



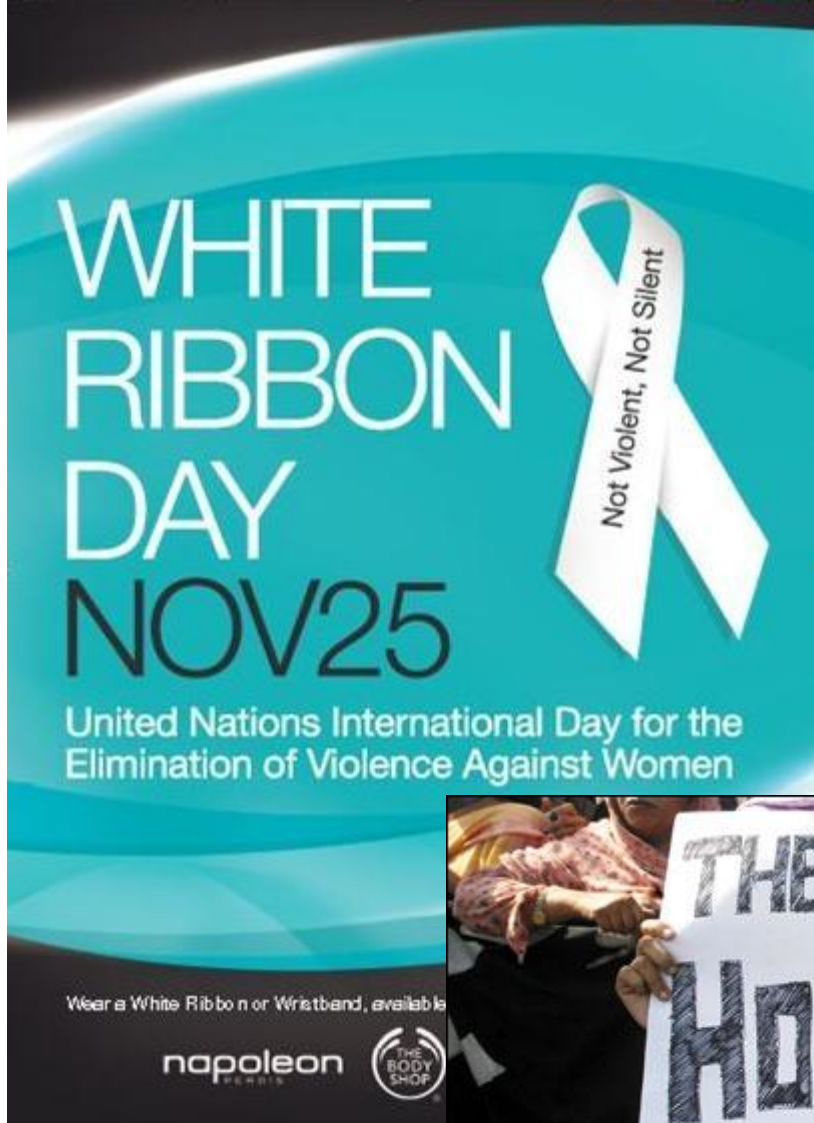
Prevention of Violence Abuse & Neglect- A Population Health Issue

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Sponsored by:

Public Health Association of BC
Vancouver Coastal Health Authority





WHITE
RIBBON
DAY
NOV25

Not Violent, Not Silent

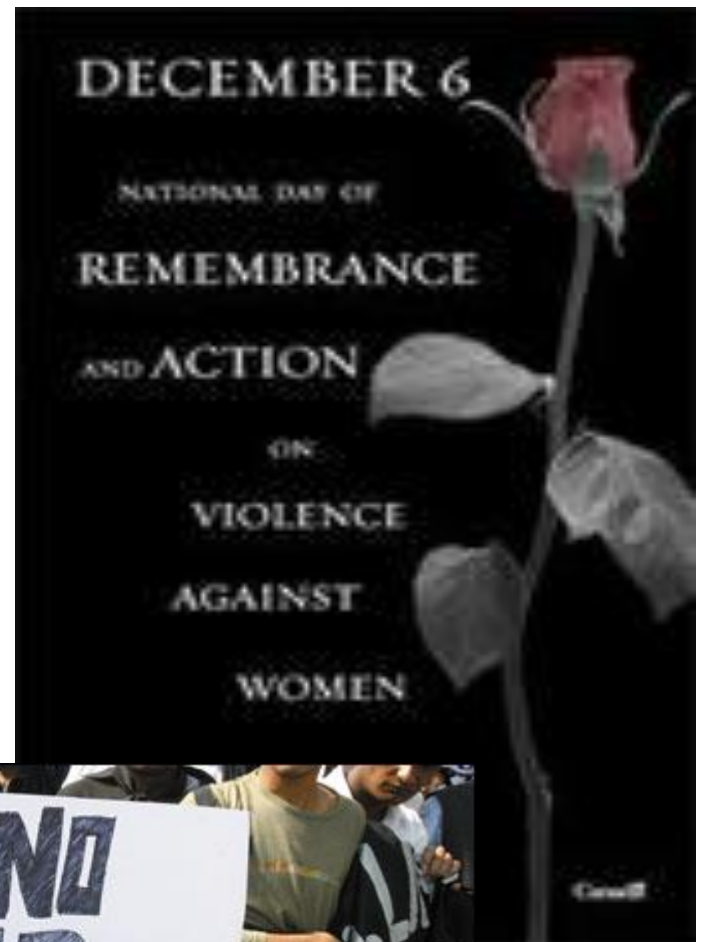
United Nations International Day for the Elimination of Violence Against Women

Wear a White Ribbon or Wristband, available at

napoleon PHOTO

THE BODY SHOP

This is a promotional poster for White Ribbon Day. It features a teal background with a white ribbon graphic. The ribbon has the text "Not Violent, Not Silent" written on it. The main text on the left reads "WHITE RIBBON DAY NOV25". Below that, it says "United Nations International Day for the Elimination of Violence Against Women". At the bottom, there are logos for "napoleon PHOTO" and "THE BODY SHOP".



DECEMBER 6




NATIONAL DAY OF
REMEMBRANCE
AND ACTION
ON
VIOLENCE
AGAINST
WOMEN

Canada

This poster is for the National Day of Remembrance and Action on Violence Against Women. It has a black background with a single red rose on the right side. The text is centered and reads "DECEMBER 6" at the top, followed by "NATIONAL DAY OF REMEMBRANCE AND ACTION ON VIOLENCE AGAINST WOMEN". The word "Canada" is in the bottom right corner.



Acknowledgements

- Public Health Association of BC 
- Vancouver Coastal Health 
- Core Programs in Public Health Research Initiative 
- All of the researchers whose work is fuelling our understanding of this issue
- All of those who have and continue to suffer this work is in your name.

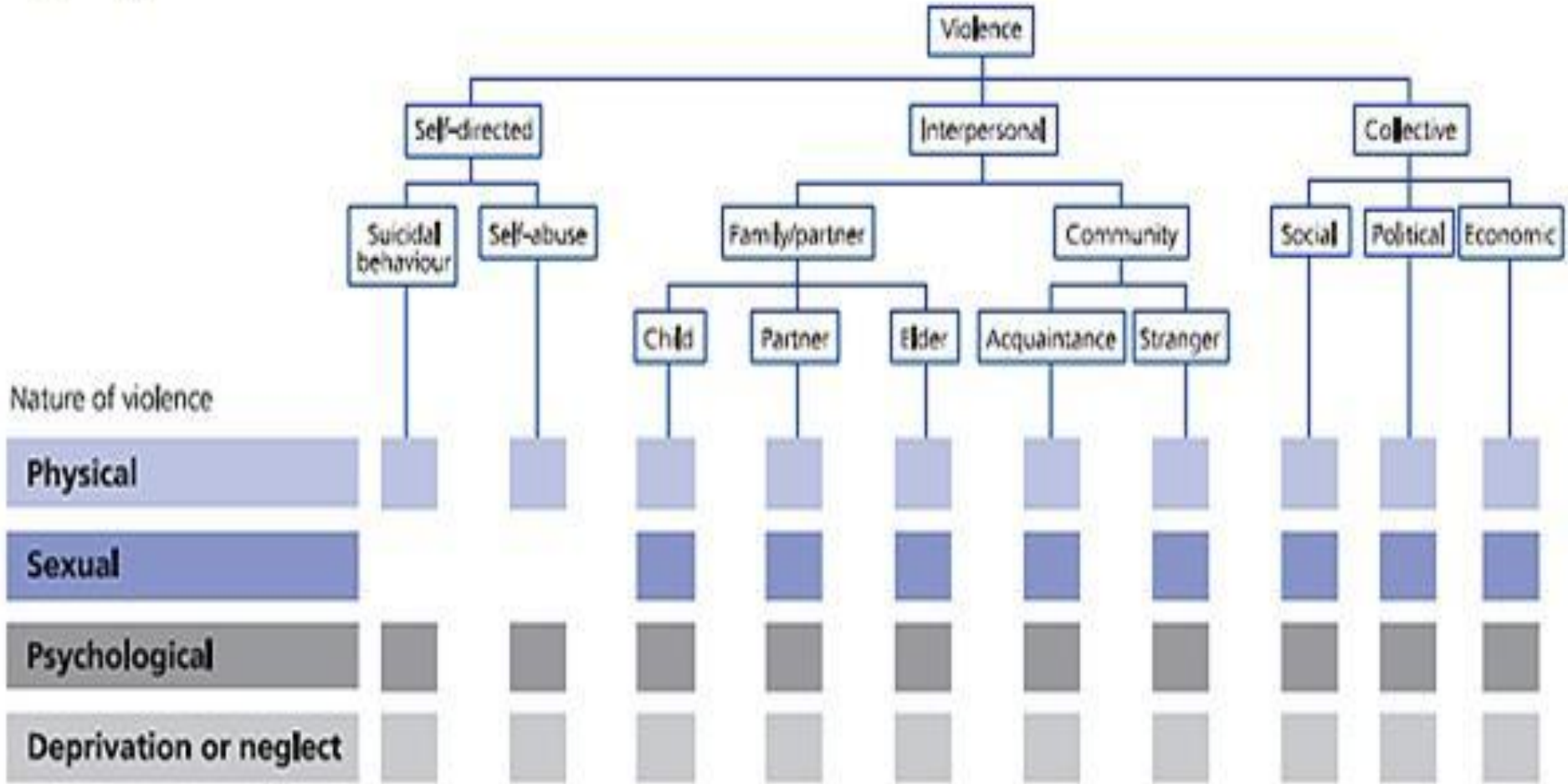
Agenda

- Violence as a global issue, in Canada and BC
- Violence as a social determinant of health
- Violence over the life course
- Gender and ethnicity – culture
- The role of the Health Authority and the public health approach: settings, structural violence and prevention
- Recommendations for moving forward

Violence as a Global Issue

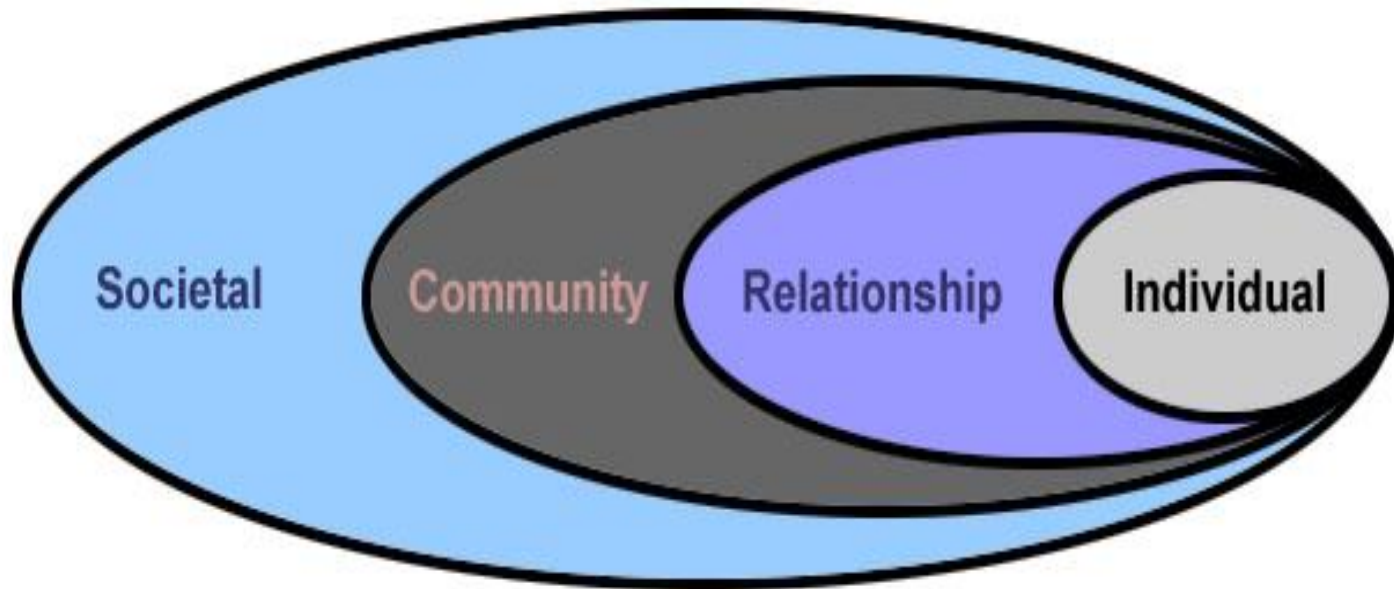
- Multiple Types of Violence
- World Health Organization reports 1.6 million people die as a result of violence each year.
- 14% of deaths among males and 7% of deaths among females
- Leading cause of death for people aged 15- 44 years worldwide
- Consider also those reported injuries and the number of unreported assaults and the extent of this problem is magnified.

FIGURE 1.1
A typology of violence



World Report on Violence and Health, WHO, 2002

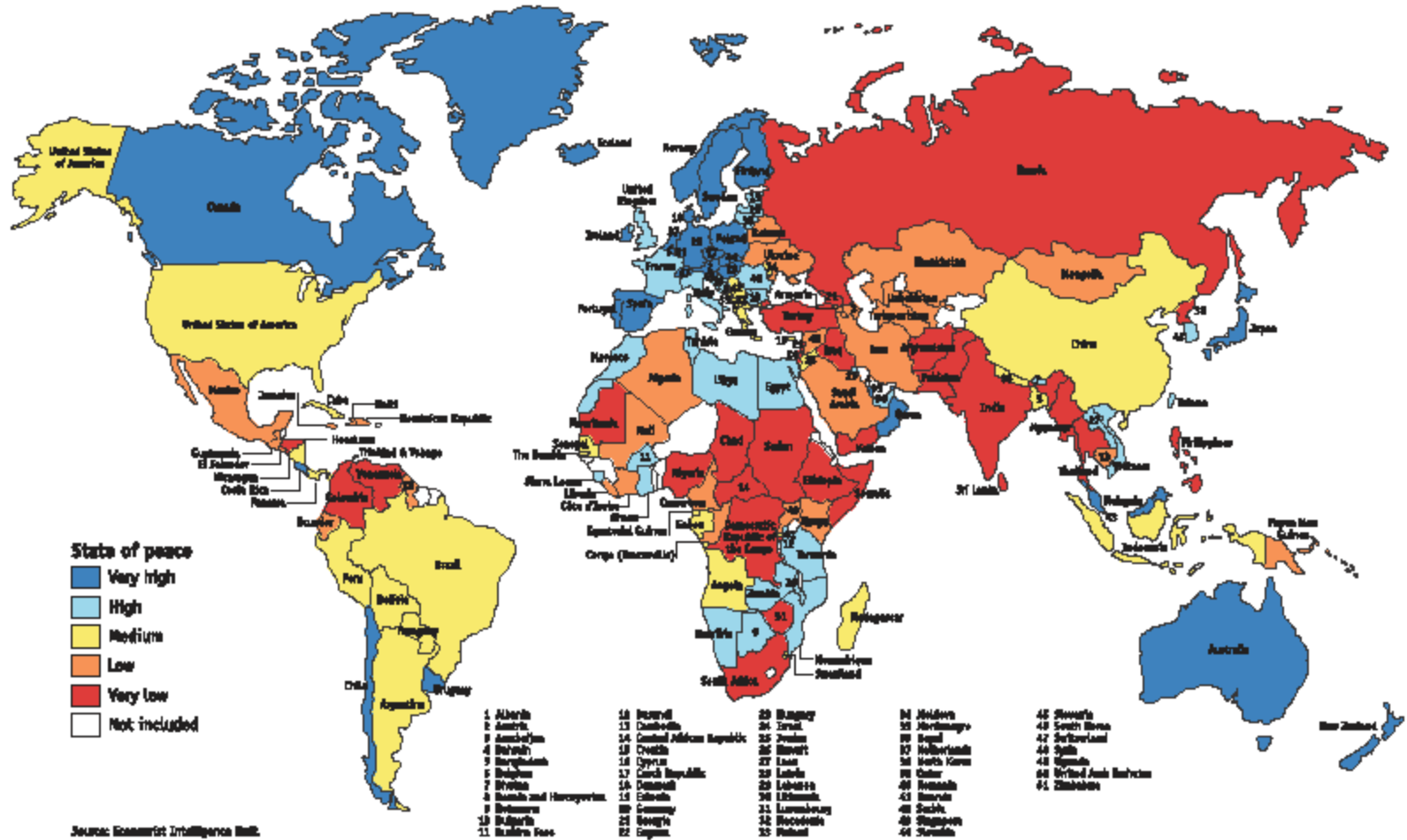
Ecological model for understanding violence



A culture of Peace

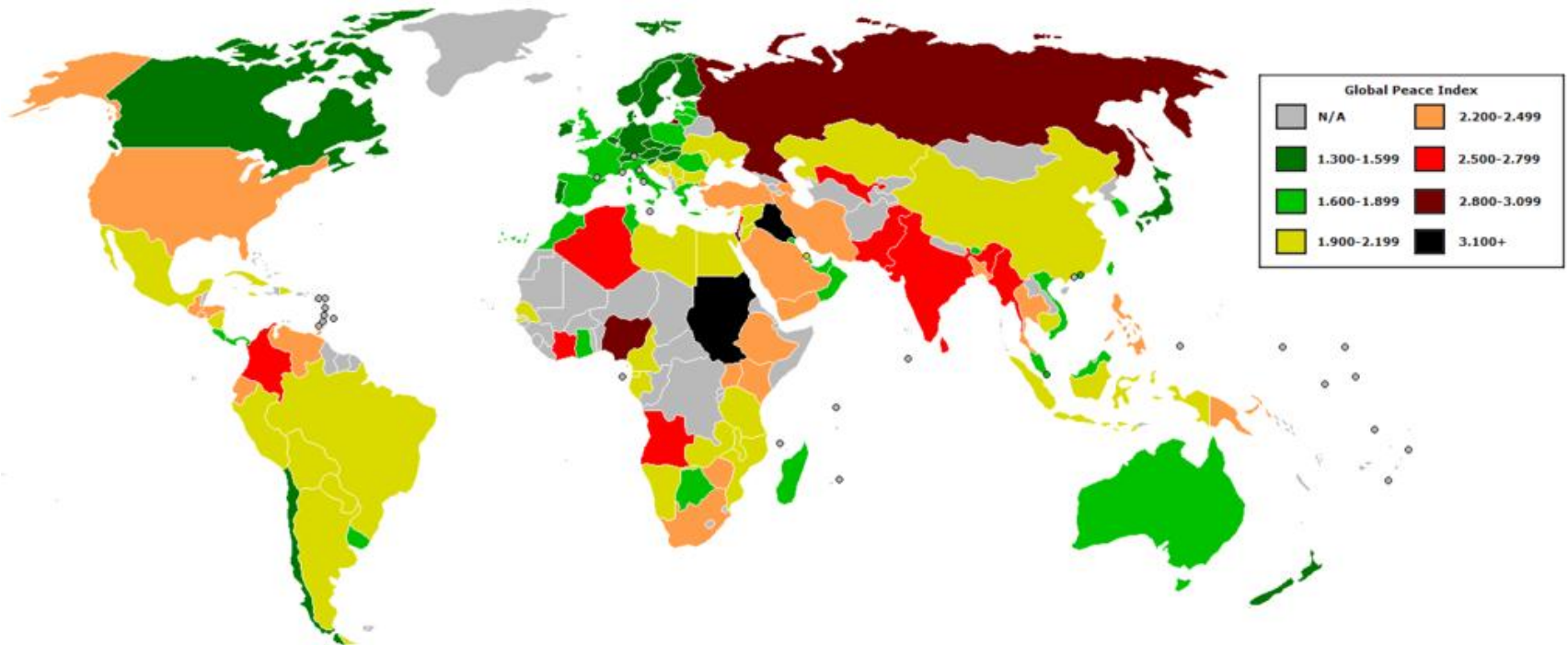
The UN defined a culture of peace as involving values, attitudes and behaviors that:

- Reject violence
- Endeavor to prevent conflicts by addressing root causes
- Aim at solving problems through dialogue and negotiation



Global Peace Index

Green = most peaceful and Black = least peaceful



GPI - Findings

The main findings of the Global Peace Index are:

- Peace correlated to indicators such as income, schooling and the level of regional integration
- Peaceful countries often shared high levels of transparency of government and low corruption
- Small, stable countries which are part of regional blocks are most likely to get a higher ranking

GPI Findings

- Peaceful societies are characterized as countries with the following:
- Social Structures
 - Well functioning governments
 - Good relations with regional neighbors
 - Low levels of corruption
 - High enrolment rates in primary education
 - Freedom of the press
 - Respect for human rights
- Social Attitudes
 - Do not see their cultures as superior to others
 - Place a high value on tolerance
 - Believe in free speech and respect human rights
 - Believe military action should be limited and internationally sanctioned

The Business Case for Violence Prevention

Potential Size of a Peace Gross World Product

- For 2007, the total economic impact of the cessation of violence could have been **US\$7.2 trillion**
- This consists of:
 - - US \$2.4 trillion derived from the static economic effect of peace
 - - US \$4.8 trillion derived from the dynamic peace dividend
- **Source:** <http://www.visionofhumanity.org>
- **Contact GPI team:** [Form](#)
- **PDF files:**
 - 1- [Results Report 2009](#) (Methodology, Results, and Findings)
 - 2- [Discussion Paper 2009](#) (Peace, its Causes and Economic Value)
 - 3- [Endorsers List](#) (List of endorsers of the Global Peace Index.)
 - 4- [Fact Sheet GPI 2009](#) (Overview of the 2009 Global Peace Index results)

Ottawa Charter for Health Promotion
First International Conference on Health Promotion
Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for Health

The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and equity.

Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to

Social Inequality and Violence

Regional Seminar on Domestic Violence Uruguay, Soledad Lorrain,
Consultant, Inter-American Development Bank 1998

- Physical abuse like beatings and rape predominate in the lowest income sectors
- Overcrowded living conditions, unstable jobs contribute to the prevalence of domestic violence
- Parents who live in political violence and chronic poverty have greater difficulty meeting the basic nutritional, health, housing, and clothing needs of their children. (Akande, 1999)
- Unequal access to resources is cited as a key factor preceding violence. World Report on Violence and Health, 2002
- Another risk factor for violence is social exclusion. Marginalized populations may experience differential access to services. This is a form of structural violence. (Kutz et al. Journal of Aboriginal Health, 2008)
- Household vulnerability to poverty and violence affect household participation and support of armed groups, and hence the sustainability and duration of warfare. (Justino, 2008)

National Statistics: Homicide Offences

Homicide offences, number and rate, by province and territory
(Number of homicides)

	2005	2006	2007	2008	2009
	homicides				
Canada	663	606	594	611	610
Newfoundland and Labrador	11	7	3	5	1
Prince Edward Island	0	1	0	2	0
Nova Scotia	20	16	13	12	15
New Brunswick	9	7	8	3	12
Quebec	100	93	90	92	88
Ontario	219	196	202	176	178
Manitoba	49	39	61	54	57
Saskatchewan	43	42	30	30	36
Alberta	108	95	88	110	95
British Columbia ¹	101	108	88	117	118
Yukon	1	0	2	3	2
Northwest Territories	0	0	2	3	2
Nunavut	2	2	7	4	6

Notes: Homicide includes *Criminal Code* offences of murder, manslaughter and infanticide.

There are some homicides that are included in a given year's total that occurred in previous years. Homicides are counted according to the year in which police submit the Homicide Survey to Statistics Canada.

1. As a result of investigations in Port Coquitlam, B.C., there were 5 homicides reported in 2007, 5 reported in 2004 that occurred in previous years. Homicides are counted according to the year in which police file the report.

[Source: Statistics Canada, CANSIM, table \(for fee\) 253-0001 and Homicide Survey, Canadian Centre for Justice Statistics.](#)

Last modified: 2010-10-26.

National Homicide Trends

www.statcan.gc.ca - 2008

- **Increase in homicides**
- Police reported 611 homicide victims, an increase of 17 from 2007. The homicide rate rose 2% in 2008 but has been relatively stable over the past decade.
- Manitoba reported a rate of 4.5 homicides per 100,000 population in 2008, the highest among the provinces. New Brunswick's rate of 0.4 was the lowest in that province in 40 years as well as the lowest in the country.
- **Homicide rates were highest in the western CMAs of Abbotsford–Mission (4.7), Winnipeg (4.1), Regina (3.8), Edmonton (3.4), Kelowna (3.4), Calgary (2.9) and Vancouver (2.4).**
- With 103 homicides in 2008, Toronto had the most homicides of any CMA. However, taking population into account, Toronto's rate of 1.9 homicides per 100,000 was slightly higher than the national average of 1.8.
- Montréal (1.3) and Hamilton (0.9) each reported their lowest homicide rates since 1981, when data first became available at the CMA level.

National Statistics

- Statistics Canada, Canadian Centre for Justice Studies, July 2005 (2004 GSS)
- Self reported Intimate Partner Violence
 - Women are more likely to report that they are targets of more than 10 violent incidents at the hands of their partner(21% vs. 11%) and more likely to state that they were injured as a result of the violence (44% vs. 18%)
 - The majority of victims (80%) were stalked by males regardless of the sex of the victim.
 - Between 1997 and 2003, more than half (54%) of accused in spousal homicides had a previous conviction

Violence over the Life Course

BC Injury Research and Prevention Unit

Primary Prevention of Physical Violence and Abuse in British Columbia, July 2008

- Comprehensive review of available data
- Systematic review of evidence for VP programming related to life course intervals
- Discusses the role of the Health Authority in relationship to interventions

Children

“We have a duty to protect children from injury and violence. Children live in a world designed for adults, but they have special needs and are more vulnerable than adults to certain factors in their environment which may place them at additional risk of injury”

Ann M. Veneman, Executive Director UNICEF , World Report on Child Injury Prevention 200?

Children and Youth

- Family Violence against Children and Youth
 - Girls were the victims in 8 out of 10 family related sexual assaults committed against children and youth
 - Boys under 1 and girls aged 1-5 years old were at greatest risk of being a homicide-suicide victims at the hands of a parent
 - Over one quarter(26%) of victims of homicide cleared by suicide between 1961-2003 were children and youth under the age of 18
- Family violence in Canada: A statistical profile, July 2005

Violence during Pregnancy

Violence during pregnancy has been associated with the following complications: miscarriage, internal bleeding, high risk behaviours such as smoking and substance abuse, low birth weight and child mortality.

The Multicultural Lens

- Refugees with post traumatic stress disorder related to collective violence or civil wars associated with ethnicity
- Cultural traditions enabling victimization of certain groups or genders, e.g. (honour killings, genital mutilation)
- Indigenous Canadians coping with the legacy of colonization and marginalization experience higher rates of intimate partner violence than non-aboriginal people. Further assaults are more acute involving life guns, choking and knives, (Critical components Project Team, BC, 2008)
- Aboriginal people were three times more likely to be victims of spousal violence than those who were non-aboriginal (21% vs 7%) Statistics Canada, General Social Survey, 2004

Elders

- Elder abuse includes physical, psychological, sexual, financial exploitation, neglect and self-neglect, medication abuse, abandonment, scapegoating, and marginalization of older people in institutions or social and economic policies (World Health Organization, Fact Sheet)
- Canada : Approximately 7 percent of the sample of more than 4,000 adults 65 years of age and older reported that they had experienced some form of emotional or financial abuse by an adult child, spouse or caregiver in the five years prior to the survey, with most committed by spouses. Emotional abuse was more often reported (7 percent) than financial abuse (1 percent). Only a small proportion of older adults (1 percent) reported experiencing physical or sexual abuse. (*1999 General Social Survey on Victimization*)

Gender Differences

- Artz et al, (2010) in press
 - Boys are more likely to experience aggression and violence including relational and sexual aggression/harassment and higher levels of victimization than females.
 - Females experience higher levels of assaults in the home and sexual assaults
 - Boys are more likely to be assaulted outside the home.
- Between 1910 and 2003, males accounted for a higher number of assault related hospitalizations when compared to females (6:1) BCIRPU

Strongly Supported Practices Across the Life Course

- Home Visitation by skilled practitioners
- Parental skills training, communication strategies for parents and children, adolescents
- Life skills development for women with concrete tools to modify social or economic circumstances
- Violence Prevention programming for all cohorts

Settings

- Household
- Child care/ preschool
- School
- Workplace
- Neighbourhoods
- Health service providers

Households

- Developing safe, stable, and nurturing relationships between children and their parents and caregivers
- Developing life skills in children and adolescents
- Restricting access to guns, knives and pesticides
- Home visitation and parental education programs
- Reducing the availability and harmful use of alcohol
- Promoting gender equality
- Violence Prevention the Evidence, World Health Organization, 2009

Child Care/Preschool

- Support for children and parents with socialization difficulties
- Early identification with home and pre-school based intervention
- Individualized assessment and treatment program for child to improve self regulation applied with ECE and parental involvement.
- Monitoring of treatment program to ensure efficacy.
- Establishing nurturing safe school cultures

School Based Violence Prevention

- Wide range of interventions and programs
- Lack of evaluation and consistency in implementation are challenges highlighted in the literature
- Implementing model practices often involves universal and targeted approaches addressing school culture and reducing risk zones
- Age specific and gender based interventions have merit however there are cautions
- Role of morals, values and ethics are becoming more important to our understanding of vp

Workplace

- Types of violence and abuse range from direct physical assault to bullying and discrimination.
- Healthcare settings have been identified as sites where violence between staff and patients occurs and is often unreported. Coworkers are also perpetrators.
- Healthy workplace initiatives addressing risk factors, reporting, key prevention strategies are critical to addressing this issue.
- High rates of employee absenteeism and injuries including PTSD have been noted in some organizations
- Corporate commitment to formal violence prevention training programs for employees

Neighbourhoods

- Addressing issues with design, lighting, creating safe gathering areas, use of gardens to “build community”
- Monitoring and surveillance, neighbourhood policing, rapid responses to emergency calls, emergency phones, neighbourhood engagement
- Reduce inequalities thru community based activities, eg. after school programs, food security, access to recreation
- Involve community leadership in violence prevention planning (Chicago: CeaseFire)
- Involve citizens in empowering Bystanders programs
- Engage clinical leadership in advocacy and media at the neighbourhood level that denormalizes violence

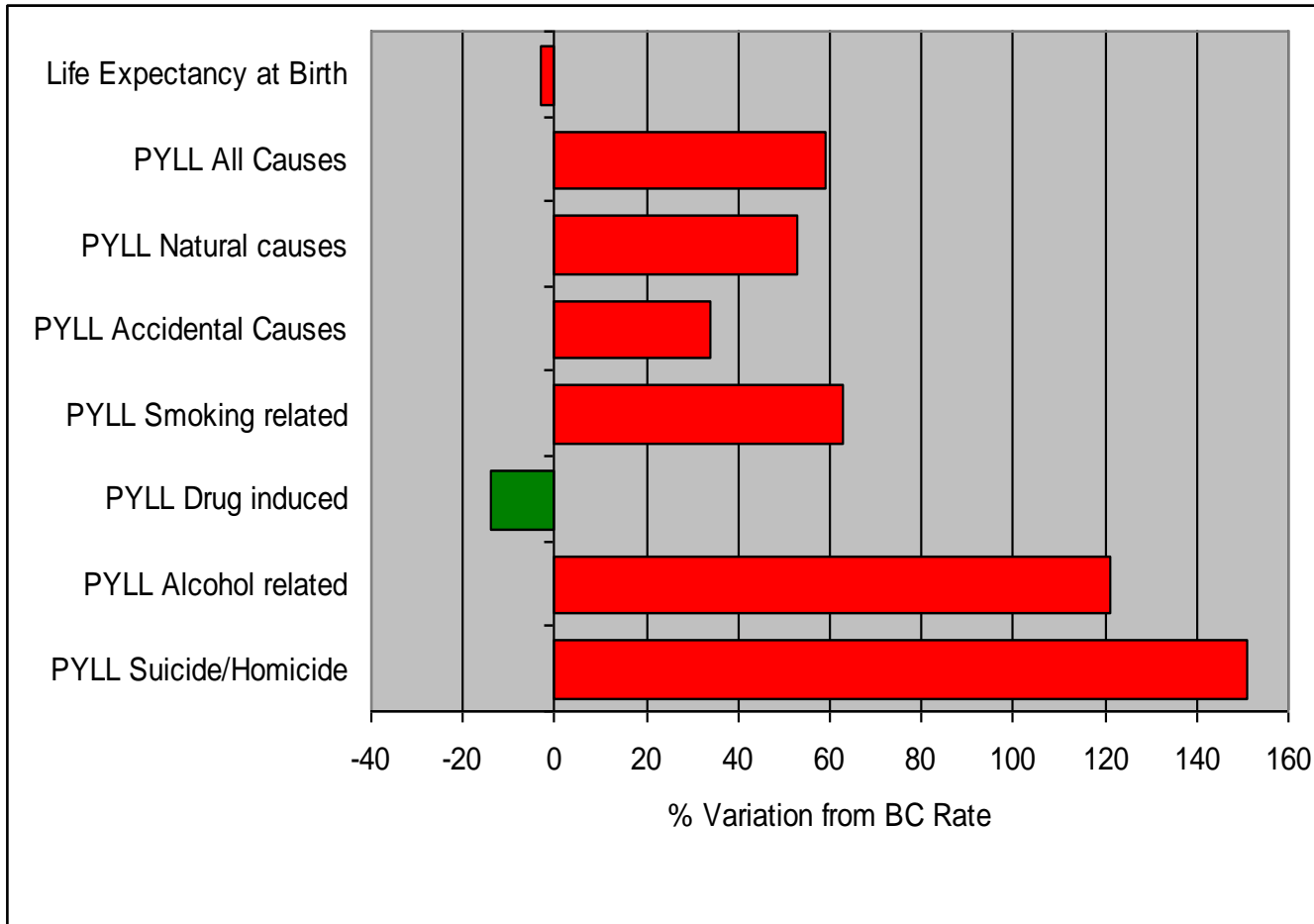
Health Service Providers

- Health Authorities represent one of the most powerful constituencies for addressing this public health issue
- More than any other sector the health system sees the consequences and early warning signs of violence. Providers can prevent, assess, refer, treat, document.
- Reduce structural violence thru compassionate and culturally safe care
- Across the continuum of services, from PHN's to Primary Care Physicians to Emergency Room personnel, Social workers, Surgeons and MHO's opportunities exist for outreach and prevention.
- Public Health Anti violence campaigns, community based partnerships involving local enforcement, and population based surveillance of this issue can help to facilitate local action e.g. (Community profiles. Mount Waddington Health Network.)

Mt. Waddington Region

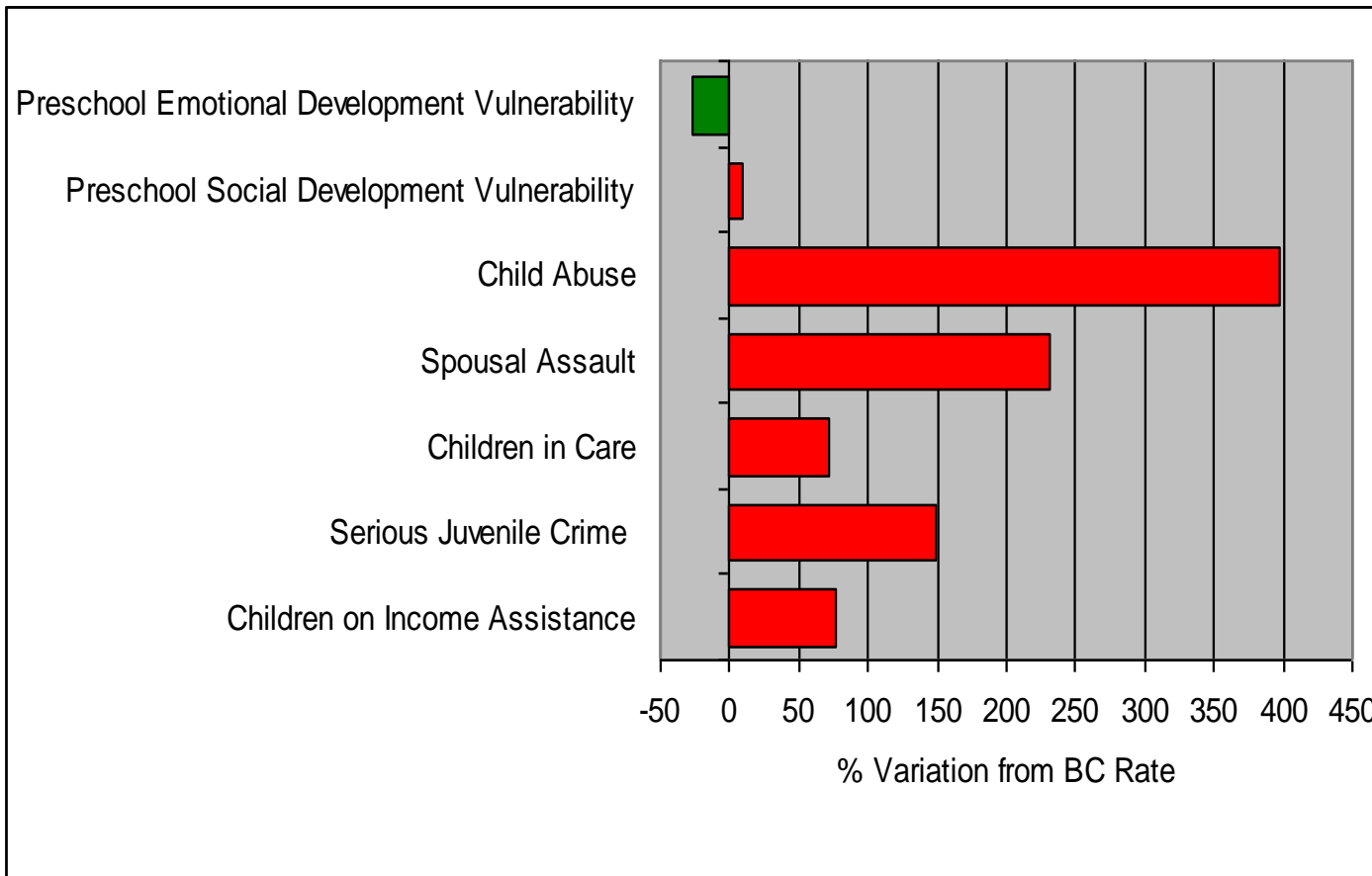


Premature Mortality



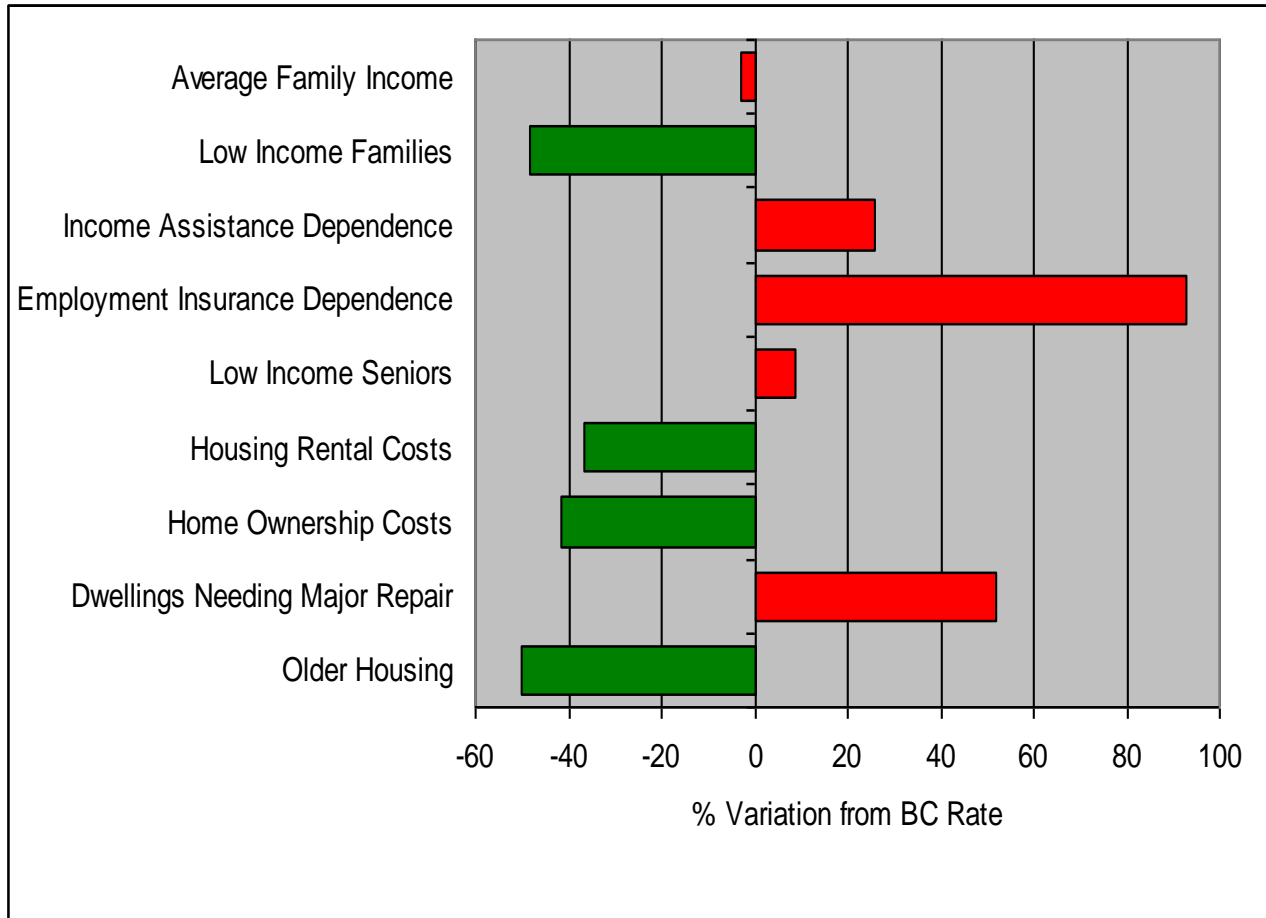
Life expectancy
2.5 years less
than BC
average

Healthy Development



**High levels
of family
violence**

Economic Security



Family incomes close to provincial average but high rates of EI dependency and poor housing quality

Outcomes

- Community identified a series of local resources concerned with safety and violence prevention
- Partnership with a university based researcher was initiated to create a better picture of the extent and impact of violence in the area
- All community partners in the network sensitized to the scope of the issue
- Joint planning for action is ongoing
- Community capacity and assets are recognized as part of the network and research outputs.

Preliminary Results of this Review

- Significant opportunities exist for a more coordinated response to violence prevention within the health care system
- Curriculum and core competencies for clinicians related to vp have been identified in the literature
- Data linkage between health care and enforcement could result in a much clearer picture of this scope of this problem, while protecting the confidentiality of victims
- The settings approach offers an important means of introducing universal and targeted violence prevention programming
- Gender based interventions for violence prevention are appropriate as the types and attitudes towards violence differ. Some cautions apply
- Participatory processes in both research and program implementation and evaluation offer an important means of ensuring the engagement of client groups
- The respective role of value, ethics and morals in effective programming needs to be better understood

Some Directions for Healthy Public Policy

- **Maintain legislation and regulation pertaining to abuse neglect including facilities' licensing and inspection**
- **Institutional violence prevention programming and risk management, quality improvement incident reporting systems, respectful workplace policy**
- **Enhance capacity of first responders thru curriculum on violence prevention**
- **Adopt a provincial poverty reduction strategy**
- **Community interventions around drinking establishments, staff training, injury reports, transportation, physical design**
- **Support skills development and education programs for vulnerable populations**
- **Regulate sales and hours of operation of alcohol outlets**
- **Mandatory surveillance and reporting**
- **Preparation of a provincial report on the cost of violence utilizing WHO formula and expanding for specific cohorts.**
- **Establish provincial targets for violence prevention and reduction using key indicators**
- **Establish a Violence Prevention Commission using a whole of government approach that reports to the Select Standing Committee on Health and to Cabinet with the goal of establishing and implementing a provincial violence reduction strategy based on the WHO Guidelines**

United Nations Security Council



And they will hammer their swords into plowshares and their spears into pruning hooks. Nation will not lift up sword against nation, And never again will they learn war.

Isaiah 2:4