

# **POLICY STATEMENT ON VIOLENCE AGAINST WOMEN**

## **CPA Public Policy Committee**

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### **Policy Statement**

Awareness of the pervasive nature of violence against women as a global problem has led to an international focus on freedom from gender-based persecution as a basic human right. The Canadian Psychological Association recognizes that violence against women is a serious issue in Canadian society that must be addressed. Aboriginal, immigrant and visible minority women are particularly vulnerable. All women have a fundamental right to equality, and they have the right to be safe and free from harm in their relationships. Eradication of this prevalent societal problem requires a multipronged, integrated approach with a focus on research, prevention, and remediation. It is the responsibility of the Canadian government, psychologists in Canada, and all Canadians to ensure that these rights are protected and that violence and abuse against women is eliminated.

### **Rationale for the Policy Statement**

#### **Prevalence**

Canadian rates of partner violence recorded at hospital emergency departments in 2006 were about 18%, and in family practices 8% (Evans, 2009). Women are more likely than men to be victims of spousal assault (Johnson, 2006). In a nationally representative sample of Canadian women, 29% reported being physically assaulted by a current or former partner since the age of 16 (Lips, 2006). In 2004, 44% of all female victims were physically injured by a violent spouse.

In general, spousal homicides of women outnumber spousal homicides of men by a ratio of more than 2 to 1. Rates in Canada of spousal homicide (female victims) in 2004 were 0.71 per 100,000 couples as compared with 0.14 for male victims. Over a 30-year period (1975 to 2004) the total number of female victims was 2,178 as compared with 638 male victims.

In 2004, the percentage of women who reported being sexually assaulted in the previous 12-month period was 3%. Studies of female college students show that the lifetime rate of being the victim of completed and attempted rape is above 20% (Lips, 2006). However, all forms of violence are underreported to police (Senn, 2010); police-based statistics regarding sexual assault are especially misleading given that no more than 8% of sexual assault victims reported the crime to the police. Of those sexual offences that were reported to police in 2004, 86% were female.

In 2004, reported incidents of criminal harassment (e.g., stalking) were more commonly engaged in by men than women (91% to 9% respectively). Stalking has been identified as one of the primary risk factors for attempted and actual murder of female partners.

Immigrant, refugee and visible minority women may be especially vulnerable to violence (Alavi, 2004; Majic, 2010). Factors contributing to this unique vulnerability include:

language issues, isolation, fear of police and immigration officials, concern with status within the ethnic community, and lack of familiarity with Canadian rights and laws.

Rates of spousal assault for Aboriginal women were three times higher in 2004 than for non-Aboriginal people (Johnson, 2006). Disproportionately high rates of criminal harassment (e.g., stalking) are also reported for Aboriginal people. Rates of spousal homicide are similarly greater for Aboriginal women than non-Aboriginal women (Johnson, 2006). “A shocking 1996 Canadian government statistic reveals that Indigenous women between the ages of 25 and 44 with status under the *Indian Act*, were five times more likely than all other women of the same age to die as a result of violence” (Amnesty International 2004, p. 2).

“Around the world, trafficking in girls and women is a serious problem: An estimated 4 million girls and women are bought and sold worldwide, either into marriage, prostitution, or slavery.” (Lips, 2006, p. 472). Sikka (2009) argues that Aboriginal women and girls are subjected to a form of domestic trafficking. Certainly a disproportionately high number of Aboriginal women and girls are involved in the sex trade. “The legacies of colonization, residential schools and Aboriginal community breakdown have created a vulnerability to the kinds of trafficking perpetrated by family, community and drug providers....” (Sikka, 2009, p. 32).

## **Impact**

The severity of the violence is typically greater for women than men. For example women victims of spousal assault are six times more likely than men to require medical attention and five times more likely to be hospitalized (Johnson, 2006). Consequences of rape often include AIDS, sexually transmitted diseases and unwanted pregnancies as well as a range of other chronic health problems (Lips, 2006). Among the psychological impacts of violence are feelings of fear, shame and guilt, disappointment, worries about safety, and attempted suicide. The consequences of violence against women also extend to their children. Child witnesses of woman abuse also suffer from emotional trauma, have poor education outcomes, and are at increased risk of using violence to solve problems (Johnson, 2006). Provision of safe, emergency housing is an important service for women victims of violence and abuse. Over 100,000 women and their children were admitted to the 569 shelters across the country between April 1, 2007 and March 31, 2008 (Sauve & Burns, 2009).

Not surprisingly, men and women differ substantially in their fear of crime. The odds of a woman feeling unsafe walking alone after dark were 4.2 times higher than those of a man, and twice as many women (30%) as men were worried when home alone at night (Keown, 2010).

There are also substantial economic costs of violence against women in terms of health, criminal justice, social services and lost productivity. In Canada, the Centre for Research in Women’s Health identified violence as Canada’s number one health issue. Canadian cost estimates range from \$385 million to \$15 billion. The “global health burden is comparable to that imposed by other diseases or risk factors such as AIDS, tuberculosis, sepsis during childbirth, cancer, and heart disease” (Lips, 2006, p. 468).

## Risk Factors

“Simply being female is the greatest risk factor for sexual victimization” and, the best predictor of victimization is past victimization” (White, Donat & Bondurant, 2001, p.350). Ethnicity, culture, age, relationship type, Aboriginal and immigrant status, mental and physical disabilities can all affect the rate and impact of violence against women (Senn, 2010). Economic dependency is also associated with higher rates of spousal assault against women (Bornstein, 2006). There also appears to be a link between alcohol abuse and spousal assault of women (Brzozowski & Brazeau, 2008). More detailed data are needed in several areas (e.g., abuse in gay and lesbian relationships [Senn, 2010] trafficking of persons, perpetrators of violence, effectiveness of treatments for abusers).

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