on Employment and Disability, 1991). Thus, services intended to support and enhance greater independence often fall short of their fundamental purposes.

**(vi) Independent Living Resource Centres**

Independent living centres have emerged in recent years in Canada and abroad. In response to the need for greater availability of information regarding resources for the disabled, independent living centres offer information, referral and peer support services which provide current data on disability-specific and other related community programs (Watters, 1990). A key component in the delivery of these services involves assisting consumers to develop greater independence and an improved quality of life. For women with disabilities, these services can be influential and supportive of their attempts to address personal and employment-related goals.

**(vii) Rehabilitation Services**

Rehabilitation services, introduced through the development of governmental policy, have been established in part, as a means of ameliorating existing inequalities experienced by the disabled. Vocational rehabilitation programs were initially developed to serve war-injured and work-injured, primarily males in our society, in order to facilitate their return to the labour force. Over time, with the significant increase in the number of women becoming employed (Mudrick, 1983), rehabilitation programs have seen a similar increase in the proportion of female consumers of service (Danek & Lawrence, 1985).

Vash (1982) has identified three recent gains which have occurred in the field of vocational rehabilitation technology: (1) advanced rehabilitation engineering techniques have rectified many of the "on-the-job" difficulties encountered by individuals with disabilities; (2) there has been an emergence of employment-related programs such as job-finding clubs to assist disadvantaged people in entering or re-entering the workforce; (3) enhanced computer technology has led to a greater availability of job market and career planning information for use by individuals with disabilities and other professionals.

In Canada, the establishment of the Vocational Rehabilitation for Disabled Persons Act (1960-61), based on a bilateral federal-provincial agreement, has provided a program for persons with mental and physical disabilities, in order to assist them in securing gainful employment. Under this Act, services provided to consumers include assessment and counselling, funding for educational and vocational training, restorative processes and employment placement.

What are the outcomes associated with consumers' involvement in vocational rehabilitation services? One consideration in this analysis is whether or not differences are experienced by male and female consumers of rehabilitation programs.

Harrison and Wayne (1986) examined issues relating to gender and fourteen other demographic characteristics to assess whether discrepancies existed in the number of clients accepted or rejected for rehabilitation services. In this sample of 3,314 male and female consumers, gender was not found to be a predominant factor in determining whether a client was accepted or rejected during the rehabilitation intake process.

Although a similar proportion of men and women were accepted for rehabilitation services, some differences were identified. Females were more likely to be older, homemakers, dependent upon external sources for support, and residing without their spouses. As well, when consideration was given to the prevalence of disability in the region examined, women were found to be "underrepresented" as applicants and consumers of rehabilitation services. These findings suggest that although there appears to be an equal acceptance of male and female consumers for rehabilitation services, a fewer number of females with disabilities request services. Although additional research is required to determine reasons for this discrepancy, Harrison and Wayne speculate that outreach efforts and sensitizing of rehabilitation counsellors to the concerns of women with disabilities may contribute to greater equity in accessibility to services.

In an earlier study by Danek and Lawrence (1985), the suitability and adequacy of rehabilitation programs for women with disabilities was examined. In this comparative study of female and male consumers of a state rehabilitation agency, clients who had applied for services, been accepted for rehabilitation services and whose files had been closed within a one-year period were included. The sample involved 6,623 male clients and 3,399 female clients who were compared on the basis of selected demographic factors, case service and rehabilitation outcome variables. An initial finding was a significantly higher proportion of men as compared to women who applied for vocational rehabilitation services. Secondly, despite the underrepresentation of disabled women who had applied for services, women were more often accepted for

services than men and were also more likely to secure employment. Closer examination of these study findings revealed that despite their overall success in obtaining work, women in this study were "underemployed". Regardless of level of education obtained, disabled women tended to be employed in positions including clerical, sales, and homemaking while disabled men were more frequently in higher level managerial, technical and professional positions. As such, for consumers who were able to secure employment, sharp differences existed according to gender, with disabled women remaining in low status, low paying positions.

Based on the findings of these two studies, it appears that some differences exist for female consumers, as compared to male consumers, of vocational rehabilitation services. Although women with disabilities appear less likely to apply for services, they are accepted in similar or greater proportions than male consumers. As well, as has been suggested by other authors, significant differences exist in economic outcomes for female consumers compared to male consumers (Vash, 1982). Like women without disabilities, women with disabilities are more likely to secure employment in lower status, lower paying positions. It is possible to speculate that women with disabilities may have lowered self-expectations or that stereotyping by rehabilitation personnel and others may be contributory factors in this process.

#### **(viii) Informal Supports**

The family has been described as the most important institution in society (Nagler, 1990). In the current literature review, there appears to be a heightened

awareness of the importance of informal supports on the lives of people with disabilities. The question which follows in this analysis is, in what ways does support received from family and friends affect the life experiences of a woman with a disability?

For women with disabilities, the family home can be both helpful and exasperating (Lonsdale, 1990). It is clear that the development of self-identity and ability are influenced in many ways by the family environment. The level of support provided by family, as well as friends may influence the impact of societal views and reactions. Findings from a study by House (1974), suggested that social support from friends and family members enhanced the person's ability to cope with stress effects in a wide array of situations.

If a woman with a disability grows up in a family environment which is highly supportive (i.e. encouraging her to develop her skills and become independent in addition to providing concrete supports), the experience may have a positive influence on her ability to cope with and respond to existing external barriers. If, on the other hand, family members and friends are overprotective or assume that the girl/woman is unable to function "normally" because of restrictions associated with her disability (in light of societal messages which reinforce stereotypes of this nature), negative effects may incur. This may contribute to feelings of self-doubt and inferiority on the part of the disabled woman (Hanks & Popplin, 1990).

#### IV Education

People with disabilities in society have often experienced difficulties in obtaining an education. Historically, education programs for the individuals with disabilities were virtually non-existent while later developments were established in the form of restricted and segregated educational settings. Most children with varying types of disabilities attended schools where they were segregated and socialized into a lesser minority status (Lonsdale, 1990). Special schools were often viewed as being overly protective and therefore encouraging of disabled students' dependency. Philosophy and practice relating to education needs for people with disabilities have undergone some change in recent decades. In Canada, legislative bills have been introduced which mandate disabled persons' rights to an education in the public school system.

Despite some changes, statistics suggest that educational achievements tend to differ for girls/women with disabilities who are between two to three times as likely to have less than a grade nine education than non-disabled females (Statistics Canada, 1990). These differences are significant since an inadequate education is believed to contribute to feelings of dependency and lowered self-esteem for a woman with a disability and is "...the most effective means of denying individuals the same life chances as anyone else" (Johnson & Rubin, 1986, p. 94).

What opportunities are available to women with disabilities in post-secondary settings? Changes in the past few years have been directed at improving opportunities through better education, government rehabilitation programs and increased awareness. Despite these changes, women with disabilities are only half as likely to obtain a

post-secondary education as are women without disabilities (Statistics Canada, 1990). The fact that many people with disabilities have not had an adequate high school education, have not been given encouragement from others to attend university, or may not have had access to funding for further education are possible reasons cited for the discrepancy (Donovan, 1990). The majority of women with disabilities who move on to attend a post-secondary educational institution are found to have attended a regular high school setting in earlier years, usually as a result of the persistence and determination of their parents (Lonsdale, 1990).

A problem with higher education, as with other community settings, is the existence of physical and attitudinal barriers (Study Group on Employment and Disability, 1991). For women with disabilities, attempts to achieve advanced education are "...plagued by double stereotyping and a lack of role models" (Blackwell-Stratton, Breslin, Mayerson and Bailey, 1988, p. 307). Women with disabilities are faced with the challenge of breaking down discriminatory barriers, based on gender and disability, and do not usually have disabled female role models from which to aspire (Deegan, 1981; Fine & Asch, 1985; Neel & Pedro, 1981).

Research in Canada which has provided comparative employment data for post-secondary graduates, with and without disabilities, reveals some discrepancies in outcomes. In The class of 86: A compendium of findings, the percentage of unemployed graduates with disabilities was found to be higher in all fields of training when compared with graduates without disabilities. Of the group of 1986 graduates with disabilities in trade/vocational fields, 50% were working full-time compared to

70% of individuals without disabilities working on a full-time basis (Employment and Immigration, 1992). While 72% of the individuals with disabilities graduating from technical training fields were successful in attaining full-time employment, 82% of graduates without disabilities in the same field of training. As well, of the 1986 graduates with disabilities graduating from university, 66% were employed full-time compared to 75% of the graduates without disabilities (Ibid). These findings suggest that while higher levels of education appear to enhance employment outcomes, opportunities are somewhat more limited for graduates with disabilities in Canada compared to graduates without disabilities.

In assessing the impact of education on economic and employment outcomes for **women** with disabilities, few studies were found by this writer. Johnson and Rubin (1986) studied female consumers with severe physical disabilities at a state rehabilitation agency who were successful in obtaining employment. Number of years of education and five other factors (age, marital status, number of months case was open, and number of services provided) were considered in relationship to starting salaries of clients. Types of disabilities experienced by participants in this sample included orthopedically impaired, visually impaired, and other disabilities. Results of this study corroborate other findings (Statistics Canada, 1990) which reveal that disabled women earn substantially less than the general population. Of particular significance, the single variable of education was found to be the best predictor of variance in starting salaries for women with orthopedic disabilities. In other words, an

increase in years of education was positively correlated to an increase in income earnings.

Frank, Karst and Boles (1989) studied the effects of post-secondary education on the employment opportunities of graduates with and without disabilities. The primary purpose of this investigation was to gather information about the search for employment by graduates with disabilities and to study to what "...extent a college education equalized the employment opportunities of disabled graduates with those of their non-disabled graduate peers" (p. 4).

Findings from this study were similar to other research findings (Bowe, 1986) which indicate that individuals with disabilities have fewer employment opportunities than individuals without disabilities. Following completion of a college degree program, 65% of disabled respondents secured work compared to 89% of the non-disabled respondents. Despite these discrepancies, level of employability was found to be substantially improved for persons with a disability who had attained a college education. Data findings indicated that income levels showed similar improvements. Prior to attaining their degree, only 16% of individuals with disabilities held jobs with weekly earnings of \$200.00 or greater. This number rose to 70% following graduation. As well, the number of respondents with disabilities in managerial or professional positions rose from 28% to 36%. Persons with disabilities in unskilled jobs decreased from 28% to 11% following completion of a college program.

It is difficult to distinguish the extent to which the separate facets of gender and disability influence the employment and economic outcomes for women with

disabilities. DeLoach (1989) considered the role of gender in a survey of over five hundred individuals with disabilities who had graduated from the University of Illinois during a forty year period from 1948-1988. In this study, the relationship of gender to occupational status, marital status, income level, and categories of employment were examined. Data set analysis of marital status of survey respondents revealed differences between disabled males and females. While 65.7% of disabled males were married, only 41.1% of female respondents were married. The majority of respondents reporting employment were male (61.4%) while only 39% of females were employed in this sample. Women were also more likely to be employed in part-time positions than were men. Similarly, salary levels were substantially lower for females than males in this study. Disabled women in this study shared with women, in general, the tendency to be working in traditionally female-oriented jobs such as teachers, clerical workers and helping professions. Men with disabilities fulfilled a much higher percentage of jobs in administration, business, computers and managerial roles. DeLoach found that disabled females in this sample differed significantly from disabled women in the overall population in terms of attaining much higher levels of employment and salary-based incomes.

Research studies which have examined the role of education on the lives of women with disabilities reveal some consistent findings. In all three of the studies described, women with disabilities were found to have lower income earnings than women without disabilities, and men with and without disabilities. Findings also suggest that women with disabilities, along with other women in the general population,

are concentrated in traditionally female-oriented jobs whereas males with disabilities are more likely to hold higher status positions. Despite inequities apparent in income and employment status, education appears to have a positive influence on levels of earnings and employability. Women with disabilities who have completed post-secondary education are found to gain greater access to jobs and higher income earnings than disabled women in the overall population.

### V Summary

The researcher's review of the literature revealed a number of obstacles and opportunities central to the analysis of women with disabilities in our society. The manner in which women with disabilities have been labelled and subsequently treated differentially is illustrated by the substantial inequities in employment and economic opportunities. Stigmatization and discriminatory treatment is evidenced by the manifestation of barriers, attitudinal and architectural, which restrict women with disabilities, visible or otherwise, from full and equal participation in community life. Basic services, established as a means of ameliorating some of these difficulties, are viewed in some ways, as inadequate in addressing the need and concerns of people with disabilities. From a theoretical standpoint, these services are also perceived as a means of defining the "disabled" and thus, creating avenues for additional stigmatization and separation of the disabled from the rest of society.

Research directed at exploring the role of variables such as formal and informal supports appears scarce, particularly with specific regard to women with disabilities. There is some speculation, derived from the literature, that support received from family

and friends can be influential in the way in which the disabled will interpret and deal with societal reactions. Examination of the variables of rehabilitation and education reveals that outcomes appear to be more positive for disabled males than for disabled females. Nonetheless, findings also indicate that further education, particularly at the post-secondary level, may serve to enhance access for women with disabilities in relation to employment and economic roles in our society.

## CHAPTER FOUR

### Development of the Research Project: Elements of Inquiry and Design

#### I. Assumptions, Hypotheses and Definitions Relevant to the Study

Having outlined the theoretical frameworks and research findings with regard to women with disabilities, an identification of the underlying assumptions, hypotheses and terms of reference used in this study, is required.

##### (i) Assumptions:

There are a number of general assumptions inherent in this investigation, as follows:

1. Increased education/training will influence aspects of an individual's life such as social, psychological, economic, or employment functioning;
2. Outcomes of post-secondary education for women with physical disabilities will differ in some ways from outcomes of other groups in the population, i.e. men with or without disabilities, and non-disabled women;
3. Availability of supports, formal and informal, will influence respondent's attainment of post-secondary education;
4. Barriers, attitudinal and structural, exist for women with physical disabilities, in educational settings;
5. Attitudinal and structural barriers exist in the labour market, for women with physical disabilities who have completed post-secondary education.

**(ii) Hypotheses:**

Specific hypothetical questions which will be assessed based on responses provided by project participants in this study include the following:

1. Increased education will be associated with increased rates of employment for the population group under study (Rationale: based on the research findings, references cited as follows: DeLoach, 1989; Frank, Karst and Boles, 1989; Johnson and Rubins, 1986);
2. Increased levels of satisfaction will be reported more frequently by women who are currently employed in professional and upper level jobs as compared to those individuals currently employed in lower level, traditionally female-oriented positions (Rationale based on research findings as follows: DeLoach, 1989; Frank, Karst and Boles, 1989; Johnson and Rubins, 1986; and personal experiences of researcher);
3. Higher rates of unemployment will be identified by women with physical disabilities which are visible as compared to women with disabilities which are not visible (Rationale based on theoretical frameworks of interactionist-deviancy theory and minority group theory; references cited as follows: Becker, 1974; Ellis, 1987; Gove, 1976; Lemert, 1967; Stone, 1989);
4. Reports of lower income will occur more frequently for women identifying visible physical disabilities than for women identifying themselves as having physical disabilities which are not visible (Rationale based on above-noted

theoretical frameworks and personal experiences of researcher with consumers with disabilities);

5. Employed respondents with visible physical disabilities will report less favourable opportunities for advancement or job promotion than women with disabilities which are not visible (Rationale based on theoretical frameworks described and findings from Study Group on Employment and Disability, 1991).

In addition, there are a number of exploratory questions which will be considered by the researcher in this study, as follows:

1. Are there common supports or provisions identified as priorities to respondents in completion of post-secondary education? (Examples include funding for educational costs, special equipment or modified examination arrangements); (Rationale based on research findings as follows: DeLoach, 1989; Frank, Karst and Boles, 1989; Johnson and Rubin, 1986);
2. To what extent is support provided by family, friends or professionals, as identified by respondents in this study? (Rationale based on research findings by Deegan, 1981 and 1985; Fine and Asch, 1988; Lonsdale, 1990);
3. Are there common experiences with regard to attitudinal and architectural barriers experienced by respondents in the labour market? (Rationale based on research reports by Raimbault, 1987; Statistics Canada, 1986, 1989 and 1990; Study Group on Employment and Disability, 1991);

4. Are there common experiences with regard to attitudinal and architectural barriers experienced by respondents in the educational setting? (Rationale based on research findings as noted in previous question).

**(iii) Terms of Reference:**

In the interview instrument used in this research project, a number of conditions listed in response to the question "What is your primary physical disability?" are, in accordance with World Health Organization definitions, classified as diseases or impairments. As a result of pre-testing the interview instrument, the researcher found that individuals generally referred to these as disabilities and as such changes to the interview question were not made. However, for the purposes of clarity and information, the sequence of illness and disease can be presented according to World Health Organization (1980) in the following way:

disease--- impairment--- disability--- handicap

W.H.O. utilizes three separately defined classifications, impairment, disability and handicap, in referring to an distinct level of experience as a result of disease:

**1. impairment** - "...is any loss or abnormality of psychological, physiological or anatomical structure or function" (World Health Organization, 1980, p.47).

**2. disability** - "In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity..." (International Classification of Impairments, Disabilities and Handicaps, World Health Organizations, 1980, p. 143).

**3. handicap** - "In the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal...for that individual. Handicap thus represents socialization of an impairment or disability, and as such it reflects the consequences for the individual--cultural, social, economic, and environmental--that stems from the presence of impairment and disability". This classification essentially refers to "...circumstances that place such individuals at a disadvantage relative to their peers when viewed form the norms of the society" (World Health Organization, 1980, p. 183).

In addition to World Health Organization classifications, other terms of reference of relevance in this study include the following:

**4. mobility** - limited in ability to walk, move from room to room, carry an object for 10 metres, or stand for long periods (Selected Socio-Economic Consequences of Disability for Women in Canada, Statistics Canada, 1990, Appendix C-2).

**5. agility** - limited in ability to bend, dress or undress oneself, get in and out of bed...use fingers to grasp or handle objects, reach, or cut own food (Ibid).

**6. women** - female adults, age eighteen or older, residing in the province of Manitoba.

**7. visible disabilities** - physical disabilities which are apparent and observable and result in restricted activity or movement.

**8. invisible disabilities** - physical disabilities which are not observable or apparent but which result in restricted activity or movement.

**9. attitudinal barriers** - refers to feelings, judgments or reactions which leads to constraints or limitations being imposed upon certain individuals.

**10. architectural barriers** - refers to ways in which buildings, environments or settings are structured which leads to constraints or limitations being imposed upon certain individuals.

**11. formal and informal social support systems** - According to Anderson and Carter (1978), a social system refers to "...persons or groups of persons who interact and influence each other's behaviour" (p. 10). Within this framework, formal social support systems included in the interview instrument are individuals, organizations, and services

which may be utilized as potential sources of support by participants during and following the period of educational study. Examples of formal supports referred to in this study include Disabled Student Services, Independent Living Resource Centres, vocational rehabilitation counsellors, and physicians. Informal systems such as relationships with family members, friends and the surrounding community which provide potential sources of support are also included in the interview instrument used in this research project.

## **II. Methodology: Research Design, Data Collection and Analysis**

### **(i) Sampling Procedures**

For the purposes of this study, potential respondents were accessed, in part, through contacts with formal service agencies, consumer and lobby organizations, and educational support programs (See Appendix I for list of agencies). Community outreach efforts and bulletin board postings were also used in an attempt to contact individuals who were not affiliated with any formal service organizations (Appendix II). Purposive sampling procedures were used as recruitment of respondents was based on the specific criterion of the study being conducted and it was not possible to generate a random sample. Initial contacts and interviews were also anticipated to yield further potential respondents, characterizing a "snowball sample" in which individuals interviewed may provide study information to other possible interviewees. The sample size for this project was targeted at between thirty-five and fifty respondents based on

a number of factors including the following: the length of the interview (approximately two hours), the anticipated reduced number of participants as a result of criterion specified, and the type of interview (in-person).

**(ii) Criteria for Project Participation:**

The criteria for recruitment of potential participants in this study was two-fold:

1. Females with primary disabilities which effect their physical functioning, specifically in terms of level of mobility and/or agility. Types of physical disabilities experienced, based on this criteria, may include cerebral palsy, muscular sclerosis, fibromyalgia, arthritis, paraplegia, lupus and a number of other disabilities. The degree of mobility and agility restrictions was considered by inclusion of a modified Health and Activity Limitation Survey (Statistics Canada, 1988) in the interview process. The Health and Activity Limitation Survey target population of individuals with physical or psychological disabilities was drawn from 1986 census data and was comprised of household surveys (1986) and institution surveys (1987). Within the H.A.L.S. User's Guide, there are six questionnaires. For the purposes of this study, eleven questions drawn from the adult household survey (form 02) screening questions, specifically relating to mobility and agility limitations, were used. Questions were selected on the basis of relevance to a study of women with physical disabilities and activities frequently encountered in the educational and employment setting. Therefore, questions of a highly personal nature and questions relating to other forms of disability were intentionally excluded for the purposes of this project.

Variance in onset of disabilities was considered, with some being diagnosed in early infancy or childhood (i.e juvenile rheumatoid arthristis), and others occurring later in life (i.e. muscular sclerosis). Thus, identification of the onset and nature of the disability was included in the initial stages of the development of the interview instrument.

2. The second criteria for inclusion in this study was completion of a post-secondary education or training program. This included individuals who had attained certification, diplomas or degrees from a recognized university institution, community or private college program, or technical/vocational training centre.

### **Data Collection**

The survey instrument was administered by the researcher through in-person interviews and served as the primary method of data collection in this study. The underlying rationale for choosing this approach stemmed from the many advantages of this method such as the ability to gather quantities of data within the specified time frame, enhanced reliability, and the allowance for clarification, if required, in relation to questions posed.

In addition to benefits, there were a number of difficulties anticipated with this particular study and the methods of data collection chosen. A primary problem anticipated in this study was gaining entry to potential respondents. Community organizations must ensure the confidentiality and anonymity of all consumers. As such, in order to access the majority of potential respondents, many contacts were required

to ensure the continued involvement and willingness of service providers and administrators to forward relevant information to consumers.

In order to overcome anticipated difficulties in this social research study, attention was given to a number of steps in the research process. Following the initial development of the interview instrument, pre-testing occurred. This took place through the following:

- (1) interviews with individuals with disabilities similar to the group under study, and
- (2) former consumers and workers in consumer and service organizations with related knowledge and experience in the field of physical disabilities and women. The purpose of pre-testing in this study was to ensure that questions posed were relevant to the study's purpose, and were presented in a clear and unambiguous manner. The feedback received from the pre-test was also useful in providing the researcher with additional areas of relevance which were overlooked in the initial draft of the interview instrument.

In addition to basic research issues, attention was paid to providing accommodations in order to allow for the full participation of potential respondents. Although it was anticipated that interview location would be at the residence of the respondent, if an alternate location was preferred, appropriate arrangements were made. Any cost incurred by the respondent such as transportation, child care, or lost wages was reimbursed by research project funds.

At the onset of the interview, the approved informed consent form was read aloud, clarification, if required, was provided by the researcher, and the form signed by

the study participant (Appendix III). Interviews were comprised of standard, survey questions in addition to a series of open-ended questions (Appendix IV). The initial section of questions involved a fixed set of items with a specified range of possible responses. Inquiry relating largely to demographic data included areas such as age, type of disability, level of education and training, type of employment following educational study, and present level of income.

Open-ended questions were used to explore, in greater detail, personal experiences of individuals with regard to perceived barriers in the educational setting and workplace, and ways in which post-secondary attainment influenced aspects such as personal beliefs, relationships or access to employment. Attitudinal data of this nature was intended to provide greater detail of particular areas under study as well as an opportunity for identification of common themes which evolved out of responses provided.

### **Analysis of Data**

The interview instrument used in this study was designed to yield both quantitative and qualitative data. Upon completion of the data-gathering process, closed-ended questions were analyzed using the SPSS-X student-ware computer package. Frequency measures and statistical procedures were executed in order to obtain descriptive data for the sample and to ascertain whether or not associations existed among specific variables. For example, cross-tabulation measures using chi-square statistics were used to assess whether statistically significant differences existed

in employment status relative to number of years of education or visibility of disability. As well, content analysis was completed with regard to qualitative data yielded from responses provided to open-ended questions. The researcher developed a category system for classifying responses given by participants to interview questions including attitudinal and architectural barriers faced, personal outcomes of education, and positive influences of disability. Individual responses to exploratory questions were reviewed and categorized on the basis of content. As the size of this sample was relatively small, responses were manually coded and tabulated by the researcher. Upon reviewing all responses given, the responses most frequently arising were clustered on the basis of common patterns or themes and subsequently reported in the study findings.

## CHAPTER FIVE

### Women, Education and Disability:

#### A Summary of the Study Findings

In this chapter, a presentation of the major findings, including statistical measures and summary descriptions, is provided. Reported findings are divided into five major areas of analysis, as follows: general demographics; information regarding disability; education; employment, and; levels of income. In the latter part of this chapter, a discussion of the findings relative to the initial assumptions, exploratory questions, hypotheses and theoretical frameworks presented in the beginning chapters of this report, will be provided.

#### I. General Demographics

Between September, 1992 and January, 1993, forty-six women were interviewed for the purpose of gathering information with regard to post-secondary educational experiences and outcomes. Participants ranged in age from twenty-one to fifty-four years with an average age of 35.59 years (SD=9.13).

With regard to marital status, almost half of the project participants, twenty-two, were single (47.8%); fifteen were married or living in a common-law relationship (32.6%); eight were separated or divorced (17.4%); and one woman was widowed (2.2%). A high proportion of the women in this study, 67.4% or 2/3 of the sample, were sole-supporting.

Of the forty-six female respondents, twenty-eight (60.9%) reported having no children. The remaining eighteen women (39.1%) had between one and four children (average of 1.89) while number of children under the age of eighteen years remaining in the home averaged 1.33. Thirteen of the eighteen women reported having dependent children residing in the home. Of this number, over half (n=8) were single parents. A number of respondents also reported significant others, such as elderly parents or friends, and child relatives, as dependent upon them for various forms of assistance.

### **Living Situation**

The vast majority of individuals who participated in this project were city dwellers. Of the forty-six female participants, forty (87%) resided within the boundaries of the city of Winnipeg while six (13%) lived in areas outside of Winnipeg, including Brandon, Selkirk, Cross Lake, and The Pas, Manitoba.

With regard to household membership, individuals responded as follows: fifteen or 32.6% resided with a spouse (including in some cases minor children); eight lived as single parents with children (17.4%); fourteen lived on their own (30.4%) while two shared independent living accommodations with roommates (4.3%) and seven lived with parents or other family members (15.2%).

Over half of the participants in this project, twenty-five, resided in mortgaged or rented houses (54.3%) while fourteen lived in rented apartment dwellings (30.4%). The remaining seven women (15.2%) resided in other dwellings such as condominiums and cooperative housing complexes.

The women in this research project described a variety of ways in which their present living accommodations were supportive of their disability. The thirty women (65.2%) who described their current residence as supportive identified features ranging from lowered kitchen units to enable reach and utilization of stovetop, cupboards and countertops, to installation of railings, bars and automatic door openers. Other notable features included the following: tub-lifts or "drive-in" showers, side-load washers and dryers, lever taps, wallmount sinks, and widened doorways.

Some individuals also reported use of formal in-home support services. Five women reported the use of home attendants administered through governmental organizations or self-managed attendant care programs (10.9%); eight used homemaker services (17.4%) for home maintenance or meal preparation; two used in-home therapy such as physiotherapy treatment (4.3%) and six women identified "other" home support services (13.0%) such as employing others for the purposes of cutting grass, shovelling snow, grocery shopping or doing laundry.

## **II. Information Regarding Disability**

The relatively narrow scope of this project was intended to explore the unique and shared experiences of women with physical disabilities. Specifically, disabilities which influenced individuals mobility or agility, in varying degrees, were included for the purposes of this study.

The range of primary disabilities experienced by participants in this project included the following: arthritis (n=10), cerebral palsy (n=4), chronic back pain (n=1),

fibromyalgia (n=1), lupus (n=3), paraplegia (n=2), amputee (n=2), polio/post-polio (n=5), scoliosis (n=2), spina bifida (n=3), multiple sclerosis (n=11) and other mobility/agility related disabilities (n=2). It is also worth noting that of the forty-six women interviewed, twenty-two or 47.8% of all participants experienced secondary disabilities. Commonly identified disabilities in this regard included visual impairments, perceptual learning disabilities, spastic quadriplegia and arthritis. Although slightly over half of the women in this project were diagnosed with physical disabilities prior to reaching adulthood, the range of ages at onset varied significantly from birth to forty years of age. The average age of onset, as derived from descriptive statistical analysis, for the women in this sample, was 13.67 years (SD=13.36).

A modified version of the "Health and Activity Limitation Survey" (Statistics Canada, 1989) was included in the interview instrument as a means of recognizing the different ways in which physical disabilities experienced by participants impacted upon their daily activities. The survey was deliberately modified in order to exclude activities of a personal nature which were not viewed as imperative to a study of educational experiences and outcomes. Participants were asked whether or not they experienced limitations in the following activities in relation to their disability:

**TABLE I:****HEALTH AND ACTIVITY LIMITATIONS RELATIVE TO DISABILITY**

<b>Activity</b>	<b>Number of Participants Experiencing Limitations</b>	<b>Percentage of Participants</b>
Moving from room to room	10	21.7%
Walking for a distance <3 city blocks	37	80.4%
Sitting down or getting up	22	47.8%
Lifting or carrying heavy objects farther than 30 feet	39	84.8%
Walking up or down stairs	41	89.1%
Bending down to reach for an object on the floor	22	47.8%
Reaching up in any direction	19	41.3%
Using your fingers to grasp an object	18	39.1%
Standing for long periods of time (i.e. <20 mins)	36	78.3%
Sitting for long periods of time	22	47.8%
Writing for 15 mins or longer	23	50.0%
Other	10	21.7%

As can be gathered from these frequency measures, this instrument appeared to reflect the many ways in which women in this project experienced mobility and agility

limitations. It is of particular significance that the most frequently encountered limitations of walking long distances, using stairs, and writing or standing for extended periods of time are activities often engaged in as students or workers.

As documented in the forthcoming section of this report, these results readily correspond with comments made in reference to architectural barriers (i.e. stairs, absence of or long distances between elevators) which many women in this project have experienced in the educational setting. It is also worth noting that a number of women offered additional information with regard to ways in which they confronted specific barriers. Examples given included use of notetakers or cassette recorders to tape class lectures, keyboard and computer use for documentation required, planned rest periods for walking from one campus building to another and use of a cart or trolley to transport heavy books and materials. This feedback not only pointed to the importance of availability of equipment and services but also predicated the notion that the way in which our society is structured, intrinsically creates limitations for many people.

#### **Visible and Invisible Disabilities:**

Participants in this project were asked whether or not they would describe their disability as a "visible" disability. Thirty-three of the women described their disability as "visible" (71.7%) while the remaining thirteen identified their disability as "invisible" (28.3%). Participants were also asked for their opinions as to whether they had experienced discrimination relative to the visibility or invisibility of their physical disability:

**TABLE II:**  
**NUMBER OF WOMEN REPORTING EXPERIENCES OF**  
**DISCRIMINATION RELATIVE TO THE VISIBLE OR INVISIBLE NATURE**  
**OF DISABILITY**

	Discrimination Experienced		
	Yes	No	%
Visible Disability	27	6	81.8%
Invisible Disability	12	1	92.3%

Although a preponderance of respondents in both groups reported experiences of discrimination associated with the visible or invisible nature of this disability, a slightly higher percentage of women with invisible disabilities held this opinion. The significance of this difference is nonetheless mitigated by the small number of women in the sample size.

In describing situations of perceived discrimination, eleven women with "invisible" disabilities consistently spoke of experiences in which others at school or in the community refused to acknowledge their disability as "real" because they did not fit the stereotypical image of what it means to be "disabled" (i.e. wheelchair user). Many women relayed experiences of feeling demeaned by insensitive questioning and doubts of others, in their attempts to access required services such as keys to enable elevator access in some buildings. Recurring examples of negative experiences, associated with use of "Disabled Persons Parking" in the home, school and community setting, were articulated by many women with "invisible" disabilities. Many described situations in which they were verbally harassed by others for use of "Disabled Persons

Parking" in spite of displaying a valid permit for these purposes (n=10). These accounts strongly suggest that conventional ideas and beliefs regarding disability issues persist to a great extent among the general public.

Another theme arising from responses of women with visible disabilities related to preconceived ideas or assumptions held by employers (n=18). The most frequent example given involved job interviews in which women felt unduly disregarded as "unable" to do the job because of their disability. Some women reported sensing the "discomfort" of the interviewer in their presence while a number of others were told directly that they were not considered "able" to do the job because of their disability. One of the participants in this project successfully pursued a human rights suit in response to employer discrimination. Others reported ways in which they dealt with preconceived assumptions of employers by initiating discussion, during the interview process, regarding ways in which they were able to fulfill the duties of the job.

#### **Positive influences of Disability:**

All of the women in this study reported positive ways in which having a disability had influenced their life. Four major themes were clustered based on these responses.

**1) Personal Outlook:** Individuals reported that having a disability contributed to a greater appreciation for life, placed greater value on their independence and their relationships with significant others (n=32). As described by one participant, "I developed the attitude that I would not let my disability stop me. Sometimes I fall on my face but I refuse to live my life according to my disability". Other women,

particularly those diagnosed with a disability in early adulthood, described how the onset of disability was a signal that life had to change which ultimately led to a re-structuring of priorities with family life and personal relationships at the forefront (n=15).

2) **Self-Awareness:** Participants described developing a greater awareness of their own abilities, feelings and needs as a consequence of disability. A number of participants reported that they had acquired a more introspective, reflective, and spiritual sense of themselves and others around them (n=25).

3) **Positive Influence on Others:** Women in this study described ways in which experiencing a disability had empowered them to educate others and to facilitate a greater understanding and openness with regard to disability-related issues (n=19). This included reports of co-workers, children, siblings, and spouses who had become more accepting, compassionate and appreciative of the differences in others.

4) **Influenced Vocational Goals:** Several women described their disability as impacting the direction taken in their professional life (n=17). "I respect others who experience differences, try to learn from their perspectives, and participate fully in the fight against oppression of people in our society". Many of the respondents (n=14) in this sample reported jobs in disability-related fields such as social services, consumer groups, health care and education and described the impact that disability played in this regard.

### **III. Education**

Prior to entering a post-secondary program, most individuals in this study, thirty-nine (84.8%), had completed their grade twelve diploma at the high school level

and four others through upgrading or general education programs (8.7%). The remaining three individuals (6.5%) had successfully completed grade ten or eleven prior to entering a post-secondary program.

In terms of specific training facilities attended, over half of the women interviewed had completed post-secondary studies at one of the three major institutions in the province of Manitoba. Thirteen women (28.3%) had attended the University of Manitoba, ten women completed training at the University of Winnipeg (21.7%) while six had attended Red River Community College (13.0%). A number of women had attended other training facilities such as South Winnipeg Technical Centre (n=4; 8.7%), Success Angus Business College (n=3; 6.5%), and individual women attending facilities as follows: University of Brandon (2.2%), Keewatin College (2.2%), and Herzing College (2.2%). The remaining seven women included three who had attended either Health Science Centre or St. Boniface School of Nursing with others completing post-secondary programs offered out of province, often because specific areas of study were not available in Manitoba or due to family moves.

A total of fourteen women attended post-secondary programs which were two years or less in length (30.4%); eleven women completed programs which ranged from twenty-five months to three years in length (23.9%) and almost half of the project participants, twenty-one women, successfully completed post-secondary training which involved greater than three years of post-secondary education (45.7%). Over half of the individuals interviewed in this research project had completed a degree program at either the Bachelor or Masters level. Specifically, three women had graduated with a

Masters Degree (6.5%) while twenty-three graduated with a Bachelor Degree (50%). Eight individuals had successfully completed a diploma program of study (17.4%) while the remaining twelve (26.1%) had achieved certification in a specific field of study (26.1%).

A majority of the participants in this project had graduated from a post-secondary program in the past ten years. Specifically, thirty-eight women had completed their training between 1983-1992 (82.6%) while eight women had graduated between 1968-1980 (17.4%).

Twenty-seven women reported that they used additional time for the purpose of completing the training program in which they were enrolled. Fatigue associated with disability, health complications, illness in the immediate family, and financial issues requiring individuals to secure employment and complete studies on a part-time basis, were principal reasons identified in relation to assuming a partially reduced courseload.

One of the obstacles to pursual of further education for many is the cost associated with post-secondary training. Participants in this study were asked how their post-secondary program was funded. Of the forty-six women interviewed, fifteen were funded through Vocational Rehabilitation for Disabled Persons (32.6%); nine used Student Aid Loans (19.6%); nine were sponsored for schooling through Canada Employment Centre programs; nine used personal savings (19.6%); and four attained family support to enable them to fund their educational program.

**Services or Equipment Used During Post-Secondary Program:**

Participants were provided with fifteen index cards, each of which specified a type of service or equipment, in an attempt to discover which items were most frequently utilized during the period of educational study. Upon identification of services used, participants were subsequently asked to rank in order of importance (with #1 being the highest priority) the services selected.

Elevator service was the most prevalently identified item used by twenty-six or 56.5% of the respondents in this sample. Funding for education costs was used by twenty-five women (54.3%) and included sources such as Canada Employment Centres and Vocational Rehabilitation for Disabled Persons sponsorship, as well as Student Aid loans and bursaries. Special transportation such as "Handi-Transit" was the third most commonly used service identified by 19 women (41.3%). Seventeen women (37.0%) noted that they had used modified tests and examinations such as extended time for writing purposes, or alternate test locations.

In order to accurately reflect the priority accorded by each respondent to specific items selected, a valid count statistical procedure was used. In this way, valid point values were derived based on the number of items identified as used and the corresponding rank of priority given by individual participants. Prioritization of each item resulted in the following ranks, with the number one item being viewed as most important by participants during their studies and the number fifteen item being prioritized as least important.

**TABLE III:**  
**IMPORTANCE OF SERVICES USED BY PARTICIPANTS DURING**  
**POST-SECONDARY STUDIES**

---

1. Funding for Educational Costs
  2. Modified Tests or Examinations  
(Example: extended time provided to complete examination or writing tests out of classroom setting or with use of equipment such as computers for writing purposes)
  3. Special Transportation to and from School  
(Example: Handi-Transit, Taxi, Handi-Helper)
  4. Special Parking  
(Example: Disabled Persons Parking Placard, parking in close proximity to school)
  5. Notetakers
  6. Funding for Living Costs
  7. On-Campus Transportation
  8. Computer Equipment or Software
  9. Tutorial Support
  10. Campus Safewalk or Security Assistance
  11. Taperecorder for Recording Class Lectures
  12. Personal Aide or Assistant
  13. Elevator Service
  14. Others  
(included typing services on campus and textbooks on tape)
  15. Chair or Seating Modifications
- 

It is interesting to note the difference between the most frequently identified item used, elevator service, in relation to the priority accorded to it by respondents (item #13). A number of reasons are suggested for this discrepancy. First, in ranking items selected, a number of women reported that the significance of basic needs such as

financial resources and transportation services clearly preceded other services selected (i.e. if one is unable to pay the tuition fees, one cannot enter the program and subsequently utilize other services). A number of individuals also stated that while climbing up and down stairways posed many problems, including the risk of potential injury, they would use the stairs if no other options were available. It is also possible that while elevators may be used more frequently, they may also be more readily available than other services, therefore reducing the item's overall ranking in terms of priorities accorded in line with individual needs. It is notable that the predominant item selected as most important to participants in their post-secondary studies was funding support to cover educational costs such as tuition, books and supplies. These findings highlight the need for available funding for women with physical disabilities in their attempts to access further education and training.

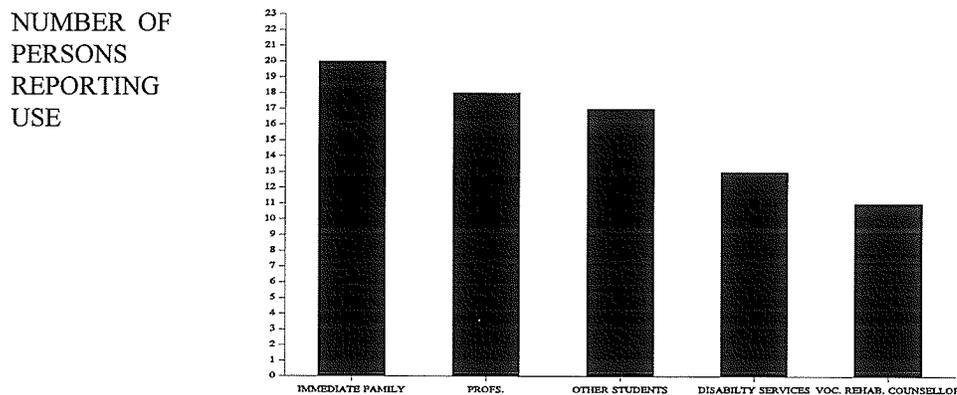
Data findings also reveal that a great deal of importance was accorded by the women in this study with regard to the opportunity to access modified examination or testing environments, such as extended time to complete exams or use of equipment to document answers. Special transportation services and parking accommodations were also given high priority by the women in this study to assist them in getting to and from school on a daily basis. Overall results highlight the need for continued efforts to provide accommodations for people with physical disabilities in the post-secondary setting.

**Formal and Informal Supports:**

Individuals were also asked to what extent various individuals or groups provided support to them during their period of education or training. Categories of response included the following: "not used or not relevant", "very little", "somewhat", or "to a great extent".

**GRAPH I**

**LEVEL OF FORMAL AND INFORMAL SUPPORTS USED TO A GREAT EXTENT DURING POST-SECONDARY STUDIES**



Responses given appeared to corroborate research findings which emphasize the importance of informal supports in assisting individuals in attaining their educational goals. The most frequently identified support "used to a great extent" was immediate family (n=20), followed by professors or instructors (n=18), other students (n=17), Disability Services (n=13) and Vocational Rehabilitation Counsellor (n=11). In

examining responses given to support "used somewhat" in conjunction with previously identified totals, the three main sources of valuable support to participants appear to be received from immediate family, professors or instructors and fellow students.

These findings suggest that for the women in this study, higher levels of support were received from informal sources such as family and friends than from formal agencies and service providers. To some extent, this appears to negate earlier findings indicating a prevalence of use and priority given to some specialized services such as modified exams or tests (often facilitated through Disability Services or Educational Support Centres) and educational funding (often accessed through employment and immigration or vocational rehabilitation services). However, upon closer examination of scores and in view of comments provided by respondents during the interview process, a number of reasons are suggested in this regard. Many of the participants were not aware of available formal services, particularly those available to individuals with disabilities. Subsequently, these services were not utilized. In fact, formal services frequently identified as "not used" included "Disability Services" (n=27), "Vocational Rehabilitation Counselling Services" (n=25) and "Learning Resource Centre" (available to all students on campus) (n=32). Comments made by a number of interviewees who were aware of specific employment or rehabilitative services suggested that lengthy waiting lists or restrictive eligibility criteria deterred them from seeking support through formal sources. These scores were also influenced by individuals who attended post-secondary education several years ago, when few, if any formal services for disabled students existed and by responses of students who

graduated from smaller, private colleges or training institutions where no formal supports were available. Finally, as identified in the theoretical findings, the possibility exists that the societal stigma attached to being labelled "disabled" may deter certain individuals from accessing formal disability-related services (Lonsdale, 1990).

In summary, two major themes can be drawn from these data findings. First, these results underscore the need for available and concrete information regarding the types of supports available from formal services and accompanying "reasonable" channels of access to identified programs. Secondly, these findings suggest the level of support as provided by immediate family and other informal sources, is considerable. Initial findings highlight the need for further consideration of the comparative functions of informal and formal supports in assisting individuals with disabilities in achieving their educational goals.

#### **Barriers in the Post-Secondary Setting:**

Through a series of open-ended questions, participants were asked to describe attitudinal or architectural barriers they had encountered, if any, in the post-secondary facility.

**Attitudinal Barriers:** Barriers to full participation in the post-secondary setting were frequently seen as a consequence of others preconceived notions regarding disabilities (n=37). As articulated by one participant, "**...disability is something that occurs more because of others attitudes than because of the disease which requires me to use a wheelchair**". Assumptions of inability relating to physical disability were identified

by several women in this study. For example, assumptions held by instructors and professors led to a number of women being discouraged from enrolling in specific courses or certain fields of study (n=7). These suggestions were described as being given without any consideration of the student's academic record or interest in the course, but appeared to be based solely on the appearance of "disability".

Some individuals experienced degradation from instructors who singled them out by explaining classroom material in great detail, presumably associating physical disability with intellectual incapacity (n=5). Similarly, women reported experiences in their interactions with peer students ranging from demeaning stares or avoidance behaviour to being offered excessive help from others (n=12).

When women with less visible or invisible disabilities informed others of their disability, they were at times confronted with disbelief or minimization on the part of school administrators, professors, and other students (n=19). Examples cited in this study included requests for necessary accommodations such as alternate arrangements for fee payment due to mobility restrictions making it impossible to stand in lengthy waiting lines, or requests for elevator keys which were often questioned and doubted by others. Two of the project participants also described situations in which other students established formal complaints with regard to accommodations being provided, due to beliefs of favoritism and disbelief of needs associated with disability.

Although examples cited by women with visible disabilities differed in some respects from those described by women with invisible disabilities, both groups

appeared to have been confronted by obstacles, in the form of attitudes, during their post-secondary programs.

**Systemic Barriers:** Some respondents reported difficulties in gaining access to particular programs because of the lack of flexibility in the structure of the program (n=4). For instance, some faculty programs require students to assume five full courses in the regular academic year. This requirement essentially excludes many women, with physical disabilities which impact upon levels of pain and fatigue, because they may need to assume a reduced courseload or a distribution of courses throughout the full year of classes. It is likely that this apparent lack of flexibility will become more stringent with ongoing financial cuts by government to post-secondary educational institutions.

**Architectural Barriers:** Similarly, funding reductions may present additional problems for students with physical disabilities who require access to equipment or environmental modifications necessary to enable them to fully participate, or in some cases even gain "physical" entrance to specific programs or buildings. In spite of recent efforts directed at modifying buildings in order to provide sufficient access to individuals with disabilities, a preponderance of interviewees in this project were confronted with inaccessible buildings or classrooms during their studies (n=40). Common barriers identified in this regard were clustered as follows:

- stairs leading up to a post-secondary building or immediately faced upon entry to the building;

- heavy push bars on entrance doors making it difficult to gain entry;

- lack of adequate handrails for physical support;
- poorly constructed ramps or ramps built a lengthy distance from main entrance doors to building;
- absence of elevators or limited access to elevators.
- use of freight elevators or material lifts for "transporting" individuals to upper floors in buildings due to absence of elevators;
- elevator buttons placed beyond reach;
- lack of accessible parking;
- some university residences inaccessible to individuals with mobility restrictions;
- bathroom facilities, including wheelchair accessible stalls, too small or lacking additional supports (i.e. handrails) to enable use by individuals with disabilities;
- classroom seating (i.e. fold-down chairs) with cramped rows are extremely uncomfortable and do not easily accommodate additional space needs for wheelchair mobile individuals.
- access to library services limited; Close to half of the respondents in this project described restrictions in the use of library systems because of high shelves and narrow space between rows. A number of women identified the possibility of seeking librarian assistance in accessing materials but noted that the availability of such appeared to depend upon the level of work demands at the time of the request. As well, many felt that they were imposing on staff who had been given these duties in addition to already overburdened work responsibilities;
- non-use of cafeteria facilities or food bar services because of difficulties reaching or carrying items, and a hesitation to request help from busy staff.

Therefore, aside from the daily demands associated with meeting course requirements, women with physical disabilities appear to be faced with many other challenges in the post-secondary setting. While many of these barriers could potentially be confronted by minor architectural modifications or a greater flexibility in the structure of specific courseloads, obstacles created as a consequence of others

preconceived attitudes may represent the greatest of challenges in terms of eventual change.

### **Personal Outcomes related to Post-Secondary Education:**

Women in this project were asked to describe ways in which post-secondary training influenced their lives, if at all in the following ways: personal beliefs or values, feelings about oneself, employment, relationships with family, relationships with friends, and involvement in the community. Principal themes reported were clustered in each of the six areas specified:

**1. Personal Beliefs and Values:** In response to ways in which post-secondary training influenced the personal beliefs and values of women in this study, a majority of participants identified an expanded base of knowledge and awareness of societal issues as significant (n=38). Education was reported as providing the opportunity to become more familiar with global issues, to develop and enhance critical-thinking skills, and to challenge and question the "status quo". As articulated by one woman, **"It has opened up new intellectual vistas and closed many altruistic ideals"**.

Education was viewed by many as a positive factor in the development of a more tolerant and open-minded viewpoint, an increased acceptance of different kinds of people, behaviours and attitudes. As described in one interview,

**"...education has greatly influenced the quality of my life. I have acquired a much broader perspective about current issues and people. I have learned to be a much more compassionate person because I can appreciate the fact that there is always more than one way to look at everything. I value the uniqueness of every individual**

**after being exposed to such a diverse and interesting group of people at school".**

While a belief in the importance of further education in these ways was clearly expressed throughout the interview process, several women added that post-secondary training should not be "glorified" as the ultimate form of education. Other factors such as relationships with significant others and living with a disability were reported as contributing substantially in the development of personal beliefs and values.

**2. Feelings About Oneself:** An enhanced sense of self-esteem and personal awareness was clearly the predominant theme arising from this area of questioning (n=29). For many, further education and the opportunity to foster an interest in learning and creativity was viewed as facilitative of increased levels of independence and confidence. As stated by one woman, **"I finally realized that I was intelligent and that there are a lot of things which influence a person's ability to learn. For the most part, I carry with me the knowledge that I may have to do things differently than the next person, but that it does not in any way devalue what I have to offer"**. Several women noted that their experiences in post-secondary education had helped them to become more comfortable with themselves and their disability, and served to reaffirm their abilities as paramount rather than their disability.

**3. Employment:** Approximately 70% of respondents depicted post-secondary experiences as a positive factor in influencing their qualifications for higher level jobs as well as offering greater opportunities for participation in the employment market

(n=32). Many respondents, including those currently employed and unemployed, emphasized that they were able to utilize enhanced verbal and written skills in their day to day activities, but cautioned that employment did not easily emanate at the completion of their studies (n=12). Participants pointed out that the persistence of negative attitudes and architectural barriers, lack of specialized and practical training in the post-secondary program, and the poor economic climate as primary factors contributing to minimal employment outcomes.

**4. Relationships with Family:** Over half of the women in this project expressed that attainment of a post-secondary education had in some way influenced their relationships with family members (n=24). The multiplicity of responses in this regard ranged from increased respect and closeness with family, to increased distance and conflict. Some women expressed feelings that their enhanced education created "additional" tension, particularly in relationships with parental figures or siblings who appeared intimidated by their relative's accomplishments and ability to articulate feelings and knowledge more readily. On the other hand, a number of women, particularly those in their twenties, expressed feelings that they had developed more "adult-like" relationships with parents and siblings, as a result of both maturity and a recognition of their accomplishments by others (n=4). In referring to relationships with birth children, nephews/nieces, siblings or spouses, five women expressed feelings that family members had become more aware of the need for higher education and viewed them in this regard as a positive role model.

**5. Relationships with Friends:** Post-secondary education appeared to slightly increase the network of friendships which respondents developed (n=15). As described by one woman, "I established friendships with people from a diversity of backgrounds, nationalities, religious and sexual orientations, many of which have evolved into long-term relationships". Common interests based on educational and vocational goals appeared to contribute to the establishment of significant relationships for some of the women in this study. Many described this as a process of natural change in relation to other transitions in their lives.

**6. Involvement in the Community:** A majority of interviewees described post-secondary education as influential in their increased involvement in the community (n=25). Individuals expressed an increased commitment and willingness to volunteer their skills and expertise through membership on a variety of boards and committees. Many women, through contacts with other students, had taken on active roles in a variety of organizations with others with disabilities, advocating for the development of policies supportive of making school, community and work settings more accessible. Conversely, a number of women who had either been employed for several years or who had young children noted that increased responsibilities left them with little time or energy to participate in community activities (n=9).

**Recommendations Regarding Post-Secondary Education:**

This project provided an important opportunity to gather ideas and information from women with disabilities, based on individual experiences in the post-secondary setting. As part of this process, participants were asked to highlight recommendations which they would offer to other women with disabilities considering a return to school for further training or education. A synopsis of recommendations, based on experiences of women in this project, is provided in the following table.

**TABLE IV:**  
**RECOMMENDATIONS REPORTED BY STUDY PARTICIPANTS**  
**DIRECTED AT OTHER WOMEN WITH DISABILITIES CONSIDERING**  
**FUTURE POST-SECONDARY TRAINING**

- 
1. In view of the unpredictable nature of the job market, there is a need to carefully consider the changing qualifications and demands of specific fields of training;
  2. Explore available post-secondary facilities to gather knowledge regarding the range of programs offered, demands of program courseloads, availability of services for and access to individuals with disabilities, and potential for employment upon completion. Ask for statistics regarding the number of students who have secured employment since graduation;
  3. Review available labour market surveys and or carry out an independent survey through contacts with local employers. Consider the information gathered regarding future trends in employment in order to assist you in establishing educational goals;
  4. Consider your interests and abilities in line with labour market trends. If you require further information, utilize services such as career counselling, career interest inventories, aptitude testing and volunteer work placements to assist you in this regard;
  5. Consider your personal characteristics and level of comfort in choosing a post-secondary program and training institution;
  6. Prior to establishing career goals, explore all of the options, including vocational, technical and non-traditionally female-oriented fields of training;

7. Identify your needs and arrange accommodations, if required, in advance of course commencement;
8. Educate professors and instructors regarding specific disability needs and issues. Advocate for your rights to accommodation. Do not allow others to intimidate you into accepting lower standards of accommodation;
9. Ensure your education unfolds at a pace suitable to your own benefit. If possible, arrange your timetable in line with the "peaks" and "valleys" of your disability. If you face chronic fatigue or pain, reduce your course load.
10. Ensure that your personal health needs are met. Become as knowledgeable a health consumer as possible. Shop for a knowledgeable physician.
11. Be prepared to prioritize your academic program but ensure that you create a balance between school life and other involvements. Schedule time away from your studies in order to spend time with friends, family and yourself.
12. Establish contact with a Disability Services Counsellor to find out about the range of services offered. If there is no specific department for students with disabilities, establish an appointment with an advisor at the post-secondary setting to ensure that needed services will be made available and to see whether students with disabilities have attended their facility in the past. If possible, establish contact with a student with a disability to get feedback on their personal experiences in establishing accommodations.
13. (a) Gain knowledge regarding your rights as a disability services consumer. Become a member of the Alliance of Students with Disabilities as it may provide you with valuable source of support, information and referral from peer students with disabilities. If there is no support network, organize a group.  
(b) Establish membership in N.E.A.D.S. (National Education Association of Disabled Students) which offers valuable information regarding rights, resources and conferences/workshops which relate specifically to students with disabilities.  
(c) Utilize the Women's Resource Centre (if available) or join a women's organization on campus;
14. Gather information with regard to awards or grants available to you as a student and a student with a disability (i.e. Special Opportunities Bursary);

15. Take advantage of the opportunities for personal growth available to you as a student. In addition to training for a more fulfilling career, you have available to you numerous other valuable opportunities. Fundamental gains associated with post-secondary education include learning more about the world and oneself, increased self-esteem, making new friendships and becoming involved in a variety of community groups.
- 

#### **IV. Employment**

One of the principal consequences of post-secondary education explored in this research project related to employment outcomes. Aggregate results of level of current employment and status prior to post-secondary training were analyzed for this purpose. As illustrated in Table V, prior to attending a post-secondary program, twenty-four of the women interviewed (52.2%) reported employment. An identical number of women, twenty-four, reported being currently employed, as shown in Table VI.

The rates of unemployment experienced by participants in this study are much higher than the averages of Canadian women who have attained post-secondary education. According to Statistics Canada findings, females who have completed certificates or diplomas report participation in the labour force of 72.6% with unemployment rates of 8.4%. Women with university degrees participate at a slightly higher rate of 80.1% with unemployment levels of 5.6% ("Estimates by Educational Attainment", Statistics Canada, February, 1993). The categories and frequencies of employment identified by women in this study are illustrated in the following tables:

**TABLE V:**  
**EMPLOYMENT STATUS OF PARTICIPANTS BY CATEGORY,**  
**PRIOR TO POST-SECONDARY TRAINING**

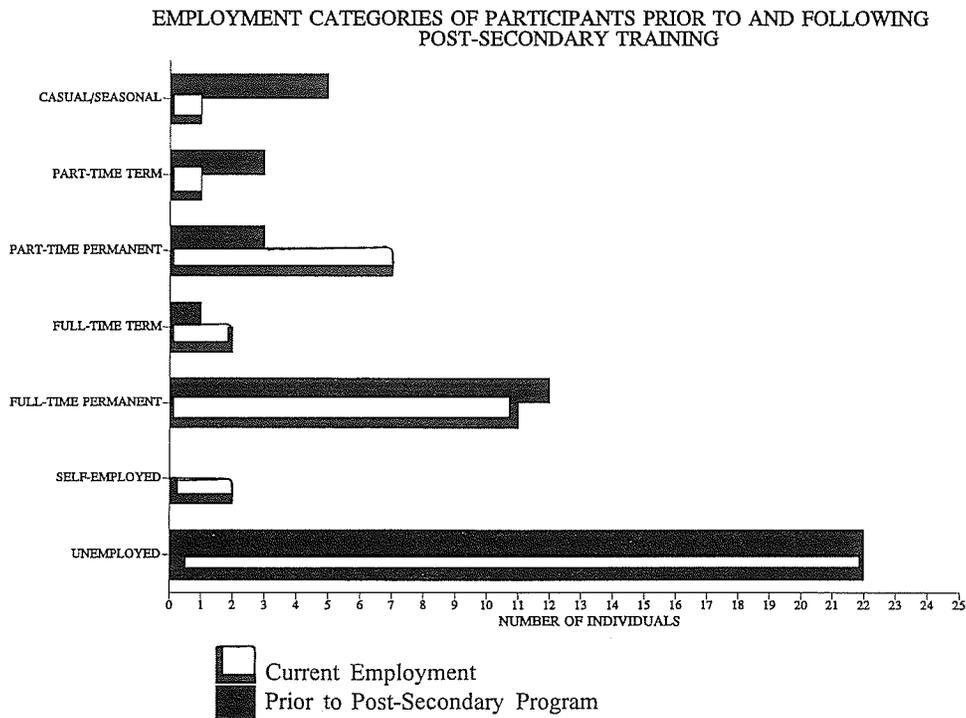
<b>Employment Prior to Post-Secondary Training</b>		
<b>Category</b>	<b>Frequency</b>	<b>%</b>
Casual/Seasonal	5	20.8
Part-Time Term	3	12.5
Part-Time Permanent	3	12.5
Full-Time Term	1	4.2
Full-Time Permanent	12	50.0
Other (Self-Employed)	0	0.0
Unemployed	22	Missing
	46	100.0

**TABLE VI**  
**EMPLOYMENT STATUS OF PARTICIPANTS BY**  
**CATEGORY, FOLLOWING POST-SECONDARY**  
**TRAINING**

<b>Employment Following Post-Secondary Training</b>		
<b>Category</b>	<b>Frequency</b>	<b>%</b>
Casual/Seasonal	1	4.2
Part-Time Term	1	4.2
Part-Time Permanent	7	29.2
Full-Time Term	2	8.3
Full-Time Permanent	11	45.8
Other (Self-Employed)	2	8.3
Unemployed	22	Missing
	46	100.0

As clearly illustrated in the following graph, it appears that for the women in this study, status with regard to being employed or unemployed per se, did not appear to be influenced by attainment of post-secondary training.

**GRAPH II**



Several reasons were cited by respondents relative to difficulties experienced in accessing employment including the persistence of barriers in the form of attitudes and architecture, inadequate affirmative action legislation and the recessive economic and employment environment.

Despite the absence of outcomes specific to rates of employment, some areas of change merit further examination. It is worth noting that two of the women in this sample were currently utilizing their skills and educational qualifications in

self-employment endeavours. As well, a higher number of women, seven, were currently in part-time "permanent" employment (15,2%) compared to only three women (6.5%) having attained part-time permanent employment prior to post-secondary training. Several employed respondents also described increased opportunities for higher paying positions in line with their enhanced academic qualifications.

Examination of the different types of positions held by women with disabilities confirms that over half of the employed project participants were working in professional jobs generally requiring higher levels of education, and offering more favourable monetary benefits than lower status positions. Jobs held in this regard included coordinator positions in community and social service settings (n=9), educational settings (n=2), and the nursing field (n=2). It is suggested from these findings that some of the women in this project appeared to advance their marketability for higher level positions in the professional realm.

**TABLE VII:**  
**CURRENT EMPLOYMENT OF PARTICIPANTS BY**  
**TYPE OF OCCUPATION**

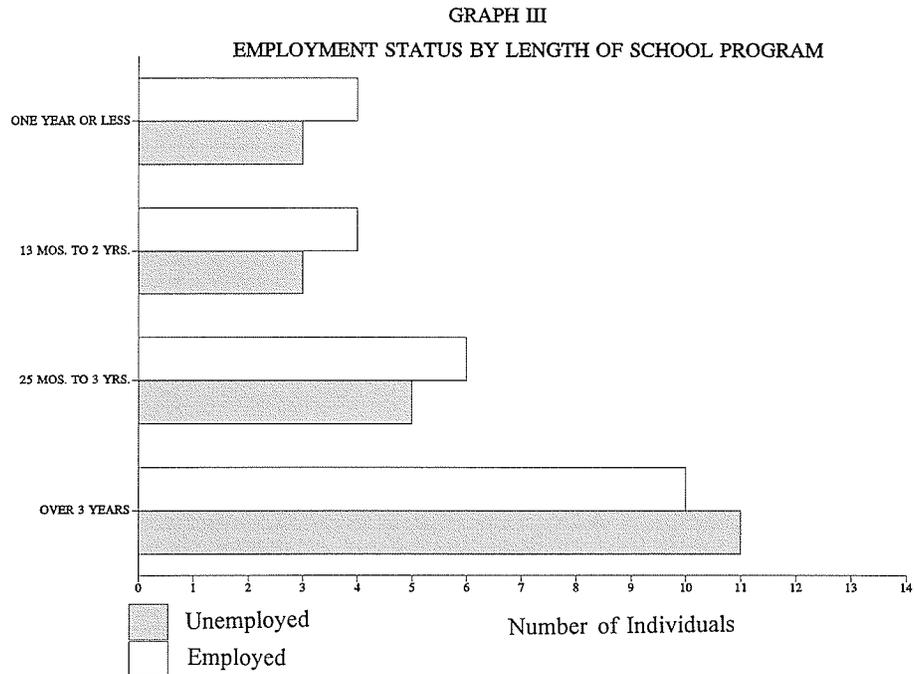
Type of Occupation	Frequency
Professional	14
Technical and Trades	1
Clerical	7
Sales and Service Sector	2

Notwithstanding these outcomes, a relatively high number of women with post-secondary education (37.5%) appear to remain in traditionally lower paid,

female-oriented jobs such as in the clerical and service sector of the labour market. Statistics relating to fields of study undertaken by women in Canada reflect similar findings. According to Statistics Canada (1990), 61% of women attending universities received degrees in traditionally female fields of studies such as the humanities, nursing and social sciences while 60% of female college graduates received diplomas or certificates in health sciences, social sciences or clerical training (Women in Canada, 1990).

Fifteen of the twenty-four women in this project had been employed in their current job for two years or less; six women had been working in the same job for three to ten years while three women reported employment of greater than ten years.

Crosstabulation measures using chi-square statistics were performed in an attempt to address the following areas of inquiry: Does the length of the educational program have differing outcomes on employment status? Does age of onset of disability have differing outcomes on employment status? Does visibility of disability have differing outcomes on employment status? In this sample of women with disabilities, significant discrepancies in employment outcomes were not found in relation to years of education. Crosstabulation measures using chi-square statistics revealed no statistically significant differences. Comparisons of employment status by length of post-secondary program are illustrated in the following graph:



As can be drawn from this analysis, a high but relatively even distribution of women in this study were unemployed in each of the four categories of years of education.

There were no statistically significant differences found in relation to employment status by age at onset of disability. Again, a relatively even distribution of employed and unemployed individuals was found in each of the categories relating to onset of disability. Using chi-square tabulations, there were also no statistically significant

differences found regarding employment status in relation to age at onset of disability for the women in this study.

Differences between women with visible and invisible disabilities with regard to levels of employment were not found to be statistically significant, as illustrated in the following table:

**TABLE VIII:**  
**EMPLOYMENT STATUS BY VISIBILITY OF INVISIBILITY OF**  
**DISABILITY USING CHI-SQUARE CROSSTABULATION MEASURES**

	CURRENTLY EMPLOYED	CURRENTLY UNEMPLOYED	ROW TOTAL
VISIBLE DISABILITY	17 68.0%	16 76.2%	33 71.7%
INVISIBLE DISABILITY	8 32.0%	5 23.8%	13 28.3%
COLUMN TOTAL	25 54.3%	21 45.7%	46 100.0%

Table VIII reveals that eight of thirteen women with invisible disabilities were employed (61%) compared to seventeen of the thirty-three women with visible disabilities (51%). Although these frequency measures suggest that a greater percentage of women with invisible disabilities are employed than are women with visible disabilities, conclusions are clearly limited by the small number of participants reporting employment in this study. Overall results reveal that a high number of women with

disabilities who have completed post-secondary training are unemployed and, a relatively similar distribution exists among employed and unemployed women when consideration is given to the visibility of disability.

**Job Satisfaction:**

An overwhelming majority of the women interviewed were satisfied with their current job. Twenty-one of all employed respondents (87.5%) reported "satisfaction" or "extreme satisfaction" in their current job situation. Crosstabulations using chi-square statistics were formulated in order to assess the relationship between the length of the post-secondary program and respondents' job satisfaction. Chi-square analysis indicated that for this group of women, job satisfaction was not different based on length of post-secondary program.

Further analysis was completed in order to assess whether differences in reported job satisfaction were found in relation to number of years since graduation. Analysis of job satisfaction outcomes based on number of years since graduation reveals that no statistically significant differences were found regarding job satisfaction relative to the number of years since respondents had graduated. However, examination of raw data indicates that slightly greater levels of satisfaction were reported by women who had graduated within the past five years. This finding is nonetheless limited by the high number of cells in the cross-tabulation table with frequencies of less than five, reflective of the small number of women reporting employment in this sample.

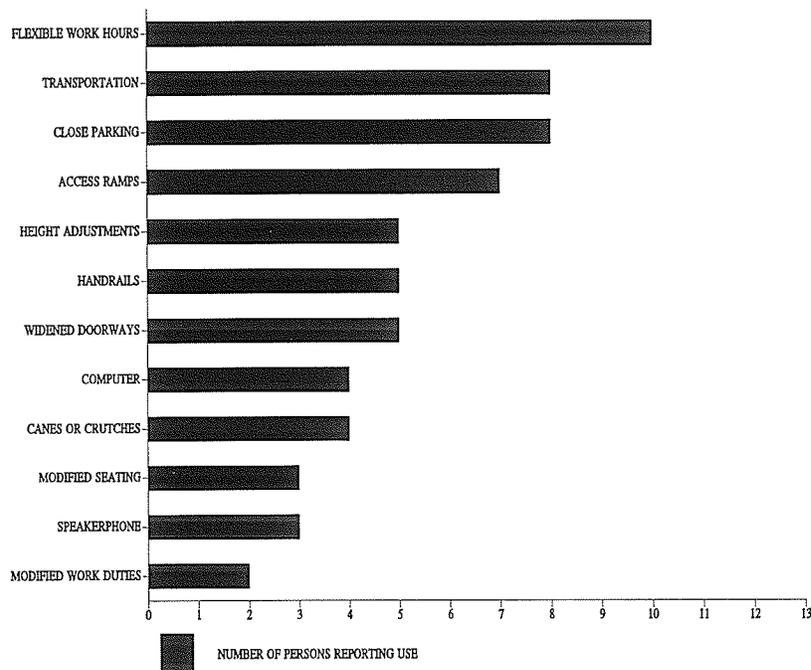
In spite of the overall positive accounts provided by employed women in relation to job satisfaction, only a minority of participants described opportunities for promotion

and advancement in their current workplace as favourable. Opportunities were reported as follows: "excellent" (n=1); "good" (n=6); "fair" (n=6) and "poor" (n=11). Further analysis revealed that no statistically significant differences existed in reported opportunities for advancement by women with visible disabilities compared to invisible disabilities (<math>P=.13217</math>). The lack of opportunities for advancement were viewed primarily as a result of the poor economic situation and the accompanying lack of job vacancies.

**Equipment and Arrangements Used at Work:**

In the work setting, the types of equipment or arrangements available and used by women in relation to their disability most often included flexible work hours (43.5%), close parking (34.8%), special transportation to and from work (34.8%) and access ramps (30.4%).

**GRAPH IV:**  
**EQUIPMENT OR ARRANGEMENTS USED IN THE WORKPLACE IN**  
**RELATION TO DISABILITY NEEDS**



As well, eighteen of the twenty-four women currently employed were asked to identify arrangements not available but required and/or beneficial to them in the work-setting. The women in this study reported a number of ways in which equipment or accommodations of potential benefit to them including safe, accessible parking, lowered filing cabinets, flexible work hours, wrist supports for computer usage, and adjustable, ergonomic seating.

#### **Difficulties in Securing Employment:**

Of the twenty-two women in this project currently unemployed, nineteen relayed that they were actively looking for work. The three women not presently looking for work in this study reported health functioning as the primary reason preventing them from pursuing gainful employment at this time. Difficulties anticipated in securing work, as described by nineteen of the participants, were largely associated with the poor economic climate (n=19), negative attitudes of employers towards hiring individuals with disabilities (n=13), inaccessible buildings (n=10), and a lack of qualifications for available jobs (n=10).

As such, for the group of unemployed women in this project, employment opportunities were reported to be severely compromised by current fiscal restraints and the accompanying lack of available jobs. Similarly, many women expressed concerns that current job openings were highly competitive and that they did not have the qualifications, either in terms of specific academic training or work experience, required

to compete for available jobs. As corroborated in earlier findings regarding barriers in the post-secondary setting, women with disabilities in this study identified similar obstacles with which they were confronted with in the employment sector, in the form of attitudes (of employers) and architecture.

### **V. Levels of Income**

When exact income was considered, the average or mean annual income for women in this group was \$17,316.43 (SD=\$11511.01). As is reflected in the high standard deviation for this variable, range of differing incomes from the average was considerable, ranging from extremely low (\$2,500) to extremely high (\$60,000). The median income for women in this study, at \$15,500.00, was slightly lower than the mean annual income.

Examination of categories of annual income revealed that close to half of the project participants had annual personal incomes slightly below the poverty line. While the 1992 Statistics Canada "low-income cut-offs" for single persons was estimated to be \$15,175, twenty-two of the women in this project had personal incomes of less than \$15,000. It is possible that estimated figures for women in this study currently living within the "low-income cut-offs" may be slightly reduced or raised dependent upon two considerations. First, a number of the women in this sample were supporting dependent children. Secondly, a number of married women in this study reported personal incomes which were relatively low but when combined with other sources, such as spousal income, were found to be satisfactorily meeting their needs. The most

frequently identified main source of income for women in this group was employment earnings (41.3%). Other primary sources included social allowances (15.2%), disability pension (10.9%), spousal/partner income (13.0%), parental support (2.2%). Sources identified under the heading "other" included spousal death pension, private health insurance plans, unemployment insurance, and child maintenance funds for a total of eight respondents (17.4%).

Chi-square analysis revealed no statistically significant differences between annual incomes of women with visible and invisible disabilities in this group. Subsequently, the Mann-Whitney non-parametric statistical test was used to compare the mean ranks of annual income for women with visible and invisible disabilities.

**TABLE IX:**  
**MEAN RANKS OF ANNUAL INCOME FOR WOMEN WITH VISIBLE AND**  
**INVISIBLE DISABILITIES**

MEAN RANK	NO. OF CASES	DISABILITY
24.30	33	VISIBLE
21.46	13	INVISIBLE

The mean ranks for these groups were similar, with only slightly higher "ranks" being given relative to income of women with visible disabilities (24.30) compared to "ranks" of annual income for women with invisible disabilities (21.46). T-test measures to compare the average annual incomes of individuals with visible and invisible disabilities corroborated these findings. The mean exact income for women with visible disabilities was \$17,996 compared to \$15,590 for women with invisible disabilities.

**TABLE X:**  
**EXACT ANNUAL INCOME BY VISIBILITY AND INVISIBILITY OF**  
**DISABILITY USING T-TEST ANALYSIS**

EXACT INCOME				
VARIABLE	NO. OF CASES	MEAN	S.D.	S.E. OF MEAN
VISIBLE DISABILITY	33	17,996	11605	2020.3
INVISIBLE DISABILITY	13	15,590	11542	3201.39

MEAN DIFFERENCE = 2405.47

Upon examination of raw data, it was found that one woman in the sample had an annual income of \$60,000.00. This was perceived by the researcher as potentially skewing the average annual incomes of the group of women with visible disabilities. When this figure was removed for the purposes of further analysis, the difference in incomes was slightly reduced, at \$16,683.63 for women with visible disabilities compared to the figure of \$15,590.77 for annual incomes of women with invisible disabilities. Although these differences were not statistically significant, they reveal that for this sample group, women with visible physical disabilities fared slightly better than women with invisible disabilities in terms of personal annual income averages.

Further analysis was completed in order to assess whether statistically significant differences could be found between categories based on visibility/invisibility of disability, full-time and part-time employment status, and exact annual incomes reported. Although oneway analysis of variance procedures performed did not reveal levels of statistical significance, examination of income levels in specific categories did

provide some interesting findings. Median income levels tabulated in each of these categories were found as follows:

**TABLE XI:**  
**ANNUAL INCOMES OF PART-TIME AND FULL-TIME EMPLOYED**  
**PARTICIPANTS IN RELATION TO VISIBILITY AND INVISIBILITY**  
**OF DISABILITY**

<b>1. PART-TIME EMPLOYMENT</b>		
<b>Visibility of Disability</b>	<b>Median Income</b>	<b>Valid Cases</b>
Visible	\$19,284.00	4.0
Invisible	\$ 9,200.00	7.0
<b>2. FULL-TIME EMPLOYMENT</b>		
<b>Visibility of Disability</b>	<b>Median Income</b>	<b>Valid Cases</b>
Visible	\$23,242.50	12.0
Invisible	\$15,500.00	1.0

As illustrated in the preceding table, the median income for women with visible disabilities employed on a part-time basis was \$19,284.00 compared to the median income of women with invisible disabilities of \$9,200.00. As well, examination of earnings for women with visible and invisible disabilities reveals that median income levels did not differ substantially for each group in terms of full-time or part-time status. With regard to full-time employment, women with visible disabilities were found to earn a median annual income of \$23,242.50 compared to women with invisible disabilities earning a median income of \$15,500.00. As such, in situations of both part-time and full-time employment, women in this study reporting visible disabilities were found to earn substantially higher levels of income. In the case of women employed part-time, median income levels for females with visible disabilities was more

than double that of women with invisible disabilities. Analysis of differences in income for individuals currently employed full-time is limited by the fact that only one woman was reported to have an invisible disability. Nonetheless, the higher number of women with invisible disabilities concentrated in part-time employment and the corresponding higher number of women with visible disabilities in full-time employment warrants further study. Although one cannot generalize these findings to the population at large, for the women in this study with visible disabilities, outcomes in terms of gainful employment appear more favourable than comparative outcomes for women with invisible disabilities. These findings are notable in view of other research findings and the theoretical review, as reported in earlier chapters. Findings contradict the initial assumptions in this project that employment status and levels of income for women with visible disabilities will be less favourable than for women with invisible disabilities.

Respondents were also asked to what extent their current annual income satisfied their needs. Twenty-two women described their income, relative to meeting their needs with "some difficulty" (n=16) or as "totally inadequate" (n=6). Seventeen women described their personal income as "adequately" meeting their needs while seven others felt able to meet their needs "very well". These results are not surprising in view of the relatively high number of women unemployed and in low annual income categories.

## Discussion

These findings represent an array of experiences and outcomes related to post-secondary training, as depicted by the women with physical disabilities in this project. Having briefly reviewed the initial findings of this study, further interpretation is required in reference to the theoretical framework and initial hypotheses presented in the preliminary phase of this report.

### Theoretical Perspectives Relative to Study Findings

The results of the "Women, Education and Disability Research Project" corroborate, in part, the theoretical and research findings as described in the introductory chapters of this report. Minority group and societal reaction theory are directly applicable to the experiences of women with disabilities in this study, a majority of whom identified discriminatory experiences associated with their disability. It appears that many women with disabilities in this sample have been confronted with attitudinal barriers in the form of negative viewpoints, definitions and actions/reactions of the broader society. The negative or misinformed viewpoints of instructors and other students which led to attitudinal barriers being imposed upon some of the women in this study in many ways paralleled earlier reports of barriers created by employers and co-workers in the labour force (Study Group on Employment and Disability, 1991). Participants in this study with invisible disabilities reported similar experiences of being questioned and ostensibly disbelieved with regard to accommodative needs relating to disability issues. Women with visible disabilities in this study reported that others in

the work or school setting often presumed that their physical disability was accompanied by mental or intellectual disability. From this perspective, if women with disabilities are viewed as being unable to learn new skills or as unemployable, it is likely that they will be given fewer opportunities (Stroman, 1982). It is clear that many of the women in this study reported experiences of being treated "differently" by others in the school setting because of their physical disability,

The notion of being "singled out" on the basis of physical characteristics is central to minority group theorist and interactionist-deviance perspectives (Dworkin and Dworkin, 1976; Wirth, 1945; Conrad and Schneider, 1980). Responses provided in this study appear to corroborate the existence of stigma and discrimination as a consequence of women with disabilities being viewed as "disabled" first rather than a person with a disability. Individuals identified experiences of discrimination and negative judgments from others in the academic and vocational setting. It is also worthy to note that many of the women in this study described similar barriers to full participation in the labour market.

An important finding in this study which requires further discussion in relation to minority group and interactionist-deviance theory pertains to the invisible and visible nature of disabilities. On the basis of both theoretical frameworks, it was anticipated by the researcher that women with invisible disabilities would report fewer experiences of discrimination and greater economic outcomes than women with visible disabilities. The actual findings from this study revealed that a slightly higher percentage of women with **invisible** disabilities, compared to women with visible disabilities, reported

experiences of discrimination. While women with invisible disabilities reported slightly higher percentages of employment rates, women with **visible** disabilities were found to have higher annual employment earnings. Thus, the women with less identifiable physical disabilities in this project not only expressed feelings of being discriminated by others because of the "invisible" nature of their disability, but also appeared to have fewer opportunities for economic gain than women with visible disabilities.

It is clear that for both groups, women with visible and invisible disabilities, attitudinal barriers created by the society at large, tend to give rise to restricted opportunities for women with disabilities. Women with visible disabilities appear to be labelled in a manner which falsely presumes that they are unable to fully participate in the labour market (ie. fulfill job responsibilities) and need to be "cared for" by others. This societal attitude, in turn, contributes to restricted opportunities in access to gainful employment. On the other hand, women with invisible disabilities appear to face traditional societal stereotypes which infer that if a disability is not observable it must either be non-existent or emotionally/psychiatrically-based. This process of labelling women with invisible disabilities as malingerers or mentally ill has been documented in the earlier research findings (Hannaford, 1985; Weiss, 1985) and corroborated in the experiences reported by women with invisible disabilities in this study. Consequently, while the societal approach to "defining" women with invisible disabilities may differ somewhat from the way in which women with visible disabilities are defined and labelled, the end results are evidently similar.

### Response to Initial Assumptions, Exploratory Questions and Hypotheses

A number of research assumptions, exploratory questions and hypotheses, as outlined in the preceding chapters of this document require further attention in this analysis. Detailed information gathered, by virtue of open-ended questions during the interview process, substantiated initial research assumptions that post-secondary training was influential on various aspects of social, emotional and or employment functioning for women with disabilities. Consistently, themes were conveyed by the women in this research project suggesting that involvement in and successful completion of education or training had positive effects on self-esteem and ability to express beliefs and values more effectively. Personal growth changes relating to a greater awareness of societal issues were correspondingly viewed by many, as contributing to increased community participation.

In describing outcomes of further education and training relative to employment opportunities, a disparity of opinions were expressed by participants. Although a majority of women supported the viewpoint that further education served to enhance their academic qualifications and overall skill level, employment gains were clearly divided. Many of the women currently employed described their education as enabling them to compete for more favourable, higher level positions. For others, the benefits derived from post-secondary training, in terms of labour market involvement were viewed as limited. Thus, while a number of women described economic and employment benefits arising from attainment of further education, a similar proportion of respondents reported few, if any, changes in employment status or levels of income.

These perceptions are similarly reflected in the identical rates of employment in relation to current status and status prior to attainment of post-secondary training.

Research results stemming from this study bear out previously identified assumptions that outcomes of further education or training for women with physical disabilities will differ in some respects from outcomes of other groups in the population. Comparisons of overall median earnings (for women employed part-time and full-time) of study participants with visible and invisible disabilities at \$16,806 is slightly lower than median earnings of men with disabilities (\$19,250) and men without disabilities (\$20,000) in Canada who earn approximately \$20,000 (Statistics Canada, 1990). Participants median earnings are higher than 1990 estimates for women without disabilities in Canada, at \$10,000. However, comparative figures of employment earnings in this study do not take into account differing levels of education. It is reasonable to speculate that the median earnings of men with disabilities and women without disabilities who have completed post-secondary training would increase somewhat if further breakdown in accordance with educational attainment was considered.

Comparative research findings which consider levels of education reveal that for the women in this sample, overall employment rate is lower than the Canadian average for post-secondary graduates. While the fields of training completed by the women in this study included trade, technical and university programs, the overall employment rate was 52.2% (representing part-time and full-time status). This figure was substantially lower than statistics provided in relation to graduates without disabilities

in all of the fields of training and representing only those employed full-time, as follows: trades/vocational (70%); technical career (82%) and; university (75%) (Employment and Immigration, 1992). Given that the statistics provided relative to the women in this study have include both part-time and full-time employment, it is clear that discrepancies in employment outcomes exist for women with disabilities in this sample who have completed post-secondary training.

The high levels of unemployment and underemployment experienced by the women in this project are shared with women as a whole in our society. As described in the research literature, women remain to a large extent in low-paying, dead-end jobs (Burden and Gottlieb, 1987; Gunderson, Muszynski and Keck, 1990.) For female post-secondary graduates, employment status and earning outcomes continue to be less favourable than for male graduates. Although attempts have been made, through the introduction of legislation such as the Employment Equity Act, to abate the wage gap earnings and to enhance the employment status of women, overall progress has been limited. (Employment & Immigration Canada, 1992).

Study findings corroborate previously articulated assumptions that women with disabilities are confronted with a number of architectural and attitudinal barriers in the educational and employment setting. As detailed in the foregoing chapter, participants in this study described a wide range of obstacles emanating from others pre-conceived notions regarding disability and from the way in which buildings or environments were structured. Alternately, the influence of and utilization of formal and informal supports as reported by women with disabilities verifies assumptions and exploratory questions

in this regard. Findings highlighted the need for availability of specific services such as educational funding and adequate transportation services. As well, aggregate responses pointed to the significant role of informal sources such as family and friends in supporting individuals during their involvement in post-secondary training.

While the results of this study thus far have established a base of information in response to questions of an exploratory nature, additional examination of specific research hypotheses, is required. One of the principle hypotheses considered in this regard was the proposed outcome of increased rates of employment for women with disabilities relative to increased levels of education. Predominant findings in this study contradict expected outcomes, as illustrated by unchanged rates of employment for women in this study. While 52.2% (n=24) of the women reported employment prior to entering post-secondary training, an identical number of participants reported current employment. Furthermore, statistical comparisons of employment status and length of educational program revealed a relatively even distribution of women employed and unemployed in each of the identified categories. The women in this study attributed limited opportunities in employment to a number of factors including the poor economic climate, negative attitudes of employers to hiring people with disabilities, physical obstacles preventing entry to certain places of employment, and a lack of adequate qualifications to compete in the current job market. Consequently, for women with disabilities, the bleak economic outlook is compounded by many other barriers which impede upon their ability to participate fully in the current labour market.

Increased levels of satisfaction were proposed by the writer to be more frequently reported by women with disabilities in professional jobs than for women working in lower level, traditionally female-dominated positions. This area of analysis was examined in relation to current employment of participants by types of occupations held and years of education relative to current job satisfaction. While over half of the employed participants in this study were in positions of a professional nature, a vast majority of participants (87.5%) reported either "satisfaction" or "extreme satisfaction" in their current job. As well, cross-tabulation measures as reported in the previous chapter revealed no statistically significant differences between level of job satisfaction and length of post-secondary program. Since most professional jobs require educational qualifications at the university level, generally requiring three years of education or greater, it appears that regardless of the position held, a majority of women in this study reported satisfaction with their current employment. These research findings counter initial hypotheses since for the employed women in this study, overall job satisfaction appeared favourable regardless of type of employment attained.

The data findings also differ from identified hypotheses in relation to the differential employment and economic outcomes for women with visible disabilities compared to women with invisible disabilities. All statistical measures performed with regard to employment rates, annual incomes and median employment earnings revealed that no statistically significant differences existed for the women with visible and invisible disabilities in this sample. Analysis of raw data results reveals that a slightly higher percentage of women with invisible disabilities were employed (61%) compared

to 51% of the women with visible disabilities. It is of note however, that the small sample size of employed women with invisible disabilities (eight of a possible thirteen women) severely limits the generalizability of these results. As well, further breakdown using oneway analysis of variance revealed that a much higher number of women with visible disabilities as compared to women with invisible disabilities had attained full-time employment. Moreover, the median employment earnings for women with visible disabilities was found to be higher than earnings for women with invisible disabilities. In consideration of these outcomes, a number of reasons may be speculated. First, notwithstanding the fact that a substantial number of women in this study were unemployed, it is possible that employment equity legislation has contributed to increased hiring of women with visible disabilities and has resulted in fewer outcomes for women with invisible disabilities. In this regard, it is likely that traditional perceptions of "disability" held by the majority of societal members are prevalent. As a consequence of this viewpoint, individuals with disabilities which are observable and apparent are more likely to be recognized and employed as a member of a minority group. Feedback from some of the respondents with visible disabilities in this sample substantiate this rationale in that a number of women reported feelings of being hired as the "token disabled" in order to meet employment equity guidelines. Furthermore, women with invisible disabilities who disclosed that they had a disability at times faced employers who interpreted the invisible nature of their disability as emotional or psychiatric, thus contributing to further stigmatization and fewer positive outcomes in relation to employment. Alternately, it is possible that women with visible

disabilities, faced with a multitude of architectural and attitudinal barriers, are more prone to attend advanced or specialized educational programs which are more likely to result in paid employment. For example, in this study, three individuals completed university training at the masters level. Two of the three women in this sample experienced disabilities of a visible nature and both were employed full-time, with an average yearly income of over \$45,000.

A final research hypothesis which was tested in this study was based on the premise that employed women with visible disabilities would report less favourable opportunities for job advancement or promotion than women with invisible disabilities. Analysis of cross-tabulation measures revealed that no statistically significant differences were found in relation to opportunities for advancement in the workplace for women with visible disabilities compared to women with invisible disabilities. The majority of women in both groups reported "fair" or "poor" opportunities with regard to potential advancement in current employment. The primary reason cited for unfavourable opportunities was the current lack of job openings and employment prospects.

In summary, this chapter has included a presentation of the study findings in conjunction with research questions as identified in the beginning chapters of this report. As well, the results of this study have been reviewed in association with theoretical perspectives which have highlighted the limited opportunities faced by women with disabilities as a consequence of societal attitudes and reactions. While these outcomes point to the need for further examination in this field of study, caution

in interpretation is warranted by the potential bias created by the non-random sampling procedures used.

## CHAPTER SIX

### Summary and Conclusions

In summary, this study has provided a wide range of information on several issues relating to the experiences of women with disabilities who have completed formal training at the post-secondary level. In this final chapter, a summary of the findings will be provided. This will be followed by an identification of the limitations of the study, a review of the writer's personal learning goals, study conclusions, and a list of recommendations for future action.

#### I. Summary

The findings of this study have highlighted the importance of specific services and arrangements for women with physical disabilities in the educational and workplace setting. As well, the important role of family, friends and professors/instructors in offering support during the period of training was identified by respondents in this study.

A majority of women with disabilities, visible and invisible, described experiences of discrimination and barriers resultant from others attitudes and the way in which settings were constructed. At the same time, important information was gathered with regard to the positive ways in which disability had influenced women's lives. The key areas of change reported in this regard related to personal outlook on life, enhanced self-awareness, development of vocational goals, and a greater awareness and understanding of disability by significant others.

Study participants also provided several important recommendations, based on personal experiences, for other women with disabilities who are considering a return to school for post-secondary training in the future. Recommendations included reference to areas of consideration in pre-vocational planning as well as concrete guidelines regarding access to required services or accommodations in the post-secondary facility.

An overwhelming number of women in this study identified important areas of change in relationship to attainment of post-secondary education. These included areas of personal learning and growth and the development of relationships and roles in the home, school, and community setting. As described earlier on in this chapter, the level of employment for women in this group did not change in accordance with aggregate results of current rates of employment/unemployment compared to number of individuals employed prior to attainment of post-secondary training. The principal barriers identified in this regard included discriminatory attitudes of others, architectural inaccessibility, lack of specialized training and work experience and the poor economic climate. Nonetheless, some changes relating to enhanced marketability were found, based on responses given to open-ended questions as well as speculative examination of categories of employment in the professional, technical, clerical and service sectors. While no statistically significant differences in employment existed between women with visible disabilities and women with invisible disabilities, consideration of raw data results revealed some differences. While women with invisible disabilities reported slightly higher levels of current employment, women with visible disabilities were

found to earn higher levels of employment income, in both part-time and full-time positions.

## **II. Limitations of the Study**

A number of factors limit the ability to generalize study findings and these warrant some consideration in this analysis. First, the number of potential participants was greatly reduced by the narrow scope of inclusion criteria established in this study. Notwithstanding the value of qualitative and quantitative data derived, the relatively small number of women interviewed and the non-random nature of sampling in this study limits the generalizability of these results considerably. As a result of the small sample size, a number of areas of analysis of potential value were not completed. For example, the racial origin of project participants or additional demands associated with the caregiver role or single parenthood are likely to impact in some way the barriers encountered in the educational and employment spheres. Earlier research findings have clearly indicated the compounding effects of these factors in relation to discrimination and obstacles faced (Burden and Gottlieb, 1987). The generalizability of these findings are also limited by the potential bias associated with the self-selection factor in this project. In particular, individuals who agreed to participate in this study may differ in certain ways from individuals who did not volunteer to be interviewed. Although it is impossible to identify what these differences are, it is important to note that self-selection of participants may, in some ways, influence the study findings.

### III. Learning Goal Attainment

In addition to the knowledge gathered as a result of the compilation of the relevant research and theoretical findings in the preliminary stages of this project, a number of other learning opportunities were provided to this writer. In the process of recruiting potential participants for this study, the writer established contact with numerous community organizations, rural and urban, thus enhancing her knowledge of existing resources and services available for women and women with disabilities in the province of Manitoba. As well, the writer gained firsthand experience in the undertaking and development of a research instrument for the purposes of gathering data appropriate to the objectives of the study. The subsequent process of statistical analysis utilizing the SPSS-X studentware package, proved both challenging and invaluable to the writer in her acquisition of research skills and statistical applications.

Many important learning goals were realized by this writer by virtue of the personal interviews with women with physical disabilities in this study. Implementation of data gathering in this way resulted in an enhanced personal knowledge base with regard to the diversity of outcomes experiences relative to post-secondary training as described by project participants. Moreover, the writer developed an increased awareness of the barriers encountered by women with disabilities in the educational and employment setting. Information gathered with regard to formal services and accommodations of need and benefit for women with disabilities in the post-secondary facility and workplace was also beneficial to the writer in her role as a vocational rehabilitation counsellor. The need to encompass a wide range of vocational

opportunities, including non-traditional female-oriented fields of training, in the counselling process, was similarly heightened by this writers involvement in this study. Finally, it is worth noting that, to date, the writer has directly incorporated a number of the measures used in the research survey instrument in the assessment and goal-setting process with consumers at the Society for Manitobans with Disabilities.

#### **IV. Conclusion**

Future efforts directed at improving the situation for women, with and without disabilities, must include a recognition of the long-standing barriers and discrimination which this group has faced and continues to encounter in their daily lives. Attempts to enable women fair representation in educational and work settings must encompass the changing structure of family life and increased role responsibilities of women in our society. Efforts to address wage discrimination and occupational segregation must consider issues which may pose further constraints for women such as disability factors, racial origin and demands associated with the caregiver role. As illustrated by the findings in this study, factors such as disability appear to further complicate and magnify already prevalent obstacles confronted by women as a group in our society.

While a number of assumptions and exploratory questions have been substantiated in the preceding analysis, a majority of the initial hypotheses established in this regard were contradicted by the principal research findings. Further research is critically needed to unveil the differing responses of individuals and the role of specific

variables such as post-secondary education, rehabilitation, and formal or informal supports which may influence outcomes for women with physical disabilities. Additional efforts are needed to explore aspects such as the visible and invisible nature of disabilities and shared perspectives on positive influences of disability on women's lives. Finally, if indications of limited employment and economic outcomes of post-secondary education are replicated, findings will further underscore the need for aggressive efforts to resist repeated injustices and experiences of employment inequity for women with disabilities in our society.

## VI. Recommendations

Based upon a review of the findings of the "Women, Education and Disability Research Project", the following measures are recommended:

- 1. Development of orientation programs for women with disabilities entering post-secondary programs in order to encompass identified information needs with regard to safety issues, services for individuals with disabilities, equipment availability, rights to accommodation, advocacy programs and learning and study skills resources;**
- 2. Development and distribution of a central registry manual for utilization by women with disabilities with regard to specific resources in relation to financial, equipment, transportation, and counselling needs;**

3. Increased availability of concrete information for girls/young women with disabilities in the primary and secondary school settings for the purpose of providing a wider range of vocational choices including non-traditionally female oriented careers, labour market trends and qualifications required;
4. An adequate and stable base of funding at the federal and provincial levels of government is required in order to provide access to people with disabilities into educational and vocational programs. Increased pressure and lobbying of government by consumers and service providers is needed in order to confront the barriers imposed as a result of governmental fiscal restraints and to ensure required services and support programs are made available to people with disabilities;
5. Changes directed at improving existent employment and rehabilitation based programs geared towards facilitating the entry or re-entry of women with disabilities into the labour market are recommended in the following areas: (i) increased efforts towards providing a continuum approach beginning with increased information about various fields of study and their marketability in the economy, ensuring adequate training needs are provided through programs and attend to the changing needs of the labour market, and increased follow-up resources to facilitate positive employment outcomes, (ii) development of employer sponsorship cooperative programs

which would enable individuals to attain work training/experience during the post-secondary program and a commitment to hire participants upon graduation, (iii) increased flexibility in programs and eligibility criteria which considers the multi-faceted roles of women with disabilities and associated factors such as childcare responsibilities and health care needs;

6. Expansion of child care resources, financial day care subsidies, and flexible work schedules in recognition of the changing structure of family life and increased role demands of women, with and without disabilities.

7. It is recommended that a central inquiry department be established and made public for the purposes of receiving complaints relating to architectural inaccessibility in educational institutions, places of employment and other community buildings. Responsibilities should include clear documentation of ways in which specific buildings create barriers for people with disabilities, provision of consultation on available means to addressing architectural problems including financial incentives and resources, and monitoring of required architectural modifications;

8. Increased efforts are needed in order to educate employers in the private and public sector with regard to the Employment Equity Act (1986);

9. Access to information for target group members regarding employment equity programs, legislation, and actual outcomes of these efforts should be made readily available to the target groups represented under the Act. Specific information should be made public with regard to employers who have worked to attain and appear committed to establishing a more representative workforce;

10. Provision of more rigorous auditing and sanctioning to ensure that accountability and practices in line with the intentions of the Employment Equity Act are met by employers;

11. Outreach efforts are required to increase the pool of employers committed to hiring women with disabilities. These efforts must include awareness-raising and sensitization of employers with regard to existent systemic, attitudinal and architectural barriers faced by this population in the labour market;

12. Greater education of the public with regard to the abilities of individuals with disabilities and accurate information with regard to physical limitations associated with visible and invisible physical disabilities. To be effective, awareness-raising efforts initiated by the government must

involve direction, participation and monitoring by consumer groups and organizations of individuals with disabilities;

13. Active involvement and consultation with consumers of educational and employment sponsorship programs is needed in order to evaluate whether they are operating effectively (i.e. for the purposes and outcomes intended) and to implement and review changes as required;

14. Concrete information for women with disabilities and potential employers with regard to accessing funds for the purpose of providing equipment or architectural accommodations in the workplace setting.

15. Facilitation of a forum for women with physical disabilities and representatives of traditionally male-oriented (upper-level) professional programs such as engineering, law, or business administration. This process would contribute to primary gains for women with disabilities through provision of an expanded base of information with regard to non-traditional courses of study and fields of employment. Secondary gains would be attained as a result of the opportunity for program representatives to gain a greater understanding and awareness of conventional barriers encountered by women with disabilities and to begin

the process of exploration as to means of inclusion of this target group in future academic programming;

16. Establishment of an educational action group for the purposes of addressing the difficulties of women with disabilities in accessing major professional fields of study and facilitating the implementation of affirmative action entrance categories in post-secondary programs.

APPENDICES

APPENDIX I

LIST OF ORGANIZATIONS

**List of Organizations****Alliance of Students with Disabilities**

University of Manitoba  
c/o 155 University Centre  
Wpg., Mb. R3T-2N2  
Telephone: 474-6213

**Arthritis Self-Help Group**

825 Sherbrook St.  
Wpg., Mb.  
R3A-1M5  
Telephone: 786-3486

**Arthritis Society**

105-386 Broadway  
Wpg., Mb.  
Telephone: 942-4892

**Canada Employment and Immigration****Centre-Regional Office**

Women's Liason Counsellor  
500-259 Portage Avenue  
R3B-3L4  
Telephone: 983-4299

**Canadian Paraplegic Association**

825 Sherbrook St.  
Wpg., Mb.  
Telephone: 786-4753

**Cerebral Palsy Association**

825 Sherbrook St.  
Wpg., Mb.  
Telephone: 774-9427

**COPOH**

Coalition of Provincial Organizations  
of the Handicapped  
926-294 Portage Ave.  
Wpg., Mb.  
R3C-0B9  
Telephone: 947-0303

Disabled Peoples International

101-7 Evergreen Place  
Wpg., Mb.  
Telephone: 287-8010

Independent Living Resource Centre

207-294 Portage Avenue  
Winnipeg, Mb.  
R3C-0B9  
Telephone: 947-0194

Manitoba Action Committee on the Status  
of Women-Rural Coordinator

202-107 7th Street  
Brandon, Manitoba

Manitoba League of the Physically Handicapped

200-294 Portage Ave.  
Wpg., Mb.  
R3C-0B9  
Telephone: 943-6099

M.E.D.C. Employment Development Inc.

1042-167 Lombard Pl.  
Wpg., Mb.  
Telephone: 947-3215

Multiple Sclerosis Society

825 Sherbrook St.  
Wpg., Mb.  
R3A-1M5  
Telephone: 783-8585

Muscular Dystrophy Association of Canada

117-383 Provencher Blvd.  
Wpg., Mb.  
Telephone: 233-0022

Reaching E-Quality

608-294 Portage Ave.  
Wpg., Mb.  
R3C-0B9  
Telephone: 947-1609

Red River Community College  
Educational Support Services Centre  
D102A-2055 Notre Dame St.  
Wpg., Mb.  
R3H-0J9  
Telephone: 632-2381

Secretary of State Women's Program  
201-303 Main Street  
Wpg., Mb.  
Telephone: 983-3601

Society for Manitobans with Disabilities  
825 Sherbrook St.  
Wpg., Mb.  
R3A-1M5  
Telephone: 786-5601

Ten Ten Sinclair Housing  
1010 Sinclair St.  
Wpg., Mb.  
R2V-3H7  
Telephone: 339-9268

University of Manitoba  
Disability Services  
University Centre  
Wpg., Mb.  
R3T-2N2  
Telephone: 474-9251

University of Winnipeg  
Student Special Services  
University of Winnipeg Campus  
Telephone: 786-9776

APPENDIX II

BULLETIN INFORMATIONAL  
POSTING FOR PURPOSES OF  
RECRUITING POTENTIAL  
PARTICIPANTS FOR THE STUDY

WOMEN, EDUCATION & DISABILITY  
RESEARCH PROJECT

Education has been described as a "means" of creating greater opportunities for individuals in our society. However, few studies have considered the impact of education on the lives of women with physical disabilities. The purpose of this research project is to develop a broader base of knowledge and understanding with regard to the experiences of women who have completed post-secondary training.

This study will take place between September-December, 1992 and will explore experiences and outcomes as identified by women:

- ★ with physical disabilities which effect the individual's level of mobility or agility, and;
- ★ who have completed education at a college, university, or other post-secondary training institution

This study will involve a personal interview which will require approximately one hour of your time. This will be scheduled at a meeting place and time convenient to you. All information will be kept **strictly confidential** and will not be identified with you in any reports written about the results of this research.

If you would like to participate in this project  
or  
if you would like more information about this study  
please contact

**Kelly Scott**  
**Women, Education & Disability Research Project**  
**885-9294**

**APPENDIX III**

**INTERVIEW CONSENT FORM**

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## INTERVIEW CONSENT FORM

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This consent form pertains to a study of the impact of education on the lives of women with physical disabilities. The central purpose of this project is to develop a broader base of knowledge and understanding with regard to the experiences of women who have completed post-secondary training.

Information is being sought with regard to the types of barriers faced and types of supports used by individuals during their educational programs. As well, information is being requested relating to the economic and social consequences associated with further education for women with physical disabilities.

This study will involve a personal interview which will require approximately one to two hours of your time. All identifying information collected in this study will be kept strictly confidential and will not be used in any reports of the study findings. Upon completion of this project, a summary of the study findings will be made available to you.

I understand that my participation in this study is completely voluntary and I retain the right to withdraw without prejudice.

By signing this form, I hereby give my consent to be interviewed.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPENDIX IV**

**SURVEY INSTRUMENT**

**SURVEY OF EDUCATIONAL EXPERIENCES AND OUTCOMES:  
WOMEN WITH PHYSICAL DISABILITIES**

Interview No.

**A. EDUCATION**

A.1 Prior to entering a post-secondary program, what level of education had you completed?

- Grade 9 or less.....1
- Grade 10-11.....2
- Grade 12 diploma.....3
- Adult Basic Education or Upgrading.....4
- Other (please specify).....5

A.2 Name of post-secondary institution you most recently graduate from?

- University of Manitoba.....1
- University of Winnipeg.....2
- University of Brandon.....3
- Red River Community College.....4
- Keewatin Community College.....5
- Assiniboine Community College.....6
- South Winnipeg Technical Centre.....7
- Success Angus Business College.....8
- Herzing Career College.....9
- Robertson Career College.....10
- National Training Institute.....11
- Manitoba Technical Training Center.....12
- St. Boniface College.....13
- Other (please specify).....14

A.3 Length of most recent post-secondary program? \_\_\_\_\_

- One year or less.....1
- 13 months-2 years.....2
- 25 months-3 years.....3
- Over 3 years.....4

A.4 Did you require extra time to complete this program? Yes.....1  
 No.....2

A.5 Certificate, diploma or degree received? \_\_\_\_\_

A.6 Year of Graduation 19

A.7 How did you pay for your educational program? Canada Student Loan.....1  
 Student Social Allowances.....2  
 V.R.D.P.....3  
 Personal Savings.....4  
 Spousal or Family Support.....5  
 Other (please specify).....6

A.8 Out of the following index cards, please select which supports or services you used during your studies. Of the cards chosen, please rank in order of importance (for example, if you selected five cards, rank in order with #1 being the highest priority to #5 being lowest priority).

- a. Special transportation to and from school (i.e., Handi-Transit, Taxi)
- b. Special parking (i.e., disabled persons parking)
- c. On-campus transportation
- d. Modified tests or examinations (i.e., extended time given or out of classroom setting)
- e. Funding for education costs
- f. Funding for living costs
- g. Tutorial support
- h. Tape recorder for recording class lectures
- i. Notetakers

- j. Elevator service
- k. Chair or seating modifications
- l. Computer equipment or software
- m. personal aide or assistant
- n. Campus safe walk or security assistance
- o. Others (please specify)

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A.9 In your view, to what extent were the following individuals or groups helpful to you during your educational or training program.  
 (Interviewer: please mark "X" on response)

	Not Used or Not Relevant 0	Very Little 1	Somewhat 2	To a Great Extent 3
Disabled student services				
Learning resource centre				
Immediate family				
Extended family				
Fellow students				
Friends (out of school)				
Professors/instructors				
Vocational rehab counsellor				
Physician				
Independent living resource centre				
Day care or babysitter services				
Others (please specify)				

A.10 Are you currently a student? Yes.....1  
No.....2

If Yes, are you A part-time student.....1  
A full-time student.....2

What is your primary reason for returning to school?

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**B. EMPLOYMENT**

B.1 In the six months prior to your enrolment in post-secondary studies, were you employed? Yes.....1  
No.....2

If yes, were you employed? On a casual/seasonal basis.....1  
On a part-time term basis.....2  
On a part-time permanent basis.....3  
On a full-time term basis.....4  
On a full-time permanent basis.....5  
Other (please specify).....6

B.2 Are you currently employed? Yes.....1  
No.....2  
**If No, Go to B.10**

B.3 Are you currently employed? On a casual/seasonal basis.....1  
On a part-time term basis.....2  
On a part-time permanent basis.....3  
On a full-time term basis.....4  
On a full-time permanent basis.....5  
Other (please specify).....6

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B.4 In what position are you currently employed?

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- B.5 How long have you been employed at your present job?
- Less than 1 year.....1
  - 1-2 years.....2
  - 3-4 years.....3
  - 5-6 years.....4
  - 7-10 years.....5
  - Greater than 10 years.....6

- B.6 What is the level of satisfaction with your present job?
- Extremely satisfied.....1
  - Satisfied.....2
  - Dissatisfied.....3
  - Extremely dissatisfied.....4

- B.7 How would you describe the opportunities for promotion or advancement at your present place of employment?
- Excellent.....1
  - Good.....2
  - Fair.....3
  - Poor.....4

If you answered "Fair" or "Poor", what, in your opinion, do you think contributes to the lack of advancement opportunities? (Please feel free to choose more than one answer).

- A lack of job vacancies in upper level jobs.....1
  - You lack the qualifications required for a higher level position.....2
  - Because you have a disability.....3
  - Because you are female.....4
  - Other (please specify).....5
-

B.8 In relation to your disability, what equipment, services or arrangements, if any, do you use at your current place of employment?

- Canes/crutches/walker.....1
- Special transportation to and from work.....2
- Modified seating (i.e., ergonomics chair).....3
- Flexible work hours.....4
- Modified work duties.....5
- Widened doorways.....6
- Close/accessible parking.....7
- Computer or software (not otherwise provided in this job).....8
- Attendant services.....9
- Access ramps.....10
- Hand rails.....11
- Height adjustments.....12
- Speakerphone.....13
- Other (please specify).....14

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B.9 Can you identify any arrangements or equipment required or beneficial (in relation to your disability) but not currently provided at your workplace?

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B.10 Are you looking for work at this time? Yes.....1  
No.....2

B.11 What difficulties, if any, do you anticipate in finding work?

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C. INFORMATION REGARDING DISABILITY

- C.1 How would you describe your primary physical disability?
- Arthritis.....1
  - Cerebral Palsy.....2
  - Chronic back pain.....3
  - Fibromyalgia.....4
  - Lupus.....5
  - Paraplegia.....6
  - Amputee.....7
  - Polio.....8
  - Scoliosis.....9
  - Spina Bifida.....10
  - Muscular Dystrophy.....11
  - Multiple Sclerosis.....12
  - Other (please specify).....13

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- C.2 Are you affected by any other or secondary disabilities? Yes.....1  
No.....2

If yes, please describe

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- C.4 What was your age at the onset of disability? \_\_\_\_\_
- Birth.....1
  - Birth-1 year.....2
  - 1-5 years.....3
  - 6-10 years.....4
  - 11-14 years.....5
  - 15-17 years.....6
  - 18-24 years.....7
  - 25-34 years.....8
  - 35-44 years.....9
  - 45-54 years.....10
  - 55 or older.....11

C.5 Would you describe your physical disability as a "visible disability" (i.e., one that is observable and results in some limitations or restrictions in activity or movement)?

Yes.....1  
If Yes, go to C.6  
No.....2

If no, in your opinion, have you ever been discriminated against because your disability is not visible?

Yes.....1  
If Yes, go to C.7  
No.....2

C.6 In your opinion, have you ever been discriminated against because your disability is visible?

Yes.....1  
If Yes, go to C.7  
No.....2

C.7 Can you give an example of a situation in which you felt discriminated against?

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C.8 Contrary to the above, can you describe positive ways in which your disability has influenced your life?

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C.9. Are you restricted in any of the following activities as a result of your physical disabilities?

	1	2
a. moving from room to room	Yes	No
b. walking for a distance greater than 3 city blocks	Yes	No
c. sitting down or getting up from a chair	Yes	No
d. lifting or carrying heavy objects (i.e, books) farther than 30 feet	Yes	No
e. walking up or down stairs	Yes	No
f. bending down to reach for an object on the floor	Yes	No
g. reaching up in any direction	Yes	No
h. using your fingers to grasp an object	Yes	No
i. standing for long periods of time (i.e., 20 minutes or longer)	Yes	No
j. sitting for long periods of time	Yes	No
k. writing for 15 minutes or longer	Yes	No
l. other (please specify)	Yes	No

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D. DEMOGRAPHICS AND OTHER RELATED INFORMATION

D.1 City, town or municipality in which you reside? \_\_\_\_\_

D.2 Are you currently residing in

An apartment.....	1
A house.....	2
Other (please specify).....	3

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D.3 Are you current living accommodations supportive, in any way, of your disability? (i.e., wheelchair accessible)

Yes.....	1
No.....	2

If Yes, please describe \_\_\_\_\_

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If Yes, what is your relationship with this person  
or persons?

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- D.8 What is your age? \_\_\_\_\_
- |                  |    |
|------------------|----|
| 18-24.....       | 1  |
| 25-29.....       | 2  |
| 30-34.....       | 3  |
| 35-39.....       | 4  |
| 40-44.....       | 5  |
| 45-49.....       | 6  |
| 50-54.....       | 7  |
| 55-59.....       | 8  |
| 60-64.....       | 9  |
| 64 or older..... | 10 |

- D.9 What is your main source of income at this time?
- |   |   |
|---|---|
| Employment earnings.....                  | 1 |
| City or provincial social assistance..... | 2 |
| Student social allowance.....             | 3 |
| Disability pension.....                   | 4 |
| Worker's compensation.....                | 5 |
| Spouse's/partner's income.....            | 6 |
| Parental or family support.....           | 7 |
| Other (please specify).....               | 8 |

- 
- D.10 What is your current personal income? \_\_\_\_\_
- |                        |    |
|------------------------|----|
| Less than \$5,000..... | 1  |
| \$5,000-\$9,999.....   | 2  |
| \$10,000-\$14,999..... | 3  |
| \$15,000-\$19,999..... | 4  |
| \$20,000-\$24,999..... | 5  |
| \$25,000-\$29,999..... | 6  |
| \$30,000-\$34,999..... | 7  |
| \$35,000-\$39,999..... | 8  |
| \$40,000-\$44,999..... | 9  |
| \$45,000 and over..... | 10 |

D.11 Does your income currently satisfy your needs?

- Very well.....1
- Adequately.....2
- With some difficulty.....3
- Totally Inadequate.....4





E.3 Please describe how post-secondary education or training has influenced your life, if at all, in the following ways:

a. Personal beliefs or values

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b. Feelings about yourself?

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c. Employment opportunities

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d. Relationships with family members

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e. Relationships with friends

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f. Involvement in recreation or community activities

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