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Criminal Victimization and Health: A Profile of Victimization Among Persons with Activity Limitations or Other Health Problems

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Criminal Victimization and Health: A Profile of Victimization Among Persons with Activity Limitations or Other Health Problems

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Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued cooperation and goodwill.

Preface

This series of profiles provides analysis on a variety of topics and issues concerning victimization, offending and public perceptions of crime and the justice system. The profiles primarily draw on results from the General Social Survey on victimization. Where applicable, they also incorporate information from other data sources, such as the Census of Population and the Incident-based Uniform Crime Reporting Survey.

Examples of the topics explored through this series include: Victimization and offending in Canada's territories, Canadians' use of crime prevention measures and victimization of older Canadians. This is a unique periodical, of great interest to those who plan, establish, administer and evaluate justice programs and projects, or anyone who has an interest in Canada's justice system.

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Highlights

- In 2004, rate of violent victimization, including sexual assault, robbery and physical assault, was 2 times higher for persons with activity limitations than for persons without limitations.
- The personal victimization rate, which is violent victimization or theft of personal property, for persons with mental or behavioural disorder, was 4 times higher than the rate for persons with no mental disorder.
- Almost two thirds (65%) of violent crimes against persons with activity limitations were committed by someone who was known to the victim.
- Persons with activity limitations were 2 to 3 times more likely to be victims of the most severe forms of spousal violence, such as being sexually assaulted, beaten, struck or threatened with a weapon.
- Self-rated poor or fair health status, as well as sleep disorders and use of antidepressants or sedatives, were associated with rates of violent victimization 50% to 90% higher than the average.

Introduction

In 2007, Canada signed¹ the United Nation's Convention on the Rights of Persons with Disabilities, which recognizes that persons with activity limitations have a higher risk of being a victim of violence or abuse. At that time, Canada committed to make all possible efforts to protect persons with disabilities (United Nations, 2006a).

According to the 2006 Participation and Activity Limitation Survey (PALS), over 4.4 million Canadians, 14% of the population, reported at least one physical or mental condition limiting them in their daily activities. Moreover, with an ageing population, that number is expected to grow in the coming years (Statistics Canada, 2006; Trottier et al., 2000). Given Canada's recent commitments, it is important to get an accurate picture of criminal victimization of persons with disabilities in Canada.

Based largely on 2004 General Social Survey (GSS) data, this profile presents an analysis of the links between criminal victimization and activity limitations, and certain other health factors. In particular, it analyzes characteristics of incidents, victims and their perpetrators. Finally, the perceptions of crime and the justice system among persons with activity limitations are discussed.

Text box 1 Definitions

Disability/activity limitation

The General Social Survey uses the World Health Organization's (WHO) framework definition of disability which, in the broad sense, includes all activity limitations. Persons with activity limitations were those who stated that they had difficulty in their daily lives or who reported a physical or mental condition or a health problem that limited the quantity or type of activities they could engage in.

Note: Although the terms "persons with disabilities", "persons with activity limitations" and "disabled persons" might reflect different realities, those three terms will be used interchangeably in the text to identify persons with activity limitations as defined previously.

Offence types

The 2004 General Social Survey measured the extent of violent victimization with respect to three offence types, based on the *Criminal Code* definitions for these crimes. When an incident involved more than one type of crime, it was classified according to the most serious offence (in the order presented below).

Violent crimes

Sexual assault: Forced sexual activity, attempted forced sexual activity, or unwanted sexual touching, grabbing, kissing or fondling.

Robbery: Theft or attempted theft in which the perpetrator has a weapon or there is violence or the threat of violence against the victim.

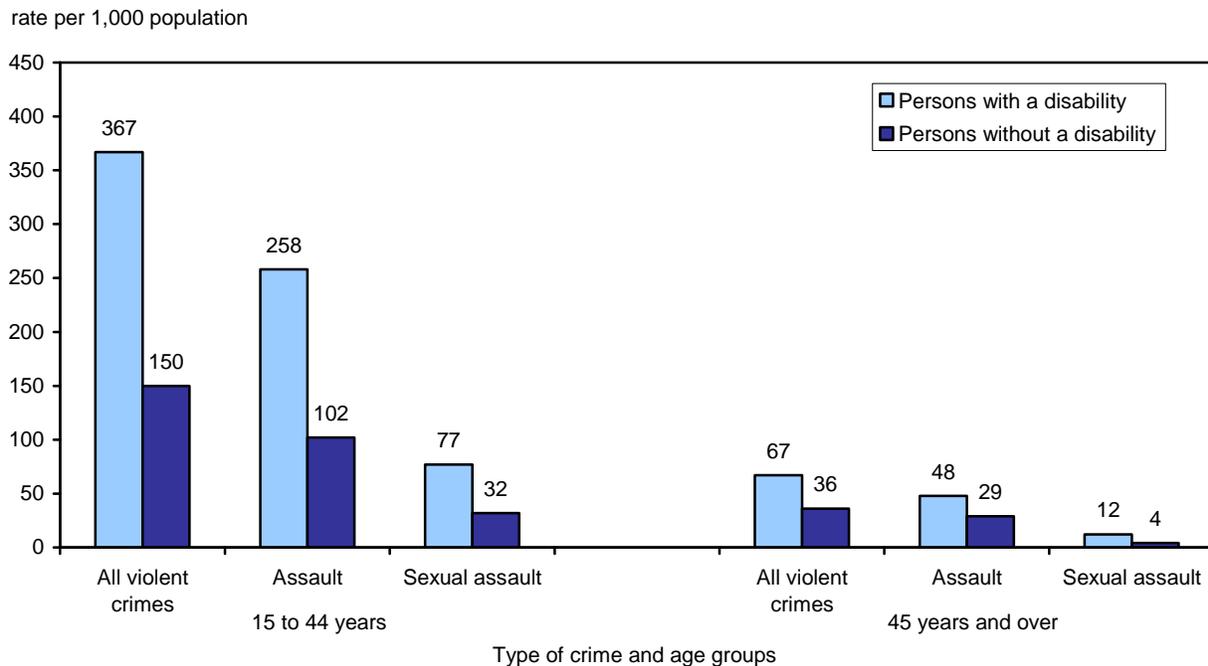
Assault: An attack (victim hit, slapped, grabbed, knocked down or beaten), a face-to-face threat of physical harm, or an incident with a weapon present.

Persons with activity limitations have higher rates of violent victimization²

The UN's Convention on the Rights of Persons with Disabilities recognizes that there is an increased risk of criminal victimization among persons with disabilities. Many studies have also concluded the same (Petersilia, 2009; OVC, 2009, 2002; Dube, 2007; Cantos, 2006; Teplin et al., 2005; Health Canada, 2004; Reid, 2004; Sorensen, 2002; Rioux et al., 1997; Statistics Canada, 2001). Results from GSS 2004 also showed that persons with activity limitations experienced violent victimization at a rate that was higher than those without limitations (147 compared to 101 incidents per 1,000 persons). Even when controlling

for age, it was found that persons with activity limitations were victims of both physical assault and sexual assault about twice as often as persons without limitations (Chart 1).

Chart 1
Rate of victimization, by disability status



Notes: Rates include offences among spouses. In all the crime categories, the differences are statistically significant.
Source: Statistics Canada, General Social Survey, 2004.

Research studies also identify certain groups of persons with disabilities who seem to be more at risk, such as persons with disabilities living in an institution (OVC, 2009; Health Canada, 2002, 1993; Reid, 2004; Sorensen, 2002), those who have severe disabilities (Reid, 2004; McNutt et al., 2002; Sorensen, 2002; Health Canada, 2002) and those with mental disorders (Teplin et al., 2005; Health Canada, 2002; Marley and Buila, 2001). Although there were no available data on the rates for the first two categories, persons who stated they suffered from mental or behavioural disorders³ experienced personal victimization (including violent crimes and theft of personal property) at a rate⁴ that was more than four times the rate for the persons with no mental or behavioural disorder (845⁵ incidents compared to 197 per 1,000 persons).

Factors increasing the risk of victimization among persons with activity limitations

The research identifies a number of factors that contribute to a higher risk of criminal victimization among persons with disabilities. Those with disabilities may have a reduced ability to defend themselves and greater vulnerability and dependence on others, which can make them easier targets for potential perpetrators (Baylor College of Medicine, 2009; Dube, 2007; Cohen et al., 2006; Reid, 2004; Health Canada, 2004; Nosek et al., 2001; Marley and Buila, 2001; Pain, 1997). There are also certain factors and characteristics that are associated with an increased risk of victimization in general that have been found to be more common among persons with activity limitations (Baylor College of Medicine, 2009; Brownridge, 2006; Cohen et al., 2006; Rioux et al., 1997). Results from the GSS and PALS revealed that persons with disabilities experienced higher rates of unemployment and lower median family incomes

(\$19,199, compared to \$27,496).⁶ Those with disabilities were also more likely to report having used medication to treat depression⁷ (13% versus 4%).

In 2004, those who reported having used medication to treat depression experienced a violent victimization rate that was almost double that of those who had not (192 versus 102). Likewise, the rate for persons with annual household incomes under \$15,000 was 156 compared to 106 for the population as a whole. However, the rate for persons with activity limitations and incomes under \$15,000 was much higher (242), suggesting that low household income might have a greater impact on this segment of the population.

When all of these factors were considered along with other risk factors⁸ through a multivariate analysis (logistic regression), two key findings emerged.

First, although age was the most significant risk factor for the population as a whole, its effect was even greater for persons with disabilities. Persons with a disability in the 15 to 24 year age group had odds of being victims of violence that were 11 times higher than those aged 55 and over. By comparison, persons without limitations in the 15 to 24 year age group had odds of victimization that were 5 times higher than those aged 55 and over (See Appendix 1).

Secondly, the multivariate analysis revealed that even when risk factors were all taken into account, the odds of being a victim of violent crime were 89% higher for persons with activity limitations compared to persons without limitations.

Characteristics of incidents and perpetrators

It is difficult to assess to what extent these higher victimization rates can be explained by the vulnerability associated with those disabilities. Findings from the survey did however show some differences between victims who were disabled and those who were not.

Many studies have pointed out that persons with disabilities are particularly likely to be assaulted by a person they know, whether they are family members, friends, neighbours or care providers (OVC, 2009; OCDV, 2009; Cantos, 2006; Cohen et al., 2006; Reid, 2004).

Reid (2004) noted that individuals can experience considerable stress associated with the various obligations of assisting a person with a disability and thus when a difficult situation arises, they might be more likely to react inappropriately. According to the 2007 GSS on social support, which collected information on family, social support and care giving experiences, most caregivers (96%) said they managed to carry out all their responsibilities very well or generally well. Still, data from the survey also indicated that 34% of caregivers had to reduce time spent on their social activities, 19% cancelled planned vacations, 24% had to take full days off work and 33% incurred additional expenses.

Beyond the stress certain caregivers might feel, most studies also agree that greater vulnerability and dependence levels make persons with disabilities easier targets for potential perpetrators, particularly persons known to the victim (OVC, 2009; Baylor College of Medicine, 2009; Cantos, 2006; Cohen et al., 2006; Health Canada, 2004, 1993).

Excluding violence committed by spouses, results from the 2004 GSS show that the perpetrator was known to the victim in two thirds of violent incidents involving persons with a disability compared to approximately half of incidents committed against persons without a disability.⁹

Moreover, almost half (48%) of incidents committed against persons with a disability involved perpetrators who were 35 or older, compared to 31% of incidents against those with no limitations. This is consistent with the fact that persons with activity limitations are themselves proportionally older and are more at risk of being assaulted by someone they know. Finally, incidents in which persons with activity limitations were the victims were also more likely to occur in or around the victim's home — 31% of incidents versus 14% for persons without limitations.

Persons with activity limitations less satisfied with police response

The literature not only points to several factors that might increase the vulnerability of disabled persons to crime, but also to the reasons that persons with a disability are less likely than those without a disability to report their victimization incidents to the police. Among the possible explanations, persons with disabilities might fear losing their financial security, their housing or their welfare benefits when the perpetrator in question is a person they know. Also, victims might fear they will not be believed or perceived as not credible by the police or the courts, or that there will not be appropriate services available (Petersilia, 2009; OVC, 2009, 2002; Cantos, 2006; Reid, 2004; Health Canada, 2004, 1993, Sorensen, 2002; Rioux et al., 1997).

However, according to GSS data, a higher proportion of incidents were reported to police when the victim had activity limitations compared to when the victim did not. Persons with disabilities reported 30% of their victimization incidents to the police compared to 19% of incidents reported by those without a disability. Also, the police were more likely to be notified when the victim was a man. In fact, incidents were brought to the attention of the police, either by the victim or by some other means, in 49% of cases when the victim was a man with an activity limitation. Among women with activity limitations, that proportion was 30%.

The difference in reporting rates between disabled and non-disabled persons might be partially explained by the severity of the victimization incidents experienced by both groups. For example, one of the reasons that can be cited for not reporting relates to the incident being either too minor or not important enough. Disabled persons who did not contact police were much less likely to say it was because the incident was not important enough (3%) compared to non-disabled persons (15%).

One possible reason for the variation between the survey findings and previous research could be related to the fact that the population surveyed in the GSS excludes those living in institutions and children under the age of 15. As Sorensen (2002) noted, disabled persons who are institutionalized are less likely than those in the general population to report an incident to the police.¹⁰ In addition, children often suffer violence without ever reporting it, either because they are unable to do so or because they are afraid to report incidents to authorities (United Nations, 2006b).

When an incident was reported, persons with disabilities were more likely than persons without limitations to say they were very dissatisfied with the police response (39% compared to 21%).

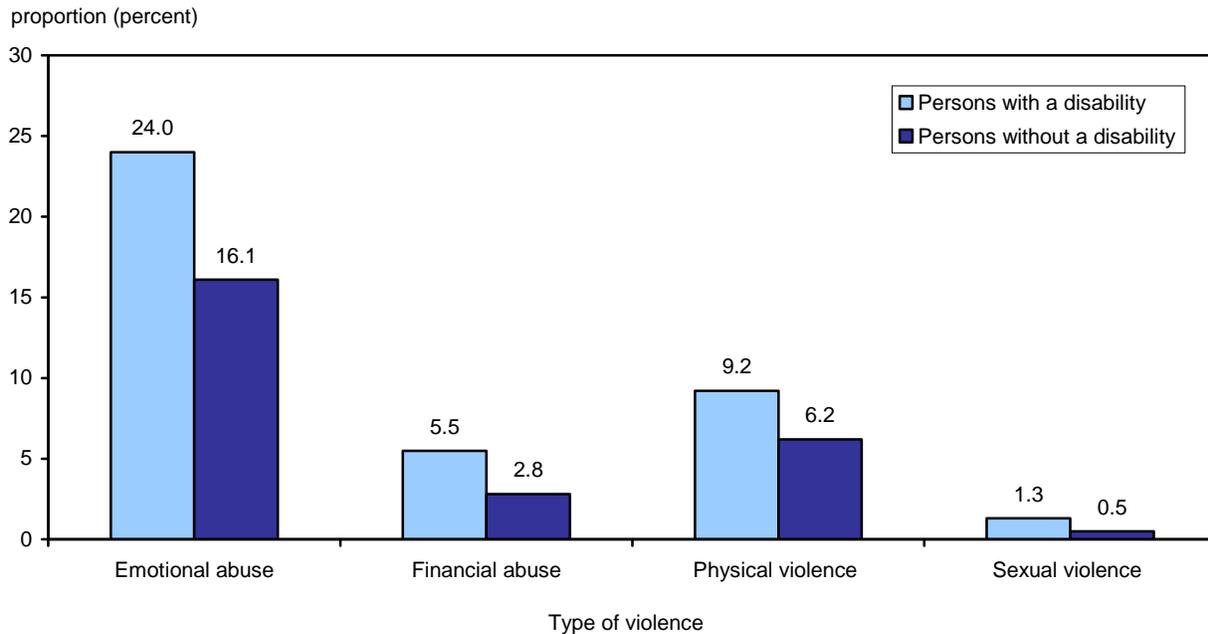
Persons with activity limitations are at greater risk of multiple victimization

Some research indicates that persons with disabilities are more likely to experience multiple victimization (Petersilia, 2009, OVC, 2009, Marley and Buila, 2001). These findings were confirmed through the analysis of the 2004 survey. Considering all violent crimes, including those committed by spouses, 46% of persons with activity limitations who were victims of a violent crime were victims more than once during the 12 months preceding the survey, compared to 35% of persons without limitations. Moreover, 51% of women with activity limitations had been victims of more than one violent crime during the 12 preceding months compared to 36% of women without limitations. There was no significant difference for men.

Persons with activity limitations victims of spousal violence

As was seen previously, the greater vulnerability and dependence of persons with disabilities increases their risk of being victims of violence by someone they know. For the same reasons, there is also a higher risk of persons with disabilities experiencing spousal violence (Brownridge, 2006, Cohen et al., 2006; Hassouneh-Philips and McNeff; 2005, Health Canada, 2004, 1993; OVC, 2002; Curry et al., 2001; Nosek et al., 2001). Persons with disabilities were between 50 and 100 percent more likely than those without disabilities to have experienced violence by a spouse (Chart 2).

Chart 2
Proportion of persons who experienced abuse or violence by a spouse



Notes: All the differences between persons with a disability and persons without a disability for the same type of violence or abuse are significant at $p < 0.05$. Physical and sexual violence include incidents that took place over the past 5 years, whereas emotional and financial violence have no time reference.

Source: Statistics Canada, General Social Survey, 2004.

Moreover, as Brownridge (2006) noted, persons with disabilities experienced more severe forms of spousal violence than those without disabilities. Results from the GSS show that persons with activity limitations were 2 to 3 times more likely to have been hit with an object, beaten, choked or have their spouse use or threaten to use a gun or knife against them.

A number of previous studies have noted that persons with disabilities who were victims of spousal violence were less likely to report the incident to the police, particularly since they might depend on their spouse financially, for physical or medical assistance or for child care (Health Canada, 2004, 1993; Curry et al., 2001). Also, persons with disabilities have been found to be less likely to use support services, often because of accessibility reasons (OVC, 2009; Cantos, 2006; Reid, 2004; Health Canada, 2004, 1993).

Similar to what was found with violent crimes in general, 36% of spousal violence victims with activity limitations reported to the police, compared to 25% of those without limitations.

Results from the 2006 Victim Services Survey (VSS) showed that 24% of victim service agencies in Canada were able to provide services to persons with disabilities. Despite the fact that disabled persons may face certain accessibility problems when seeking support services, the GSS revealed that 45% of victims with activity limitations called upon such services, compared to 32% of victims without limitations.

However, as was mentioned previously, persons with disabilities were more likely to suffer more severe forms of spousal violence. Moreover, among persons who suffered spousal violence, a larger proportion of victims with a disability reported they had been injured (39% versus 30% of victims without limitations), needed medical attention (14% versus 7%), could not attend to their daily activities (31% versus 18%) or feared for their lives (32% versus 21%) because of spousal violence.

Moreover, 12% of victims of spousal violence with activity limitations believed that the incident of spousal violence was not serious enough to report to the police or to seek support services. On the other hand, 27% of victims without limitations did not report an incident to the police because they did not deem it serious enough and 18% did not use support services for that same reason.

Hate motivated crimes and discrimination against persons with activity limitations

Under the *Criminal Code*, a crime committed against a person with a disability may be considered as a hate motivated crime if hate is the perpetrator's main motivation. Hate motivated crimes against persons with disabilities are however infrequent. In 2006, participating Canadian police departments¹¹ reported only 2 violent hate motivated crimes against disabled persons (Dauvergne et al., 2006). Result from the GSS indicate that 12%¹² of violent crimes against persons with disabilities (about 36,600 incidents) were considered by the victim as having been motivated by hate.

Although those two data sources paint a different picture, they are nevertheless complementary. Police data only consider crimes reported to them. In addition, the police must have a certain amount of evidence and procedures to be able to determine that a crime was hate motivated. Conversely, the information collected through the GSS reflects respondents' perceptions of having been victimized. Still, both data sources indicate that, amongst all motivations, hatred of disabled persons was one of the motivations least often mentioned. Moreover, the proportion of hate crimes reported by persons with disabilities in the GSS was not significantly different from that reported by persons without limitations.

Disability is also a discriminatory ground identified in the *Canadian Charter of Rights and Freedoms*. In this regard, the GSS indicates that 22% of persons with activity limitations believed they had been victims of discrimination over the previous 5 years. It was mainly when applying for jobs or promotions that persons with activity limitations believed they had experienced discrimination (11% compared to 7% of persons without limitations).

About 5% of persons with disabilities who said they had had contact with the police within the twelve months preceding the survey, and 5% of those who had had contact with the courts in a lifetime period, said they were discriminated against when dealing with the police or the courts. This compares to 2% of those without disabilities who had had contact with the police and 2% who had had contact with the courts over the same time period.

Stalking of persons with activity limitations¹³

According to the GSS, 12% of persons with activity limitations reported they were victims of stalking over the course of the 5 years preceding the survey. This compares to 9% of persons without limitations and is consistent with what was observed by Kelly and McKenna (1997). However, that proportion was much higher for those under the age of 45, with one quarter having been victims of stalking compared to 12% of persons in the same age group who had no activity limitations.

The most common forms of stalking were similar for both disabled and non-disabled persons: approximately half (51%) of stalking victims had received obscene phone calls while close to a third reported being followed or spied on. However, persons with activity limitations were more likely to be stalked over a longer period of time. About 33% of stalking victims with activity limitations reported that the intimidation lasted for over a year, compared to 19% of persons without limitations.

Also, 26% of persons with disabilities who were victims of stalking had someone who had intimidated them by injuring their pet or damaging their property. Among persons without limitations, 19% of victims had been stalked in that way.

Persons with activity limitations and their sense of security

The fact that persons with activity limitations are more vulnerable and have higher victimization rates might affect their sense of security and their perceptions of crime levels. Demaris and Kaukinen (2005) and Pain (1997) also found that discrimination and stalking might contribute to a greater sense of insecurity.

According to the survey, 25%¹⁴ of those with a disability reported that they did not feel safe when walking alone in their neighbourhood after dark, compared to 14 % of those without a disability. Persons with disabilities were also more likely to be afraid when they are alone at home at night (26% versus 19%) and to stay home at night because they were too afraid to go out alone (16% versus 9%).

Finally, persons with activity limitations were more likely to believe that crime rates in their neighbourhood had increased in the five years prior to the survey (37% versus 29%).

Persons with activity limitations have a less favourable perception of the criminal justice system

Many studies suggest that persons with disabilities may sometimes be subjected to prejudice and negative stereotyping from certain justice system workers (Petersilia, 2009; OVC, 2009, 2002; Cantos, 2006; Reid, 2004; Health Canada, 2004, 1993, Sorensen, 2002; Rioux et al., 1997). It has also already been noted that persons with activity limitations who are victims of crimes and call the police were more likely to be dissatisfied with police response.

According to the GSS, persons with activity limitations were found to have a less favourable perception of the performance of various sectors of the criminal justice system compared to those without activity limitations. For example, 46% of those with activity limitations rated the Canadian criminal courts poorly¹⁵ in rendering justice quickly compared to 35% of those without limitations (see Table 1). In addition, 60% of persons with disabilities who had contact with the courts thought they were doing a “poor job” with respect to providing justice quickly compared to 50% of persons without limitations.

Table 1
Perceptions of the criminal justice system, by disability status

	With disabilities	Without disabilities
	percent	
Percent of persons stating that their local police force is doing a poor job of...		
... Enforcing the laws	9	5
... Informing the public about crime prevention	12*	11*
... Responding promptly to calls	11	7
... Ensuring the safety of citizens	8	5
... Being approachable	6	4
... Treating people equally	8	6
Percent of persons stating that Canadian criminal courts are doing a poor job of...		
... Providing justice quickly	46	35
... Determining guilt	21	14
... Helping the victim	37	26
... Ensuring a fair trial	13	7
Percent of persons stating that the prison system is doing a poor job of...		
... Supervising and controlling prisoners while in prison	20	13
... Helping prisoners become law-abiding citizens	29	22
Percent of persons stating that the parole system is doing a poor job of...		
... Releasing offenders who are not likely to commit another crime	37	30
... Supervising offenders on parole	37	32

* indicates that there is no statistically significant difference between persons with disabilities and persons without disabilities

Note: Unless otherwise indicated, all differences between persons with disabilities and persons without disabilities, for each specific questions, are statistically significant (p<0.05).

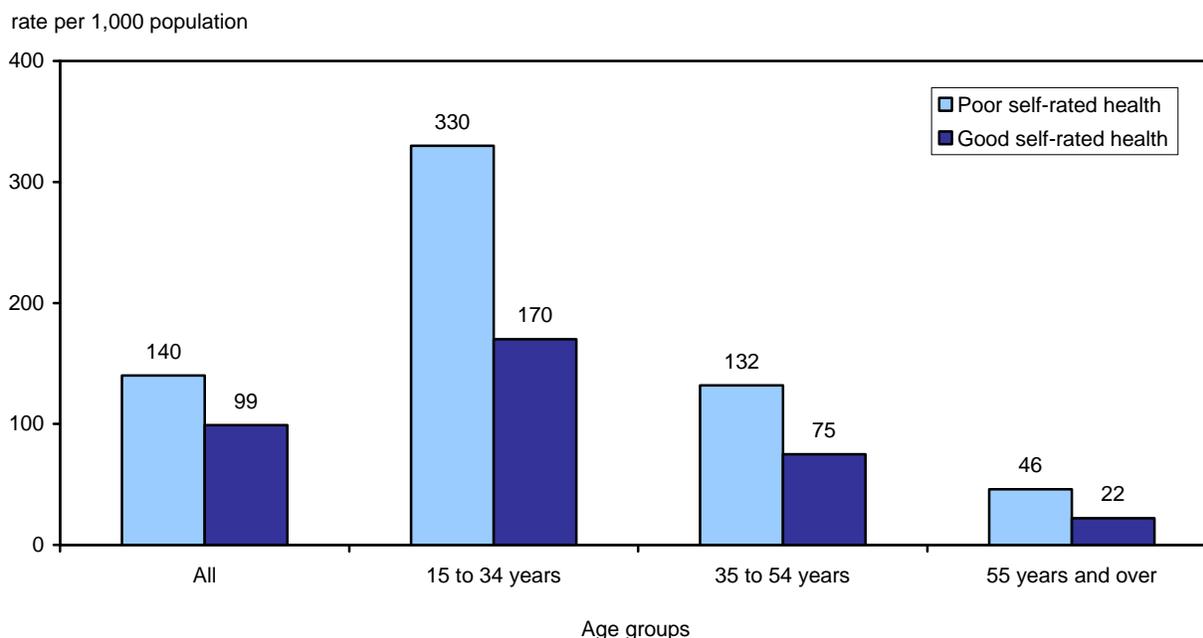
Source: Statistics Canada, General Social Survey, 2004.

Other health factors and their links with victimization

Other health factors are also linked to higher rates of violent victimization. In particular, McNutt et al. (2002) noted that spousal violence was associated with poor eating habits, smoking and excessive alcohol consumption. Again, according to McNutt et al., 26% to 75% of women victims of spousal violence (depending on the severity of the violence) also suffer health problems.

According to what was found in 2004, overall, persons who stated they were in poor or average health¹⁶ reported about 40% higher rates of violent victimization than those who reported being in good health. When considering differences among age groups, the proportion was between 75% and 110% higher for those who were in poor or average health compared to those who were in good health (Chart 3). However, it should be noted that poor or average health is not associated with higher rates of victimization for persons with activity limitations. Their rates of victimization were similar regardless of their health status.

Chart 3
Rate of violent victimization by self-reported health status, for persons without disabilities



Notes: Rates include offences among spouses. In all the age categories, the differences between good and poor self-rated health are statistically significant.

Source: Statistics Canada, General Social Survey, 2004.

It is difficult to determine to what extent health problems precede or are as a result of violence. On the one hand, poor health can increase a person's vulnerability, as it may also be the consequence of a life style or environment that not only increases the risk of health problems, but also the risk of victimization (Lehrer et al., 2006). On the other hand, victimization may also be a source of stress and anxiety favouring the development of health problems (Alasker et al., 2006; Demaris and Kaukinen, 2005; Brokaw et al., 2002; Lown and Vega, 2001).

Poor health status is not only associated with higher victimization rates. As Moore and Shepherd (2007) found, those who report being in poor health also report higher levels of fear. Results from the 2004 GSS revealed that 32% of those who reported being in poor health said they were fearful when home alone after dark, 20% stayed home in the evening because they did not feel safe outside and 14% said they

were dissatisfied with their personal safety in general. Among persons who stated they were in excellent health, these proportions were 16%, 6% and 4% respectively.

The GSS identified a number of additional health factors that were related to higher victimization rates. For example, rates of violent victimization among those with sleep disorders were higher than those who did not report sleep problems (190 compared to 86 per 1,000). Similarly, rates were higher for those who used sedatives compared to those who did not (179 compared to 102 per 1,000) and those who used antidepressants compared to those who did not (192 compared to 102).¹⁷

Conclusion

Results from the GSS confirm what several other studies had already found, i.e. that persons with activity limitations have higher rates of violent victimization than persons without limitations.

It was also found that persons with activity limitations experience higher levels of multiple victimization, spousal violence, stalking and fear of crime. Also, incidents of victimization involving persons with activity limitations were more likely to have been committed by a person known to the victim, to occur at the victim's home and to be reported to the police.

Moreover, activity limitation is not the only health factor linked to higher victimization rates. It was also found that self-rated poor or fair health status, as well as the use of antidepressants, sedatives or sleeping pills was also associated with the risk of violent victimization.

The analysis of victimization among persons with disabilities based on the GSS excludes certain population groups that are particularly at risk of violence such as children with disabilities (OVC, 2009; Health Canada, 2002) and persons living in an institution (OVC, 2009; Health Canada, 2002, 1993; Reid, 2004; Sorensen, 2002) which are not included in the sample. That being said, a comprehensive analysis of victimization among persons with disabilities that would include those groups would serve to further inform issues surrounding the link between health or disability status and victimization.

Methodology

Data sources

General Social Survey on Victimization

In 2004, Statistics Canada conducted the fourth victimization cycle of the General Social Survey (GSS). The previous cycles had been conducted in 1988, 1993 and 1999. The survey is designed to produce estimates of the extent to which persons are the victims of eight types of offences (assault, sexual assault, robbery, theft of personal property, breaking and entering, motor vehicle theft, theft of household property and vandalism); to examine the risk factors associated with victimization; to examine the rates of reporting to the police; and to evaluate the fear of crime and public perceptions of crime and the criminal justice system.

The GSS target population includes all non-institutionalized persons aged 15 and older. In 2004, the GSS sample consisted of 24,000 households in the provinces. Households were selected using random digit dialling, which yielded a response rate of 75%. The use of telephones for sample selection and data collection means that the 2004 GSS sample in the provinces represents only the 96% of the population that has telephone service.

For more details on other data sources used for this profile, see:

Participation and Activity Limitations Survey (PALS)

<http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3251&lang=en&db=imdb&adm=8&dis=2>

General Social Survey 2007, cycle 21: Family, Social Support and Retirement

<http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=4502&lang=en&db=imdb&adm=8&dis=2>

Victim Services Survey (VSS)

<http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=5035&lang=en&db=imdb&adm=8&dis=2>

Uniform Crime Reporting Survey (UCR)

<http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3302&lang=en&db=imdb&adm=8&dis=2>

Data limitations

The data that are used in this profile are based on estimates drawn from a sample of the Canadian population, and they are therefore subject to sampling error. The difference between the estimate obtained from a sample and the estimate based on the total population is sampling error.

This profile uses the coefficient of variation (CV) to measure sampling error. Any estimate with a high CV (more than 33.3%) was not published because it was too unreliable. When we compare estimates to detect significant differences, we test the hypothesis that the difference between two estimates is zero. We construct a 95% confidence interval around this difference, and if the interval contains zero, we conclude that the difference is not significant. However, if the confidence interval does not contain zero, we conclude that there is a significant difference between the two estimates.

Additionally, non-sampling errors may also have been introduced. Non-sampling errors may include a respondent's refusal to report, a respondent's inability to remember or report events accurately, or errors in the coding or processing of the data. Also, people who could not speak English or French well enough to take part in the survey were not included. For these reasons, the data on victimization should be used with caution.

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Endnotes

1. It is worth noting that, when this document was written, Canada had not yet ratified the Convention.
2. Unless otherwise indicated, all differences shown in this report are statistically significant to $p < 0.05$.
3. Definition available at http://www.cihi.ca/cihiweb/en/downloads/ICD-10-CA_Vol1_2006.pdf
4. Violent crimes were combined with theft of personal property to produce a reliable estimate since the sample size was too small to obtain a figure for violent crimes only.
5. Use with caution - CV between 16.6 and 33.3. For more details, see the Methodology section of this report.
6. According to 2006 Participation and Activity Limitation Survey data. For more details on the situation of persons with disabilities, see Statistics Canada, 2006.
7. According to 2004 General Social Survey data. Depression was determined based on the answer to the question "During the past month, have you used medication or drugs, to help you get out of a depression?" To take account of the effects of victimization, persons who said they had "suffered depression or an anxiety attack" following a victimization incident were not counted among those suffering from depression. Depression might also be considered as an activity limitation.
8. The risk factors are those established in Gannon and Mihorean (2005), i.e. age, sex, marital status, household income, occupation and number of evening activities. Since activity limitations are more frequent among natives and less frequent in Quebec, those two factors were also included.
9. In determining the characteristics of the offender, only incidents in which a single perpetrator was involved were considered.
10. According to the 1995-1996 National Population Health Survey, slightly less than 1% of Canadians resided in an institution. Among persons aged 65 and over with a severe disability, that proportion was 37%. For more details, see Trottier et al. (2000).
11. Collective coverage of the UCR Survey 2.2 and supplementary surveys on hate crimes is estimated at 87% of Canada's population. For more details on hate crimes, see Dauvergne et al. (2006)
12. Use with caution, CV between 16.6 and 33.3. For more details, see the Methodology section of this report.
13. Stalking is defined as being subjected to repeated and unwanted attention that makes one fear for one's life or for an acquaintance's life.
14. To account for persons with mobility limitations, persons who answered that they never walked alone were excluded from the calculation of this estimate.
15. Possible responses were "Good work", "Fair work", "Poor work" and "Do not know". Only the proportions of people who responded "Poor work" are shown here.
16. Health status is provided by the response to the question: "In general, would you say your health is excellent, very good, good, average or bad?" In Chart 3, good health includes persons who answered "excellent", "very good" or "good". Persons with activity limitations were also excluded.
17. Persons who stated they had suffered "depression or an anxiety attack" following a victimization incident were excluded from the count of persons using antidepressants.

Appendix 1: Multivariate analyses

Many factors contribute to a person's risk of being the victim of a violent crime. Multivariate analysis can be used to find out what impact a variable has on risk of victimization by keeping other factors that also affect risk constant. In this case, since the dependent variable is dichotomous, i.e. it can only take two forms (being a victim or not being a victim), the logistic regression approach was used.

The risk factors were chosen based on what was observed by Gannon and Mihorean (2005). To those factors, we also added the region of residence since there are proportionally fewer persons with activity limitations in Quebec, while it is also in that province that the lowest victimization rates are observed.

The table below shows the Odds ratio for each risk factor compared to their reference group. When a variable's Odds ratio is equal to 1.0, that means that that variable has little or no effect on risk of victimization. When the ratio is greater than 1.0, that means that the presence of that characteristic increases the risk of victimization compared to the reference category and, inversely, when it is less than 1.0, that indicates that it reduces the risk of victimization.

For example, the Odds ratios from the first model indicate that persons with activity limitations have a 89% (1.89) higher risk than persons without limitations (reference group). Also, persons with household incomes over \$100,000 have a 25% (0.75) lower risk of victimization than persons with household incomes under \$15,000 (reference group).

Table 2
Logistic regression - odds ratio for all variables

	Total population	Persons with activity limitations odds ratio	Persons without activity limitations
Activity limitation			
No ¹	...	...	...
Yes	1.89***	...	...
Sex			
Females ¹	...	...	...
Males	1.17*	ns	1.17*
Age			
15 to 24	5.66***	11.27***	4.69***
25 to 34	4.34***	9.01***	3.53***
35 to 44	3.44***	5.79***	2.83***
45 to 54	1.91***	3.4***	1.55**
55 and over ¹	...	...	...
Marital status			
Married or common-law ¹	...	...	...
Single	1.77***	1.7*	1.79***
Separated, divorced or widowed	2.27***	1.78*	2.42***
Main activity			
Working at a paid job or business, retired or at home ¹	...	...	...
Looking for work	ns	ns	ns
Going to school	0.66**	ns	0.67**

See notes at the end of the table.

Table 2 (continued)
Logistic regression - odds ratio for all variables

	Total population	Persons with activity limitations odds ratio	Persons without activity limitations
Annual family income			
Less than \$15,000 ¹	...	...	...
\$15,000 to \$49,999	0.73*	ns	ns
\$50,000 to \$99,999	0.69**	0.42**	ns
\$100,000 or more	0.75*	0.31**	ns
Urban or rural			
Rural ¹	...	...	...
Urban	1.24*	1.67*	ns
Region of residence			
Atlantic Region	1.78***	ns	1.81***
Quebec ¹	...	...	...
Ontario	1.56***	1.81*	1.55***
Prairie region	1.86***	2.45**	1.80***
British Columbia	1.90***	2.19*	1.87***
Number of evening activities (per month)			
Less than 10 ¹	...	...	...
10 to 19	1.27*	1.78*	ns
20 to 29	1.40**	ns	1.47**
30 to 49	1.76***	ns	1.81***
50 or more	1.88***	2.10*	1.85***
Aboriginal status			
Non-aboriginal ¹	...	...	...
Aboriginal	2.19***	2.27*	2.16***

... not applicable

ns non significant

* significantly different from reference category (p<0.05)

** significantly different from reference category (p<0.01)

*** significantly different from reference category (p<0.001)

1. Reference category.

Source: Statistics Canada, General Social Survey, 2004.

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2007

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