

# Fact Sheet: Women with Disabilities, Domestic Violence, Human Trafficking



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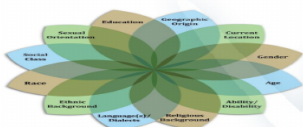
## Violence Against Women with Disabilities

- Women with Disabilities
- Domestic Violence
- Human Trafficking



### Consent: The role of Trust, Power & Authority

Many of the problems relating to the understanding of consent and lack of consent for women with mental disabilities relate to our failure to recognize the abuses of trust, power and authority that permeate the lives of many women with mental disabilities. While it might be argued that all women lack power in the context of sexual violence and sexual assault trials, the problems are magnified for this group of women because of their intersecting vulnerabilities. (Benedet & Grant, 2014)



### Social Determinants of Health and their intersectionality

Intersectionality is made up of three basic components: social equity, systems oppression, and social identity; which often intersect or interact with each other. For example- a person can be black, a woman, and elderly; which can result in her facing racism, sexism and ageism in her daily life.

The intersectionality framework based on Feminist Theory:

- Tries to capture the combined experience at the axis of two or more social identities.
- Assumes complexity in Health and Social outcomes, and is always caused by numerous contributing factors.
- Systems of privilege and oppression (racism, sexism etc.) maintain disparities at the point of intersection, especially for historically oppressed groups.

(Riutort, Rupnarain & Masoud, 2017)



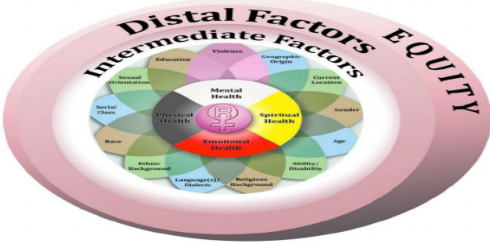
## Violence against Women

Violence against women is a prominent public health problem and a violation of human rights, which impairs, in particular, women's rights to life, to freedom from torture and other cruel, inhuman, or degrading treatments or punishments, and to the highest attainable standards of physical and mental health (Council of Europe, 2014).

Women with disabilities experience abuse and violence at higher rates than both non-disabled women and men, and men with disabilities. Whilst the respective fields of disability studies and violence studies are both well developed, 'the intersection of the two fields of disability and violence has, however, received far less attention' (Mikton & Shakespeare, 2014).

A comprehensive national response to violence against women, especially those suffering from any physical or intellectual disability, is long overdue in Canada. Current literature and existing policies suggest that the issue is endemic yet largely invisible. Any effective response to gender-based violence (GBV) requires addressing the multi-dimensional and complex circumstances of identity and oppression surrounding every survivor and every individual who uses violence. There is a need to work with not only the different expression of violence against women, which is only the tip of the iceberg, but also to scrutinize the process and system that perpetuate the violence using an anti-racism & anti-oppression framework..

### Anti-racism & Anti-oppression Framework



### Types of Determinants

- Proximal: most immediate behavioral and environmental factors to the individual.
- Intermediate: community infrastructures, systems, resources, and capacities.
- Distal: historic, social, political, and economic factors. (Riutort, Rupnarain & Masoud, 2017)



### Myths & Misconceptions

Lersch & Westmore (2019), Phasha & Myka (2014) researched the myths and misconceptions regarding women with disabilities and their findings revealed six major misconceptions.

**Myth I**

People with disabilities have a high sex drive

**Myth II**

These people are sexually more attractive

**Myth III**

People with disabilities possess unusual power

**Myth IV**

Sexual abuse of people with disabilities is an act of pity

**Myth V**

Sexually abusing a person with disability cures diseases

**Myth VI**

People with disabilities don't feel any pain

## Major Challenges

- Disclosure of Abuse
- Difficulties in accessing the Justice System
- The absence of supports for Forming & Maintaining strong networks
- The absence of Healthcare Intervention
- The lack of Sensitivity Training for Professionals
- The lack of Violence Prevention Training for women with disabilities
- The lack of Rights Education & Self-Advocacy Training for women with disabilities
- The lack of Funding & Resources to enhance the accessibility of Intervention Services (Vecova, 2011)

## Women with Disability

- Nearly 2.1 million women (14.9%) and 1.7 million men (12.5%) aged 15 or older reported having one or more disabilities that limited them in their daily activities in 2012.
- Among younger people (aged 15 to 29), the proportion of women and men who reported disabilities was similar. From age 30 onward, the proportion of women increased by 2% than men.
- About half (49.9%) of women aged 15 or older with disabilities had disabilities considered severe or very severe.
- Among those receiving help, family members in the household were the most common source of help for both women (63.6%) and men (67.9%) with disabilities.
- In 2011, 18.3% of women aged 25 to 54 with disabilities that limited their daily activities reported that they had no certificate, diploma or degree.
- Women with disabilities aged 25-54 were less likely to be in the labour force (61.3%) when compared with women without any disability (83.4%).

(Statistics Canada, 2017)

## Domestic Violence

- About 173,600 women aged 15 years and older were victims of violent crime in 2011.
- In 2011, the five most common violent offences committed against women were common assault (49%), uttering threats (13%), serious assault (10%), sexual assault level I (7%), and criminal harassment (7%).
- Women were eleven times more likely than men to be a victim of sexual offences and three times as likely to be the victim of criminal harassment (stalking).
- Men were responsible for 83% of police-reported violence committed against women. Most commonly, the accused was the woman's intimate partner (45%), followed by acquaintances/friends (27%), strangers (16%) and non-spousal family members (12%). This contrasts violent crimes against men, where intimate partners were the least common perpetrators (12%).
- Interpersonal Violence was nearly four times higher for women and was characterized by physical assaults and the use of physical force rather than weapons. About half (51%) of female victims of intimate partner violence suffered some type of injury.

(Statistics Canada, 2013)

## Human Trafficking

- Between 2009 and 2016, there were a total of 1,220 police-reported incidents of human trafficking in Canada. The number and rate of human trafficking incidents have steadily increased since then.
- According to police-reported data, there were a total of 865 victims of human trafficking between 2009 and 2016. The vast majority (95%) of these victims were women.
- Most (72%) victims of human trafficking were under 25 years of age. Females under the age of 25 years represented 70% of all victims of police-reported human trafficking (26% were less than 18 years old, and 44% were between 18 and 24 years).
- Nearly three in ten (27%) victims of police-reported human trafficking incidents experienced some level of physical injury and emotional or psychological trauma.
- As per Ontario government's human trafficking website (Ontario.ca/page/humantrafficking), people with addiction, mental illness and developmental disabilities are at a higher risk of being sex trafficked.

(Statistics Canada, 2018)

## Risk Factors

(Heijden, 2014; Rosen, 2006)

### Myths

The social and cultural myths around disability equally work to increase a woman's likelihood of victimization.

### Discrimination

Risks of violence in women with disabilities are compounded by physical, sensory or intellectual impairments, marginalization from society, and inaccessible environments.

### Dependence

Their physical, economic and social dependence is a key factor associated with gender based violence.

### Mental Health

The mental health of women with disabilities increases their chances of being victims of violence.

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