

700 Lawrence Ave. W., Suite 310
Toronto, Ontario M6A 3B4

Tel: (416) 367-3313
1-800-267-6817 (Ont)
Fax: (416) 367-2844
E-mail: info@opha.on.ca
www.opha.on.ca

Honorary Patron

The Hon. David C. Onley
Lieutenant Governor of Ontario

President

Carol Timmings
E-mail: ctimmings@opha.on.ca

Executive Director

Connie Uetrecht
E-mail: cuetrecht@opha.on.ca

Constituent Societies

ANDSOOHA – Public Health
Nursing Management in Ontario

Association of Ontario
Health Centres

Association of Public Health
Epidemiologists in Ontario

Association of Supervisors of Public
Health Inspectors of Ontario

Canadian Institute of Public
Health Inspectors (Ontario Branch)

Community Health Nurses' Initiatives
Group (RNAO)

Health Promotion Ontario:
Public Health

Ontario Association of Public Health
Dentistry

Ontario Public Health Libraries
Association

Ontario Society of Nutrition
Professionals in Public Health

Public Health Research, Education
and Development (PHRED)
Program

Charitable Registration
Number 11924 8771 RR0001

February 21, 2008

Submissions

Roots of Youth Violence Secretariat
2nd Floor, 880 Bay Street
Toronto, ON
M7A 2B6

ATTENTION: Co-Chairs Hon. Roy McMurtry and Hon. Alvin Curling

The Ontario Public Health Association is making the following submission to the Review of the Roots of Youth Violence in the hope that a united action plan is developed to ensure that the lives of youth, their families and communities across Ontario are ameliorated.

Foremost, we believe that youth violence is a major public health issue. As you are aware, youth violence is perpetrated individually or collectively in groups or gangs. Although perpetrators of youth violence are commonly young, heterosexual males, the prevalence of female perpetrators is also increasing. Research by Health Canada (2002B) revealed that youth perpetrated violence had a number of serious consequences on its victims. Victimization was associated with "increased use of drugs and alcohol, eating disorders, tobacco use and mental health problems, low self-esteem, emotional problems, and difficulties in academic performance, employment, or in personal relationships". (Health Canada, 2002 B, p. 1)

In analyzing gang violence, school shootings, or even bullying, we are suggesting that the review panel adopt a gender-based analysis. As you know the bulk of political and media attention tends to focus on "youth violence" and "kids killing kids" – this seems an entirely inadequate approach to examining the issue. As leading anti-violence activist Jackson Katz (1999) states, the problem of school violence reveals "not a crisis in youth culture but a crisis in masculinity." Instead, this issue should be examined as a case of *boys* inflicting violence on *other boys*, and *boys* inflicting violence on *girls*. However, society is too often "unable, or unwilling, to acknowledge [that this represents an] extreme manifestation of one of contemporary American society's biggest problems – the ongoing crisis of men's violence" (Jackson Katz, 1999).

Gender Socialization and Men's Violence

Violence is not inherently part of being a man; men and boys are *taught* to use violence.¹ From a young age, men and boys have learned to express their anger or insecurity through violence. Many men have come to believe that violence against a woman, child or another man is an acceptable way to control another person. According to researchers, men's socialization is directly linked to the increase in violence among young men and the steady increase of sexual violence against women.¹ In our society, violence is still too often accepted, both implicitly and explicitly, as a means to resolve conflict, or to establish and maintain control in interpersonal relationships.¹

Research corroborates the existence of a “culture” of men’s violence. First, men and boys constitute the majority of victims of men’s violence, especially in the categories of murder, attempted murder, assault, and aggravated assault.¹ The Canadian Health Network (2005) reports that violence kills 4% of young men, and male youth are more likely to fight and use weapons than women. Between 1974 and 1994, men were disproportionately victims of homicide by a ratio of approximately 2:1 in Canada and Ontario.¹

Second, men commit the vast majority of acts of interpersonal violence, regardless of the gender of their victims.¹ According to the Correctional Service of Canada, there has been an increase in violent crimes and drug offences by young males since the late 1990’s, and that 80% of charges laid in youth court between 1995 to 1996 were against young men.¹ As well, crimes committed by young men were reported to be more violent than crimes committed by young women.¹

Researchers emphasize that perpetrators act from a set of beliefs, values, and attitudes about how men and women should relate in intimate relationships.¹ As studies show, men and women are not identically motivated when engaging in violent or abusive acts. For men, abusive and violent behaviour serves as a means of “doing gender.” This is particularly reflected in the fact that men’s violence is often triggered when they perceive their female partner as “failing” to fulfill her traditional gender role (e.g. by not cooking dinner “right” or on time; inadequately attending to his needs; insufficient displays of nurturing behaviour; etc.).¹ On the other hand, women often use violence as a means of defending themselves from attack, even in cases where partners are “mutually” violent.¹ Through the socialization process, boys and men learn that aggression and “justifiable” violence are gender norms.

Overall, it is important to examine violence issues from a gender-based analysis, as “a gender-neutral [approach] has the effect of blinding us as we desperately search for clues about how to respond” (Katz, 1999). As Katz (1999) emphasizes, “the fact that violence – whether of the spectacular kind represented in the school shootings or the more routine murder, assault, and rape – is an overwhelmingly male phenomenon should indicate to us that gender is a vital factor, perhaps the vital factor.”

Combating youth violence requires a multifaceted approach with an emphasis on individual, community and societal interventions. In order to champion safe and caring communities, we encourage the Chairs of the Review first of all to recommend to the provincial government that it articulate a clear mandate for violence prevention activities in the “Mandatory Health Programs and Service Guidelines” (currently in the process of being revised) for public health units across Ontario.

Secondly we are emphasizing that the Chairs of the Review recommend that the provincial government set its directional focus on a reinvestment in the early year’s agenda. Best practice findings indicate that interventions aimed at preventing youth violence start off in early infancy and childhood by focusing on early childhood programmes such as home visitation and parenting programs. Home visiting programs seem to benefit at risk families the most and require an emphasis on training parents on prenatal care; child abuse and neglect prevention; development of problem solving skills and linkages with community and social services. Early years interventions are also school based, and need to continue throughout the school years with a focus on social cognitive strategies inclusive of strengthening communication skills; facilitating peer relationships; impulse control; anger management training; moral reasoning, and emotional coping.

Some of the effects of home visiting programs include improved maternal health and pregnancy outcomes, reduced childhood injuries and reliance on social assistance, increased employment and education among young parents, improved physical and mental health of children, and reduced criminal behaviour by children. Additionally, successful programs need to integrate the following components:

- Targeting appropriate populations such as the very young or those at high-risk.
- Factoring in the cultural and demographic context of intended participants.
- Selecting an appropriate setting.
- Involving community and parent members in planning the intervention.
- Setting clear goals and objectives for intervention outcomes.
- Monitor progress and evaluate the outcomes of the intervention that will assist in maintaining results.
- Create links between parent and family based strategies with other interventions.

Additionally, there is an urgent need to develop specialized information, services, and programs directed toward men and their health. According to the Toronto Men's Health Network, "few if any awareness initiatives have been undertaken by health authorities at the local, provincial, and federal levels in Canada to specifically target men and boys."¹ In particular, there is a strong need for young men to unlearn sexist and misogynist attitudes towards women and the need for programming that addresses violence against women and homophobia.¹ In focus groups conducted by Planned Parenthood Toronto (2005), young men consistently spoke about women in a "disturbingly negative way", and talked about needing support to deal with their anger in healthier ways.¹

Early intervention is key to preventing disease, injury, and death. Evidence shows that younger men potentially have more flexible views about gender norms than older men. Also, most young men are just beginning their sexual lives and the development of intimate partnerships.¹ This suggests that male youth may be more open to changing some of their behaviours, attitudes, and beliefs about health, gender, violence, and sexuality compared to older men.¹

Furthermore, we suggest that community based strategies to combat youth violence pay special attention to: (WHO, 2002)

- Monitoring lead levels and removing toxins from the home environment so as to reduce the risk of brain damage in children, something that may lead directly to youth violence.
- Increasing the availability and quality of childcare spaces and pre-school enrichment programs to promote healthy development and facilitate success in school.
- Making improvement to school settings (e.g. changing teaching practices, school policies and rules; increasing security).
- Creating safe routes for children (i.e. to and from home and community activities).

Given an increase in gang violence with illegal handguns especially in Toronto, we are recommending that the Chairs support an integrated strategy to reduce gun violence. To this end, we stress the importance of a strong policing and justice response, coupled with measures to choke off the supply of illegal firearms along with disarming, demobilizing and reintegrating gang members.

Other approaches for youth violence prevention include changing societal, cultural, economic barriers e.g. creating job programmes; strengthening the criminal justice system; modifying deep seated cultural norms and values which stimulate violence. (WHO, 2002).

In order to strengthen long term programming effectiveness, we encourage the Chairs to also advance a research agenda with these possible topic areas:

- 1) Identification of cross-cultural differences in the development and prevention of youth violence;
- 2) To determine which risk factors affect the persistence, escalation, de-escalation and termination of violent acts at various ages;
- 3) Girls' involvement in youth violence;
- 4) Longitudinal studies evaluating the long-term impact of interventions conducted in infancy or childhood;
- 5) Studies on the cost-effectiveness of prevention programmes and policies.

We thank the review panel for the opportunity for input on this very important public health issue.

Sincerely,

Carol Timmings
President

1) Jackson Katz, "Building 'A Big Tent' Approach to Ending Men's Violence," Building Partners Initiative, United States Department of Justice (2003).

2) *Tough Guise: Violence, Media, & the Crisis in Masculinity* (Media Education Foundation, 1999).

3) Jackson Katz, "Building 'A Big Tent' Approach to Ending Men's Violence," Building Partners Initiative, United States Department of Justice (2003).

4) Ibid.

5) Rosemary Gartner, Myrna Dawson, & Maria Crawford, "Woman Killing: Intimate Femicide in Ontario, 1974-1994" *Resources for Feminist Research* Vol. 26 (3/4) (1998): 151-173

- 6) Jackson Katz, "Building 'A Big Tent' Approach to Ending Men's Violence," Building Partners Initiative, United States Department of Justice (2003).
- 7) "It's a Guy Thing Not to Go to the Doctor: The Young Men's Health Consultation Report," *Planned Parenthood of Toronto* (Toronto: March 2005), www.ppt.on.ca
- 8) Ibid.
- 9) White Ribbon Campaign. www.whiteribbon.ca
- 10) Russell P. Dobash & Emerson R. Dobash, R. Emerson (2004), "Women's Violence to Men in Intimate Relationships: Working on a Puzzle," *British Journal of Criminology* Vol. 44: 324-349.
- 11) Leslie Tutty, *Husband Abuse: An Overview of Research & Perspectives* (Ottawa: Health Canada, 1999).
- 12) Toronto Men's Health Network.
- 13) Ibid.
- 14) "It's a Guy Thing Not to Go to the Doctor: The Young Men's Health Consultation Report," *Planned Parenthood of Toronto* (Toronto: March 2005), www.ppt.on.ca
- 15) "Promoting Gender-Equity Among Young Brazilian Men as an HIV Prevention Strategy."
<http://www.popcouncil.org/pdfs/horizons/brgendernorms.pdf>
- 16) Ibid.