The Peel Institute on Violence Prevention's Report

Violence Against Women: A Public Health Concern

Peel Institute On Violence Prevention

FAMILY SERVICES of PEEL
Since 1971

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Acronyms

PIVP - Peel Institute on Violence Prevention

SOIV - Survivors of Interpersonal Violence

VAW - Violence Against Women

DV - Domestic Violence

FSP - Family Services of Peel

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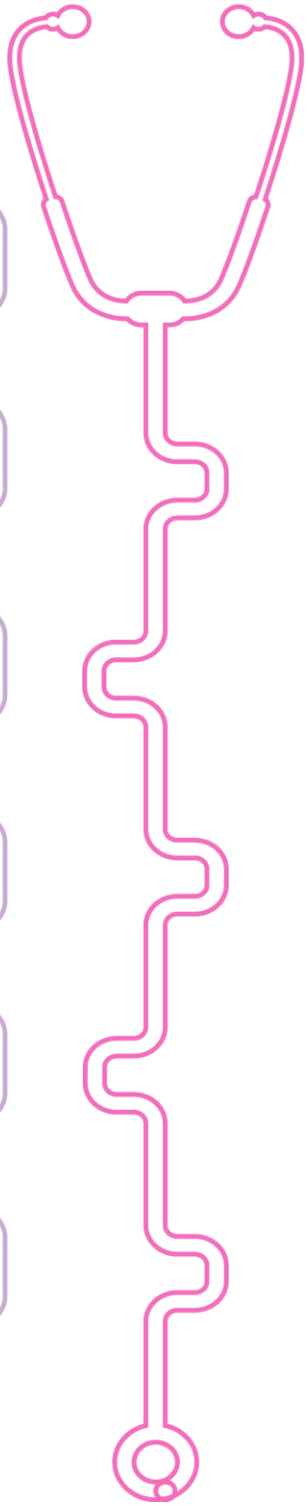


Summary

Violence Against Women is considered a significant Public Health issue in Canada as well as around the world. Through this paper The Peel Institute on Violence Prevention wants to raise awareness about the importance of a Public Health approach, focusing on the social determinants of health and wellbeing in the prevention initiatives on inter-personal violence in the Region of Peel.

This paper described the magnitude and health consequences of violence against women in addition to the various factors that perpetuate violence. Factors that may assist the emergence of violence as a legitimate Public health concern are analyzed. Opportunities and obstacles to further progress in this field are explored with a focus on the role of Public Health in the Region of Peel.

Purpose of the Report

The purpose of this report is to recognize interpersonal violence as a public health issue and to present potential strategies to the Region of Peel that can be used to address it.

Introduction

Violence Against Women a Public Health Issue

Violence Against Women is considered a significant Public Health issue in Canada as well as around the world. This report, underlines the importance of a Public Health approach, focusing on the social determinants of health and wellbeing in the prevention initiatives of Violence Against Women in the Region of Peel. It highlights the key role of public health in decreasing the prevalence of Violence Against Women.

The Peel Institute on Violence Prevention (PIVP) is an interdisciplinary and inter-sectorial collaborative initiative among agencies in the Region of Peel. The PIVP was established to be a central, region-wide initiative focusing on the prevention of all forms of violence in Peel. Operating under an anti-oppression, anti-racism framework, it is a central point for data-driven, evidence-informed practice, which will improve the organization of community services, combining the perspectives of the diverse populations served, academia, and community service providers.

Violence Against Women has been recognized by the United Nations as a fundamental abuse of women's human rights (UN General Assembly, 1993) and in recent years, it has become a more universal social concern. Historically, insufficient attention has been given to Violence Against Women as a broad social issue or as relevant to public health. Even less effort has been devoted to addressing the underlying causes of abuse. The stigma associated with Violence Against Women, the conceptualization of it, primarily as a judicial and legal issue and the limited data describing the dimensions of the problem have hindered the development of appropriate interventions which can significantly reduce the prevalence of Violence Against Women. We have come a long way in the past decade in acknowledging the severity of different kinds of interpersonal violence and abuse, yet the problem stubbornly persists (Johnson, 2006).

"Women's rights are human rights"

"United Nations Human Rights-Office of the Commissioner, New York and Geneva ,2014

Before discussing what factors contribute to someone experiencing a violent event, it is important to recognize the terminology surrounding the topic of Violence Against Women. Some key terms include: violence, gender based violence, interpersonal violence and intimate partner violence. Violence is defined as the use of power to control and oppress others (Funnell, 1997). Gender based violence can be defined as acts, threats, coercion or deprivation of freedom that causes or likely causes physical, sexual or psychological harm (Me, 2007). Interpersonal violence is an umbrella term that describes violence between individuals, including family, intimate partner and community violence (Peel Institute on Violence Prevention). Intimate partner violence refers to violence inflicted by a spouse, dating partner, ex-spouse/dating partner, etc. Having a grasp of this terminology is necessary to understand the problem of Violence Against Women. This report, will focus on **interpersonal Violence Against Women.**

World Health Organization (WHO) defines **Interpersonal Violence** to include violence between family members and intimate partners and violence between acquaintances and strangers that is not intended to further the aims of any formally defined group or cause. Self-directed violence, war, state-sponsored violence and other collective violence are specifically excluded from these definitions.

http://apps.who.int/iris/bitstream/10665/42944/1/9241591609.pdf

Literature

Review Methodology

This review scanned existing literature, including academic publications, government reports and other grey literature to review public health strategies geared towards preventing interpersonal violence. Out of the 134 articles identified using Boolean search terms, 112 were utilized in this report. Articles that were not included were deemed irrelevant to this report. The following inclusion and exclusion criteria were applied to the literature research:

Inclusion Criteria:

- Peer-reviewed articles and grey literature that explored the issue of Violence Against Women and the role of Public health in violence prevention.
- **Women aged 15+**
- Literature written in English
- Studies that focused on global, North American, Canadian and local perspectives
- Literature published between 2001-2016 and the 1997 Region of Peel Violence Prevention Task Force Report (archived)

Exclusion Criteria:

- Violence relating to workplace, sex trafficking, homeless population, children, molestation, men who experience abuse and street crime
- Literature that was not published in English

The literature review included the following databases:

Databases	Search Terms Used
PubMed	Violence Against Women , Violence Against Women AND Public Health, Domestic abuse AND Public health, Interpersonal Violence AND Public Health, Intimate partner violence AND Public Health, Violence Against Women AND Prevention, Violence Against Women and Intervention
Statistics Canada	Violence Against Women , Interpersonal Violence, Violence
Sage Journals	Violence Against Women
CINAHL: Cumulative Index to Nursing and Allied Health (EBSCO)	Violence Against Women AND Public Health, Interpersonal Violence AND Public Health, Intimate partner violence AND Public Health, Violence Against Women AND Prevention, Violence Against Women and Intervention
Nursing and Allied Health Source (ProQuest)	Violence Against Women AND Public Health, Interpersonal Violence AND Public Health, Intimate partner violence AND Public Health, Violence Against Women AND Prevention, Violence Against Women and Intervention
Medline (Ovid)	Violence Against Women AND Public Health, Interpersonal Violence AND Public Health, Intimate partner violence AND Public Health, Violence Against Women AND Prevention, Violence Against Women and Intervention

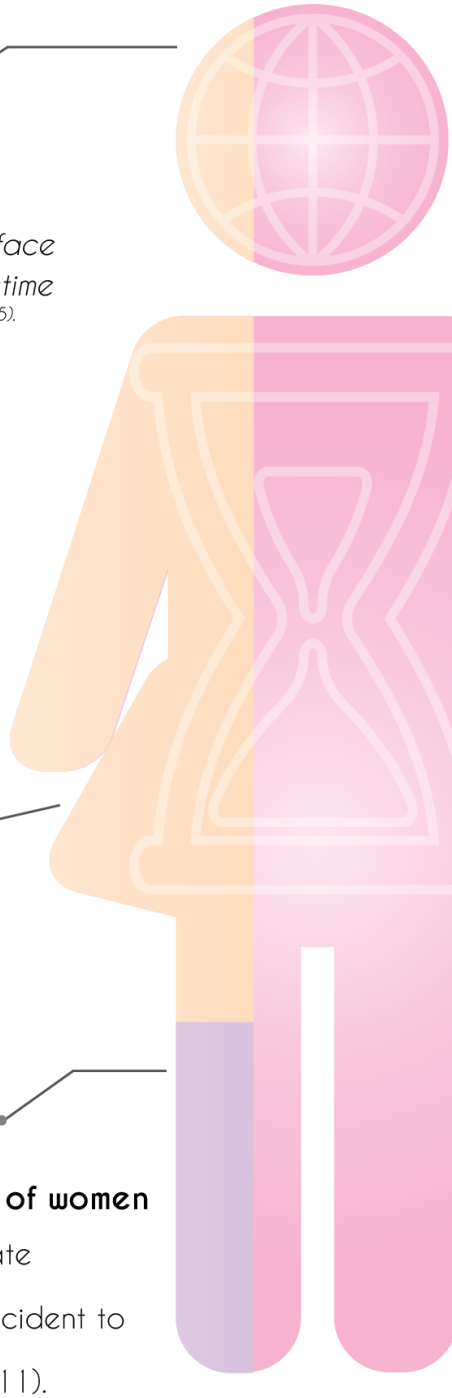
Statistics

Intimate partner violence (IPV) is the **most prevalent** type of violence against women globally.

1 in 3

women around the world will face an act of violence in their lifetime

(Moreno, Heise, Jansen, Ellsberg & Watts, 2005).



Every 6 days

Canadian women may also be murdered by their partners

(Miladinovic & Mulligan, 2015).

In Canada ,

80% of the victims of intimate partner violence are women.

Approximately 22% of women who experience intimate partner violence report the incident to the police (Brennan, 2011).

Thus, our current perception of the prevalence of IPV may be grossly underestimated.

Factors that

Perpetuate Violence Against Women

- Determinants of Health and Wellbeing

Life conditions greatly influence the health of an individual and that of the overall population. People's life conditions include their place of birth, where they grow up, live, work, and age (WHO 2012).

These societal factors are shaped by the distribution of money, resources, and power at the local, national, and global levels, and ultimately are the social determinants of health and well-being (Riutort, Rupnarain, & Masoud, 2017)

Social determinants of health and well-being can be classified as distal, intermediate, and proximal. "Distal" refers to the historic, social, political, and economic factors that impact health outcomes. "Intermediate" refers to the community infrastructures, systems, resources, and capacities impacting health outcomes. Lastly, "proximal" factors are the ones most immediate to the individual, such as health behaviors and the physical and social environment (Reading & Wien, 2009).

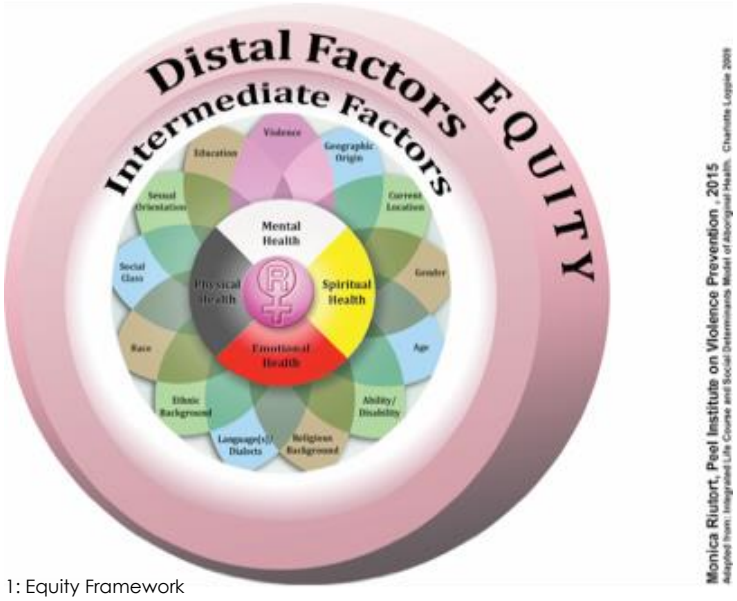
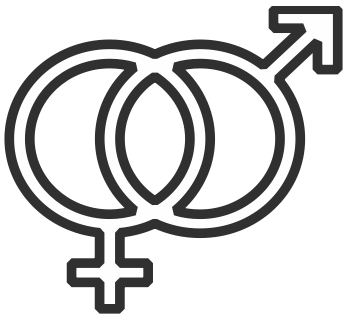


Figure 1: Equity Framework

As seen in Figure 1, social determinants can impact health on multiple levels—physical, mental, spiritual, and emotional.

There are two determinants of health that have a higher impact than others in perpetuating interpersonal violence: namely gender and race.

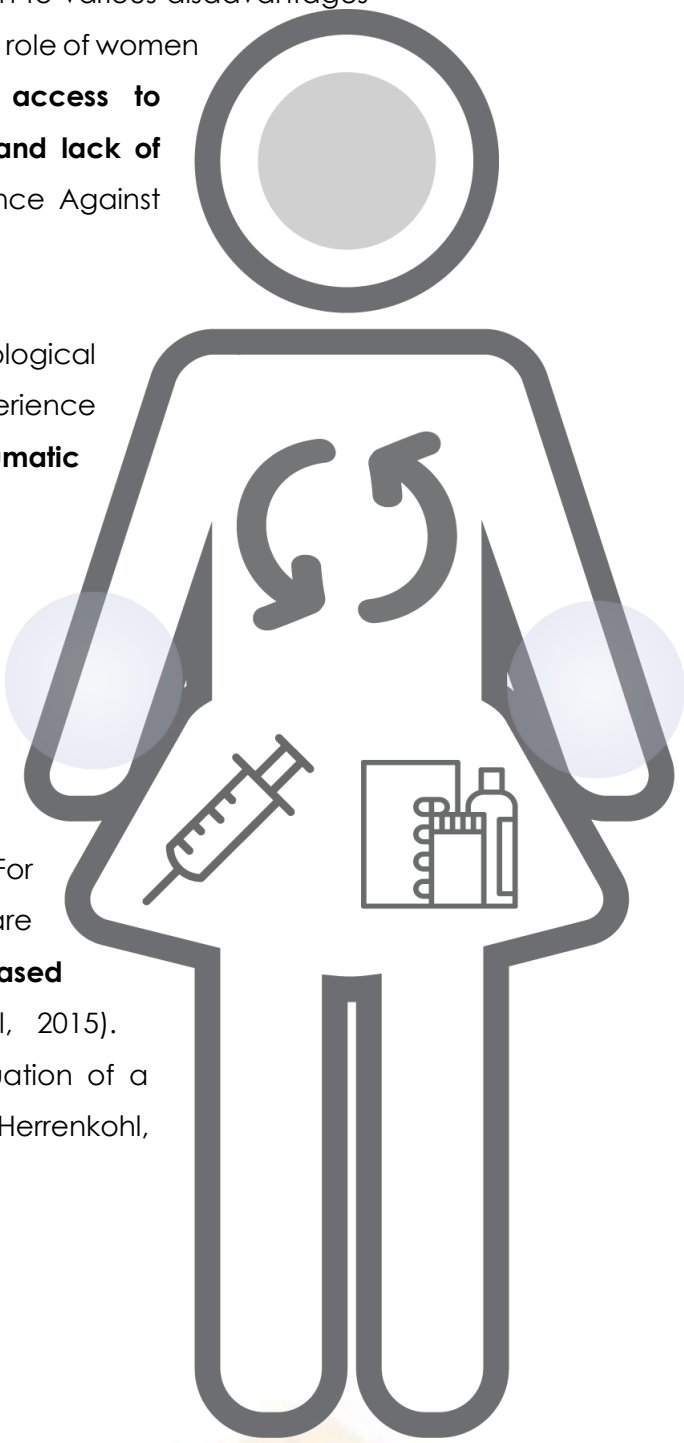
Gender has become an underlying basis for discrimination in many societies (WHO 2010). In as much as men and boys do experience adverse health consequences as a result of socially constructed approaches of masculinity, women and girls have unfortunately borne the majority of the negative.



Violence Against Women stems from **gender inequality** and **inequities in society** (Moreno et al., 2005). Society imposes gender roles, ideas and values that can affect the relationships between people, institutions and policy frameworks (Jewkes, Flood, & Lang, 2015). Men also tend to have more **social value** and **power** than women in society thus predisposing women to various disadvantages that can have a **negative** impact on their lives. Therefore, the role of women in society, the structure of their relationships, **lower access to opportunities** and **resources, poor socioeconomic status and lack of independence** are some factors that contribute to Violence Against Women (Dawson, Bunge & Balde, 2009).

Violence may also impact women's physical, psychological and social wellbeing (Basile & Smith, 2011). Women may experience negative consequences such **as physical injuries, post-traumatic stress disorder, depression and isolation** as a result of abuse.

Women who are victims of violence are **more likely** to **participate in risky behaviors such as engaging in unprotected sex or drug use.** Consequently, this results in more health-related problems, such as **addiction** and **sexually transmitted diseases**. Society is also **negatively impacted** by occurrences of Violence Against Women. For example, women who are abused tend to visit healthcare centers more often due to their poor health, resulting **in increased expenditures on the health care system.** (Carter-Snell, 2015). Communities and families are impacted by the perpetuation of a **repetitive** cycle of abuse towards women and families (Herrenkohl, Higgins, Merrick, & Leeb, 2015).



Race and racism are concerns for Canadian society, as racial and racialized differences are evident in **employment, education,** and **housing**. Racism limits socioeconomic opportunities for racialized groups, and is the main cause of racialized health inequities expressed through multiple pathways (Vissandjée et al. 2001; Levy et al. 2013). For instance, racism causes **stresses,** including the **stress of discrimination**; **this psychological impact then initiates detrimental biological and physiological processes in the endocrine, immune, and cardiovascular systems** (Bourassa, McKay-McNabb, & Hampton, 2004; Levy et al. 2013). Furthermore, In every province of Canada, **Canadians of color** experience **higher rates of unemployment** and **lower incomes** (Graham, 2004). A 2002 analysis by Statistics Canada revealed that the labor force was the most common area in which people reported experiencing racial discrimination (Levy et al. 2013).

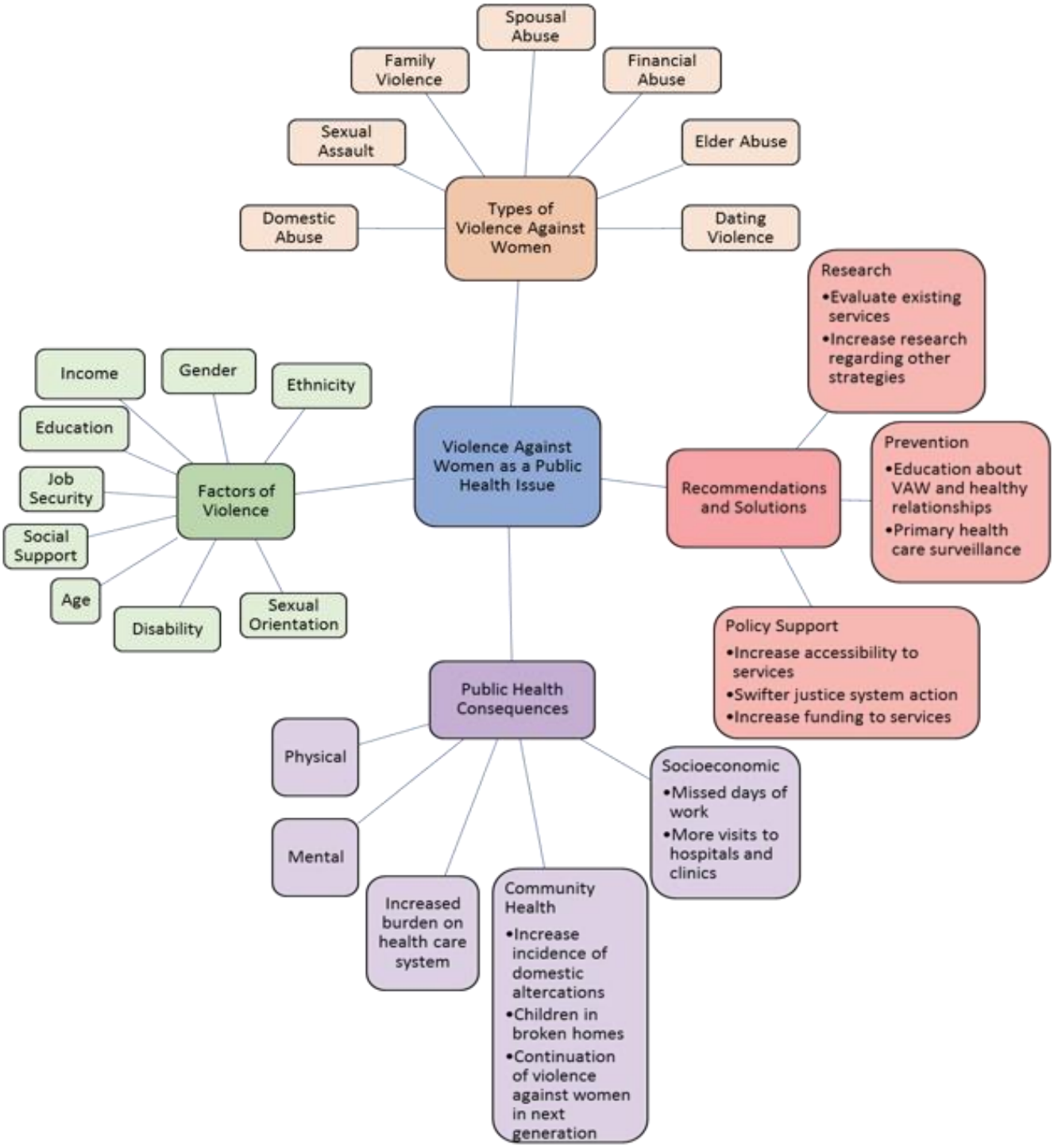
The geographical area where women live has also been found to be linked to the prevalence of Violence Against Women (Rennison, Dekeseredy, & Dragiewicz, 2013).

"Women who live in rural areas are more likely to be abused than their urban counterparts and often lack access to support services and healthcare" (Rennison et al., 2013).

Immigrant and **refugee women** are at **higher risk** of experiencing violence because they have a more difficult time understanding their rights to education, employment, personal security, association and liberty from violence (Merali, 2009).

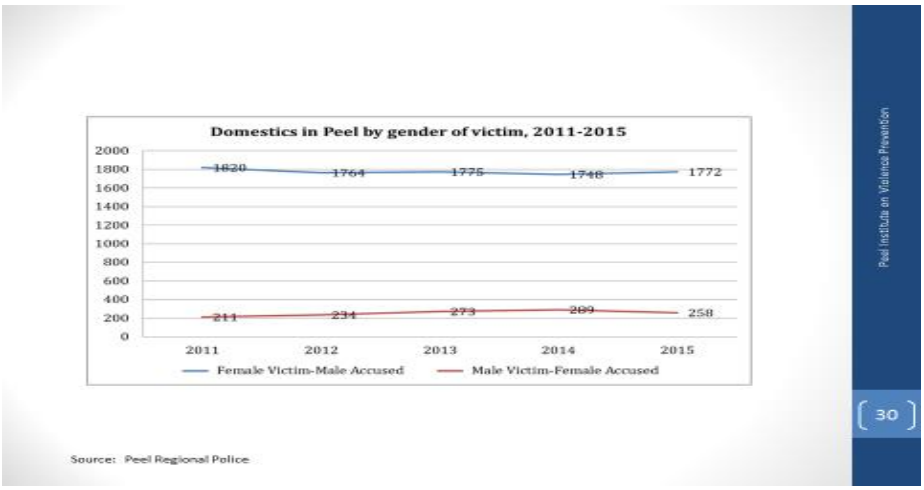
According to Brennan's report on homicide in Canada (2011), Aboriginal women are **six times more likely to be killed** by an intimate partner compared to Non-Aboriginal women (Miladinovic & Mulligan, 2015). Women who are **elderly,** have a **disability**, are **pregnant** and/or identify as a member of **LGBTQ** community are more at risk for being victims of violence (Funnell, 1997).

The figure below describes Violence Against Women as a public health issue. The relationships are dynamic and changing. Each area has an effect on the other. (Peel Institute on Violence Prevention 2017)



Prevalence in the Region of Peel

A study illustrating the prevalence of Violence Against Women has not yet been conducted in Peel. The most reliable data is from Peel police, however, it is only the tip of the iceberg, as the majority of cases are not reported.



Public Health Involvement

The Region of Peel Public Health website (as of November 2016) has information aimed at educating the community on Violence Against Women. The website also provides links and references to various social services that addresses prevention of Violence Against Women. However, there is no information to indicate that services- i.e. prevention or intervention is provided directly by Peel Public Health for women who have experienced violence. In 1997, Funnell published a report on Violence Against Women titled "Shades of Grey - A Case for Public Health Intervention". This report studied risk factors associated with Violence Against Women and offered strategies for prevention. It also identified interpersonal violence as a Public Health issue, setting the stage for discussion of providing high quality, effective care to victims of abuse, to reduce victimization and impacts of victimization

The Role

Public Health

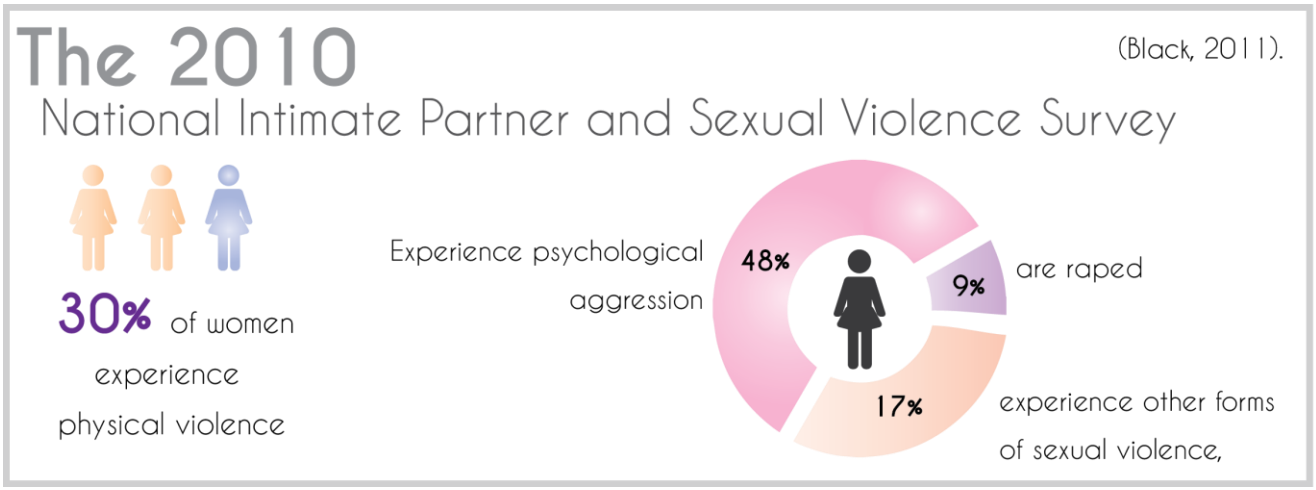
Public health institutions are responsible for protecting and promoting the health of a population (Public Health Agency of Canada, 2017). Their goals are accomplished by creating programs, services and policies that focus on health promotion, prevention and control of disease. This key characteristic of Public Health distinguishes it from primary care institutions which focuses on the health of individuals (Porr & Dosani, 2015).

Violence Against Women is considered to be a Public Health responsibility because it is a preventable issue that affects the health of the population (World Health Organization, 2013; Basile & Smith, 2011). There are physical, psychological and societal consequences that can affect the whole population (Carter-Snell, 2015).

Due to the physical consequences of violence, health care institutions are often the first point of contact for women (Mason & Pellizzari, 2006). This puts physicians and other health care professionals in an advantageous position of being able to address Violence Against Women. Unfortunately, there is a lack of research showing the current violence prevention strategies implemented in North America through health care and public health. This paper highlights effective strategies that have been used by countries around the world with the intention of suggesting strategies that can be used in our own communities. Public Health can utilize this knowledge to inform research, prevention and policies related to interpersonal violence in the Region of Peel.

Research

Effective policies and strategies are often characterized by extensive research and planning. Similarly, Public Health institutions can begin their work by understanding the prevalence of violence within the population of interest. This includes collecting data about the types of populations affected, the circumstances that makes women more vulnerable to interpersonal violence, and the negative consequences resulting from these cases.



The figure above describes how the National Intimate Partner and Sexual Violence Survey provides vital evidence to assert the need for prevention and Public Health policies. This evidence can be used to inform financial planning for Public Health initiatives related to this issue, to rally involvement from other institutions, and to promote social change among the population.

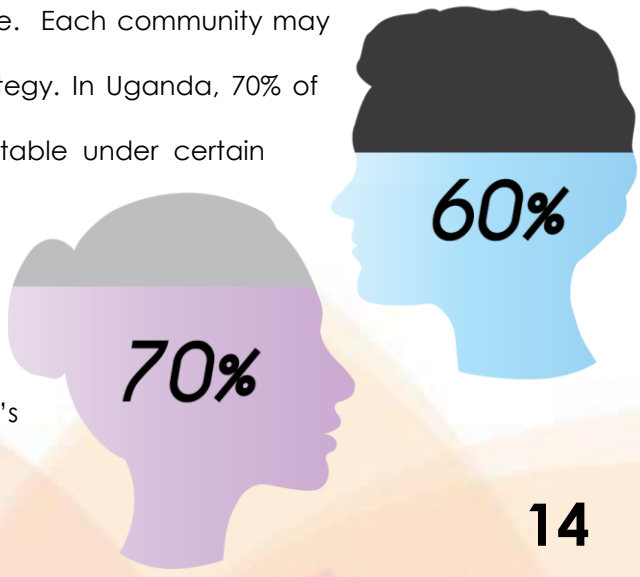
Public Health professionals must also consider the populations that are at risk. This allows for the formulation of more effective prevention plans and for shaping strategies, while preserving the factors that have the greatest impact on vulnerable populations. A study conducted in the United States shows that 1 in every 6 pregnant women experience a violent episode during their pregnancy (Campbell, Garcia-Moreno & Sharps, 2004). Using this knowledge, Public Health can create interventions, involving the services that pregnant women use. Another study conducted by O'Campo, Burke, Peak, Mcdonnell & Gielen (2005) looked at factors within their neighborhood and identified how these factors operate independently as well as interact to increase

vulnerability to interpersonal violence. Thus, by conducting research, public health professionals can identify the populations at risk in their communities, and pinpoint the factors that affect them, to inform more effective prevention strategies.

Finally, to create an effective prevention plan, it is important to routinely reevaluate the strategies to maintain effectiveness. Society is ever changing and with it, older barriers may become minimized while new barriers are identified. Ongoing research must be conducted to identify the effective and ineffective strategies and what approaches are proving to be promising (García-Moreno et al., 2015). Public Health can evaluate health indicators and collect data on the use of a strategy before and after it has been implemented (Jewkes et al., 2014). Another method of evaluation outlined by a study conducted which shows the emphasis on training Public Health midwives to identify victims of abuse in Sri Lanka (Jayatilleke et al. 2015). They evaluated the effectiveness of the training and found that 98.5% of the 408 Public Health midwives identified at least one IPV sufferer over the 3 months of the trials, compared to 73.3% before they were trained (Jayatilleke et al., 2015). It is apparent that the training was effective in achieving the goal set out by the researchers and thus should be implemented as a continued strategy within the community. Research clearly plays an important role in creating an effective violence prevention strategy.

Prevention

Upon determining the prevalence of interpersonal violence in a region, Public Health institutions can focus on creating strategies to prevent further occurrences of violence. Each community may experience different barriers to implementing a prevention strategy. In Uganda, 70% of women and 60% of men believe that wife beating is acceptable under certain circumstances (Uganda Bureau of Statistics (UBOS) & Macro International, Inc., 2007). The focus in this case was on educating the community about the consequences associated with Violence Against Women and thus minimizing the community's



acceptance of it. Violence prevention experts trained HIV testing counselors and anti-retroviral therapy counselors to recognize signs of abuse. The institution also trained volunteers to conduct courses and presentations in which they educated the community about interpersonal violence (Wagman et al., 2012). In addition, the program utilized commonly accessed health care professionals to identify and prevent abuse. Public Health interventions need not only focus on physicians, but also on the health care professionals who are most commonly accessed in the community. Although the effectiveness of this program is still being evaluated, the program was formulated based on the barriers that were discovered to be prominent in the community.

Another study conducted in Kenya identified different barriers to interpersonal violence prevention. A recent work found that cases of interpersonal violence were being underreported and reported cases were not being dealt with appropriately. Thus the focus was on identifying survivors of interpersonal violence and then referring them to the appropriate services. It was identified that routine screening was desired by most clients, but that it cannot happen in every health care setting. Health care institutions that have low to medium patient volume and contain the resources to assist survivors of interpersonal violence can be engaged in public health interventions (Undie et al., 2016).

Other interventions focus on preventing interpersonal violent habits forming from an early age. A literature review conducted in the United States (Herrenkohl et al, 2015) asserted that interpersonal violence has a tendency of recurring in families, with a history of child maltreatment and exposure to interpersonal violence at a young age. Thus, the focus was on educating children to form healthy relationships and prevent their susceptibility to future abusive relationships as outlined by the Essentials for Childhood framework. The effectiveness of this strategy must still be evaluated; however, the framework utilizes pre-existing evidence based on parenting programs such as Nurse-Family Partnership and Triple P (Herrenkohl et al, 2015). Similarly, Public Health strategies can utilize proven evidence based prevention programs to increase the effectiveness of the strategy.

There are many ways to approach formulating prevention strategies of interpersonal violence. However, there seem to be clear patterns of focus of these strategies: training health care professionals to identify symptoms of abuse, educating populations to mitigate preexisting beliefs that interpersonal violence is acceptable, educating children about preventing interpersonal violence and taking advantage of pre-existing prevention programs. Prevention is an important aspect of Public Health strategy.

Policy support

Often the prevention strategies formulated by Public Health Professionals need to be supported by policies ensuring their implementation and maintenance. These policies can include funding that allows the strategies to be used more efficiently. For example, the Violence Against Women Act (VAWA) in the United States provided $1.6 billion over 6 years towards investigating violent crimes against women as well as ensuring that the victim receives justice (Modi, Palmer, & Armstrong, 2014). Funding can also be used toward implementing various prevention strategies in the community. For example, in Catalonia, the health department is involved in training that focuses on male violence and violence prevention, implementation and evaluation of health protocols, training for treatment of sexual assault, care and prevention of female genital mutilation. (Lori´a, Rosado, Espinosa, Marrochi, & Sánchez, 2014). Similarly, the City of Toronto has partnered with LAMP community health centers to engage fathers and children in building healthy relationships. The strategies that have been formulated may prove to be effective, but will not operate without adequate funding and policies.

Policy support can also play a role in accessibility, evaluation of services and patient confidentiality. Services that are targeted toward survivors of interpersonal violence must be accessible (Public Health Agency of Canada, 2012). Accessibility can be improved through strategic outreach strategies and/or relocating services to areas where women may be more vulnerable to interpersonal violence. For example, various training programs on Violence Against Women have been developed for health care professionals, but many have not been evaluated. Programs that have been evaluated indicate that it is difficult to change practice without sufficient institutional support via policies to maintain new practices (Mason & Pellizzari, 2006). Finally, regulation policies to control how services collect and disseminate information in a safe and confidential way is absolutely necessary.

The health system also plays a key role in the multi-sectoral response to end Violence Against Women (Garcia-Moreno et al., 2015). A comprehensive health-systems approach is needed to help health care providers

identify and support women experiencing interpersonal violence. By strengthening the health system, providers will be able to address Violence Against Women using protocols, effective coordination between agencies, referral networks and capacity building. Much of these comprehensive and overarching strategies require policy support to ensure their implementation and operation.

Conclusion

Violence Against Women is an important social concern for communities all over the world. This issue not only affects the victim, but also the community members at large, and thus has been identified as a Public Health issue. Despite the challenges, significant headway has been made in formulating Public Health strategies that are currently utilized in countries around the world. Information was gathered from literature review and research done as well as international strategies to inform hopefully the development of a Public Health strategy in the Region of Peel.

Extensive research is an important first step towards creating and implementing a Public Health strategy. Public Health institutions must first identify the prevalence of interpersonal violence in the target community. To be most effective, the strategy must be created by taking into consideration the population that is most at risk of interpersonal violence. By identifying the population at risk, researchers will be able to determine which services and resources are most used by the target population, which can also inform the Public Health strategy. Finally, strategies must be consistently evaluated to ensure the effectiveness of the strategy and identify areas of improvement.

Information collected from research can be used to create Public Health prevention strategies. These strategies may involve training commonly accessed heath care professionals to identify victims of interpersonal violence.

Finally, policy support is important in ensuring the implementation and maintenance of Public Health strategies. Continued funding may be established via policy formation, which is often integral in supporting the Public Health prevention strategies. Public Health institutions within the Region of Peel can use the information acquired from internationally implemented strategies to inspire and inform their own prevention strategies.

Recommendations

1

Establish, implement and monitor multi-sectoral plans to address interpersonal violence.

The Region of Peel must continue its commitment to reduce interpersonal violence, which is a major preventable public health problem. The prevention of interpersonal violence should rank highly in Public Health agendas in the Region.

2

Enhance capacity and establish systems for data collection to monitor interpersonal violence, and the attitudes and beliefs that perpetuate it.

Identify the prevalence of Violence Against Women and populations at risk withinthe Region of Peel. Surveillance is a critical element of public health approaches, as it allows trends to be monitored and the impact of interventions to be assessed.

3

Support research on the causes, consequences, and costs of interpersonal violence and on effective prevention measures.

There is a lack of data on interpersonal violence in the Region of Peel. More research on the magnitude, nature of the problem and cost is urgently needed to provide a stronger basis for advocacy and action. Given the diversity of the population in Peel, we need to carry out research on the causes of interpersonal violence in different cultures and different circumstances.

4

Develop, implement and evaluate programs aimed at primary prevention of interpersonal violence.

Preventing interpersonal violence requires changing the gender-related attitudes, beliefs, and values of both women and men, at a societal as well as at an individual level. Multimedia efforts should be made particularly to engage men.

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