

Mental Health, Mental Illness, Youth and Sexual Violence:

What is mental health, mental illness, and why is it especially important to young people?

The World Health Organization (WHO) defines mental health as a "state of well-being in which every individual realizes [their] potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to [their] community"¹.

Alternatively, mental illness is "a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors and can be managed using approaches comparable to those applied to physical disease (i.e. prevention, diagnosis, treatment and rehabilitation)"².

While mental health and mental illness are relatable terms, they are very different concepts. Everyone has mental health – like physical health - and it exists on a continuum, ranging from optimal to poor. An individual's mental health is not static; personal and environmental factors can impact and change mental health over time. Although mental illness is commonplace in Canada, not everyone will experience it. Poor mental health does not necessarily mean that someone is experiencing mental illness; in fact, an individual can experience mental illness and also be mentally healthy.³

Mental health concerns can include distress, emotional unease, and substance abuse, while mental illness can include panic and anxiety, depression and other mood related disorders, psychosis, eating issues and disorders, self-injury, and addictions^{4, 5}.

It is estimated that around 20% of the world's children and youth struggle with mental health concerns and mental illness. About half of mental health concerns begin before the age of 14⁶. Without support, mental health concerns and mental illness can have a significant impact on a young person's ability to engage with and succeed in their studies: "young people with mental health disorders are at great risk for dropping out of school"⁷. As they grow older, additional challenges can accumulate, with "diminished career options arising from leaving school prematurely" and an overall "effect on productivity" and wellbeing⁸.

Children and youth from excluded communities, including children and youth of colour, lesbian, gay, bisexual, trans, queer, intersex, and Two Spirit (LGBTQI2S)⁹, children and youth with disabilities, and indigenous children and youth experience mental health concerns and mental illness at disproportionately higher rates. These rates are even higher for those experiencing intersectional oppressions (e.g. Attraction (sexual orientation) AND gender identity or gender identity AND racialized discrimination). This is the result of minority stress, additional stressors that result from the social position among oppressed and

¹ World Health Organization. August 2014. Mental health: a state of well-being. Online: http://www.who.int/features/factfiles/mental_health/en/

² Canadian Centre for Occupational Health and Safety. Government of Canada. June 2017. Mental health – introduction. Online: https://cchohs.ca/oshanswers/psychosocial/mentalhealth_intro.html

³ Canadian Mental Health Association – Ontario Division. March 2017. Workplace Mental Health Promotion. Online: <http://wmhp.cmhaontario.ca/workplace-mental-health-core-concepts-issues/what-is-mental-health-and-mental-illness>

⁴ Kids Help Phone. Emotional Health. Online: <https://www.kidshelpphone.ca/Teens/InfoBooth/Emotional-Health.aspx>

⁵ Province of Ontario. Mental Health Services for Children and Youth. Online: <https://www.ontario.ca/page/mental-health-services-children-and-youth>

⁶ World Health Organization. August 2014. 10 Facts on Mental Health: Fact 1. Online: http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/

⁷ UNICEF. 2002. Adolescence: A Time that Matters. Online: http://www.unicef.org/publications/files/pub_adolescence_en.pdf: 35.

⁸ Mental Health Commission of Canada . Making the Case for Investing in Mental Health. Online:

http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf: 19.

⁹ The acronym 'LGBTQI2S' is used here to reference all people with diverse gender identities and experiences of attraction (sexual orientation), including those who identify as lesbian, gay, bisexual, trans, Two Spirit, intersex, queer or questioning.

marginalized populations.¹⁰ Minority stress and the resulting internal and external stigmatization, discrimination, victimization, lack of societal understanding, and secrecy/concealment in social environments can lead to lower mental health status¹¹.

Children's Mental Health Ontario shares, for example, that:

- 28% of students report not knowing where to turn when they wanted to talk to someone about mental health¹²
- Black youth are significantly under-represented in mental health and treatment-oriented services and overrepresented in containment-focused facilities¹³
- Indigenous youth die by suicide about 5 to 6 times more often than non-Indigenous youth¹⁴
- LGBTQ youth face approximately 14 times the risk of suicide and substance abuse than their cisgender and heterosexual peers¹⁵.

On the other hand, acknowledging and proactively addressing child and adolescent mental health and mental illness has many documented benefits. A growing body of international evidence demonstrates that promotion, prevention, and early intervention initiatives show positive returns¹⁶ in the lives of children, youth and adults. The Ontario Health and Physical Education Curriculum -- which includes relevant content such as living skills, knowledge that will enable students to enjoy being active and healthy throughout their lives, and a sense of personal responsibility for lifelong health¹⁷ – is aimed at fostering young people's mental health.

As we will see, offering information about important though sometimes challenging topics can be critical in supporting youth mental health.

What does sexual violence have to do with youth and mental health and mental illness?

Common reactions to sexual violence – rape, childhood sexual abuse, sexual assault or sexual harassment -- align with many mental health concerns and mental illness¹⁸. Research also shows that survivors experience significant psychological distress and concerns for their safety and well-being as a result of cyber-sexual harassment, sexual harassment in the workplace and sexual assault, stalking, and trafficking for sexual exploitation¹⁹. For those from excluded communities who are already at higher risk of experiencing poor mental health and mental illness, this may further exasperate ongoing concerns.

The World Health Organization notes that sexual victimization can lead to health outcomes such as depression, anxiety and post-traumatic stress; and behavioral outcomes such as high-risk behaviour (e.g. early consensual sexual initiation, alcohol and drug abuse)²⁰. Ontario's *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* also recognizes this important correlation, noting that "health

¹⁰ Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. doi:<http://dx.doi.org/10.1037%2F0033-2909.129.5.674>

¹¹ Everett, B. (2015). Sexual orientation identity change and depressive symptoms: a longitudinal analysis. *Journal of Health and Social Behavior*, 56(1), 37-58. doi:10.1177/0022146514568349

¹² Boak, A., Hamilton, H., Adlaf, E., Henderson, J. and Mann, R. (2016). The Mental Health and Well-Being of Ontario Students, 1991-2015: Detailed OSDUHS findings (CAMH Research Document Series No. 43).

¹³ Gharabaghi, K., Trocmé, N. and Newman, D. (2016). Because Young People Matter: Report of the Residential Services Review Panel.

¹⁴ Centre for Addiction and Mental Health. Mental Illness and Addictions: Facts and Statistics. Webpage: www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

¹⁵ Canadian Mental Health Association - Ontario. Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health. Webpage: www.ontario.cmha.ca/mental-health/lesbian-gay-bisexual-trans-people-and-mental-health/

¹⁶ Mental Health Commission of Canada . Making the Case for Investing in Mental Health. Online: http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

¹⁷ The Province of Ontario. 2015. Ontario Health and Physical Education Curriculum, Grades 1-8. Online:

<http://www.edu.gov.on.ca/eng/curriculum/elementary/health1to8.pdf>: 6

¹⁸ Ontario Coalition of Rape Crisis Centres (OCRCC). For Survivors of Sexual Assault: Common Reactions to Sexual Assault. Online: <http://www.sexualassaultsupport.ca/support>

¹⁹ Violence against Women Learning Network, Centre for Research & Education on Violence Against Women and Children, Western University. May 2012. Overcoming Barriers and Enhancing Supportive Responses: The Research on Sexual Violence Against Women A Resource Document: 18.

²⁰ World Health Organization. 2012. *Understanding and addressing violence against women: Sexual violence*. p. 7. Online: http://apps.who.int/iris/bitstream/10665/77434/1/WHO_RHR_12.37_eng.pdf

consequences of sexual assault extend to mental health consequences [which] can be severe and long-term, including anxiety and panic attacks, eating disorders, substance abuse, depression and other mental health problems²¹.

In addition to this, we know that young populations are at the highest statistical risk of experiencing sexual violence. For example:

- A 2011 summary on police reported crime found that sexual crimes were by far the most common offence against girls. In particular, 47% of all violent crimes against girls under 12 reported to police were sexual in nature²²
- In a 2004 report, males made up 29% of child victims and 12% of youth victims²³. For males, being under 12 years old heightens their vulnerability to being targeted for sexual offences²⁴
- Young women between the ages of 15 and 25 years in Canada are the age group most likely to experience sexual or relationship violence²⁵
- Young women from excluded groups are more vulnerable to being targeted for sexual harassment and sexual assault²⁶. This includes women of colour, disabled women, intersex, queer, trans, and Two Spirit women, and women experiencing multiple intersections of identity.

Stigmatization and discrimination surrounding mental health concerns and mental illness is pervasive. Despite the existence of effective supports for mental health concerns and mental illness, for example, too often, there is a belief that these problems are untreatable or that people with mental health concerns and mental illness are difficult, unintelligent, or incapable of making decisions²⁷. Additionally, many of these resources are inaccessible and/or do not meet the unique needs of excluded populations.

Similar negative stigmatization and stereotypes also surround survivor-victims of sexual violence²⁸. There is no disputing that sexual violence has profound impacts on the lives of survivors – however, those who have been victimized also show great resilience, self-awareness and strength. Moreover, appropriate supports and a respectful recognition of survivors' experiences can make a huge difference in their recovery²⁹.

As the Ontario Health and Physical Education Curriculum shares, “well-being is influenced not only by the absence of problems and risks but by the presence of factors that contribute to healthy growth and development. By nurturing and supporting students' strengths and assets, educators help promote positive mental health in the classroom”³⁰. Talking about these important topics not only reduces stigma, but can open the door to supportive options for young people. All of these possibilities, of course, contribute to health.

²¹ Office of the Premier. March 8, 2015. *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*. Online: <http://www.news.ontario.ca/opo/en/2015/03/concrete-measures-to-end-sexual-violence-and-harassment.html>: 31.

²² Canadian Centre for Justice Statistics. Released on February 25, 2013. *Measuring violence against women: Statistical trends*. p. 15

²³ Juristat Canadian Centre for Justice Statistics. *Sexual Offenses in Canada*. 2004: 1

²⁴ Measuring Violence Against Women: Statistical Trends 2006, Statistics Canada

²⁵ Canadian Women's Foundation, 2012, as cited in *An Exploratory Study Of Women's Safety At The University Of Toronto Mississauga: A Gender-Based Analysis* by Paula DeCoito Ph.D. Social Planning Council of Peel. July 2013, 19.

²⁶ Wolfe and Chiodo, CAMH, 2008, p. 3.

²⁷ World Health Organization. August 2014. 10 Facts on Mental Health. Online: http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/

²⁸ See: Canadian Mental Health Association; Herman, J. (1992). *Trauma and Recovery*. New York: Harper Collins Publishers; and Koren-Karie, N., David Oppenheim and Rachel Getzler-Yosef. “Mothers Who Were Severely Abused During Childhood and Their Children Talk About Emotions: Co-construction of Narratives in Light of Maternal Trauma”. *Infant Mental Health Journal*, Vol. 25(4). 2004: 300-317, as examples.

²⁹ Violence against Women Learning Network, Centre for Research & Education on Violence Against Women and Children, Western University. May 2012. *Overcoming Barriers and Enhancing Supportive Responses: The Research on Sexual Violence Against Women A Resource Document*: 25.

³⁰ The Province of Ontario. 2015. Ontario Health and Physical Education Curriculum, Grades 1-8. Online: <http://www.edu.gov.on.ca/eng/curriculum/elementary/health1to8.pdf>: 5

Given that sexual violence can have such a strong impact on youth, isn't it better that we just don't mention it at school? We don't wish to upset or trigger students.

Historically, the society and cultures in which we live have recommended *silence* as the best way to deal with uncomfortable, misunderstood or complex issues. Think about the ways in which our parents, grandparents, elders and communities have dealt with difficult issues – grief, domestic violence, addiction, just to name a few – in the past.

The idea that we should *not* talk about sexual violence with young people has similar roots as a taboo or unmentionable subject. But this message doesn't help young people.

Today, it is well-known that *silence contributes to stigmatization and misinformation about important issues*. It also leads people who are affected by these issues to think that they are the only ones facing a particular problem, when in fact they probably are not. Last, it reduces our ability to seek help when we need it.

In the past, those living with mental health concerns and mental illness lived with this silence. In recent years, however, public attitudes have shifted: more and more, “community groups, agencies and individuals interested in increasing awareness about mental health issues and challenging stigma” are sharing information, speaking up and raising awareness³¹. Instead of silence – which allows misconceptions, stereotypes and stigma to exist, unchallenged – mental health advocates and people with lived experience are sharing truths about mental health. The Canadian Mental Health Association tell us that “to truly understand the extent of stigma and its effects, and find ways to change it, we need to hear from people who have experienced it first-hand”³².

It is for this reason that schools across Ontario today participate in the province's Mental Health and Addictions Strategy —to be a part of this solution.

The same is true for sexual violence. Education on sexual violence – including information on myths and misconceptions -- goes a long way towards the prevention of sexual violence. Education offers innovative ways to challenge sexual assault myths and victim-blaming; and to reach out to diverse and young populations to talk about things that they may not be having conversations about at home. Education on sexual violence contributes to the prevention of sexual assault by:

- supporting young people to understand their rights
- identifying the continuum of sexual violence (from harassment to rape)
- supporting young people to challenge sexual assault myths
- knowing the laws concerning sexual assault and consent
- educating bystanders to better understand how to recognize sexual violence, and intervene and support someone else who is being targeted.

Last, education helps others learn how to respond to survivors who disclose their experiences, and direct them to helpful supports in the community. Research indicates that many survivors wish to acknowledge or talk about their experiences, but fear the reactions of others. When survivors receive a positive response from their disclosures, the benefits of talking about one's experience of sexual violence are in fact “associated with improved psychological health, increased comfort, support, and validation, and desired outcomes such as penalizing the perpetrator and protecting others”³³. Other research shows that young survivors are most likely to disclose to a peer, family member or someone with whom they have a prior trusting relationship (that is, not necessarily to a social worker or other professional)³⁴. For this reason

³¹ Centre for Addiction and Mental Health. 2001. Talking about Mental Illness: A guide for developing an awareness program for youth, Community Guide: 2.

³² Ibid, 8.

³³ Violence against Women Learning Network, Centre for Research & Education on Violence Against Women and Children, Western University. May 2012. Overcoming Barriers and Enhancing Supportive Responses: The Research on Sexual Violence Against Women A Resource Document: 25.

³⁴ Ahrens, C.E and Erendira Aldana. The Ties That Bind: Understanding the Impact of Sexual Assault Disclosure on Survivors' Relationships with Friends, Family, and Partners. In *Journal of Trauma & Dissociation*, 13:226–243, 2012.

alone, it's important to talk with young people about sexual violence in the very spaces in which they spend much of their time – including with their peers, and at school.

School administrators and educators have an important role to play in the lives of young people by equipping them with critical living skills, many of these related to health and physical education. By being prepared to offering information about sexual violence, educators can also help equip young people with a clear understanding of their bodies, their rights and where to go should they ever need support.

As we can see, there are many potential gains to talking about sexual violence with young people. With silence, none of this is possible.

I want to support students to learn about sexual violence. What can I do?

As an educator, you can support students' access to accurate and supportive information about sexual violence:

- Provide in-class presentations or workshops on sexual violence awareness and prevention, facilitated by a sexual violence prevention expert. [Contact your local Sexual Assault Centre](#), and ask to speak to their Public Educator
- Engage your students and school environment with evidence-based sexual violence prevention campaigns, such as [Draw the Line](#) and [It Starts with You, it Ends with Him](#)
- Know about and utilize your school's resources, such as Child and Youth workers
- Activate Ontario's Mental Health and Addictions Strategy at your school:
 - Learn more about [sexual violence](#) and mental health
 - Challenge myths about sexual violence, as identified in this resource
 - Challenge myths about mental health, as identified in this resource
- Remind youth in your life about supportive people – for example, community sexual assault centre hotlines and counsellors, youth counsellors, LGTBQ youth supports or guidance counsellors – that they can turn to if they ever need to talk about something troubling or serious. Familiarize yourself with these useful resources:
 - Kids Help: <https://kidshelpphone.ca/>
 - Lesbian, Gay, Bi and Trans Youthline: <http://www.youthline.ca/>
 - Sexual Assault supports in Ontario: <http://www.sexualassaultsupport.ca/support>

This resource was created by Ontario Coalition of Rape Crisis Centres, in partnership with White Ribbon Campaign, Egale and Ophea:

- *The Ontario Coalition of Rape Crisis Centres (OCRCC)* is a network of rape crisis/sexual assault centres from across Ontario. 29 Ontario sexual assault centres are members of OCRCC: www.sexualassaultsupport.ca
- *Action ontarienne contre la violence faite aux femmes (AOcVF)* est un regroupement féministe et francophone d'organismes qui travaillent à défaire l'oppression vécue par les femmes: www.aocvf.ca
- *White Ribbon Campaign* is the world's largest movement of men and boys working to end violence against women and girls, and to promote gender equity, healthy relationships and a new vision of masculinity: www.whiteribbon.ca
- *Ophea* is a not-for-profit organization that champions healthy, active living in schools and communities through quality programs and services, partnerships and advocacy: www.ophea.net
- *Egale's* vision is a Canada, and ultimately a world, without homophobia, biphobia, transphobia and all other forms of oppression so that every person can achieve their full potential, free from hatred and bias: <http://egale.ca/>