Catalogue no. 85-002-X
ISSN 1209-6393

Juristat

Violent victimization of Canadians with mental health-related disabilities, 2014

by Marta Burczycka
The Canadian Centre for Justice Statistics

Release date: October 18, 2018

Statistics Canada Statistique Canada

Canada

How to obtain more information

For information about this product or the wide range of services and data available from Statistics Canada, visit our website, www.statcan.gc.ca.

You can also contact us by

email at STATCAN.infostats-infostats.STATCAN@canada.ca

telephone, from Monday to Friday, 8:30 a.m. to 4:30 p.m., at the following numbers:

- Statistical Information Service 1-800-263-1136
- National telecommunications device for the hearing impaired 1-800-363-7629
- Fax line 1-514-283-9350

Depository Services Program

- Inquiries line 1-800-635-7943
- Fax line 1-800-565-7757

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner. To this end, Statistics Canada has developed standards of service that its employees observe. To obtain a copy of these service standards, please contact Statistics Canada toll-free at 1-800-263-1136. The service standards are also published on www.statcan.gc.ca under "Contact us" > "Standards of service to the public."

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Published by authority of the Minister responsible for Statistics Canada

An HTML version is also available.

Cette publication est aussi disponible en français.

Violent victimization of Canadians with mental health-related disabilities, 2014: Highlights

- An estimated 1 million Canadians live with a mental health-related disability, including anxiety, depression, bipolar disorder, anorexia, substance abuse and other conditions which limit their daily lives. According to the 2014 General Social Survey (GSS) on Canadians' Safety (Victimization), one in ten people with this kind of disability experienced violence in the preceding 12 months. This was more than double the proportion than among Canadians in general.
- Women with a disability related to mental health were more likely to experience violent victimization than their male counterparts (11% versus 8%). Sexual assault was especially prevalent among these women: 7% reported that they had experienced a sexual assault in the previous year, compared to 2% of women with no mental health disability.
- While research suggests that the relationship between violent victimization and mental illness is bidirectional—that is, mental illness may develop following victimization, or may increase vulnerability to victimization in the first place—developing symptoms consistent with Post-Traumatic Stress Disorder following victimization was more common among those with a mental health-related disability (29% versus 11%). They were also more likely to seek mental health support (22%[E] versus 11%).
- Individuals with mental health-related disabilities were less likely to report their victimization to the police (22% versus 31%). Among those who did, levels of satisfaction with police action were similar to those reported by victims with no such condition.
- Aside from experiences related to victimization, people with mental health disabilities were also overrepresented when it came to various other reasons for police contact. These included calls related to their mental health or substance use or because they had witnessed a crime, but excluded being arrested.
- Persons with mental health-related disabilities more often reported other experiences related to victimization risk, including substance abuse and a history of child abuse and homelessness. This suggests a complex, multidirectional relationship of risk factors and consequences which create a particular intersection of vulnerability.
- Half (51%) of people with a mental health-related disability reported having experienced physical or sexual abuse as a child, and almost a quarter (23%) reported having experienced homelessness. Binge drinking (44%) and drug use (15%) were significantly more common among those with mental health-related disabilities.
- In addition to increased risk of violent victimization, people with mental health-related disabilities also experienced situations associated with social and economic marginalization. Those with mental health disability reported social isolation, inability to work due to illness, lower educational attainment and lower income more often than those without these conditions.

Violent victimization of Canadians with mental health-related disabilities, 2014

by Marta Burczycka

Mental health has been identified as a priority in virtually all spheres of Canadian public life, including the justice, public health, and education systems, as well as both public and private employment sectors (Canadian Mental Health Association n.d.; Mental Health Commission of Canada 2012). As public conversations on this issue continue, ongoing monitoring of the prevalence and outcomes of mental illness is critical to the development of effective policy and program response.

According to the Canadian Survey on Disability (2012), over 1 million Canadians aged 15 years and older—about 4% of the Canadian adult population—live with a mental health-related disability, with women reporting a higher prevalence than men (Arim 2015; Statistics Canada 2018). Both the Canadian Survey on Disability and the 2014 General Social Survey (GSS) on Canadians' Safety (Victimization) define mental health-related disability as an emotional, psychological or mental health condition, such as anxiety, depression, bipolar disorder, anorexia, substance abuse and others, which limits daily activities (see Text box 1).

The relationship between victimization and mental illness is complex. While the longitudinal studies required to fully investigate the issue are rare, research has suggested that individuals with some forms of mental illness may be more susceptible to some types of victimization (Devries et al. 2013; Mason and Du Mont 2015; Trevillion et al. 2012). Other research points out that the trauma of victimization can be the catalyst for mental health issues or can exacerbate existing conditions (Kilpatrick et al. 1985), especially for those who experience multiple incidents of violence (Kilpatrick and Acierno 2003). This bidirectionality characterizes the relationship between mental health disability and violent victimization. While cross-sectional data such as those collected through the 2014 GSS cannot show which of these came first in peoples' experiences, findings presented here serve to underscore the complex relationship between mental health and victimization.

In this *Juristat* article, information collected through the 2014 GSS from Canadians reporting a mental health disability[1] is used to contextualize their experiences with the justice system, with a focus on violent victimization, interactions with police and use of victims' support services. Additionally, this article looks at the intersectionality of vulnerability, where mental health disability, substance use, homelessness and a history of child abuse intersect to define an especially vulnerable population. The association between disabilities related to mental health and key markers of societal participation is also reviewed.

Text box 1
How the General Social Survey measures mental health-related disability

The 2014 General Social Survey (GSS) on Canadians' Safety (Victimization) defines a mental health-related disability as an emotional, psychological or mental health condition, such as anxiety, depression, bipolar disorder, anorexia, substance abuse and others, which sometimes, often or always limits an individual's daily activities. This definition differs slightly from that used by the Canadian Survey on Disability (CSD), which also includes conditions that rarely limit daily activities provided that they prevent a person from doing certain tasks or create a great deal of difficulty when doing them. Because of these differences, results from the GSS and the CSD should not be compared. While official statistics on the prevalence of disability in Canada are generated from the CSD, GSS data are used in this paper because they make possible an analysis of how disability, victimization and other vulnerabilities intersect.

The questions that measure mental health-related disability used in the 2014 GSS are based on the social model of disability, which emphasizes physical and social barriers that prevent individuals from full participation in all aspects of daily life (Oliver 2013).

It should be noted that the 2014 GSS is designed to measure the experiences of Canadians in the general population, and as such does not collect information from persons residing in institutions, including hospitals, shelters and correctional facilities. This means that findings presented here may not be representative of all Canadians with mental health disabilities. Additionally, individuals with a disability related to mental health which has lasted less than six months and those who indicated that their conditions were managed through treatment to the degree that they no longer interfere with their daily lives are excluded.

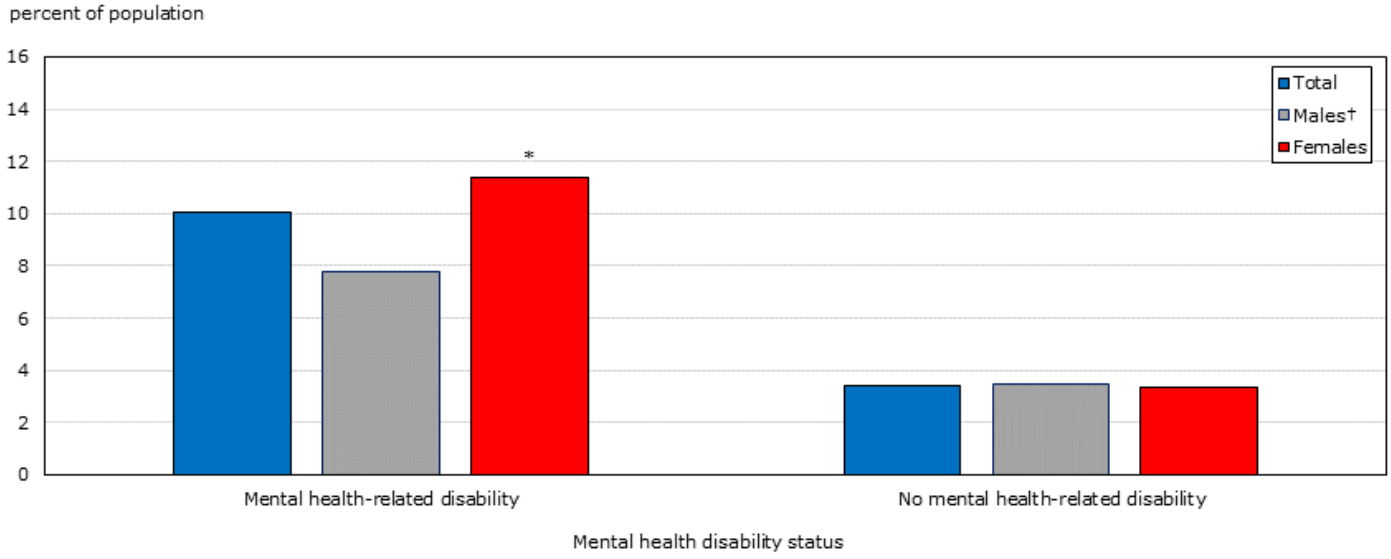
One in ten people with a mental health disability experiences violence

Research that highlights the link between mental illness and being a victim of crime is well-established in health and criminogenic studies (Kilpatrick et al. 1985; Kilpatrick and Acierno 2003; Brewerton et al. 2018). In Canada, results from the 2014 GSS support this link. Perreault (2015) found that people with a disability related to mental health experienced violent victimization—sexual assault, physical assault and robbery—at a rate four times higher than those who did not have such a

condition.[2] Individuals with mental health disabilities reported 236 incidents of violent victimization for every 1,000 people in the 12 months preceding the survey, compared to 66 per 1,000 people with no such condition (Perreault 2015).

Said another way, one in ten (10%) people living with a mental health-related disability reported having been the victim of violence in the preceding 12 months, while this was the case for 1 in 33 people with no such condition.[3] While women with a disability related to mental health were more likely to report violent victimization than their male counterparts (11% versus 8%), there was no statistically significant difference between women and men without such conditions (Chart 1).

Chart 1
Self-reported violent victimization, by mental health disability status and sex of victim, Canada, 2014



* significantly different from reference category (†) ($p < 0.05$)
† reference category
Note: Excludes spousal violence.
Source: Statistics Canada, General Social Survey.

Sexual assault was particularly prevalent among women who indicated that they had a mental health-related disability. Among these women, 7% reported that in the past 12 months, they had experienced a sexual assault. This compares to 2% of women with no mental health disability (Table 1).

In addition to having a higher overall prevalence of violent victimization, those with a mental health-related disability more often experienced repeat victimization. Close to one third (30%) of victims with a mental health disability reported more than one incident of violence in the previous 12 months, compared to 17% of victims with no such condition.[4] This difference reflected the experiences of female victims: among males, no significant difference was detected (Table 1). Some research has suggested that the experience of repeat victimization can have particularly damaging consequences for victims, and also that it may be indicative of a heightened risk profile among individuals (Polvi 1990).

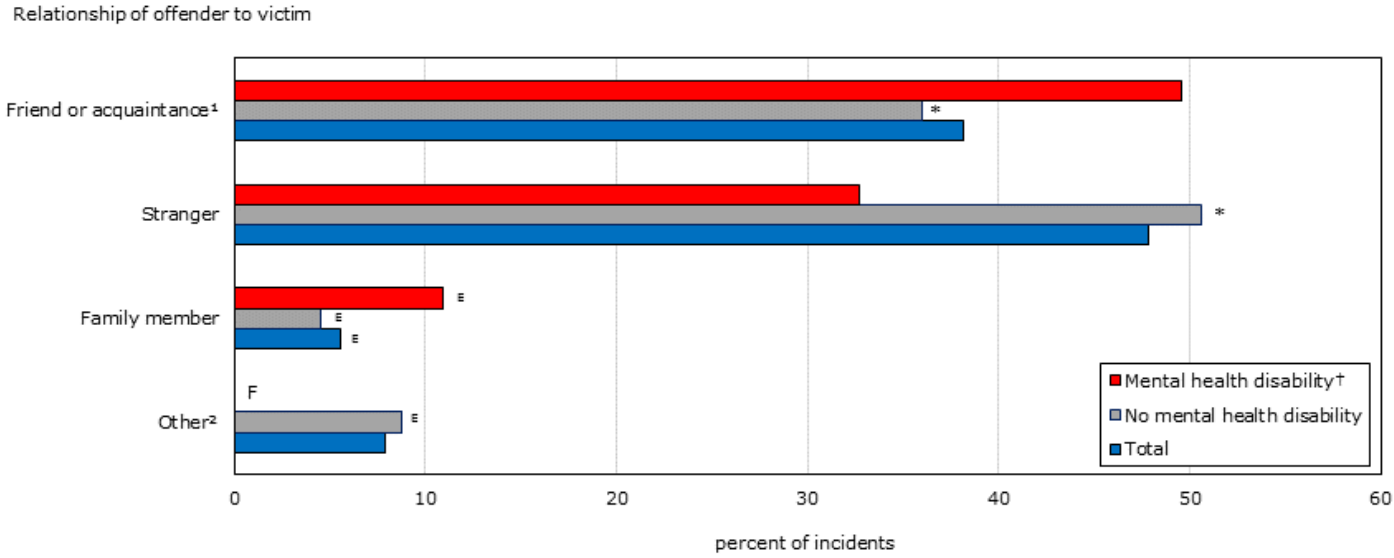
More people with mental health disability victimized by someone they know

Many people with mental health experienced repeated incidents of violence within the context of spousal relationships. Spousal violence—that is, physical and sexual violence that occurs in the context of current and former marriages and common-law unions—can bring long-term and life-altering consequences for victims (Burczycka 2016). As with violent crime overall, people with mental health-related disabilities were over-represented as victims of spousal violence: one in eight men and women with a disability related to mental health experienced spousal violence in the five years preceding the survey (12% respectively)—four times more than people with no such condition (3%). In addition, victims of spousal violence who reported a disability related to mental health were considerably more likely to have experienced more than one incident of spousal violence (62%) than their counterparts with no mental health disability (36%).[5] Experiences of emotional abuse[6] and financial abuse[7] in a spousal relationship were also more common among individuals with a mental health-related disability (Table 2).

In addition to spouses and partners, victims of violence with mental health-related disabilities were more often victimized by someone else they knew. In half (50%) of the incidents they reported, the offender had been a friend or acquaintance;[8] in one in ten (11%) incidents, a family member was involved. This was in marked contrast to victims with no mental-health related disability, who most often experienced violence from strangers (51% of incidents) (Chart 2). These findings may be correlated

with repeated incidents of violence, which are experienced more often by those with mental health disabilities: research has shown that violence that occurs within relationships is more likely to be repetitive (Davis et al. 2006).

Chart 2
Incidents of self-reported violent victimization in the past 12 months, by relationship of offender to victim and victim's mental health disability status, Canada, 2014



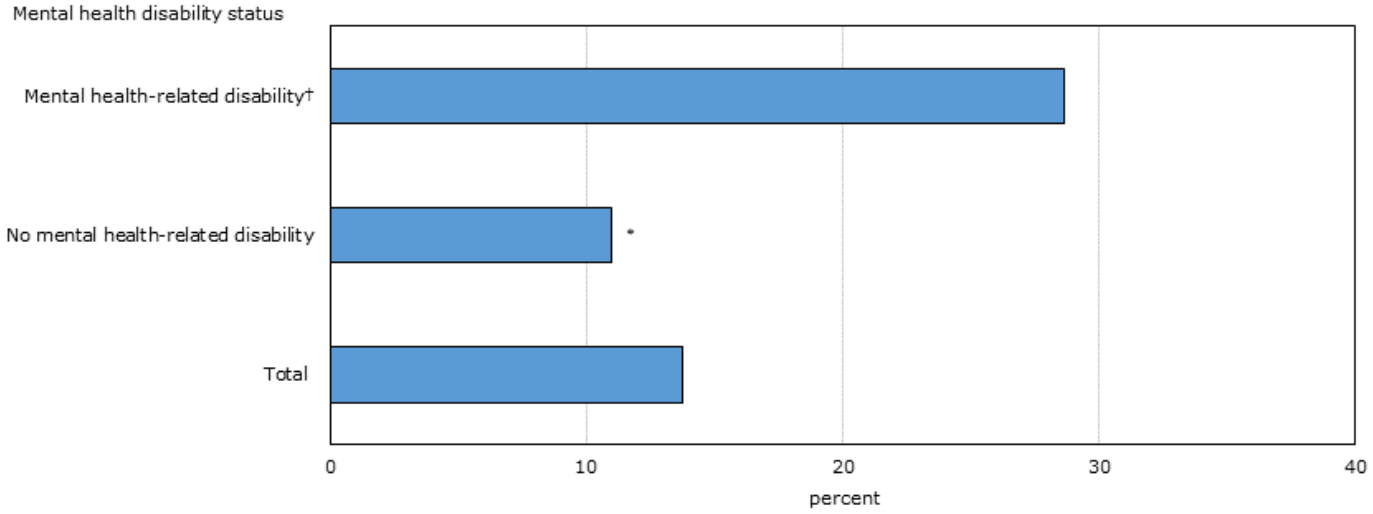
E use with caution
F too unreliable to be published
* significantly different from reference category (†) ($p < 0.05$)
† reference category
1. Includes neighbours, dating partners, co-workers, etc.
2. Includes caregivers, clients, and other relationships.
Note: Excludes spousal violence. Includes incidents where the victim identified the number of offenders. For incidents with multiple offenders, the relationship is that of the offender with the closest relationship to the victim.
Source: Statistics Canada, General Social Survey.

Victims with mental health disability report PTSD-like symptoms

The relationship between mental illness and violent victimization is bidirectional, and analyses based on cross-sectional data such as those collected by the 2014 GSS cannot determine if the presence of mental health-related disability increases the risk of becoming a victim of crime, or if being a victim of crime results in the onset of a mental health-related disability. However, the 2014 survey included questions specifically designed to assess whether victimization resulted in symptoms that met the criteria for possible Post-Traumatic Stress Disorder (PTSD). These questions asked if victims had experienced any of the following symptoms as a result of the victimization: nightmares or intrusive thoughts; having to avoid thinking about the incident and/or avoiding situations that reminded them of it; feeling constantly on guard, watchful or easily startled; or feeling numb or detached from others, activities, or surroundings.[9]

Among all victims of violent victimization,[10] 14% reported having three or more PTSD-related symptoms as a result of their experiences (Chart 3). This proportion was substantially higher among those victims who also reported having a mental health disability (29%) than those with no such condition (11%). Despite these findings, the exact relationship between mental health-related disability and PTSD remains unclear: while these findings may show that victimization can result in PTSD-like symptoms which may manifest as mental health disability, it is also possible that people with mental health disability may be more susceptible to developing PTSD-like symptoms.

Chart 3
Victims of violent victimization with self-reported symptoms consistent with Post-Traumatic Stress Disorder, by mental health disability status, Canada, 2014



* significantly different from reference category (†) ($p < 0.05$)
† reference category
Note: Excludes spousal violence. Includes victims who reported having experienced three or more symptoms consistent with Post-Traumatic Stress Disorder (PTSD) as defined by the Primary Care PTSD Screening Tool in the previous month.
Source: Statistics Canada, General Social Survey.

More victims with a mental health disability use support services

Victims of violence may access different types of support and assistance in the aftermath of their victimization, including formal services such as counselling, support groups, and programs tailored specifically to victims of crime. Overall, 13% of victims of violence reported that they had made use of this kind of formal assistance (Table 3).[11] Uptake was double among victims who indicated that they had a mental health-related disability compared to those who did not (22%[E] versus 11%); this may reflect a greater familiarity with accessing services among these individuals, who may have previously sought support for their mental illness.

For example, the 2015 Canadian Community Health Survey found that 60% of women and 50% of men with a diagnosed mood disorder[12] had spoken to a professional in the previous 12 months (Statistics Canada 2017). GSS data show a similar pattern, as victims of violence who had a mental health-related disability were more likely to have spoken with a psychologist, counsellor or social worker about having been victimized, compared to those with no condition (18%[E] versus 8%). In contrast, both groups were as likely to have made use of a crisis line, a victim service or witness protection program or a sexual assault centre.

Victims with mental health disabilities less likely to report to police

Self-reported victimization data show that violent crime often goes unreported to the police. Among all victims, police had remained unaware of well over two-thirds (69%) of incidents of violent crime[13] in the year preceding the 2014 GSS. Individuals with a mental health-related disability who had been victimized were even less likely to report that police had become involved: 22%[E] of the incidents that they experienced had been reported to police, compared to 31% among victims without such a condition (Table 3).

It is unclear why individuals with mental health disabilities were less likely to report their victimization experiences to police. For instance, the main reasons they provided for not reporting to police—because they considered the crime to be too minor and not worth the time to report (25%[E]) or a private matter to be handled informally (18%[E])[14]—were the same as those most often provided by victims with no mental conditions. Likewise, in instances where police had been made aware of the incident, 66% of all victims reported being somewhat or very satisfied with how police handled the matter—a proportion that was statistically similar between victims with and without a mental health disability (Table 3).

However, the overall perceptions of police held by individuals with mental health disabilities—regardless of whether or not they had been victims of crime—were generally less favorable than those held by people with no such condition. For example, people with disabilities related to mental health were less likely to say that police in their area were doing a good job at enforcing the laws, at being approachable and easy to talk to, at ensuring the safety of citizens, and of treating people fairly. They were also twice as likely to say that overall, they had not very much or no confidence at all in the police (Table 4).

Experiences of victimization had an impact on how individuals with mental health disabilities viewed the police: those who had been victimized rated their perceptions and confidence in police significantly lower than those who had not. However, even among non-victims, those with disabilities related to mental health had lower perceptions and confidence in police than non-victims without such conditions; this suggests that individuals' perceptions were influenced by more than their experiences of victimization.[15]

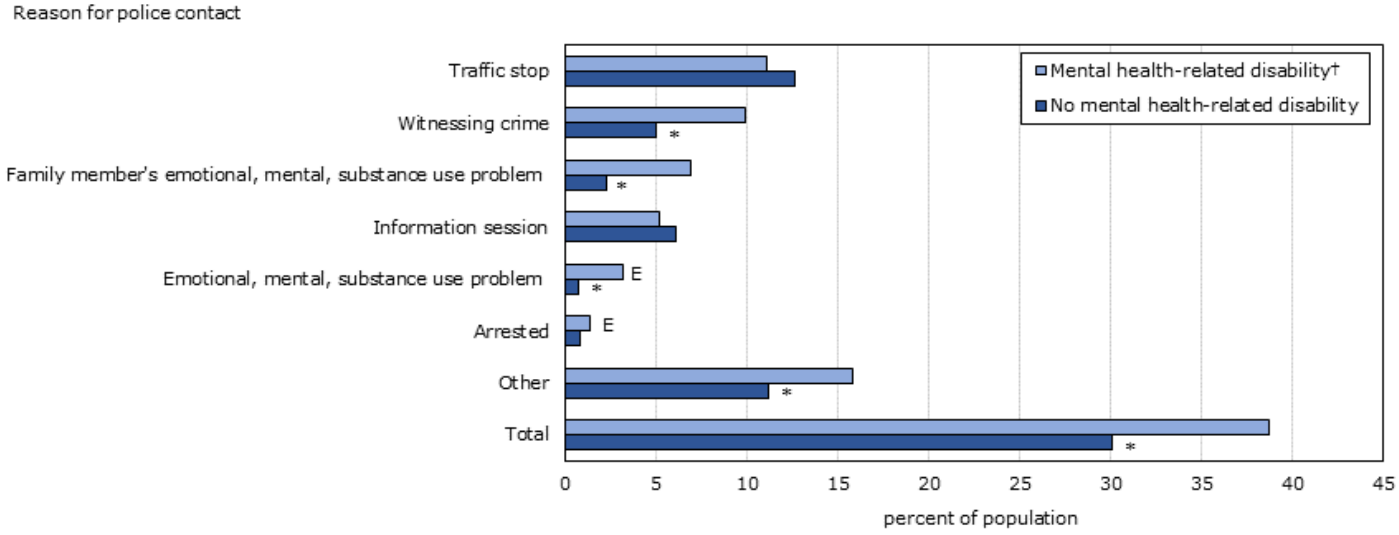
Canadians with mental health disabilities overrepresented in contacts with police

The Canadian policing community has recently identified an increase in the number of calls that are not associated with criminal activity, but are instead related to individuals' mental health and substance use. These calls represent a substantial and ever-increasing component of police work (Standing Committee on Public Safety and National Security 2014). According to the 2014 GSS, over 256,000 Canadians reported that in the previous year, they had come into contact with the police because of problems with their emotions, mental health or alcohol or drug use. This represented 3% of the situations in which Canadians reported having police contact,[16] and is likely an underestimate since some populations with higher prevalence of mental illness and substance use are excluded from the GSS (for example, individuals living in drug and alcohol treatment centres, hospitals and shelters).

Not all persons who reported having come into contact with police because of an issue related to emotional or mental health or substance use reported having a long-term mental illness—in fact, three-quarters (75%) of those who had contact with police for these reasons did not report having a disability related to mental health.[17] This may suggest that for many, the emotional, mental or substance use issues that led to police contact were more acute in nature than the kinds of longer-term conditions associated with mental health-related disability. For example, a single instance of public intoxication or aggressive confrontation may result in contact with police, but may not be part of a chronic substance use issue or mental illness.

Nonetheless, people who reported having a mental health disability were over-represented among Canadians who had come into contact with police due to problems with their emotions, mental health or substance use in the preceding 12 months: 3%[E] of those who reported having this kind of disability had come into contact with police for these reasons, compared to 1% of those with no such condition (Chart 4).

Chart 4
Self-reported contact with police, by mental health disability status and reason for police contact, Canada, 2014



ᴱ use with caution
* significantly different from reference category (†) ($p < 0.05$)
† reference category
Source: Statistics Canada, General Social Survey.

Aside from contact with police because of issues with their mental health or substance use, those with mental health-related disabilities were over-represented when it came to other kinds of contact with police as well. For example, they were more than three times as likely to have had police contact because of an issue with the mental or emotional health or substance use of a family member (7%, compared to 2% of those with no disability related to mental health). Similarly, people who reported having a mental health disability were twice as likely to have been in contact with the police because they had witnessed a crime (10% versus 5% of those with no such condition). As noted in the victims' services community, people who

witness crimes and people who live with the daily stress of supporting a family member with mental illness or substance use issues often experience serious mental and emotional consequences themselves (Clark et al. 2008; Pearson 2015).

When it came to having been arrested in the previous year, no difference was found between those with a self-reported mental health disability and those without (1%[E] and 1%, respectively). However, since the 2014 GSS did not collect information from people residing in institutions such as prisons, the experiences of those who had been arrested in the previous year and resided in prison during the data collection period were excluded. As a result, these data may underrepresent the criminalization of individuals with mental health-related disabilities: for instance, federal corrections services data suggest that an estimated 70% of males being admitted into federal custody and 79% of in-custody adult female federally-sentenced offenders met criteria for at least one mental disorder (Correctional Services Canada 2015; Correctional Services Canada 2018). Other Canadian research has suggested that people with mental illness are at increased risk of being arrested during their interactions with police, when compared to people with no mental illness involved in similar interactions (Boyce et al. 2015).

Child abuse, homelessness, substance use, linked to mental health, victimization

While a correlation exists between having a mental health disability and being a victim of violence, victimization risk has also been linked to other personal and social characteristics. For example, multiple studies have shown that women and young people are over-represented as victims of violence; having a history of child abuse, homelessness or substance use are other life experiences which have been found to be highly correlated with victimization (Perreault 2015; Burczycka 2017; Lee and Schreck 2005; Kilpatrick et al. 1997). Each of these factors has been shown to independently increase the risk of violent victimization (Perreault 2015).

According to the 2014 GSS, individuals with mental health-related disabilities are more likely to be living with several key risk factors for violent victimization—namely, other forms of disability, substance use, a history of homelessness, and a history of child abuse. Furthermore, they are more likely to have low levels of social support and engagement—an important correlation, as some suggest social support and engagement can act as protective factors against the development or worsening of some forms of mental illness following victimization (Carlson et al. 2002) and life stress in general (Cohen 2004).

Mental health disabilities often reported with other disabilities

Mental health-related disabilities were often reported by people living with another type of disability, including those related to pain, mobility and cognition. Among people who indicated that they had at least one of the other forms of disability measured by the 2014 GSS,[18] almost two-thirds (63%) indicated that they also had a mental health disability that limited their daily lives (Table 5).

The intersection of disability related to mental health and other disabilities is made all the more important when the dimension of violent victimization is added. Canadians who reported living with disabilities reported rates of violent victimization that were double those among people with no disabilities (123 versus 61 incidents per 1,000 population), and violent victimization rates were higher among those with mental health disabilities relative to those with other kinds of disability (Cotter 2018). Further, the likelihood of violent victimization increased significantly with each additional type of disability that was present, including disabilities related to mental health (Cotter 2018).

Binge drinking associated with mental health-related disabilities

For many people, a complex relationship exists between substance use and mental health. The use of alcohol and drugs may cause changes in a person's brain, some of which manifest as mental illness; in addition, individuals with drug or alcohol dependency can experience symptoms analogous to mental illness during withdrawal (Koob and Le Moal 2008). Other studies suggest that while many people with substance use disorders also experience mental illness, these conditions can arise independently of each-other (Grant et al. 2004). These associations have been noted in clinical research and by experts in the field of addictions treatment, and have been found in relation to so-called 'hard' drugs (cocaine, heroin, etc.) as well as to alcohol and cannabis and its by-products (Koob and Le Moal 2008; Grant et al. 2004).

In 2011, the Canadian Centre on Substance Use and Addiction (CCSA) published guidelines meant to inform Canadians on how much alcohol may be consumed in order to limit its acute and chronic health effects (Butt et al. 2011). These guidelines, endorsed by Health Canada, set the limit at no more than 2 drinks a day for women and 3 for men, up to a weekly maximum of 10 for women and 15 for men and with some days of the week kept alcohol-free.[19] According to the 2014 GSS, some types of unsafe drinking are relatively common among Canadians, and are particularly high among those with a mental health-related disability. Binge drinking—that is, consuming five or more alcoholic drinks on the same occasion—during the previous month was reported by 38% of Canadians with no mental health disability who drank at all during that time. Among those who reported having a disability related to mental health, the proportion was higher (44%) (Table 5).

In contrast, the prevalence of daily alcohol consumption—which goes against the CCSA's recommendation of keeping some days of the week alcohol-free—was relatively uncommon (5% of Canadians), according to the 2014 GSS. Unlike binge drinking, daily drinking was less common among those who reported a mental health-related disability (4%) than among those who did not (5%).

Of note, a relatively large proportion of individuals with mental health-related disabilities reported a complete abstinence from alcohol (31%), compared with people with no such condition (25%). Though GSS data do not provide details on the reasons behind why individuals choose not to drink, abstinence is recommended as both a treatment for alcohol use disorder and a best practice for those taking some types of medications commonly prescribed for mental illness (Butt et al. 2011).

Drug use twice as common for people with mental health disabilities

When it comes to the intersection of drug use and disabilities related to mental health, GSS data show that the use of cannabis products (other than those prescribed by a doctor) and other drugs was more than twice as common among those with this kind of disability.[20] When asked about drug use, 15% of those who reported having a disability related to mental health also reported having used cannabis products and/or other drugs such as cocaine or methamphetamine in the month preceding the survey. This compares to 6% of those who did not report such a disability. These proportions were largely reflective of cannabis use, which is considerably more prevalent in Canadian society than other drugs. When it came to other drugs specifically, 2%[E] of those with a mental health-related disability reported having used in the past month, compared to 1% of those with no such condition (Table 5).

Multidirectional relationship between substance abuse, mental health, violent victimization

The problematic use of alcohol and other substances has been linked to increased risk of violent victimization in Canada. Using data from the 2014 GSS, Perreault (2015) found that drug use increased the odds of being a victim of violent crime more than any other factor, when controlling for the presence of a mental health-related disability and other characteristics associated with violent victimization.[21] Among those who reported using any drug at least once in the past month, the odds of experiencing violent victimization were almost double. Similar patterns were observed among those who reported binge drinking, in that they were also subject to higher odds of violent victimization after other factors were taken into account.

The correlations between substance use, disability related to mental health and violent victimization reinforce the observation that a complex multidirectionality of risk and consequence underlies the experiences of vulnerable populations. As noted by Perreault (2015) and others, individuals with a self-reported mental disability often report other risk factors that have been associated with victimization, such as drug use and homelessness. Most often, studies cannot ascertain whether victimization was a result of vulnerable situations such as homelessness or substance use, or whether the trauma related to those experiences brought on mental health disability.

It is important to note that a substance use disorder that limits daily life would itself be defined as a mental health-related disability within the GSS. Several Canadian population studies have examined mental illness and substance use disorders as separate phenomena. Using self-reported data from the 2012 Canadian Community Health Survey on Mental Health, Pearson et al. (2013) examined the lifetime prevalence of select mental disorders as well as substance use disorders. They found that 13% of Canadians aged 15 and older met the criteria for having experienced a mood disorder (e.g., a major depressive episode or bipolar disorder) during their lifetimes, while 9% reported having had symptoms of generalized anxiety disorder. Meanwhile, 22% of Canadians met the criteria for a substance use disorder, including problematic use or dependence on alcohol (18%), cannabis use (7%) and the use of illegal drugs other than cannabis (4%).

Almost one-quarter of those with mental health disability have been homeless

The relationship between homelessness and mental illness has been well documented, with mental illness identified as both a potential pathway to and consequence of homelessness (Canadian Institute for Health Information 2007). Findings from the 2014 GSS support this research and show the interrelatedness of homelessness and mental health-related disability among many Canadians. In 2014, almost 2.5 million Canadians reported that they had at one time been homeless—that is, they had lived in a shelter, on the street, or in an abandoned building, or that they had had to stay with family, friends or in their car because they had nowhere else to go.[22] Among them, 16%[23] reported having a disability related to mental health. Almost a quarter (23%) of people with this kind of disability reported a history of homelessness, a proportion almost three times that among those with no such condition (8%) (Table 5).

The GSS measures homelessness in two ways: 'hidden' homelessness—that is, having had to stay with family, friends or in one's car because of having nowhere else to go—as well as with the kind of homelessness characterized by having lived in a shelter, on the street or in an abandoned building. The 2014 GSS found that about 20% of those who had experienced any form of homelessness had experienced the latter type, and it is with respect to the latter type that those with mental

health-related disabilities were particularly over-represented. Proportionally, six times more people with a disability related to mental health reported having had lived in a shelter, on the street or in an abandoned building than did those with no such condition (6% versus 1%). A history of so-called 'hidden' homelessness was reported by over one in five (21%) people with a mental health disability—three times more often than by those who did not report having this kind of condition (7%) (Table 5).

As with disabilities related to mental health, a history of homelessness has been found to be associated with a higher risk of violent victimization. According to the 2014 GSS, those who reported having experienced either hidden homelessness or having had to live in a shelter, on the street or in an abandoned building had rates of violent victimization that were considerably higher than those who had not (Perreault 2015). Even when multiple other factors associated with victimization risk were accounted for, the odds of being a victim of violence were 80% greater among those with a history of either, or both, forms of homelessness. These findings suggest that a complex relationship between mental illness, homelessness and victimization is present in the lives of many of those affected.

Half of those with mental health disability had experienced child abuse

Numerous studies have established a connection between childhood abuse and mental illness in adulthood, among other physical and psychological consequences (Norman et al. 2012). Data from the GSS show that in Canada, a history of childhood physical or sexual abuse[24] was very common among those with self-reported mental health-related disabilities. Fully half (51%) of those with this kind of disability reported having been abused during childhood, compared to 29% of those who did not report such a condition (Table 5). Said another way, a history of child abuse was present in one in ten people with a disability related to mental health, compared to one in 25 people with no such condition.[25]

A history of child abuse has been shown to have a strong association with violent victimization later in life. Rates of violence in adulthood were considerably higher among those who had been physically and/or sexually abused as children, and having a history of child abuse remained a strong risk factor for violent victimization even after other factors were considered (Perreault 2015). When the relationships between mental health disability and both child abuse and violence in adulthood are considered, a complex picture of intersecting vulnerabilities emerges. Further, factors associated with mental health-related disability are correlated in other ways; for example, a history of child abuse has been linked to both drug use and having experienced homelessness (Burczycka 2017).

These findings suggest that child abuse, homelessness, substance use and mental health disability represent a particularly important intersection of vulnerabilities when it comes to risk of violent victimization. Theoretical perspectives on vulnerability and victimization have posited that these key factors work together to re-enforce and re-create themselves over an individual's life course, amplifying the risk of becoming a victim of violence (Whitbeck et al. 1999).

Social isolation associated with mental health-related disability

Although it is very different from violent victimization, social isolation has been associated with many overlapping consequences for individuals' well-being, including negative economic, psychological and physical health effects (Locher et al. 2005; Cornell and Waite 2009). Social isolation is also a factor associated with mental health challenges, in a way that is no doubt bidirectional: having a disability related to mental health such as social anxiety, for example, may cause a person to isolate themselves, just as prolonged isolation from meaningful relationships may bring on negative mental health (Kawachi and Berkman 2001). Those who work with vulnerable groups often look for social isolation as an indication that serious mental health problems may exist in a person's life (Locher et al. 2005).

The 2014 GSS provides two measures which illustrate the relationship between social isolation and mental health disability. The first asks Canadians about how many people they have in their lives that they feel close to—that is, who they feel at ease with, can talk to about what is on their mind, or call on for help—excluding people they live with. Over twice as many people who indicated that they had no one in their lives who met this description reported a mental health disability (5%), compared with people who had at least one person in their life that they felt close to (2%) (Table 5).

The 2014 GSS also asks Canadians about their marital status. Having a long-term partner, such as a legally married or common-law spouse, can be a protective factor against some of the negative effects associated with social isolation (Umberson and Montez 2010). According to GSS data, those who were married had the lowest prevalence of disability related to mental health (4%), followed by those who were in common-law unions (5%). The highest prevalence of mental health disability was reported by those who were separated (12%), while those who were divorced or single (never married) also reported a relatively high prevalence (9%, respectively) (Table 6).

Mental health disability associated with lower work participation, income

As with social isolation, an individual's employment status, income and educational attainment can be related to their mental, physical and social well-being. These factors are reflective of full and active participation in society and appear related to the presence of a mental health-related disability. GSS data show that individuals with certain sociodemographic profiles have a higher prevalence of disabilities related to mental health.

For example, when it came to people's main activities—whether they were working, studying, ill, retired or taking care of children or their home—about four in ten people whose main activity during the past 12 months was dealing with a long term illness reported a mental health disability (39%) (Table 6).[26] In comparison, 14% of those who indicated that their main activity had been looking for work indicated that they had a disability related to mental health, as did 10% of those who had been on parental leave or whose main role was taking care of the home. Mental health-related disabilities were least common among those who were retired or whose main activity had been working at a paid job or business (4% respectively).

GSS data also show a relationship between mental health-related disability and income.[27] When looking exclusively at those individuals who reported work at a paid job or business as their main activity during the 12 months preceding the survey, those in the lowest two annual household income groups had incidence of mental health-related disability that were significantly higher than people in the higher groups (Table 6).

It is important to note that GSS data do not show that a mental health-related disability was the reason for a person's lower income or that a lower income was a reason for a mental health disability. Research has shown that the relationship between income and mental health is bidirectional: while long-term mental illness can effect employability and earnings, precarious employment and poverty can bring on stress and depression that may become chronic and severe for many individuals (Canadian Institute for Health Information 2007).

In a similar way, the relationship between educational attainment and mental health is bidirectional. Children and youth who struggle with mental health often have trouble with school and may choose not to pursue higher education (Fergusson et al. 2002). Meanwhile, a lower level of education may impact career paths and associated levels of job stability and income—all of which can influence mental health. GSS data show that the prevalence of mental health-related disability decreased as level of education increased: among people aged 25 and older,[28] those whose highest level of education was a high school diploma or less had the highest prevalence of self-reported mental health disability (7%). Meanwhile, the lowest prevalence of disabilities related to mental health was reported by those who had attained the highest levels of education (university degree above the bachelor's level) (3%) (Table 6).

Summary

As awareness of the causes and outcomes of mental illness continues to grow in Canada, certain patterns emerge. Having a disability related to mental health is associated with a greater risk of violent victimization, and is related to other situations of vulnerability such as homelessness and problem use of drugs and alcohol. While these aspects of individuals' lives are entangled in a multidirectional web of cause and effect, the intersection of these vulnerabilities can provide a roadmap for those looking to intervene with programming and policy. As with other kinds of negative life outcomes, abuse suffered in childhood was related to the presence of mental health-related disability later in life.

The socioeconomic conditions in which people find themselves may serve as a reflection of their opportunities and capabilities, both of which may be limited by negative mental health. Conversely, the combined pressures of limited opportunity, resource stress and dysfunctional or nonexistent social relationships no doubt brings on or exacerbates mental illness for many. An understanding of these complexities benefits mental health workers, policy makers and concerned community members when it comes to being alert to the needs of individuals who may need help.

Survey description

General Social Survey on Canadians' Safety (Victimization)

In 2014, Statistics Canada conducted the victimization cycle of the General Social Survey (GSS) for the sixth time. Previous cycles were conducted in 1988, 1993, 1999, 2004 and 2009. The purpose of the survey is to provide data on Canadians' personal experiences with eight offences, examine the risk factors associated with victimization, examine rates of reporting to the police, assess the nature and extent of spousal violence, measure fear of crime, and examine public perceptions of crime and the criminal justice system.

This report is based on Cycle 28 of the GSS on Victimization conducted in 2014. The target population was persons aged 15 and over living in the Canadian provinces and territories, except for people living full-time in institutions.

Once a household was selected and contacted by phone, an individual 15 years or older was randomly selected to respond to the survey. An oversample of immigrants and youth was added to the 2014 GSS for a more detailed analysis of these groups.

Data limitations

As with any household survey, there are some data limitations. The results are based on a sample and are therefore subject to sampling errors. Somewhat different results might have been obtained if the entire population had been surveyed. This article uses the coefficient of variation (CV) as a measure of the sampling error. Estimates with a high CV (over 33.3%) were not published because they were too unreliable. In these cases, the symbol "F" is used in place of an estimate in the figures and data tables. Estimates with a CV between 16.6 and 33.3 should be used with caution and the symbol "E" is used. Where descriptive statistics and cross-tabular analyses were used, statistically significant differences were determined using 95% confidence intervals.

References

Arim, Rubab. 2015. *A Profile of Persons with Disabilities Among Canadians Aged 15 Years or Older, 2012*. Statistics Canada Catalogue no. 89-654-X.

Boyce, Jillian, Cristine Rotenberg and Maisie Karam. 2015. "Mental health and contact with police in Canada, 2012." *Juristat*. Statistics Canada Catalogue no. 85-002-X.

Brewerton, Timothy D., Bonnie Dansky Cotton, and Dean G. Kilpatrick. 2018. "Sensation seeking, binge-type eating disorders, victimization, and PTSD in the National Women's Study." *Eating Behaviors*. Vol. 30.

Burczycka, Marta. 2016. "Trends in self-reported spousal violence in Canada, 2014." In Family violence in Canada: A statistical profile, 2014. *Juristat*. Statistics Canada Catalogue no. 85-002-X.

Burczycka, Marta. 2017. "Profile of Canadians who experience child maltreatment." In Family violence in Canada: A statistical profile, 2015. *Juristat*. Statistics Canada Catalogue no. 85-002-X.

Butt, Peter, Doug Beirness, Louis Gliksman, Catherine Paradis and Tim Stockwell. 2011. *Alcohol and Health in Canada: A Summary of Evidence and Guidelines for Low Risk Drinking*. Canadian Centre on Substance Use and Addiction. ISBN 978-1-926705-79-8.

Canadian Institute for Health Information. 2007. *Improving the Health of Canadians: Mental Health and Homelessness*. Canadian Institute for Health Information. ISBN 978-1-55465-064-0.

Canadian Mental Health Association. n.d. Public Policy. Accessed August 9, 2018.

Carlson, Bonnie E., Louise-Anne McNutt, Deborah Y. Choi, and Isabel M. Rose. 2002. "Intimate partner abuse and mental health: The role of social support and other protective factors." *Violence Against Women*. Vol. 8, no. 6.

Clark, Cheryl, Louise Ryan, Ichiro Kawachi, Marina J. Canner, Lisa Berkman and Rosalind J. Wright. 2008. "Witnessing community violence in residential neighborhoods: A mental health hazard for urban women." *Journal of Urban Health*. Vol. 85, no. 1.

Cohen, Sheldon. 2004. "Social relationships and health." *American Psychologist*. Vol. 59, no. 8.

Cornell, Erin York and Linda J. Waite. 2009. "Social disconnectedness, perceived isolation, and health among older adults." *Journal of Health and Social Behavior*. Vol. 50, no. 1.

Correctional Services Canada. 2015. "National prevalence of mental disorders among incoming federally-sentenced men." *Research at a Glance*. No. R-357.

Correctional Services Canada. 2018. "National prevalence of mental disorders among federally sentenced women offenders: In custody sample." *Research at a Glance*. No. R-406.

Cotter, Adam. 2018. "Violent victimization of women with disabilities, 2014." *Juristat*. Statistics Canada Catalogue no. 85-002-X.

Davis, Robert C., Christopher D. Maxwell and Bruce Taylor. 2006. "Preventing repeat incidents of family violence: Analysis of data from three field experiments." *Journal of Experimental Criminology*. Vol. 2, no. 2.

Devries, Karen M., Joelle Y. Mak, Loraine J. Bacchus, Jennifer C. Child, Gail Falder, Max Petzold, Jill Astbury and Charlotte H. Watts. 2013. "Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies." *PLoS Medicine*. Vol. 10, no. 5.

Fergusson, David M., and Lianne J. Woodward. 2002. "Mental health, educational, and social role outcomes of adolescents with depression." *Archives of General Psychiatry.* Vol. 59, no. 3.

Government of Canada. n.d. Mental health and wellness. Accessed on June 15, 2018.

Grant, Bridget F., Frederick S. Stinson, Deborah A. Dawson, S. Patricia Chou, Mary C. Dufour, Wilson Compton, Roger P. Pickering and Kenneth Kaplan. 2004. "Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: Results from the national epidemiologic survey on alcohol and related conditions." *Archives of General Psychiatry.* Vol. 61, no. 8.

Kawachi, Ichiro and Lisa F. Berkman. 2001. "Social ties and mental health." *Journal of Urban Health*. Vol. 78, no. 3.

Kilpatrick, Dean G. and Ron Acierno. 2003. "Mental health needs of crime victims: Epidemiology and outcomes." *Journal of Traumatic Stress*. Vol. 16, no. 2.

Kilpatrick, Dean G., Connie L. Best, Lois J. Veronen, Angelynne E. Amick, Lorenz A. Villeponteaux and Gary A. Ruff. 1985. "Mental health correlates of criminal victimization: A random community survey." *Journal of Consulting and Clinical Psychology*. Vol. 53, no. 6.

Kilpatrick, Dean G., Ron Acierno, Heidi S. Resnick, Benjamin E. Saunders and Connie L. Best. 1997. "A two-year longitudinal analysis of the relationships between violent assault and substance use in women." *Journal of Consulting and Clinical Psychology*. Vol. 65, no. 5.

Koob, George F. and Michel Le Moal. 2008. "Addiction and the brain antireward system." *Annual Review of Psychology*. Vol. 59.

Lee, Barrett A. and Christopher J. Schreck. 2005. "Danger on the streets: Marginality and victimization among homeless people." *American Behavioral Scientist*. Vol. 48, no. 8.

Locher, Julie L., Christine S. Ritchie, David L. Roth, Patricia Sawyer Baker, Eric V. Bodner and Richard M. Allman. 2005. "Social isolation, support, and capital and nutritional risk in an older sample: Ethnic and gender differences." *Social Science & Medicine*. Vol. 60, no. 4.

Mason, Robin and Janice Du Mont. 2015. "Advancing our knowledge of the complexity and management of intimate partner violence and co-occurring mental health and substance abuse problems in women." *F1000 Prime Reports*. Vol. 7, no. 65.

Mental Health Commission of Canada. 2012. *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*.

Norman, Rosana E., Munkhtsetseg Byambaa, Rumna De, Alexander Butchart, James Scott and Theo Vos. 2012. "The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis." *PLoS Medicine*. Vol. 9, no. 11.

Oliver, Mike. 2013. "The social model of disability: Thirty years on." *Disability & Society*. Vol. 28, no. 7.

Pearson, Caryn. 2015. "The impact of mental health problems on family members." *Health at a Glance*. Statistics Canada Catalogue no. 82-624-X.

Pearson, Caryn, Teresa Janz and Jennifer Ali. 2013. "Mental and substance use disorders in Canada." *Health at a Glance*. Statistics Canada Catalogue no. 82-624-X.

Perreault, Samuel. 2015. "Criminal victimization in Canada, 2014." *Juristat*. Statistics Canada Catalogue no. 85-002-X.

Polvi, Natalie. 1990. "Repeat victimization." *Journal of Police Science and Administration*. Vol. 17.

Prins, Annabel, Paige Ouimette, Rachel Kimerling, Rebecca Cameron, Daniela Hugelshofer, Jennifer Shaw-Hegwer, Ann Thrailkill, Fred Gusman and Javaid Sheikh. 2003. "The Primary Care PTSD screen (PC-PTSD): Development and operating characteristics." *Primary Care Psychiatry*. Vol. 9, no. 1.

Standing Committee on Public Safety and National Security. 2014. *Economics of Policing: Report of the Standing Committee on Public Safety and National Security*.

Statistics Canada. 2017. "Accessing mental health care in Canada." *Infographic*. Statistics Canada Catalogue no. 11-627-M.

Statistics Canada. 2018. *Table 115-003: Adults with Disabilities, By Type, Age Group and Sex, Canada, Provinces and Territories*. CANSIM (database). Accessed May 23, 2018.

Trevillion, Kylee, Siân Oram, Gene Feder, and Louise M. Howard. 2012. "Experiences of domestic violence and mental disorders: A systematic review and meta-analysis." *PloS One*. Vol. 7, no. 12.

Umberson, Debra, and Jennifer Karas Montez. 2010. "Social relationships and health: A flashpoint for health policy." *Journal of Health and Social Behavior*. Vol. 51, no. 1.

Whitbeck, Les B., Dan R. Hoyt, and Kevin A. Yoder. 1999. "A risk-amplification model of victimization and depressive symptoms among runaway and homeless adolescents." *American Journal of Community Psychology*. Vol. 27, no. 2.

Notes

[E] use with caution

1. In this paper, the terms 'mental health-related disability', 'mental health disability' and 'disability related to mental health' are used interchangeably.

2. Excludes spousal violence. It should be noted that many analyses of General Social Survey data calculate rates of victimization based on the number of discrete violent incidents experienced by individuals (for instance, Perreault 2015; Cotter 2018).

Calculations presented in the current paper focus on the proportion of individuals who experienced at least one incident of violence. As both approaches are applied to the same data, care should be taken when comparing results across publications.

3. Excludes spousal violence. The 2014 General Social Survey collects information on spousal violence and non-spousal violence using different methodologies. As such, information on spousal violence is presented in a separate section of this report.

4. Excludes spousal violence.

5. It should be noted that 25% of victims of spousal violence with no mental health disability did not provide information on the number of incidents of spousal violence that they experienced. Among victims with a mental-health related disability, this proportion was 11%[E].

6. Emotional abuse includes trying to limit the victim's contact with family or friends; putting the victim down or calling them names to make them feel bad; not wanting the victim to talk to other men or women; demanding to know where the victim is and who they are with at all times; harming or threatening to harm someone the victim knows or the victim's pets; and damaging or destroying the victim's possessions or property.

7. Financial abuse includes preventing the victim from knowing about or having access to the family income as well as forcing the victim to give money, possessions or property.

8. Includes neighbours, dating partners, co-workers, classmates, etc.

9. Questions are based on the Primary Care PTSD screening tool. For more information on the tool, see Prins et al. (2003).

10. Excludes spousal violence.

11. Excludes spousal violence.

12. Includes major depressive episodes or bipolar disorder.

13. Excludes spousal violence.

14. Data not shown.

15. Data not shown.

16. Data not shown. Reasons for police contact included: traffic stops, being a witness to a crime, the emotional, mental or substance use problems of a family member or of one's-self, attending an information session, being arrested, or other reasons (which may include traffic accidents, making 9-1-1 calls, being the victim of a crime, and other unspecified reasons).

17. Data not shown.

18. Types of disability include the following conditions which sometimes, often or always limit daily life: vision impairment, hearing impairment, learning or cognitive disability, difficulty walking or using stairs, conditions related to flexibility or pain, or any other health problem or long-term condition that has lasted or is expected to last for six months or more.

19. Quantities refer to "standard drinks" which are equal to a 341 ml bottle of 5% strength beer, cider or cooler; a 142 ml glass of 12% strength wine; or a 43 ml shot of 40% strength spirits.

20. Other drugs include non-prescribed drugs such as (for example): magic mushrooms, cocaine, speed, methamphetamine, ecstasy, PCP, mescaline and heroin.

21. Other factors include age, sex, alcohol use, history of childhood victimization, history of homelessness, as well as various characteristics associated with neighbourhood social cohesion.

22. Data not shown. It should be noted that because the General Social Survey excludes individuals residing in institutional settings, and collects information from individuals who have a cellular or home telephone, individuals who were experiencing homelessness at the time of the survey may have been excluded.

23. Data not shown.

24. Includes physical and/or sexual abuse by an adult aged 18 or older experienced before age 15.

25. Data not shown.

26. It is not known if the mental health-related disability was itself the long-term illness that individuals in this group had experienced, or if it was present in addition to another condition. Further, although the GSS allows respondents to select "volunteering or caregiving other than for children", it is possible that some respondents who selected "long term illness" as their main activity may have interpreted the option as applicable to those whose main activity is caring for a family member or spouse with a long term illness.

27. Excludes data from the territories.

28. Those 25 years of age and younger were excluded from this portion of the analysis because many in that age group may be in the process of obtaining a post-secondary education, and thus may not yet have completed their highest degree or diploma.

Detailed data tables

Table 1
Self-reported violent victimization in the previous 12 months, by sex and mental health disability status, Canada, 2014

Violent victimization and frequency of violent incidents	Persons with mental health disability†			Persons with no mental health disability			Total		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
	percent								
Violent victimization in past 12 months[1]									
Total violent victimization[2]	8	11	10	4*	3*	3*	4	4	4
Sexual assault	F	7	5	0.3E	2*	1*	0.4E	2	1
Assault	5E	4E	4	3*	2*	2*	3	2	2
Robbery or attempted robbery	F	F	1E	0.5E	0.3E	0.4*	1	0.3E	0.4
Frequency of violent incidents in the past 12 months									
One incident	75	68	70	85	81*	83*	85	78	81
More than one incident	25E	32E	30	15E	19*	17*	15E	22	19

E use with caution
F too unreliable to be published
* significantly different from reference category (†) ($p < 0.05$)
† reference category
1. Excludes spousal violence.
2. Includes most serious incident of violence experienced by the victim. Victims may have experienced more than one incident of violence.
Note: Mental health disability refers to an emotional, psychological or mental health condition, such as anxiety, depression, bipolar disorder, anorexia, substance abuse, and others, which sometimes, often or always limits daily activities. Unknowns are included in the calculation of percentages but not shown.
Source: Statistics Canada, General Social Survey.

Table 2
Self-reported victimization in spousal relationships, by type of victimization, mental health disability status and sex, Canada, 2014

Type of spousal victimization	Males	Females	Total
	percent		
Spousal violence[1]			
Mental health-related disability†	12	12	12
No mental health-related disability	4*	3*	3*
Repeat incidents of spousal violence[1, 2]			
Mental health-related disability†	62	62	62
No mental health-related disability	40*	36*	36*
Emotional abuse by a spouse or partner[3]			
Mental health-related disability†	29	35	33
No mental health-related disability	14*	12*	13*
Financial abuse by a spouse or partner[4]			
Mental health-related disability†	7E	12	10
No mental health-related disability	2*	3*	2*

E use with caution
* significantly different from reference category (†) ($p < 0.05$)
† reference category
1. Includes physical and sexual violence committed by a current or former spouse or common-law partner during the five years preceding the survey.
2. Includes victims who experienced two or more incidents of spousal violence.
3. Includes victims who reported that at one point in their lives, a current or former spouse or common-law partner tried to limit their contact with family or friends; put them down or called them names to make them feel bad; did not want them to talk to other men or women; demanded to know where they were and who they were with at all times; harmed or threatened to harm someone they knew or their pets; and damaged or destroyed their possessions or property.
4. Includes victims who reported that at one point in their lives, a current or former spouse or common-law partner prevented them from knowing about or having access to the family income or forced them to give money, possessions or property.
Note: Mental health disability refers to an emotional, psychological or mental health condition, such as anxiety, depression, bipolar disorder, anorexia, substance abuse, and others, which sometimes, often or always limits daily activities. Unknowns are included in the calculation of percentages but not shown.
Source: Statistics Canada, General Social Survey.

Table 3
Reporting to police, satisfaction with police and use of victims' services by self-reported victims of violence, by mental health disability status, Canada, 2014

Reporting to police, satisfaction with police and use of victims' services	Persons with mental health disability†	Persons with no mental health disability	Total
	percent		
Reporting to and satisfaction with police among victims of violence[1]			
Total incidents not reported to police	78	68*	69
Total incidents reported to police	22E	31*	29
Very or somewhat satisfied with police response[2]	55	69	66
Very or somewhat dissatisfied with police response[2]	39E	30	31
Use of formal services by victims of violence[1]			
Total use of formal services[3]	22E	11*	13
Psychologist, counsellor or social worker	18E	8*	9
Crisis line, victim/witness program, sexual assault centre	7E	5E	5
Support group or community/cultural centre	F	2E	3E

E use with caution
F too unreliable to be published
* significantly different from reference category (†) ($p < 0.05$)
† reference category
1. Excludes spousal violence. Includes incidents of violence experienced in the previous 12 months.
2. Percentages are calculated including unknown responses. Overall, 6% of victims of violence who had reported to police did not provide information about their level of satisfaction.
3. Includes victims who used formal support services at least once to assist them with consequences of the victimization that they experienced in the previous 12 months.
Note: Mental health-related disability refers to an emotional, psychological or mental health condition, such as anxiety, depression, bipolar disorder, anorexia, substance abuse, and others, which sometimes, often or always limits daily activities. Unknowns are included in the calculation of percentages but not shown.
Source: Statistics Canada, General Social Survey.

Table 4
Perceptions of police and confidence in police, by mental health disability status, Canada, 2014

Perceptions of police and confidence in police	Persons with mental health disability†	Persons with no mental health disability	Total
	percent		
Police do a good job of...			
Enforcing the laws	53	63*	62
Promptly responding to calls	51	57*	56
Being approachable and easy to talk to	56	67*	66
Supply information on crime prevention	47	56*	55
Ensure the safety of citizens	57	67*	67
Treat people fairly	52	63*	62
Confidence in police			
Some confidence or a great deal of confidence	86	92*	91
Not very much confidence or no confidence	14	7*	8

* significantly different from reference category (†) ($p < 0.05$)
† reference category
Note: Mental health-related disability refers to an emotional, psychological or mental health condition, such as anxiety, depression, bipolar disorder, anorexia, substance abuse, and others, which sometimes, often or always limits daily activities. Unknowns are included in the calculation of percentages but not shown.
Source: Statistics Canada, General Social Survey.

Table 5
Selected characteristics associated with violent victimization, by mental health disability status, Canada, 2014

Selected characteristics	Persons with mental health disability†	Persons with no mental health disability	Total
	percent		
Presence of other type of disability[1]	63	20*	22
Socially isolated[2]	5	2*	2
Alcohol use			
Does not drink alcohol	31	25*	25
Not in past month	11	7*	7
Minimum monthly	54	63*	62
Daily	4	5*	5
Binge drinking[3]	44	38*	39
Drug use in previous month			
Cannabis[4]	15	6*	7
Other drugs[5]	2E	0.6*	0.7
Any drug[6]	15	6*	7
History of homelessness			
Lived on the street, in a shelter, etc.[7]	6	1*	2
"Hidden" homelessness[8]	21	7*	8
Either type of homelessness	23	8*	8
History of childhood abuse			
Childhood physical abuse[9]	45	26*	26
Childhood sexual abuse[10]	20	7*	8
Either or both types of childhood abuse	51	29*	30

E use with caution
* significantly different from reference category (†) ($p < 0.05$)
† reference category
1. Other types of disability include the following conditions which sometimes, often or always limit daily life: vision impairment, hearing impairment, learning or cognitive disability, difficulty walking or using stairs, conditions related to flexibility or pain, or any other health problem or long-term condition that has lasted or is expected to last for six months or more.
2. Includes individuals who reported that they have no people in their lives whom they feel close to, at ease with, that they can talk to about what is on their mind, or call on for help, excluding people they live with.
3. Binge drinking refers to consuming five or more alcoholic drinks on the same occasion.
4. Includes cannabis and its by-products, excluding those that were prescribed by a doctor.
5. Includes drugs such as magic mushrooms, cocaine, speed, methamphetamine, ecstasy, PCP, mescaline and heroin.
6. Includes cannabis and its by-products (excluding those that were prescribed by a doctor) as well as drugs such as magic mushrooms, cocaine, speed, methamphetamine, ecstasy, PCP, mescaline and heroin.
7. Includes people who reported that at some point in their lives, they had to live in a shelter, on the street, or in an abandoned building.
8. Includes people who reported that at some point in their lives, they had to stay with family, friends or in their car because they had nowhere else to go.
9. Includes people who reported that before they were 15, they experienced at least one instance of physical violence by a person aged 18 or older.
10. Includes people who reported that before they were 15, they experienced at least one instance of sexual abuse by a person aged 18 or older.
Note: Mental health-related disability refers to an emotional, psychological or mental health condition, such as anxiety, depression, bipolar disorder, anorexia, substance abuse, and others, which sometimes, often or always limits daily activities. Unknowns are included in the calculation of percentages but not shown.
Source: Statistics Canada, General Social Survey.

Table 6
Prevalence of mental health disability among individuals with selected characteristics, Canada, 2014

Selected characteristics	Prevalence of mental health disability percent
Marital status	
Married†	4**
Common-law	5* **
Widowed	5**
Separated‡	12* **
Divorced	9* **
Single (never married)	9* **
Main activity	
Employed†	4**
Looking for work	14* **
Student	8* **
Housework, childcare, parental leave	10* **
Retired	4**
Long-term illness‡	39*
Other	20* **
Household income[1]	
Less than $20,000†	11
$20,000 to $59,999‡	7
$60,000 to $99,999	4* **
$100,000 to $139,999	4* **
$140,000 to $179,999	3E * **
$180,000 or more	3E * **
Highest level of education[2]	
High school diploma or less†	7**
Trade school or college diploma	6* **
Bachelor's degree	4* **
University degree above bachelor's‡	3*

E use with caution
* significantly different from reference category (†) ($p < 0.05$)
** significantly different from reference category (‡) ($p < 0.05$)
† reference category
‡ reference category
1. Includes individuals who reported their main activity during the previous 12 months as working at a paid job or business. Excludes data from the territories.
2. Includes individuals aged 25 and older.
Note: Mental health-related disability refers to an emotional, psychological or mental health condition, such as anxiety, depression, bipolar disorder, anorexia, substance abuse, and others, which sometimes, often or always limits daily activities. Unknowns are included in the calculation of percentages but not shown.
Source: Statistics Canada, General Social Survey.