



“Dedicated to Justice” • «Au service de la justice»

November 10, 2017

The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada
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Ottawa, Ontario
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Dear Minister:

Thank you for your welcoming and wise words at the recent World Health Organization (WHO) 8th Milestones of a Global Campaign for Violence Prevention Meeting in Ottawa. The Canadian Resource Centre for Victims of Crime (CRCVC) has a keen interest in the prevention of violence in Canada and how victims are served in the aftermath. We are calling on Health Canada/Public Health Agency of Canada to better prevent and respond to interpersonal violence including child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse, which are by far the source of the largest number of victims. Globally, some 470 000 people are victims of homicide every year. Hundreds of millions more men, women, and children suffer non-fatal forms of interpersonal violence, with many suffering multiple forms. Such violence contributes to lifelong ill-health – particularly for women and children – and early death.

Violence often blights the lives of individuals for decades. Beyond death, physical injury and disability, violence can lead to stress that impairs the development of the nervous and immune systems. Consequently, people exposed to violence are at increased risk of a wide range of immediate and life-long behavioural, physical and mental health problems, including being a victim and/or perpetrator of further violence. Violence can also undermine the social and economic development of whole communities and societies.

Violence is preventable. It is not an inherent part of the human condition. It can be predicted and prevented. In recent decades, data-driven and evidence-based approaches have produced knowledge and strategies that can prevent violence. These include interventions at individual, close relationship, community and societal levels.

We agree with the WHO that the health sector has a role in ensuring justice for victims of violence. The health sector is at the front line of responding to victims of violence. Many more victims of violence are seen by the health sector than by the criminal justice sector or the police. Health has a central role in strengthening the means or strengthening the detection of those guilty of crimes, be it genocide, homicide or rape. Health has much to contribute by way of informing both perpetrator treatment and prevention programs. Public health in particular has a lead role in implementing and monitoring policies and programs to prevent violence from happening in the first place.

As the former Victim Services Coordinator for the Codiac RCMP, we know you truly understand the physical, psychological and financial consequences of intimate partner violence and sexual violence on



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women and children. It has been found that violence against women and children contributes disproportionately to the health burden, particularly child maltreatment and women who have experienced intimate partner and sexual violence have more health problems, incur considerably higher healthcare costs, make more visits to healthcare providers over their lives and have more hospital stays (including longer durations) than those who have not experienced violence.

As part of your mandate, you are working with the provinces and territories to improve access to mental health and addiction services. This is critical for persons who are affected by interpersonal violence. I can assure you that affordable mental health care is not accessible to victims and survivors in many communities across Canada.

We note that you are also trying to address health care services to Indigenous Peoples and to reduce the health inequities between Indigenous Peoples and non-Indigenous Canadians. It is important to note that research reveals that Aboriginal women experience dramatically higher rates of violent victimization than non-Aboriginal women do. Violence within the domestic context is the most pervasive form of victimization experienced by Aboriginal women. Nearly one-quarter (24%) of Aboriginal women in Canada reported having been assaulted by a current or former spouse, compared to 7% of non-Aboriginal women. Results from other studies suggest that this figure may be as high as 90% in some Aboriginal communities (Ontario Native Women’s Association 2007).

We believe there is a clear need for a healthcare response to violence in Canada, including prevention. The Global Status Report on Violence Prevention 2014 has found, the non-fatal consequences of violence are the greatest part of the social and health burden arising from violence and this burden is generally carried by women, elderly people and children throughout the world. This can include negative behavioural, cognitive, mental health, sexual and reproductive health problems, chronic diseases and social effects that all outweigh the physical injuries sustained from the violence.

This violence has also been linked to other adverse health reactions such as afflictions of the brain and nervous system, gastrointestinal and genitourinary systems, and immune and endocrine function. For the women going through or having survived intimate partner violence and other forms for violence associated with that, there are also sexual health implications, as chances for HIV and other sexually transmitted infections (such as syphilis), unwanted pregnancies and other reproductive problems skyrocket with experience of violence. This can include having low birth weight babies (16% higher risk) and chances twice as high of an induced abortion.

Being exposed to violence is also linked to high-risk behaviours such as alcohol and drug abuse, as well as smoking, which all increase the risks of several leading causes of death (i.e., cancer, chronic lung disease, liver disease, etc.). This can affect young victims as well, either as a learned behaviour or as backlash to their suffering, which becomes very dangerous.

Violence has serious repercussions on victims’ mental health. The risk for anxiety, depression, post-traumatic stress disorder and suicidal behaviour is also heightened, not to mention that exposure to



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violence and men’s perpetration of violence against women have been shown to be associated with high-risk sexual behaviours.

Even with all of the health menaces associated with violence Canada does not yet take a public health approach to violence. Many of the short and long-term health needs of victims and survivors alike go untreated because they have very few low-cost or free mental health supports or other healthcare services at their disposal.

Given what we know about the prevalence, consequences, and risk factors of interpersonal violence, it is time to examine our prevention and response strategies from a health perspective. Can you tell us what actions Health Canada/Public Health Agency of Canada are taking to address violence? The WHO offers many prevention and response strategies for interpersonal violence that have been evaluated as effective - <http://apps.who.int/violence-info/>. We believe Health Canada should move to fund WHO prevention and response strategies given a 2009 federal study found spousal violence alone costs Canadian society at least \$7.4 billion.

We thank you and look forward to your response.

Sincerely,

Heidi Illingworth
Executive Director