Toronto Public Health

ACTION ON INTIMATE PARTNER VIOLENCE AGAINST WOMEN

PREVENTION

IDENTIFICATION

RESPONSE

THIS REPORT IS DEDICATED TO THE MEMORY OF ZAHRA ABDILLE AND HER SONS, FARIS (AGE 13) AND ZAIN (AGE 8), WHO WERE KILLED ON NOVEMBER 29, 2014. ZAHRA WAS A PUBLIC HEALTH NURSE IN TORONTO PUBLIC HEALTH AND IS REMEMBERED AND MISSED BY HER COLLEAGUES.

Toronto Public Health, November 2015., Action on intimate partner violence against women.
Copies of this report can be downloaded at: http://www.toronto.ca/health/reports

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1 in 3

Canadian women has experienced abuse at some point in her life

Source: 1995, Researching violence against women – Statistics Canada National Survey.

$7.4 BILLION

per year spent dealing with the costs of IPV

Source: 2009, Department of Justice Canada, Statistics and Research Division.

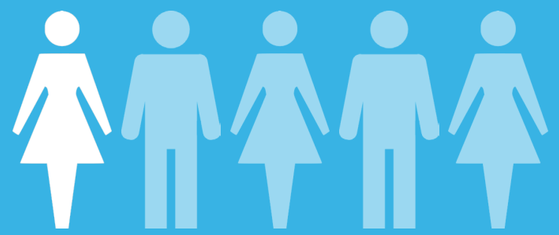
16% of WOMEN

has experienced abuse by someone she's dated

Source: 1995, Researching violence against women – Statistics Canada National Survey.

1 IN 5 TEENS

has experienced abuse



Source: 2001Price ETA!

25% BELIEVE

"it is possible for someone to bring abuse upon themselves."

Source: Interval House. March 4, 2015. News release: Are Ontarians apathetic to domestic violence?

A LONG-TERM ACTION PLAN INCORPORATING TPH ACTIONS AND ADVOCACY RECOMMENDATIONS HAS BEEN DEVELOPED. IT CONSISTS OF TEN OVERALL GOALS AND A SERIES OF ACTIONS TO ADDRESS EACH GOAL. THE PLAN IS ORGANIZED BY ACTIONS RELATED TO PREVENTION, EARLY IDENTIFICATION, AND RESPONSE.

TORONTO PUBLIC HEALTH ACTION PLAN

On November 30, 2015, Toronto's Medical Officer of Health presented several recommendations to the Board of Health to improve the prevention, identification and response to intimate partner violence.

The Medical Officer of Health recommends that:

1. The Medical Officer of Health collaborate with the Executive Director of Social Development, Finance and Administration, the General Managers of Shelter, Support and Housing Administration, and Parks, Forestry and Recreation, and other relevant City divisions and agencies, to identify opportunities for implementing the intimate partner violence action plan.

2. The Board of Health acknowledge the Ontario government's commitment to the prevention of intimate partner violence and other forms of gender-based violence, and urges the provincial government to:
    a. Provide capital and operational funding that is dedicated to increasing the availability of affordable housing, emergency, and transitional/supportive housing to those affected by intimate partner violence;
    b. Further increase access to legal aid for those affected by intimate partner violence;
    c. Increase provision of social support and mental health services in Toronto for women experiencing violence, perpetrators, and children exposed to IPV, with attention to more vulnerable groups;
    d. Engage with municipalities to look at ways to provide affordable housing options to women without status; and
    e. Increase funding to the Healthy Babies Healthy Children program in Toronto to reach more children at risk of poor developmental outcomes.
    f. Include comprehensive intimate partner violence prevention education in teacher education programs.

3. The Board of Health request the Toronto Police Services Board to review policies related to responding to intimate partner violence, including, but not limited to, the mandatory charging policy, enforcement of no-contact orders and probation conditions.

4. The Board of Health request that the federal Minister of Status of Women develop the promised national strategy and action plan to address gender-based violence, that considers increasing federal investments in affordable housing, emergency, and transitional/supportive housing for those affected by intimate partner violence.

5. The Board of Health request the Chief Statistician of Statistics Canada to address the gaps in providing comprehensive data on intimate partner violence attitudes, knowledge, and behaviour that is inclusive of all affected populations, including gender diverse communities, and to ensure that these data are available at the municipal level.

6. This report be forwarded to all relevant City divisions and agencies, the City's Occupational Health and Safety Coordinating Committee, the four Toronto School Boards, and Legal Aid Ontario.

Dr. David McKeown
Medical Officer of Health

ACTION ON INTIMATE PARTNER VIOLENCE AGAINST WOMEN

INTRODUCTION

Intimate partner voilence (IPV) is behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours.

Intimate partner violence is an urgent, yet preventable public health concern.

In Canada, one in three women has experienced abuse at some point in her life, and every six days, a woman is killed by her partner. In 2013, Toronto police data indicate that 4,695 women were victims of IPV. Intimate partner violence has immediate and long lasting detrimental health, social, and economic effects on victims, their families and society as a whole. The damaging effects of IPV also affect the workplace. Canadian employers lose an estimated $77.9 million annually due to the direct and indirect impacts of IPV.

"IN 2013, TORONTO POLICE DATA INDICATE THAT 4,695 WOMEN WERE VICTIMS OF IPV."

Addressing IPV is a collective responsibility and public health can play an important role in this endeavour.

A comprehensive public health approach must include action to prevent IPV from occurring in the first place but also include action to identify those at risk and support those affected by IPV to mitigate the impact on health and prevent future harm.

Based on a review of the data on the extent of IPV, a review of published evidence, and an environmental scan, Toronto Public Health (TPH) has developed an action plan to enhance TPH capacity for prevention, early identification, and response to IPV. This report outlines this action plan which includes ten overall goals and a series of actions, some of which require collaboration with other City agencies and divisions and community partners. For actions beyond the mandate of TPH, recommendations to provincial and federal governments are made.

IN CANADA

33% of women have experienced physical or sexual violence in their lifetime.

16% of women have experienced abuse by someone they have dated.

AT RISK

Young women

Women with lower incomes

Indigenous women

LGBTQ communities

Women with disabilities

Women from particular ethno-cultural communities

Women with refugee or no status

Defining intimate partner violence (IPV)

Intimate partner violence, also referred to as abuse in this report, is defined as behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. It can occur between current or past dating partners, sexual partners, spouses or cohabiting partners.[1] The severity and frequency of IPV can vary from a single episode of abuse to more chronic and severe violence and controlling behaviour that lasts for years.

"ONE WOMAN IS KILLED EVERY 6 DAYS BY A PARTNER OR EX-PARTNER"

IPV is a significant and preventable public health concern. With an estimated global prevalence rate of 30%, it is one of the most common forms of violence against women.[2,3,4] In Canada, women are more likely to experience violence by an intimate partner than by any other perpetrator.[3] One in three Canadian women has experienced at least one episode of physical or sexual violence by a current or previous spouse in her lifetime and 16% by someone she dated.[5] On average, one woman is killed every six days by a partner or ex-partner.[6]

Men also experience abuse within intimate relationships; however, women are much more likely to be victims of severe forms of IPV, multiple victimizations, injuries, and death.[7]

Intimate partner violence is a health equity issue.

Certain population groups (e.g., young women, Aboriginal women, LGBTQ communities, women with disabilities, women from particular ethno-cultural communities, women with refugee or no status) are at higher risk of experiencing IPV and/or may experience additional vulnerabilities or barriers to seeking or receiving support.

Intimate partner violence (IPV) is also a significant public health issue in Toronto.

A recent Toronto population survey found that 10% of women in Toronto experienced physical abuse (6% of men) and 20% experienced non-physical abuse (12% of men).[8] In 2013, Toronto police data show that 4,695 women were victims of IPV.[9] Between 2004 and 2013, 58 women were killed by an intimate partner in Toronto.

Although women of all backgrounds can experience IPV, research shows that some groups of women are at increased risk.[10] In Canada, population-level data show that IPV is more common among younger women, those with lower income levels, lesbian or bisexual women, Indigenous women, and those with a disability.[11,12,13] There are no Canadian population data on groups of men who may be more likely to perpetrate IPV. Other research shows that young men, men of a lower socio-economic status, and unemployed men are more likely to be perpetrators of IPV.[1]

"$7.4 BILLION/YEAR SPENT DEALING WITH THE COSTS OF IPV"

Women who have experienced abuse can suffer immediate short-term effects, including injuries and death, as well as chronic physical, psychological, social and economic problems that can persist long after the abuse has ended.[14,15] Women who have been abused can also face homelessness, loss or separation from family and friends, isolation, loss of employment, debt, and destitution.[14] Children exposed to IPV also experience a range of physical and mental health issues that may put them on a negative developmental trajectory, including becoming future victims or perpetrators of abuse.[13]

Intimate partner violence affects all of us through its far reaching impacts on victims, their families and society. An estimated $7.4 billion per year is spent in Canada dealing with the direct and indirect costs of IPV.[16] The damaging effects of IPV can also be seen in the workplace. It can lead to loss of paid and unpaid work time, a decrease in productivity, and leave of absences for those directly affected as well as safety hazards for their co-workers. Canadian employers lose an estimated $77.9 million annually due to the direct and indirect impacts of IPV. [17]

IN TORONTO

10% of women have experienced physical abuse.

20% of women have experienced non-physical abuse.

58 women were killed by an intimate partner in Toronto (between 2004 and 2013).

12% of men have experienced non-physical abuse.

6% of men have experienced physical abuse.

PROTECTIVE FACTORS

Some of the known factors that can buffer or reduce the likelihood of abuse include:

Positive parenting

School connectedness

Social support

Income security

Gender equality

Intolerance of violence

believe that "sometimes a man can lose his temper once and hit his wife/ partner, but not really be abusive."

believe "it is possible for someone to bring abuse upon themselves."

of men in Ontario recognize that they can personally make a difference in promoting healthy, respectful, non-violent relationships.

Multiple risk factors interact to contribute to the occurrence of intimate partner violence (IPV)*

While there are clear factors at the individual and relationship levels that are strongly associated with IPV (e.g., exposure to violence in childhood, history of aggressive behaviour, heavy alcohol and drug use, marital instability), these are reinforced or exacerbated by factors at the community and societal levels, such as gender inequality, poverty, norms supportive of violence, and traditional/restrictive gender roles. Some of the known factors that can buffer or reduce the likelihood of abuse (that is, protective factors) include positive parenting, school connectedness, social support, income security, gender equality, and intolerance of violence.[1]

Many strategies are effective in changing knowledge and attitudes related to IPV and a growing number have been associated with a reduction in abusive behaviour.[1,18,19,20,21,22,23] Strategies have focussed at all levels, including the individual (e.g., home visitation), relationship (parent-child programs), community (mobilization and empowerment), and societal level (e.g., policy, public education).[1]

Persistently high rates of IPV have led to heightened attention to this issue in the past couple of decades. Although the federal government has yet to heed the call for a national strategy, there has been action to address this issue through the Family Violence Initiative.[24] More recently, the federal government launched a national action plan to address family violence and violent crimes against Aboriginal women and girls.[25] The Ontario government launched a provincial action plan on domestic violence in 2004 and renewed its commitment in 2007 for continued investments. In 2010, Ontario was the first province to amend its Occupational Health and Safety legislation to mandate employers to protect workers from domestic violence in the workplace.[26] The current provincial focus has turned to the elimination of sexual violence and harassment which includes violence in intimate relationships.[2]

* See page 24 for complete list of risk factors

At the local level

A host of agencies, organizations, and community groups are engaged in action to prevent and respond to IPV, across diverse sectors including children, youth, health, social, education, recreation, and arts, and the violence against women sector which provides services to abused women. In addition, the City of Toronto is implementing a range of strategies that address risk and protective factors of IPV, including the Poverty Reduction Strategy, the Strong Neighbourhoods Strategy, the Newcomer Strategy, and the Toronto Youth Equity Strategy. Social Development Finance & Administration is also leading the development of the second phase of the Toronto Youth Equity Strategy focussed on gender-based violence, which includes intimate partner violence. City Divisions deliver various services related to the prevention and response to IPV such as emergency shelter, priority access to child care and subsidized housing, expedited access to social assistance, and youth development opportunities. The City of Toronto also has implemented a corporate-wide policy on Domestic Violence in City Workplaces.

Toronto Public Health implements a variety of programs and services that address IPV including healthy child development, parenting education and support, positive youth development, substance misuse prevention, community mobilization, and advocacy to address social determinants of health. Toronto Public Health is also a member of the Woman Abuse Council of Toronto (WomanACT), a coordinating and policy planning body with a broad membership of 30 organizations representing all relevant sectors, which helps to identify emerging issues requiring institutional or systemic change.

Despite concerted efforts to address IPV, women are still being killed by their partners. In the last year, alone, there have been several preventable deaths, including the death of a TPH colleague and her family. TPH has identified areas for enhancing capacity to prevent, identify, and respond to IPV. This report outlines the plan TPH has developed to address IPV against women.

Developing the Action Plan

The Toronto Public Health action plan to address IPV was informed by three main inputs:

1. an examination of the data on the extent of IPV;
2. a review of published research on the nature of IPV and on effective strategies; and
3. an environmental scan within TPH, other City divisions, and the community to identify current initiatives, gaps/ challenges, and opportunities to enhance capacity to address IPV, with particular emphasis on what TPH can do.

Many opportunities were identified for enhancing the capacity of TPH through changes to policies, programs, and services and through collaboration with other City divisions and community partners. With respect to IPV in the indigenous community, TPH will work with the Toronto Indigenous Health Advisory Circle to identify specific interventions. Areas for improvement that are beyond the mandate of TPH and require advocacy to different levels of government were also identified.

Toronto Public Health Action Plan

A long-term action plan incorporating TPH actions and advocacy recommendations has been developed. It consists of ten overall goals and a series of actions to address each goal. The plan is organized by actions related to prevention, early identification, and response. The next step will be to identify timelines and resource requirements for this plan. The sections below provide an outline of and the rationale for this action plan.

The term "domestic violence" is used instead of IPV when reference is made to policies or legislation that addresses forms of violence beyond intimate partners, such as violence between children and caregivers.

PREVENTION OF IPV

GOAL 1: Expand parenting education & support

CURRENT STATUS

TPH operates a range of parent-child programs.

GAPS

Ability to meet the provincially mandated program delivery targets of Healthy Babies Healthy Children (HBHC), which includes home visitation of families identified as high risk.

ACTION

Seek opportunities to provide parent education focused on middle-childhood through to adolescence, with emphasis on the most vulnerable populations.

ADVOCACY RECOMMENDATION

The provincial government should increase funding to HBHC in order to reach more children at risk of poor child developmental outcomes.

Harsh parenting, early experiences of child abuse, aggressive tendencies in childhood and adolescence are significant risk factors for experiencing and/or perpetrating IPV later in life.[1,10] TPH operates a range of parent-child programs that address these risk factors. However, one of the persistent gaps is an inability to meet the provincially mandated program delivery targets of Healthy Babies Healthy Children (HBHC). Recent changes to the provincial HBHC protocol introduced a new, more sensitive screening tool that includes a number of psychosocial risk factors. While this has had the positive effect of increasing the number of families eligible for this program, it has further exacerbated the gap between TPH's capacity and service needs. With increased funding, the HBHC program, which includes home visitation of families identified as high risk, has the potential to reach more families who may be at risk of violence.

"HARSH PARENTING, EARLY EXPERIENCES OF CHILD ABUSE, AGGRESSIVE TENDENCIES IN CHILDHOOD AND ADOLESCENCE ARE SIGNIFICANT RISK FACTORS…"

Another gap is education and support for parents of children in middle childhood and adolescence. While most TPH education programs focus on the early years, parental involvement and support and strong family connections are also critical during middle childhood and adolescence and have been associated with reduced risk-taking behaviours and positive long-term health outcomes.[10] TPH has recently completed a literature review and needs assessment to identify how to respond to the gap in relation to substance misuse, a behaviour that is linked to the development of IPV-related behaviours.[28]

PREVENTION OF IPV

GOAL 2: Expand education on healthy relationships from middle childhood to adolescence

CURRENT STATUS

Toronto school boards have implemented school-wide strategies to address different forms of violence.

Ontario Health & Physical Education Curriculum education and skill development on healthy relationships.

GAPS

Community-based or targeted efforts are also vital to reaching vulnerable youth, including those who have dropped out or are no longer in school.

ACTION

Continue to support the four local public school boards to implement the Healthy Relationship content of the Ontario Health & Physical Education Curriculum within the classroom and through whole school approaches.

Seek opportunities to expand the reach of current TPH programs that include healthy relationship content, particularly to the most vulnerable, such as LGBTQ, newcomer, and racialized communities.

Work with other City Divisions on incorporating healthy relationship content into relevant youth programming.

ADVOCACY RECOMMENDATION

The provincial government should include comprehensive intimate partner violence prevention education in teacher education programs.

Dating violence is one of a cluster of risk behaviours that emerge during adolescence.[22]

Middle childhood and adolescence offer a critical window of opportunity for prevention. This is evident in the success of school-based strategies focused on this population in preventing dating violence (e.g., Fourth R, Safe Dates), particularly those that extend beyond the classroom and include school-wide or community-based activities.[1,18,21,22]

"MIDDLE CHILDHOOD & ADOLESCENCE OFFER A CRITICAL WINDOW OF OPPORTUNITY FOR PREVENTION."

Toronto school boards have implemented school-wide strategies to address different forms of violence (e.g., TDSB's gender-based violence strategy). In addition, education and skill development on healthy relationships is included in the Ontario Health & Physical Education Curriculum. Up to grade 8, all children receive the curriculum; however, high school students are only required to have one health education credit. Even among those students who enrol in Health & Physical Education, there may be variability in exposure to healthy relationship content due to the skill set and comfort level of the teacher and/or the school to cover such sensitive material`.

Although schools are an important setting for youth interventions, community-based or targeted efforts are also vital to reaching vulnerable youth, including those who have dropped out of or are no longer in school. A community-based program for pregnant teens and their partners and a group program for youth who have been maltreated have shown positive results.[22]

PREVENTION OF IPV

GOAL 3: Address the social and cultural norms that perpetuate IPV

CURRENT STATUS

TPH is involved in public education, staff training, and programming.

GAPS

The influence of the portrayal of women and men in the media; the negative effects of transphobia and homophobia in intimate relationships; understanding consent in intimate relationships; and understanding of and sensitive responses to IPV experienced by women within various ethno-cultural communities.

The capacity and confidence of boys and young men to speak up and intervene against violence, with the goal of changing the social climate in which it occurs.

ACTION

Increase awareness and understanding of the social and cultural norms that perpetuate IPV through existing public education, staff training, and programming.

Support local initiatives that seek to promote gender equality using participatory approaches.

Identify opportunities to expand the implementation of community initiatives that engage men to prevent violence against women.

Strategies to prevent Intimate Partner Violence (IPV)

There is broad consensus that strategies to prevent IPV must include changing the social and cultural norms that tolerate and perpetuate IPV, such as traditional/rigid gender roles, beliefs about masculinity being linked to dominance and aggression, tolerance of violence to resolve conflict,[1,21] homophobia, and transphobia.[29] These norms manifest themselves at the individual, relationship, community and societal level. A 2015 Ontario survey reinforces the need for more work to shift norms related to IPV. The survey found that one in five people believe that "sometimes a man can lose his temper once and hit his wife/partner, but not really be abusive." Also, about one in four people believe that "it is possible for someone to bring abuse upon themselves." Men were much more likely to hold these views than women.[30]

Some areas that need to be addressed include the following: the influence of the portrayal of women and men in the media; the negative effects of transphobia and homophobia in intimate relationships; understanding consent in intimate relationships; and understanding of and sensitive responses to IPV experienced by women within various ethno-cultural communities.[1,29,31]

School-based initiatives and media strategies have shown promise in shifting attitudes.[1,18,21,22] Community-based, participatory approaches that promote empowerment of women have also been successful.[1] There has also been a growing movement and best practices developed to engage men and boys as allies in shifting cultural norms.[1,32,33] The emphasis is on building the capacity and confidence of boys and young men to speak up and intervene against violence, with the goal of changing the social climate in which it occurs. A recent survey by White Ribbon found that the vast majority of men in Ontario (97%) recognize that they can personally make a difference in promoting healthy, respectful, non-violent relationships.[31] White Ribbon's most recent social engagement strategy, "It starts with you, it stays with him," has been developed with this goal in mind.

EARLY IDENTIFICATION OF IPV

GOAL 4: Increase staff capacity to identify and respond to clients affected by IPV

CURRENT STATUS

TPH best practice guidelines for identifying and responding to IPV.

GAPS

Limited screening for IPV in health settings.

Regular training of all TPH service providers who encounter clients affected by IPV.

ACTION

Regularly review and update current IPV best practice guidelines and adapt the guidelines for relevant TPH programs (e.g., Dental Program).

Ensure all front-line staff delivering individual or group programming receive ongoing opportunities for skill development as well as support and resources to effectively identify and respond to individuals experiencing or perpetrating IPV.

Increase the number of staff with specialized IPV training (e.g., risk assessment, safety planning) who can provide support to colleagues working with clients affected by IPV.

Ensure all TPH program/clinical sites communicate to clients via posters or other means of communication that IPV is a public health concern and that they may be asked if they have ever experienced IPV.

Collaborate with researchers and community partners on self-administered IPV screening formats that can be incorporated in TPH programs.

Many women experiencing intimate partner violence (IPV) do not disclose that they are being abused.

Creating environments that support women to share that they are being abused as early as possible is critical to minimizing the health impacts of the abuse and preventing significant injury or death. One way of creating such an environment is by asking about IPV as a routine part of program intake or assessment, known as screening, and increasing client awareness that this is being done.[34]

Research has shown that women appreciate being asked even if they are not experiencing abuse, and women who have been abused report that being asked helped them recognize the problem, broke the silence, and validated their feelings.[35] Screening in health settings increases identification of IPV substantially, especially in antenatal settings and increases likelihood of a health service provider initiating discussion of IPV. Self-administered screening formats, including computerized screening, lead to higher rates of disclosure. There is also some evidence that screening can result in increased referrals and reduced exposure to IPV, and that it does not appear to cause harm.[36,37,38,39]

Effective screening requires training of service providers, and organizational supports and policies to support screening and appropriate referral.[38,40] TPH has developed best practice guidelines for identifying and responding to IPV. The guidelines and corresponding training are tailored to the scope of practice of different staff positions and provide direction in assessment, intervention, and referral. Staff have identified the need for more ongoing opportunities, especially for those less engaged in IPV work, including skill development on reaching and engaging individuals from marginalized communities (e.g., LGBTQ, Indigenous, those with substance use or mental health issues, refugees, women with disabilities), risk assessment and safety planning, and on engaging men.

EARLY IDENTIFICATION OF IPV

GOAL 5: Ensure equitable access to TPH programs and services

CURRENT STATUS

Barriers to and lack of services for:

- immigrant women
- women with disabilities
- LGBT women
- Indigenous woman
- ethno-cultral groups
- religious communities
- racialized women
- women with mental health/addition issues
- women with HIV
- sex trade workers

Groups that are more vulnerable to abuse have been identified.

GAPS

Working with men who are abusive.

Addressing IPV against men.

ACTION

When conducting health equity impact assessments, ensure relevant policies, guidelines, and programs are inclusive of all individuals who are at risk of or experiencing/perpetrating IPV.

Ensure services and programs are safe, welcoming, and appropriate, especially for the most marginalized communities.

Women from all backgrounds experience intimate partner violence (IPV)

There are specific groups of women, however, who are more vulnerable to abuse, and who may experience more barriers to service, and have difficulty navigating the system.[41,57] These are immigrant women, particularly refugee and non-status women, women with disabilities, lesbian, bisexual and transgender women, Indigenous women, women from particular ethno-cultural groups, religious communities, racialized women, women with mental health or addictions issues, women with HIV and sex trade workers. Women with intersecting identities may experience cumulative disadvantage in seeking and receiving support.

Men also experience IPV

Men also experience IPV and may have more difficulty disclosing and accessing services due to gender role expectations.[29] Transgender, gay or bisexual men are at higher risk.[29] There is less known about the nature and impact of IPV among men and against men.[1]

"WORKING WITH MEN WHO ARE ABUSIVE WAS ALSO IDENTIFIED AS AN IMPORTANT PART OF THE SOLUTION TO IPV."

Consultations with TPH staff identified the need to explore IPV against men, particularly men from marginalized communities. Working with men who are abusive was also identified as an important part of the solution to IPV. Ensuring that the lived experiences of these various and distinct communities is understood and taken into account is critical to informing action to prevent and respond to IPV.

EARLY IDENTIFICATION OF IPV

GOAL 6: Increase TPH capacity to address IPV in the workplace

CURRENT STATUS

City of Toronto Domestic Violence in City Workplaces policy exists.

GAPS

Limited awareness of the policy.

Inconsistency in understanding and application of the policy.

ACTION

Incorporate training for TPH management and staff on addressing IPV in the workplace within the divisional learning strategy.

Work with the Occupational Health and Safety Coordinating Committee on a broader consultation with City employees to determine the need to review the Domestic Violence in City Workplaces Policy and its implementation.

Work with relevant City divisions to explore the feasibility of creating a fund to help City employees access legal counsel.

According to a new survey conducted by the Canadian Labour Congress, one in three workers has experienced some form of domestic violence. Over 80% of those individuals said that domestic violence had a negative effect on their work performance, and over a third reported that coworkers were affected as well. Recent amendments to the Ontario Occupational Health and Safety Act require "If an employer becomes aware, or ought reasonably to be aware that domestic violence that would likely expose a worker to physical injury may occur in the workplace, the employer shall take every reasonable precaution for the protection of the worker."[42]

Although the City of Toronto already had a policy on violence in the workplace, in 2013, it adopted a new policy to address the specific requirements in the new legislation with respect to domestic violence. This Domestic Violence in City Workplaces policy sets out responsibilities for the employer, management, and co-workers. It requires a supervisor/manager to develop a workplace safety plan and provide resource and referral information to affected employee(s), as necessary. These measures are to be provided in a sensitive and supportive manner that respect the privacy of the employee. Guidelines and a list of resources accompany the policy, including information about the City's Employee Assistance Program (EAP), a confidential service that provides short-term counselling, information and referral services. The EAP also provides access to independent "over the phone" preliminary legal advice via an external agency at no charge.

EARLY IDENTIFICATION OF IPV

GOAL 6: Increase TPH capacity to address IPV in the workplace (continued)

IN CANADA

33% of surveyed employees reported having experienced domestic violence.*

80% of individuals said that domestic violence had a negative effect on their work performance.*

*Canadian Labour Congres Survey

Preliminary consultations with City employees and a literature review identified potential ways of strengthening the implementation of the domestic violence in the workplace policy. Overall, there was limited awareness of the policy and an expressed need for more training to ensure consistent, effective, and sensitive application of the policy. There were discrepancies between employees' understanding of and/or experiences with the policy and what is in the policy and the accompanying guidelines. For instance, staff expressed concern that initiating a safety plan is dependent on an employee disclosing to their manager which may be difficult for various reasons (e.g., lack of trust, shame). Having to confide in their manager may prevent someone from disclosing at all. The policy guidelines, however, do indicate that employees may approach a manager other than their own. In addition to more training, making the latter explicit in the policy may help address this problem.

Other concerns identified specifically by TPH staff included fear of breaches of confidentiality, variability in the support provided by the EAP, a lack of understanding about the length of time for which support may be required, and limited provisions to address and support employees who may be perpetrating abuse in the workplace.

"HAVING TO CONFIDE IN THEIR MANAGER MAY PREVENT SOMEONE FROM DISCLOSING AT ALL."

Comprehensive training that is accompanied by a workplace awareness campaign that includes educational materials can create an overall more supportive environment for responding to IPV in the workplace.[43]

EARLY IDENTIFICATION OF IPV

GOAL 7: Increase the public's capacity to identify and respond to IPV

CURRENT STATUS

Neighbours, families, and friends campaign being implemented across Ontario

GAPS

Continued education of service providers

Expansion to reach immigrant and refugee populations

ACTION

Disseminate the neighbourhood, families, friends campaign products

IN CANADA

50% said they would intervene in an abusive situation if they saw bruises or injuries and suspected the spouse was the cause.*

33% said they would not know what to do if they suspected abuse.

Angus Reid Omnibus Survey-Interval House, Data for IWD press release.

The Ontario Domestic Violence Death Review Committee (DVDRC) is a multi- disciplinary advisory group that reviews deaths involving domestic violence and makes recommendations to prevent future deaths in similar circumstances. Since its inception in 2003, the DVDRC has repeatedly recommended educating service providers to increase their capacity to recognize warning signs and intervene before it is too late. Several initiatives have been undertaken to address this issue. More recently, the Committee has also called for public education initiatives, noting that in many reviewed cases, family, friends, neighbours and co-workers had the opportunity to intervene but did not or could not do so successfully.[44]

"…INCREASE THEIR CAPACITY TO RECOGNIZE WARNING SIGNS AND INTERVENE BEFORE IT IS TOO LATE."

The provincial government responded to this call by funding the Neighbours, Families, and Friends campaign which is now being implemented across Ontario. An initial evaluation of this campaign found that it increased awareness of the risk factors and warning signs of IPV against women and feelings of preparedness to support an abused woman or abusive man. The Province recently funded the campaign's expansion and adaptation to reach immigrant and refugee populations.

A 2015 Ontario survey suggests that many people still feel reticent to intervene in IPV situations.[30] Only half of the survey respondents said they would intervene in an abusive situation if they saw bruises or injuries and suspected the spouse was the cause, and one third said they would not know what to do if they suspected abuse. IPV is still seen by many as a private family matter. Shifting this belief and instilling confidence to intervene requires prolonged action.

RESPONSE TO IPV

GOAL 8: Increase access to resources & services that protect, support, & empower women

ACTION

Expand the reach of TPH's Harm Reduction model across women's shelters in the city to enhance their capacity to serve women using substances.

Work with City's Shelter, Support & Housing Administration and the violence against women sector to identify further opportunities to address the housing needs of those affected by IPV.

Explore choice based system
- support for women in emergency situations accessing housing more effectively and efficiently.

Through review and enhancement of the centralized access system to emergency shelters
- explore ways to enhance coordination of referrals to the "Violence against Women" sector.
- ensure women are effectively connected to the "Violence Against Women" shelter system.

Identifying ways to support those affected by IPV
- maintain housing subsidy through the City's Human Service Integration initiative.

Reviewing the Special Priority List application process
- identify how to remove barriers for those fleeing abuse.
- explore partnerships.
- increase the availability of transitional housing with organizations committed to IPV.

ADVOCACY RECOMMENDATION

The provincial and federal governments should provide capital and operational funding to those affected by IPV by:
- increasing the availability of affordable housing.
- emergency and transitional/supportive housing.

The provincial government should engage with municipalities to look at ways to provide affordable housing options to women without status.

The safety and well-being of women and their families affected by IPV is dependent on the availability of a range of systems, supports, and services. Several documents have identified gaps and opportunities to strengthen the system of supports in Toronto.[41,45,46]

What is described here is not an exhaustive list, but some of the most salient issues that surfaced from the environmental scan, including access to shelter and housing, police and justice responses, legal representation, and access to social supports and mental health services.

"ON A SINGLE DAY IN TORONTO… DOMESTIC VIOLENCE WOMEN'S SHELTERS HAD TO TURN AWAY A TOTAL OF 20 WOMEN AND 15 CHILDREN…"

Emergency, transitional, and permanent housing

A network of emergency shelters and transitional housing is available to women fleeing abuse. The emergency shelter system in Toronto, however, is not able to meet the demand. The 2014 Transition Housing Survey found that on a single day in Toronto the occupancy of woman-only shelters was at capacity with 185 women and 238 children. Domestic violence women's shelters had to turn away a total of 20 women and 15 children on that day because they were at capacity.[47]

Although shelter capacity is a greater issue, women who are using substances are also refused access to some domestic violence shelters. Shelters could address this issue by applying a harm reduction model with the support of TPH.

ACTION ON INTIMATE PARTNER VIOLENCE AGAINST WOMEN

RESPONSE TO IPV

GOAL 8: Increase access to resources & services that protect, support, & empower women

The inadequacy of domestic violence women's shelters puts additional pressure on the City of Toronto's shelter system, which is also overburdened. In addition, City of Toronto shelters are not mandated and therefore not equipped to offer the security of domestic violence shelters, nor do they receive the necessary funding to provide the specialized services clients need.

Transitional housing, an intermediary living arrangement that includes the provision of a range of supports, is also in short supply in Toronto. As a result, women end up staying in emergency shelters for longer periods of time.[24] The City has a strong track record of developing new transitional and supportive housing under the federal Homeless Partnership Strategy program, but in recent years funding has not kept pace with demand and the program has not been able to deliver new units in Toronto. The City's partnership with Covenant House to provide supportive housing to human trafficking victims, who are frequently also victims of IPV, is a recent example of the City providing its own capital funding to develop new units without assistance from other orders of government.

"THE ULTIMATE GOAL FOR WOMEN WHO HAVE LEFT THEIR HOME IS TO HELP THEM RETURN, WHEN OR IF IT IS SAFE TO DO SO…"

The ultimate goal for women who have left their home is to help them return, when or if it is safe to do so, or to help them secure a new home. Securing subsidized housing is the only recourse to homelessness or precarious housing for many women. Although the provincial government introduced the Special Priority Program, which places individuals who have experienced domestic violence at the top of the waiting list, there remain some barriers for people in meeting the criteria for priority placement. Some issues identified by stakeholders include the difficulty in proving co-habitation with the abuser, signing a declaration that they will permanently leave the abuser, and needing to apply for priority placement within three months of the abuse taking place. Also, women who are being abused, including being stalked or harassed, but not living with the abuser, do not have access to this program. As the Special Priority Program is provincially legislated, the City may be limited to changes that are feasible within its own administrative processes.

The City of Toronto is in the process of updating their housing plan which will include an examination of the housing needs of those affected by IPV. Toronto Public Health has begun discussions with the City's housing services to explore opportunities to address the issues identified here. For instance, there could be ways in which the Choice Based system, a program piloted by the City to give social housing applicants more choice in when and where they will be housed, could support women fleeing abuse.

Despite the City's concerted efforts to meet the housing needs of those affected by IPV, dedicated funding from provincial and federal governments are imperative to address the overall housing crisis in Toronto.

GOAL 8: Increase access to resources & services that protect, support, & empower women

CURRENT STATUS

"Pro-charging" or "mandatory charging" policy.

GAPS

Police engagement of relevant community stakeholders in risk assessment, safety planning, and case management.

ADVOCACY RECOMMENDATION

The Toronto Police Service Board to review,in consultation with the violence against women sector:

- policies related to responding to IPV, including but not limited to, the mandatory charging policy;
- enforcement of no-contact orders; and
- enforcement of probation conditions.

Justice and police responses to intimate partner violence (IPV)

Up to the 1980s, in cases of IPV, it was up to the victim to decide whether or not to press charges against their intimate partner, which reflected the view that IPV is a private matter. This put the onus on women to initiate prosecution. By the 1990s, the "pro- charging" or "mandatory charging" policy was introduced across provinces to remove the responsibility from the victim to lay charges. Although the policy was intended to increase reporting, laying of charges, and reduce re-offending, concerns have been raised about the unintended consequences of this policy for women in cases where they have been arrested and charged either alone (sole charge) or with their partner (dual charges) when acting in self defense or trying to protect themselves or their children from abuse.[48,49]

"WOMEN ALSO FEAR THAT BEING CHARGED AND DETAINED PUTS THEIR CHILDREN AT RISK…"

Community research has identified that this practice discourages women from calling the police, and it may also discourage women's advocates from involving the police, which can put women in further danger. Women also fear that being charged and detained puts their children at risk of abuse, neglect, and/or manipulation by a violent partner. In addition to the serious psychological impact that being criminalized can have, a criminal record can also restrict a woman's ability to find employment, gain custody of her children, and impede an immigration or refugee claim.[41,49] These negative impacts are felt more strongly by racialized women, Aboriginal women and others who have experienced challenging relationships with the criminal justice system.[45]

ACTION ON INTIMATE PARTNER VIOLENCE AGAINST WOMEN

RESPONSE TO IPV

GOAL 8: Increase access to resources & services that protect, support, & empower women

Reports on mandatory charging policy indicate that dual or sole charging may be due to the use of a gender-neutral approach that does not consider that a women's use of force is often a response to a sustained pattern of abuse by male partners.[41,45,49] It also points to the police not being able to use discretion in such cases or using too much discretion in applying the policy and a lack of sufficient police training on the nature and effects of IPV.[48]

To address these concerns, police services have adopted the dominant aggressor model of investigation.[50] This model sets out a definition of dominant aggressor as well as the factors the police must consider when laying a charge and a protocol for the review of police decisions.[48] Anecdotal evidence, however, suggests that dual charging is still taking place in Toronto and that sole charging is also on the rise, particularly in instances involving immigrant or refugee women with language barriers, and other marginalized groups.[41,45,46,49]

In addition to the application of the mandatory charging policy, community stakeholders have identified issues with the application of other justice system mechanisms that put women's safety at risk (e.g., enforcement of no-contact orders, probation conditions, and coordination between courts). Police engagement of relevant community stakeholders in risk assessment, safety planning, and case management has also been identified as an area that could be improved.[41]

RESPONSE TO IPV

GOAL 8: Increase access to resources & services that protect, support, & empower women

CURRENT STATUS

Legal Aid Ontario made changes to the program which will assist some of those affected by IPV.

GAPS

Women who do not meet the criteria for legal aid and do not have the funds to seek legal recourse can face dire consequences.

ADVOCACY RECOMMENDATION

The provincial government should further increase access to legal aid for those affected by IPV.

Affordability of legal representation

Women who choose to leave an abusive relationship often have to deal with various intersecting legal systems, including family, child protection, criminal, and immigration. Access to legal representation is critical for navigating this complex system, yet remains a huge barrier for many women, either because they do not have the financial means or because their partner controls her earned income and all their financial assets.

Earlier this year, Legal Aid Ontario made changes to the program which will assist some of those affected by IPV. It has made legal aid available to first time criminal offenders, which would cover women who have been charged in IPV cases. The province has also increased the income threshold to qualify for legal aid for the first time since 1991, although the ceiling remains below the poverty line.[51]

"WOMEN WHO DO NOT MEET THE CRITERIA FOR LEGAL AID AND DO NOT HAVE THE FUNDS TO SEEK LEGAL RECOURSE CAN FACE DIRE CONSEQUENCES."

As of April 2016, a woman with two children who needs legal support must have a gross family income of less than $36,921. This income criterion still prohibits many women who earn just above the income cut-off from accessing legal aid. Legal Aid Ontario is currently developing a domestic violence strategy to further explore how to reduce barriers to those affected by IPV.

Women who do not meet the criteria for legal aid and do not have the funds to seek legal recourse can face dire consequences. It leaves them in a situation whereby they cannot seek custody of their children, which for many women is critical to leaving the abusive situation. Some women may proceed without legal representation, putting themselves at a great disadvantage, while others who independently acquire legal representation may end up making a number of sacrifices and exhaust all their financial resources in doing so.

ACTION ON INTIMATE PARTNER VIOLENCE AGAINST WOMEN

RESPONSE TO IPV

GOAL 8: Increase access to resources & services that protect, support, & empower women

CURRENT STATUS

Increased provincial investments in services to support those affected by IPV.

GAPS

Mental health services for women and children exposed to IPV, and more options for men who are abusive.

ACTION

Explore opportunities via the Toronto Strong Neighbourhood Strategy for the enhancement of and/or development of new community hubs with IPV-related services.

ADVOCACY RECOMMENDATION

The provincial government should increase the provision of social support and mental health services in Toronto for:

- women experiencing violence.
- perpetrators.
- children exposed to IPV.
- vulnerable groups.

Access to social supports and mental health services

Over the past decade, there have been increased provincial investments in services to support those affected by IPV. However, persistent gaps exist in some areas, primarily mental health services for women and children exposed to IPV, and more options for men who are abusive.[41] Evidence supports the effectiveness of individual and group counselling as well as more intensive therapeutic interventions.[19,36,52] The most common intervention for men who are abusive is court-mandated group interventions. These programs show mixed outcomes; they are just as likely to be effective as they are to be ineffective.[52,53] Alternative approaches focussing on readiness for change show promise. In addition, long-term interventions outside the criminal justice system are required to support men.[52]

"…A ONE-STOP COMMUNITY HUB HAS LONG BEEN RECOMMENDED AS A MODEL OF SERVICE DELIVERY."

Given the array of services and supports needed by those affected by IPV (legal, health, counselling, settlement, parenting, etc.), a one-stop community hub has long been recommended as a model of service delivery. Successful hubs have been developed in Toronto, and there may be opportunities for enhancing these as well as developing new hubs with needed services through the Toronto Strong Neighbourhood Strategy. New funding opportunities may also become available as the recommendations of the Province's Community Hubs Strategic Framework are implemented.[54]

RESPONSE TO IPV

GOAL 9: Foster coordination and collaboration with community stakeholders

CURRENT STATUS

Identifying opportunities to coordinate and collaborate.

GAPS

Stronger relationships with Toronto Police Services.

National IPV strategy.

ACTION

Continue to identify opportunities for collaborating with community groups, organizations, and businesses to address IPV.

Continue to coordinate and collaborate with WomanACT (Woman Abuse Council of Toronto).

Work with all relevant sectors (e.g., police, legal, shelters) to improve the inter-sectoral response in high risk/crisis situations, including developing protocols for sharing information.

Work with relevant City Divisions to implement the Toronto Youth Equity Strategy Gender-Based Youth Violence Action Plan, led by Social Development Finance & Administration.

ADVOCACY RECOMMENDATION

Federal Minister of Status of Women should develop a national strategy and action plan on gender-based violence.

IPV is a complex problem that requires a comprehensive approach with extensive collaboration across many sectors and organizations to capitalize on the experiences, knowledge, resources, and strengths of each partner. Collaboration can also reduce duplication and achieve greater impact.[1] Federal and provincial governments have an important role to play in fostering coordination and collaboration. A national strategy on IPV, and other forms of gender-based violence, that is aligned with the provincial plans and increases investments in this area can nurture more coordination and collaboration within and across sectors at the local level. This has been identified as a top priority by the new federal government.

"FEDERAL AND PROVINCIAL GOVERNMENTS HAVE AN IMPORTANT ROLE TO PLAY IN FOSTERING COORDINATION AND COLLABORATION."

Coordination is especially critical in responding to high risk situations. The Domestic Violence Death Review Committee has emphasized the need to strengthen systems and processes for information sharing, risk assessment and high risk case management across service providers and sectors.[44] TPH staff have also identified the need to build stronger relationships with shelters and with Toronto Police Services to support risk assessments and safety planning in such circumstances.

Exchanging and sharing information between service providers and across sectors has been a long standing issue that can impede effective and efficient responses in potentially lethal situations. Developing a shared understanding of privacy and information sharing legislation has been identified as a necessary step in establishing protocols to guide a coordinated, effective response.[55]

RESPONSE TO IPV

GOAL 10: Improve surveillance and research on IPV

CURRENT STATUS

Lack of population survey data on the prevalence of IPV in Toronto.

GAPS

Population survey.

Research on the range of risk and protective factors.

ACTION

Monitor the implementation of TPH's IPV action plan.

Develop a research agenda on IPV and other forms of gender-based violence in collaboration with City, academic and community stakeholders.

Explore other mechanisms for collecting local data on IPV, particularly among youth.

ADVOCACY RECOMMENDATION

Statistics Canada should collect comprehensive data on IPV, including:

- attitudes, knowledge, and behaviour that is inclusive of all affected populations.
- include gender diverse communities.
- ensure that data is available at the municipal level.

Planning for action begins with good information about the extent and nature of the problem. Currently, there is a lack of population survey data on the prevalence IPV in Toronto. Population surveys are important as they can assess violence that may not have been reported to the police and forms of abuse not captured by official police statistics (e.g., emotional abuse). They can also identify subgroups at increased risk of IPV.

"PLANNING FOR ACTION BEGINS WITH GOOD INFORMATION ABOUT THE EXTENT AND NATURE OF THE PROBLEM."

Research is also needed to examine the range of risk and protective factors for IPV within the Toronto context, including the experiences of IPV within distinct communities that are only now beginning to receive attention (e.g., LGBTQ, women with disabilities). Data on public attitudes and knowledge related to IPV is also necessary to inform practice, policy development, and advocacy. To ensure accountability as well as to add to the evidence base, it is important to evaluate the process and impact of strategies used to address IPV and disseminate lessons learned about what worked and why.

Finally, there is broad consensus that action is required to address all forms of gender- based violence,[1,6,41,56] and that a national plan on gender-based violence could reinforce and stimulate continued opportunities to fill data and research gaps in this area.[24,56]

REFERENCES

1. World Health Organization/London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence.* Geneva: World Health Organization.
2. Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (eds.) (2002) *World report on violence and health.* Geneva: World Health Organization.
3. Sinha, M. (2013). Section 1: Prevalence and severity of violence against women. *Measuring Violence against Women: Statistical Trends.* Ottawa, Statistics Canada. Catalogue no. 85-002-X.
4. World Health Organization. (2013). *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence.* Geneva: World Health Organization.
5. Johnson, H., & Sacco, V.F. (1995). Researching violence against women – Statistics Canada National Survey. *Canadian Journal of Criminology-Revue Canadienne de Criminologie.* 37(3), 281-304.
6. Canadian Women's Foundation. (2015). The facts about violence against women. Retrieved from: http://www.canadianwomen.org/facts-about-violence#3
7. Hutchins, H., & Sinha, M. (2013) Section 3: Impact of violence against women. *Measuring Violence against Women: Statistical Trends.* Ottawa, Statistics Canada. Catalogue no. 85-002-X.
8. Kirst, M., Lazgare, L.P., Zhang, Y.J., & O'Campo, P. (2015). The effects of social capital and neighborhood characteristics on intimate partner violence: A consideration of social resources and risks. *American Journal of Community Psychology,* 55(3-4):314-325.
9. Statistics Canada. (2015a). Analysis conducted by Statistics Canada for Toronto Public Health. Source: Statistics Canada, Canadian Centre for Justice Statistics, Homicide Survey. Data available on request by Toronto Public Health.
10. Capaldi, D.M., Knoble, N.B., Shortt, J.W., & Kim, H.K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse.* 3(2):231-280.
11. Brownridge, D.A., Ristock, J., & Hiebert-Murphy, D. (2008). The high risk of IPV against Canadian women with disabilities. *Med Sci Monit.* 14(5):H27-H32.
12. Hutchins, H. (2013). Section 2: Risk factors for violence against women. *Measuring Violence against Women: Statistical Trends.* Ottawa, Statistics Canada. Catalogue no. 85-002-X.
13. Romans, S., Forte, T., Cohen, M.M., DuMont, J., & Hyman, I. (2007). Who is most at risk for intimate partner violence? A Canadian population-based study. J*ournal of Interpersonal Violence.* 22(12), 1495-1514.
14. 14 Wathen, N. (2012). *Health Impacts of Violent Victimization on Women and their Children.* Ottawa, ON: Department of Justice Canada, Statistics and Research Division. Retrieved from: http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_12/rr12_12.pdf
15. 1Centers for Disease Control. (2015). Intimate partner violence: Consequences. Retrieved from http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html
16. Zhang, T., Hoddenbagh, J., McDonald, S., & Scrim, K. (2012). *An Estimation of the economic impact of spousal violence in Canada, 2009.* Ottawa, ON: Department of Justice Canada, Statistics and Research Division.
17. Wathen, C. N., MacGregor, J. C. D., MacQuarrie, B. J. with the Canadian Labour Congress. (2014). *Can Work be Safe, When Home Isn't? Initial Findings of a Pan- Canadian Survey on Domestic Violence and the Workplace.* London, ON: Centre for Research & Education on Violence against Women and Children.
18. De Koker, P., Mathews, C., Zuch, M., Bastien, S., & Mason-Jones, A.J. (2014). A systematic review of interventions for preventing adolescent intimate partner violence. *Journal of Adolescent Health* 54, 3-13.
19. Jahanfar, S. Janssen, P.A., Howard, L.M., & Dowswell, T. (2013). Interventions for preventing or reducing domestic violence against pregnant women. *Cochrane Database of Systematic Reviews* 2013, Issue 2.
20. Van Parys A.S., Verhamme, A., Temmerman, M., & Verstraelen, H. (2014). Intimate partner violence and pregnancy: a systematic review of interventions. PLoS ONE 9(1): e85084.
21. DeGue, S., Valle, L.A., Holt, M.K., Massetti, G.M., Matjasko, J.L., & Teten Tharp, A. (2014). A systematic review of primary prevention strategies for sexual violence prevention. *Aggression and Violent Behavior,* 19, 356-362.
22. Whitaker, D., Christopher, M., Murphy, C.M., Eckhardt, C.I., Hodges, A.E., & Cowart, M. (2013). Effectiveness of primary prevention efforts for intimate partner violence. *Partner Abuse,* 4(2).
23. Wilson, I.M., Graham, K., & Taft, A. (2014). Alcohol interventions, alcohol policy and intimate partner violence: A systematic review, *BMC Public Health,* 14:881
24. Canadian Network of Women's Shelters and Transition Houses (2013). *The case for a national action plan on violence against women.* Retrieved from: http://ywcacanada.ca/data/research_docs/00000307.pdf
25. Government of Canada. (2014). *Action plan to address family violence and violent crimes against Aboriginal women and girls.* Retrieved from: http://www.swc- cfc.gc.ca/fun-fin/ap-pa/index-en.html
26. Ministry of Labour. (2011). *Preventing violence and harassment in the workplace.* Fact Sheet #2. Retrieved from http://www.labour.gov.on.ca/english/hs/pdf/fs_workplaceviolence.pdf
27. Government of Ontario. (March 2015). *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment.* Retrieved from: https://dr6j45jk9xcmk.cloudfront.net/documents/4593/actionplan-itsneverokay.pdf
28. Toronto Public Health. (2014). E*ffective interventions for parents/caregivers of youth ages 10 to 14 to delay onset of substance use and prevent substance misuse: A literature review.* Toronto, ON: Toronto Public Health.
29. Lorenzetti, L.,Wells, L.,Callaghan, T.,& Logie,C. (2014). *Domestic violence in Alberta's gender and sexually diverse communities: Towards a framework for prevention.* Calgary, AB: University of Calgary, Shift: The Project to End Domestic Violence.
30. Interval House. March 4, 2015. News release: Are Ontarians apathetic to domestic violence? Retrieved from: http://www.intervalhouse.ca/news/general-news/are-ontarians-apathetic-domestic-violence and Angus Reid Omnibus Survey-Interval House, Data for IWD press release.
31. White Ribbon Canada. News Release: Men's attitudes and behaviours toward violence against women - Findings from the Ontario Men's Survey, October 30, 2012. Retrieved from: http://whiteribbon.ca/wp-content/uploads/2012/12/menssurveytakeaway.pdf
32. National Community of Practice. (2015). *Preventing violence against women and girls through male engagement: Exploring a national evaluation framework.* Retrieved from: http://whiteribbon.ca/pdfs/NEF_CoP.pdf
33. Ricardo, C., Eads, M., & Barker, G. (2011). Engaging boys and men in the prevention of sexual violence. *Sexual Violence Research Initiative and Promundo.* Pretoria, South Africa.
34. Registered Nurses Association of Ontario. (2005). *Nursing Best Practice Guideline for Woman Abuse: Screening, Identification and Initial Responses.* Toronto, ON: Registered Nurses Association of Ontario.
35. Toronto Public Health. (2011). Woman Abuse Practice Guideline for Healthy Families: Research Findings and Background Information. Toronto, ON: Toronto Public Health.
36. British Columbia Centre of Excellence for Women's Health. (2013). *Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence.* United Kingdom: National Institute for Health and Care.
37. 37 Bair-Merritt, M.H., Lewis-O'Connor, A., Goel, S., Amato, P., Ismailji, T., Jelley, M., Lenahan, P., & Cronholm, P. (2014). Primary care-based interventions for intimate partner violence: a systematic review. *American Journal of Preventive Medicine,* 46(2):188–194
38. Nelson, H.D., Bougatsos, C., & Blazina, I. (2012). Screening omen for intimate partner violence: A Systematic review to update the 2004 U.S. Preventive Services Task Force Recommendation. *Annals of Internal Medicine* 156(11), 1-14.
39. O'Doherty, L., Hegarty, K., Ramsay, J., Davidson, L.L., Feder, G., & Taft, A. (2014). Screening women for intimate partner violence in healthcare settings. *Cochrane Database Systematic Reviews.* 2015.
40. O'Campo, P., Kirst, M., Tsamis, C., Chambers, C., & Ahmad, F. (2011). Implementing successful intimate partner violence screening programs in health care settings: Evidence generated from a realist-informed systematic review. *Social Science & Medicine.* 72(6):855-66.
41. Mendoza, H., Dale, A, & Coombs, M. (2013). Policies Matter: *Addressing violence against women through reflection, knowledge and action.* Toronto, ON: Woman Abuse Council of Toronto. Retrieved from: http://womanabuse.ca/policiesmatter/home.html
42. Ontario Ministry of Labour. (2015). *Workplace Violence.* Retrieved from: http://www.labour.gov.on.ca/english/hs/pubs/wpvh/violence.php
43. Public Services Health and Safety Association. (2010). *Addressing Domestic Violence in the Workplace: A Handbook* Toronto, ON: Public Services Health & Safety Association.
44. Office of the Chief Coroner. (2014). *Domestic Violence Death Review Committee 2012 Annual Report.* Toronto, ON: Office of the Chief Coroner.
45. Barbra Schlifer Commemorative Clinic. (2011). *Justice Done: Crafting Opportunity from Adversity.* Toronto,ON: Barbra Schlifer Commemorative Clinic.
46. Luke's Place. (2011). The impacts of recent law reforms on abused women involved in the family court process in Ontario: An environmental scan of violence against women service providers. Toronto, ON: Luke's Place Support and Resource Centre for Women and Children in collaboration with "action ontarienne contra la violence faite aux femmes"and Barbra Schlifer Commemorative Clinic.
47. Statistics Canada. (2015b). Analysis conducted by Statistics Canada for Toronto Public Health. Source: Statistics Canada, Canadian Centre for Justice Statistics, Transition Home Survey. Data available on request by Toronto Public Health.
48. Department of Justice Canada. (2005). *Final report of the Ad Hoc Federal-Provincial-Territorial Working Group reviewing spousal abuse policies and legislation.* Ottawa,ON: Department of Justice Canada. Retrieved from: http://www.justice.gc.ca/eng/rp-pr/cj- jp/fv-vf/pol/spo_e-con_a.pdf
49. Pollack, S., Green, V., & Allspach, A. (2005). *Women charged with domestic violence in Toronto: The unintended consequences of mandatory charge policies.* Woman Abuse Council of Toronto.
50. Centre for Children and Families in the Justice System. (2004). *A handbook for police responding to domestic violence: Promoting safer communities by integrating research into practice.* London, ON: Centre for Children and Families in the Justice System.
51. Statistics Canada. (2015). Table 1: Low income cut-offs (1992 base) after tax. Retrieved from http://www.statcan.gc.ca/pub/75f0002m/2014003/tbl/tbl01-eng.htm.
52. Eckhardt, C.I., Murphy, C.M., Whitaker, D.J., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The effectiveness of intervention programs for perpetrators and victims of intimate partner violence. *Partner Abuse* 4(2), 196-231(36).
53. Smedslund, G., Dalsbø, T.K., Steiro, A., Winsvold, A., & Clench-Aas, J. (2011). Cognitive behavioural therapy for men who physically abuse their female partner. *Cochrane Database of Systematic Reviews.*
54. Government of Ontario (2015). Community hubs in Ontario: A strategic framework and action plan. Retrieved from: https://www.ontario.ca/page/community-hubs-ontario- strategic-framework-and-action-plan#!/
55. Cross, P. for the Centre for Research and *Education on Violence against Women and Girls (2011). Who do you want to sue you? Confidentiality and community risk management: Challenges and opportunities for information sharing: Research report and recommendations.* Retrieved from: http://lukesplace.ca/confidentiality-issues-in- high-risk-domestic-violence-cases/
56. McInturff, K. (2013). *The Gap in the Gender Gap: Violence against Women in Canada.* Ottawa, ON: Centre for Policy Alternatives.
57. Toronto Public Health and Access Alliance Multicultural Health and Community Services. (2011). *The Global City: Newcomer Health in Toronto.* Toronto, ON: Toronto Public Health.
58.

ACTION ON INTIMATE PARTNER VIOLENCE AGAINST WOMEN

Risk Factors for intimate partner violence

Those factors that are most strongly and consistently associated with intimate partner violence are highlighted in bold in the table. This table includes research on risk factors beyond Canada.

INDIVIDUAL	RELATIONSHIP	COMMUNITY	SOCIETAL
PERPETRATION			
• **Young age** • Low self-esteem • Emotional dependence • **Antisocial behaviour in youth** • **Heavy alcohol and drug use** • Low income, unemployment • Depression/Personality disorder • **Anger and hostility** • **Prior history of being physically abusive** • Few friends, isolation • Low academic achievement • Belief in strict gender roles • Desire for power and control in relationships • **History of poor parenting** • **Witnessing/experiencing violence as a child**	• **Marital conflict and instability – divorces and separations** • Male dominance in the family • Unhealthy family relationships and interactions • Couples with income, educational, or job status disparities • Economic stress	• Weak sanctions against IPV • Low social capital – lack of institutions, relationships, and norms that shape the quality and quantity of a community's social interactions • Poverty and associated factors • Acceptance of traditional gender roles • Acceptance of violence • Higher proportion of use of physical punishment • Weak community sanctions	• Traditional or rigid gender norms • Acceptance of violence as a way to resolve conflict • Norms granting men control over female behavior • Belief that masculinity is linked to dominance, honor, or aggression • Social norms supportive of violence • Institutional structures that promote unequal power between men and women • Negative portrayal of women in the media
VICTIMIZATION			
• Prior history of IPV • Being female • Young age	• Heavy alcohol and drug use • High-risk sexual behavior • Witnessing/experiencing violence as a child	• Being less educated • Unemployment, economic stress • Identifying as Aboriginal	• Being lesbian or bisexual • Having a disability

Sources: World Health Organization, 2010; Capaldi et al., 2012; Centers for Disease Control & Prevention, 2015; Brownridge et al., 2008; Hutchins, 2013; Romans et al., 2007.

SUMMARY

Intimate partner violence is a serious and preventable public health issue. It has immediate and long lasting impacts on affected individuals, their family, friends and society as a whole. Addressing IPV is a collective responsibility and public health can play an important role in this endeavour.

This report describes the action plan that TPH developed in collaboration with other City agencies and divisions and community partners, as well as advocacy to the provincial and federal governments.

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