**CANADIAN
PSYCHOLOGICAL
ASSOCIATION**

**SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE**

GENDER-BASED VIOLENCE

A Position Statement of the Canadian Psychological Association (CPA)

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ABOUT THE CPA

The Canadian Psychological Association is the national voice for the science, practice and education of psychology in the service of the health and welfare of Canadians. The CPA is Canada's largest association for psychology and represents psychologists in public and private practice, university educators and researchers, as well as students. Psychologists are the country's largest group of regulat-ed and specialized mental health providers, making our profession a key resource for the mental health treatment Canadians need.

VISION

A society where understanding of diverse human needs, behaviours and aspirations drive legislation, policies and programs for individuals, organizations and communities.

MISSION

Advancing research, knowledge and the application of psychology in the service of society through advocacy, support and collaboration.

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SUMMARY AND RECOMMENDATIONS

The Canadian Psychological Association (CPA) has long held that the eradication of gender-based violence requires a "multipronged, integrated approach with a focus on research, prevention, and remediation" (Canadian Psychological Association, 2010). Since this policy statement was adopted in 2010, gender-based violence has increased, as has the way it is recognized and reported.

It is the CPA's position that all levels of government, and all people in Canada, must work concertedly and collaboratively to eliminate gender-based violence in Canada. The CPA stands ready to help, and based on the state of research on gender-based violence, makes the following recommendation:

That the federal, provincial, and territorial governments create or support policies that seek to prevent and/or mitigate gender-based violence. Specifically:

a. Ministries of Labour and Ministries of Education contribute funds to create gender-based violence educational resources for workplaces and schools, respectively.

b. Ministries of Education work with schools to implement ongoing education on gender-based violence.

c. Require workplaces of all sizes to have a gender-based violence policy that is communicated to all staff upon orientation and at regular intervals thereafter.

d. Ministries of Health prioritize funds for mental health services and resources for survivors of gender-based violence.

e. Support research programs that seek to understand and prevent gender-based violence.

INTRODUCTION

Gender based violence is defined as, "harmful acts directed at an individual based on their gender" (UNHRC: The UN Refugee Agency, n.d.). It includes violence directed at someone for not subscribing to the socially constructed gender expression and/or identity that is expected of their assigned sex (Sinacore et al., 2021). Gender-based violence encompasses a range of actions including physical, sexual, psychological, and economic abuses. Gender-based violence effects all people regardless of gender, gender identity, or social location. However, people and groups who live with other kinds of discrimination are disproportionately affected by this form of violence (Sinacore & Furlani, 2023).

PREVALENCE

Gender based violence remains highly prevalent in Canada. How much and how it occurs are not fully known, because incidents are underreported. As an illustration, a 2019 nationally representative Survey of Safety in Public and Private Spaces revealed that only 5% of women reported informing the police about their most serious sexual assault (Statistics Canada, 2019). Further, research has shown that men may be even less inclined to report their experiences of sexual assault (Northcott, 2013). Many survivors of gender-based violence fear that reporting to the police will invite victim-blaming; stigmatization; accusations that they are lying; and dismissal by the police, the criminal justice system, and/or their community (Chen, 2010). The process of reporting an assault to police has been described as retraumatizing or revictimizing (Campbell, 2001). Unfortunately, under-reporting prevents us from getting an accurate picture of the actual experience of violence.

Though, looking at self-report survey data can help clarify the prevalence. Three in 10 women and one in 13 men self-report that they have been sexually assaulted at least once since age 15 (Cotter & Savage, 2019). Particularly alarming are the self-report rates of violence against Indigenous people and people living with disability. Nearly half of all Indigenous women (44%) and over a third of women living with disability (39%) report having been sexually assaulted (Cotter & Savage, 2019). As well, Indigenous men, and men living with disability, report up to twice the rate of sexual assault victimization of non-Indigenous men and men living without disability (Cotter & Savage, 2019). Sexual minority women and men also report higher rates of sexual assault victimization compared to their heterosexual counterparts. Specifically, while 30% of heterosexual women report having been sexually assaulted at least once since age 15, 39% of gay or lesbian women, and 55% of bisexual women report the same. This gap is even larger for men as the rate of sexual assault victimization is over three times greater for gay and bisexual men, compared to that of heterosexual men (27% and 25% vs. 8%, respectively; Cotter & Savage, 2019). Finally, Indigenous women and women living with disability report experiencing intimate partner violence at more than twice the rate of non-Indigenous women (Burczycka, 2020) and women living without disability (Cotter & Savage, 2019).

Gender-based violence also includes harassment. Nineteen percent of women and 13% of men report being harassed at work (Hango & Moyser, 2018). Further, specifically looking at sexual harassment, one in three women, and one in eight men report having been sexually harassed in public (Cotter & Savage, 2019). In post-secondary institutions, women report up to four times more sexual harassment than men (Burczycka, 2020). Sexual minority, transgender, and gender non-binary people experience significantly more sexual harassment than their cisgender[1] , heterosexual counterparts (Martin-Storey et al., 2018). As well, Indigenous women, racialized women, and women living with disability, report twice the rate of sexual harassment as do non-Indigenous and non-racialized women, and women living without disability (Cotter & Savage, 2019).

Social media, the internet, and various on-line platforms have facilitated many forms of gender-based violence (e.g., cyberstalking, cyber bullying, online harassment, revenge porn, non-consensual distribution of intimate pictures or videos; Jatmiko et al., 2020). The fact that such violence is often anonymous and crosses jurisdictions makes it a pernicious and widespread problem (Baker, 2013).

PSYCHOLOGICAL IMPACTS

In 2020, the Mental Health Commission of Canada issued a statement highlighting the importance of attending to the mental health of survivors of sexual violence and intimate partner violence. Survivors of gender-based sexual violence and intimate partner violence report a range of psychological repercussions that may not meet diagnostic thresholds, but which nevertheless deserve psychological attention. These include shock, confusion, anxiety, social withdrawal, problems sleeping, and flashbacks (Mental Health Commission of Canada, 2020).

Within workplace and educational contexts, gender-based violence, sexual harassment, and sexual assault have been associated with lower self-esteem, lower job satisfaction or interest in academic pursuits, absenteeism, increased stress, and quitting school or work (e.g., Chan et al., 2008; Stermac et al., 2020). Additionally, gender-based violence and sexual violence may negatively affect survivors' life satisfaction and the quality of their relationships (Sinacore & Morningstar, 2017). All forms of gender-based violence can result in a loss of social support and financial stability (which alone are predictors of poor mental health outcomes). Further, for Indigenous women, these experiences are linked to increased rates of homelessness (Pearce et al., 2008).

The largest groups of people experiencing gender-based violence are rape survivors, and studies estimate that large numbers of survivors go on to develop post-traumatic stress disorder (PTSD). For example, one study found that the lifetime prevalence of PTSD for women who have been sexually assaulted is 50% (Creamer et al., 2001). Additionally, survivors of gender-based violence, sexual violence, and intimate partner violence are significantly more likely to develop other psychological repercussions such as depression, anxiety, substance use problems, self-harming behaviours, eating disorders, and/or suicidal ideation than are those who have not experienced gender-based violence. Being sexually assaulted more than once, or within the context of intimate partner violence, increases the risk of suicidality and substance abuse (Jina & Thomas, 2013).

Unfortunately, the prevalence of gender-based violence is unacceptably high in Canada, even more so throughout the pandemic (Dlamini, 2021). All people in Canada have the right to live free from violence and to access care that can help them to recover from the many negative health outcomes associated with all forms of violence, including gender-based violence. It is past time that all levels of government, and all people in Canada, work concertedly to eliminate gender-based violence in Canada. The CPA stands ready to help.

[1] Cisgendered refers to people whose gender identity corresponds to the sex assigned to them at birth.

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