

FAMILY VIOLENCE AS A SOCIAL DETERMINANT OF FIRST NATIONS, INUIT AND MÉTIS HEALTH



Family violence can lead to physical harm and stresses that impact mental health and well being. Family violence “is any behaviour by one family member against another which may endanger that person’s survival, security or well-being.”¹ Usually family violence involves an abuse of power and the violation of trust,² and can include emotional or psychological abuse, economic abuse (limiting or controlling access to financial resources), physical abuse, sexual abuse and/or neglect.

Physical health effects of family violence can include:

- low birth weights of babies born to women exposed to family violence,

which is linked to infant and child illness and disabilities;

- physical injuries such as broken bones and teeth, fractures, bruises, bites, cuts, scalds, and burns, which can even lead to death; and
- unplanned pregnancies, sexually transmitted diseases, pelvic pain, urinary tract and bladder infections, and related problems in victims of sexual abuse.³

Victims of family violence may also experience a range of mental health conditions such as “low self esteem, anxiety, depression, suicidal thoughts, and post-traumatic stress disorder.”⁴

They may cope with these conditions in ways which are harmful to their health, turning to substance abuse, engaging in self-mutilation, failing to properly take care of themselves (for example, not eating properly or taking prescribed medicines), engaging in high risk sexual practices, or committing suicide.⁵ Short term health effects from such behaviours may in turn lead to negative health effects in the long term.

Family violence is strongly linked with other social determinants of health including living conditions, poverty, employment, culture, and education. Poor socio-economic circumstances can also lead to stress and an inability to cope, leading to incidences of violence.

Factors Contributing to Family Violence in Aboriginal Communities

Family violence is more prevalent in rural and remote areas than urban centres for a number of reasons including the availability of firearms, an unwillingness among residents to identify family violence as a problem, a lack of mental health and social services, isolation, entrenched perceptions of gender inequality,⁶ a lack of access to employment opportunities, and the quality of education among others.⁷ While 54% of Canada’s Aboriginal⁸ population now live in urban areas, 67% of Inuit live in rural and remote communities



of less than 1000 people.⁹ The problem of family violence has been identified as a major concern for the Inuit.¹⁰ Nunavut, for example, has 6.5 times the national reported spousal abuse rate.¹¹

Victims of family violence are most often women; women living in isolated areas are particularly vulnerable to family violence.¹² Often they face such hardships that they feel they cannot endure them alone, forcing them to conclude, “his abuse is preferable to his absence.”¹³ Victims of family violence often remain in dangerous settings because of low self-esteem and limited financial resources, geographic isolation, and a lack of privacy which prevent them from seeking help and accessing services.

Colonization has contributed to the prevalence of family violence in Aboriginal communities. For Aboriginal people, family violence is seen as “a consequence to colonization, forced assimilation, and cultural genocide; the learned negative, cumulative, multi-generational actions, values, beliefs, attitudes and behavioural patterns practiced by one or more people that weaken or destroy the harmony and well-being of an Aboriginal individual, family, extended family, community or nationhood.”¹⁴ Colonization and forced assimilation has meant loss of lands and resources which Richmond and Ross (2009) argue are “at the root of the health and social inequalities”¹⁵ for rural and remote First Nation and Inuit communities, creating conditions in which “family violence thrives.”¹⁶ Loss of land and resources has led to limited economic development opportunities, greater dependency on the government for financial help, cultural loss and an undermining of the social and cultural fabric that is central to Aboriginal identity, decreased self-reliance and a sense of powerlessness.¹⁷

Family violence is a learned behaviour.¹⁸ The residential school system, which

placed Aboriginal children in institutions where they lacked the support of a loving family environment and where they may have been subjected to physical and/or sexual abuse, has contributed to the intergenerational transmission of family violence.¹⁹ These children grew up lacking parenting skills, may have abused their own children, thus perpetuating the cycle of abusive behaviour. Paletta (2008) clearly establishes a link between abusive behaviour and the abusers’ experiences as a victim of violence in the past.²⁰

Impacts of Family Violence

Family violence is one aspect of the “ongoing socioeconomic crisis facing many Aboriginal communities today.”²¹ Research indicates that:

- Aboriginal peoples are almost three times more likely than other people to report being assaulted by a spouse, and more often by an ex-spouse than a current one;²²
- Aboriginal women are eight times more likely than non-Aboriginal women to die as a result of violence;²³
- Aboriginal victims are more likely to state that they were beaten, choked,

threatened with or had a gun or knife used against them, or were sexually assaulted;²⁴

- As a result of the violence that Aboriginal women experience within their homes, they are at higher risk for alcohol and substance abuse, and are three times more likely to commit suicide.²⁵

Aboriginal women leaving their communities as a result of family violence are more likely to engage in high-risk lifestyles. For example, a study of women prostituting in the Downtown Eastside of Vancouver reported that 52% of the prostitutes were First Nations, and 90% of these women indicated that they had been physically assaulted in prostitution.²⁶ In addition, 72% of respondents reported that as children, they had been hit or beaten by a caregiver until they had bruises or were injured.²⁷ While family violence most noticeably impacts women, the impacts of on children who experience or witness abuse are also wide ranging. Children who are exposed to family violence may:

- have poor academic achievement, inhibiting their ability to improve their life (and health) circumstances in the future,





- experience psychological problems, hopelessness, depression and low self worth,
- become aggressive themselves, thus perpetuating the cycle of violent and abusive behaviour, and
- experience emotional problems including anxiety, depression, dissociation and psychosis.²⁸

In addition, a study undertaken on child abuse and neglect identified exposure to family violence as the second most prevalent factor for taking Aboriginal children into care.²⁹

Reducing Risk Factors

Research has demonstrated that, as the gap in income equality widens, the social environment deteriorates, trust decreases, involvement in the community declines, population health deteriorates, and

the incidences of hostility and violence increase.³⁰ The 2002 World Report on Violence and Health completed by the World Health Organization (WHO) adopted an 'ecological model' to help understand the multi-level, multi-faceted nature of violence.³¹ The model recognizes that a wide and complex range of factors increases the risk of violence, and helps to perpetuate it. Alternatively, a range of interventions may protect against it. The WHO model emphasizes that it is a combination of factors, acting at different levels, which influence the likelihood that violence will occur, recur, or cease. Thus, strategies should be multifaceted and target the many factors that increase the risk of violence.

Strategies to Reduce Family Violence

Strategies to reduce family violence in Aboriginal families must acknowledge the impact of the past³² and be holistic,

encompassing not just the individual, but the individual within the context of the family, the community, and larger society.³³ They must involve the active and equal participation of women who are the primary victims of family violence.³⁴ Strategies cannot be generic but must be tailored to the specific context of communities, be innovative and be culturally appropriate, "rather than adapting existing programs and services that may not address the underlying causes of family violence in Aboriginal communities."³⁵ They must also involve multisectoral, interagency collaboration in order to be effective.³⁶ Since "[s]uicide, substance abuse, poverty, poor health, unemployment and family violence are all inseparable," any "attempts to address the problem of family violence cannot be effective unless accompanied by change at the systemic level."³⁷

Endnotes

¹ National Clearinghouse on Family Violence and the Office of the Prevention of Family Violence in Alberta (1994). *Breaking the pattern: How communities can help*. Ottawa, ON: Minister of Supplies and Services Canada, p. 3.

² Ibid.

³ Public Health Agency of Canada. (n.d.) Health effects of family violence. Ottawa, ON: National Clearinghouse on Family Violence, p. 2, <http://www.phac-aspc.gc.ca/ncfvcnivf/familyviolence/pdfs/health-effects-eng.pdf> [accessed January 17, 2009]

⁴ Ibid, p. 1.

⁵ Ibid.

⁶ Information regarding perceptions of women's inequality were derived from Aboriginal Healing Foundation (2003). *Aboriginal Domestic Violence in Canada*. Ottawa, ON: Aboriginal Healing Foundation Research Series, p. 22. All other reasons for prevalence of violence in rural regions were derived from Dreddy, K. (2002). *Moving Toward Safety: Responding to Family Violence in Aboriginal and Northern Communities of Labrador*. Labrador, NF: Prepared for the Provincial Association Against Family Violence, <http://www.gov.nf.ca/vpi/pdf/MovingTowardSafety.pdf> [accessed January 16, 2009]

⁷ MacLeod, L. (1987), as cited in Dreddy, K. (2002).

⁸ 'Aboriginal' throughout this fact sheet refers collectively to the Indigenous inhabitants of Canada, including First Nations, Inuit and Métis peoples (as stated in section 35(2) of the Constitution Act, 1982). Wherever possible, we provide names and data for distinct groups/communities.

⁹ Statistics Canada (2008). *Aboriginal peoples in Canada in 2006: Inuit, Métis and First Nations*, 2006 Census. Ottawa, ON: Ministry of Industry, Catalogue #97-558-XIE.

¹⁰ Dickson, J. (2006). *Family violence in the Canadian arctic*. Working Group on Aboriginal Family Violence, Pauktuutit Inuit Women of Canada, [http://www.pauktuutit.ca/files/FamilyViolenceInTheArctic.ppt#256,1,Family Violence in the Canadian Arctic](http://www.pauktuutit.ca/files/FamilyViolenceInTheArctic.ppt#256,1,Family%20Violence%20in%20the%20Canadian%20Arctic) [accessed January 12, 2009]

¹¹ Ibid.

¹² Dreddy (2002) and Dickson (2006).

¹³ Paletta, A. (2008). *Understanding family violence and sexual assault in the Territories, First Nations, Inuit and Metis peoples*. Ottawa, ON: Department of Justice, p. 9.

¹⁴ Maracle, S. (1993). as cited in Health Canada (1997). *Family violence in Aboriginal communities: An Aboriginal perspective*, The National Clearinghouse on Family Violence, Cat. H72-21/150-1997E, http://www.phac-aspc.gc.ca/ncfvcnivf/familyviolence/html/fvabor_e.html, accessed January 5, 2009, p. 1-2.

¹⁵ Richmond, C.A.M. & Ross, N.A., (2009). The determinants of First Nation and Inuit health: A critical population health approach. *Health & Place* 15: p. 405.

¹⁶ Dreddy (2002), p. 8.

¹⁷ Richmond, C.A.M. & Ross, N.A., (2009).

¹⁸ Frank, S. (1992), *Family violence in Aboriginal communities: A First Nations report*. Victoria, BC: Ministry of Women's Equality.

¹⁹ Paletta (2008), p. 7.

²⁰ Ibid.

²¹ Dreddy, K. (2002). p. 3.

²² Aboriginal Consulting Services Association of Alberta (2003). *Reducing family violence in Canadian Aboriginal communities: Development of a comprehensive prevention program*. Edmonton, AB: Author

²³ Statistics Canada, *Violence against Aboriginal women*, <http://www.statcan.gc.ca/pub/85-570-x/2006001/findings-resultats/4054081-eng.htm> [accessed January 29, 2009].

²⁴ Canadian Centre for Justice Statistics (2005). *Family violence in Canada – A statistical profile*. Ottawa, ON: Statistics Canada, p. 20.

²⁵ Health Canada, Women's Health Bureau, *The Health of Aboriginal Women*, www.hc-sc.gc.ca/english/women/facts_issues/facts_aborig.htm, p. 1.

²⁶ Farley, M. & Lynne, J. (2005). *Prostitution of Indigenous women: Sex inequality and the colonization of Canada's First Nations women*. *Fourth World Journal*, 6(1): 1-29.

²⁷ Ibid.

²⁸ Bowlus, A., McKenna, K., Day, T., & Wright, D. (2003) *The economic costs and consequences of child abuse in Canada*. Ottawa, ON: Law Commission of Canada.

²⁹ Canadian Incidence Study of Reported Child Abuse and Neglect (2005). *Final Report*. Montreal, QC: Centre for Research on Children and Families, McGill University. While this study includes all Aboriginal groups, First Nations people are over-



represented in the data.

³⁰ Wilkinson, R. (2000). *Mind the gap: Hierarchies, health and human evolution*. London: Weidenfield & Nicholson.

³¹ Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (2002). *World report on health and violence*. Geneva: World Health Organization. http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf [accessed January 12, 2009]

³² Steering Committee on Native Mental Health (1991), as cited in Health Canada (1997). *Family violence in Aboriginal communities: An Aboriginal perspective*, p. 4.

³³ Dreddy (2002), p. 19.

³⁴ Dreddy (2002), p. 18.

³⁵ Steering Committee on Native Mental Health (1991), p. 4.

³⁶ Dreddy (2002).

³⁷ British Columbia: Ministry of Women's Equity (1992) as cited in Dreddy, 2002, p. 4.



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