


# **GENDER-BASED VIOLENCE**

## **Situational Assessment**

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## Acknowledgments

We want to extend our heartfelt gratitude to all our community partners who generously shared their valuable insights, experiences, and data with us. Your contributions have been instrumental in shaping and informing the situational assessment of this critical topic. We deeply appreciate your commitment to this vital work. Thank you for being an essential part of this process.

**Note to reader:** This topic may be emotionally discomforting or distressing. Exercise self-care and seek support as needed, such as talking to someone you trust or visiting [www.ontario.ca/page/find-mental-health-support](http://www.ontario.ca/page/find-mental-health-support).

## Executive Summary

Northeastern Public Health recognizes the devastating immediate and long-term consequences of gender-based violence. To successfully protect and promote population health, the Ontario Public Health Standards recommend that Health Units perform comprehensive situational assessments on topics of public health importance. This step is crucial to developing effective, targeted, and culturally responsive prevention and intervention strategies. The purpose of this situational assessment is to explore contextual factors that may be influencing this topic in the former Timiskaming Health Unit area. We hope that by sharing this report, we can support community dialogue, enhance local capacity, and facilitate collaboration across sectors to address its root causes effectively.

To assess the prevalence and track improvements on this topic at the local level, the *National Action Plan to End Gender-Based Violence Results Framework* was selected. Statistics were collected using publicly accessible data and records shared by local partners, members of the Temiskaming District Violence Against Women Coordinating Committee.

### Key findings:

- In Canada, there has been a significant increase in family violence against children and seniors. In Timiskaming, about a third of children accounted for cases of gender-based violence reported during the past ten years.
- Dating violence among teens has significantly increased (by 33%) since 2015.
- In 2022, the rate of police-reported sexual assault in Ontario was the highest it has been since 2014.
- From 2003 to 2023, Timiskaming had a high rate of intimate partner violence homicide deaths.
- Populations at higher risk of gender-based violence include women, young women and girls, Indigenous Peoples, LGBTQ2 and gender diverse people, women living in Northern, rural, and remote communities, and women living with disabilities, women who are separated/divorced or single/never married, women who experienced physical or sexual abuse before age 15 and/or harsh parenting.
- Earlier recognition of risk and addressing the root cause of this type of violence are critical to prevent GBV.
- Locally, there are strong partnerships and much interest in addressing this topic. Funding and coordination are available for a local committee that has diverse representation. However, partners have limited capacity to work on the subject.
- One of the most significant barriers to leaving a violent situation locally is the lack of local affordable housing/transition housing/emergency shelter, lack of money, and fear for safety, e.g., travelling far to access a shelter Kirkland Lake to Temiskaming Shores.

The results of this situational assessment underscore the critical need for a community-based, collaborative approach to address the ongoing challenges associated with this significant issue. The assessment identifies key gaps in service delivery and accessibility, highlighting the importance of enhanced coordination among public health, law enforcement, social services, and community organizations. We encourage local partners to draw from the findings to inform future strategic and program planning.

# Introduction

Gender-based violence (GBV) is a preventable human rights violation. As its name suggests, this type of violence is based on “gender<sup>1</sup> norms and unequal power dynamics, perpetrated against someone based on their gender, gender expression, gender identity, or perceived gender” (Government of Canada, 2023). GBV can be any action, word, or attempt to degrade, control, humiliate, intimidate, coerce, deprive, threaten, or harm another person (Government of Canada, 2024). Types include sexual, psychological, emotional, and economic, among others, and they take place in various settings.<sup>2</sup>

GBV is rooted in gender inequality and is exacerbated by systemic inequalities, which include colonialism, racism, ableism, poverty, and a collective history of trauma, among others (Government of Canada, 2022). Therefore, populations who experience an unequal status in society face a disproportionate risk (Office of Global Women’s Issues, 2022). In Canada, the populations that are at higher risk of GBV include women, young women and girls, Indigenous Peoples, LGBTQ2, and gender diverse people, women living in Northern, rural, and remote communities, and women living with disabilities (Government of Canada, n.d. -a).

“Violence can have long-lasting and negative health, social and economic effects that span generations, which can lead to cycles of violence and abuse within families and sometimes whole communities” (Government of Canada, 2024). Given its devastating consequences, GBV is recognized as a significant public health issue. The purpose of this report is to examine the factors that may be influencing this topic in the former Timiskaming Health Unit area. This includes analyzing population health statistics to identify trends and patterns, gaining a deeper understanding of the contributing risk and protective factors, and identifying local community networks, resources, and services. We hope that by sharing this report, we can support community dialogue, facilitate multi-sectoral collaboration, and enhance local capacity to develop effective strategies that address this topic.

Throughout this report, 'Timiskaming' refers to the former Timiskaming Health Unit (THU) area, which includes the District of Timiskaming and the Municipality of Temagami. For further details on the geographical boundaries, refer to the [2024 Sociodemographic Report](#).

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<sup>1</sup> “Gender refers to the roles, behaviours, expressions, and identities that society have associated to girls, women, boys, men, and gender-diverse people. A society’s understanding of gender changes over time and varies from culture to culture. Gender influences how people perceive themselves and each other, how they act and interact, the distribution of power and resources in society, and people’s social, health and economic outcomes” (Government of Canada, 2023).

<sup>2</sup> For other terms, refer to the [Gender-Based Violence Glossary by the Government of Canada](#).

# Population Health Statistics

## Summary

- In Canada, the rate of family violence is significantly higher among women and girls than among men and boys. There was a significant increase in this type of violence against children and youth (38%), as well as seniors between 2014 and 2022 (Statistics Canada, 2023b).
- In Timiskaming, children accounted for about a third of cases of GBV reported between 2014-2024 (Victim Services of Temiskaming & District, 2024).
- The rate of IPV-related emergency department visits among females in Northeastern Ontario was three times higher than that of females in Ontario between 2012 and 2022 (NACRS, 2024).
- There has been a 33% increase in national rates of teen dating violence since 2015 (Sutton & Burczycka, 2024).
- The rate of police-reported sexual assault in Ontario was highest among adolescents and young adults aged 12-24 years between 2014-2022 (Statistics Canada, 2023d).
- Disturbingly, from 2019 to 2024, a total of five lives were lost due to femicide in the area (Ontario Association of Interval & Transition Houses, 2024; Canadian Femicide Observatory for Justice and Accountability, n.d.).
- Populations that are at higher risk of GBV include women, young women and girls, Indigenous Peoples, LGBTQ2 and gender diverse people, women living in Northern, rural, and remote communities, and women living with disabilities, separated/divorced or single/never married, those who experienced physical or sexual abuse before age 15 and/or harsh parenting (Government of Canada, n.d. -a; Cotter, 2021).
- Colonial structures, racism and oppression have led to an overrepresentation of Indigenous Peoples, especially women, girls and 2SLGBTQQIA individuals as victims of violence in Canada for many decades (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).
- The social determinants of health and root causes of inequity must be addressed to prevent violence adequately (California Department of Public Health, 2020).

## Guiding Framework

To adequately assess the extent of GBV at a population level in Timiskaming, the [National Action Plan to End Gender-Based Violence Results Framework](#) (referred to as the National Framework) was chosen. This framework was developed by the Government of Canada (2024b), and it provides a standard method for tracking improvements, enabling comparisons at both national and provincial levels. While this framework was developed with a Canadian context in mind, its application to specific populations may be limited, as it only incorporates a Western perspective.

## Data Collection

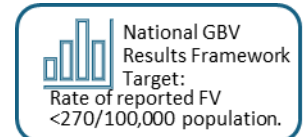
A set of ultimate outcomes from the National Framework was selected based on data availability and relevance. Evidence was collected from Statistics Canada, reports shared by members of the Temiskaming District Violence Against Women Coordinating Committee (TDVAWCC), local news, and other relevant sources. The information presented in this section is a combination of shareable data, as per agreements made with partners, and publicly available records. Regrettably, the lack of access to local and provincial data by sociodemographic characteristics (gender identity, age, Indigeneity) limited our ability to make inferences about sub-populations. Whenever possible, supplemental indicators and evidence not listed in the National Framework were included to provide a more comprehensive picture of the local context.

When reading this section, it is essential to keep in mind that:

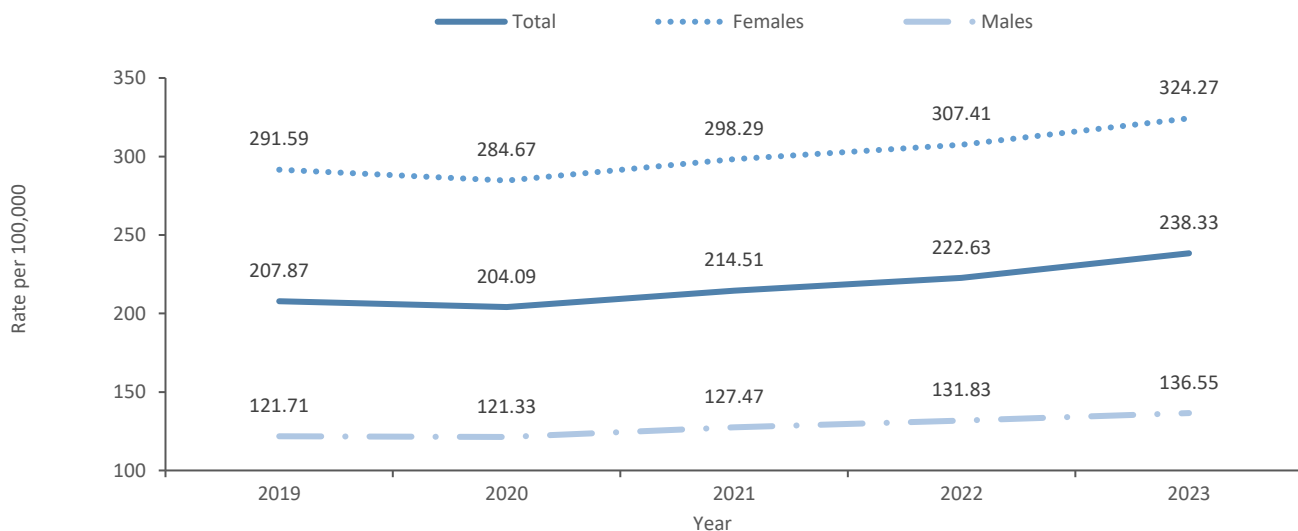
- Many behaviours are abusive and can be harmful, but are not considered criminal, such as emotional and psychological abuse.
- Even within one type of GBV, the experience can be significantly different across victims<sup>3</sup> given that it can manifest in different contexts, patterns, severity and frequency levels. Therefore, different types of interventions will be required (Cotter, 2021, p.3).
- GBV is significantly underreported. According to the latest version of a Statistics Canada survey (2014), it is estimated that 70% of spousal abuse is not reported to the police (Garmot, 2020). Furthermore, reporting behaviour is influenced by the context; for example, the successful implementation of activities or social rights movements may lead to a temporary increase in reporting.

## Family Violence (FV)<sup>4</sup>

In 2023, the rate of police-reported family violence in Ontario was 238.3 per 100,000 population. The rate was higher for females compared to males (324.2 vs 136.5; Statistics Canada, 2023a). Overall, from 2019 to 2023, there was an increasing trend in the rate of police-reported violent crimes among family victims in Ontario. Notably, the rates among females have been consistently higher than those among males over the years. The reduction in rates observed in 2020 corresponds with the COVID-19 pandemic and can be attributed to several factors, including underreporting of cases due to lockdown measures, which reduced access to nonessential and nonemergency services and may not accurately reflect an actual drop in family violence.



**Rate of family victims of police-reported violent crimes, Ontario, 2019-2023 (Statistics Canada, 2023a). Source: Uniform Crime Reporting (UCR2).**



## Context & Social Determinants of Health (SDOH)

### *Trends in National Rates & Age Groups*

In 2022, the national rates of police-reported FV and IPV were unchanged after increasing for several years since 2015 (Statistics Canada, 2023b). The rate of FV was more than two times higher among women and girls than among men and boys, with 455 victims per 100,000 population vs 215. In addition, from 2014 to 2022, police-reported FV:

- Against children and youth increased by 38% (+43% girls and +27% boys). Compared to 2021, the decrease in 2022 was 4%.

<sup>3</sup> Terms like survivor have been used to refer to those who have experienced GBV. Throughout this document, the term 'victim' is used to keep consistency with the terminology used in surveys and reports.

<sup>4</sup> Includes victims of all family members related by blood, marriage (including common-law, and boyfriends and girlfriends of victims aged 15 years and older who were living with the victim at the time of the incident) or adoption. E.g., parents, children, siblings, grandparents, uncles, cousins, and in-laws (Statistics Canada, 2023a).

- Against seniors, it increased largely regardless of victim gender (+40% women and +55% men). Compared to 2021, there was a 6% increase (+8% for men vs. +3% for women).

Although the type of violence inflicted is unknown, locally, adult females accounted for about 60% of GBV cases reported between 2014 and 2024, followed by children, comprising about 29%, and adult males making up the remaining 10% (Victim Services of Temiskaming & District, 2024).

#### *Local Public Perception*

In 2019, Timiskaming residents (18 years and older) were invited to participate in a telephone (using both cell phones and landlines) survey<sup>5</sup> to learn about the perception of family violence in the area (THU, 2023). The key finding was that the vast majority (90%) reported thinking there was *some* (55%) to *a lot* (35%) of family violence in the area. The following groups were statistically more likely to report that there was *a lot* of FV:

- Females (40%) compared to males (28%)
- Adults aged 45 to 64 years (43%) compared with those aged 65 and older (32.6%)
- Adults living in North Timiskaming (44%) compared to those living in Central Timiskaming (27%)

It is worth noting that there were no statistical differences between and within groups that reported perceiving *some* to *a lot* of FV in the following categories: mother tongue (English or French), educational attainment, and household income. Overall, the survey findings demonstrate a predominant perception of FV in the area, and although it provided insight into some populations, its high prevalence confirms the value of universal programming in addressing this issue.

#### *The Impact of Violence in the Home on Children*

Witnessing family violence can be a stressful and harmful experience for children and youth under 18 years old. Exposure to family violence is considered an adverse childhood experience (ACEs). Such events can severely threaten healthy growth and development and can have long-lasting impacts. A fact sheet by the Canadian Women's Foundation (2016) highlights that:

- Children who witness 10 or more incidents of parental domestic violence before the age of 16 are twice as likely to attempt suicide.
- Children who witness violence are more likely to grow up to become victims or abusers.

A recent study found that childhood assault and exposure to violence in the home, and non-partner sexual and physical assault since age 15 were strongly related to past-year IPV experiences (Wathen et al., 2022).

## *Intimate Partner Violence<sup>6</sup>*

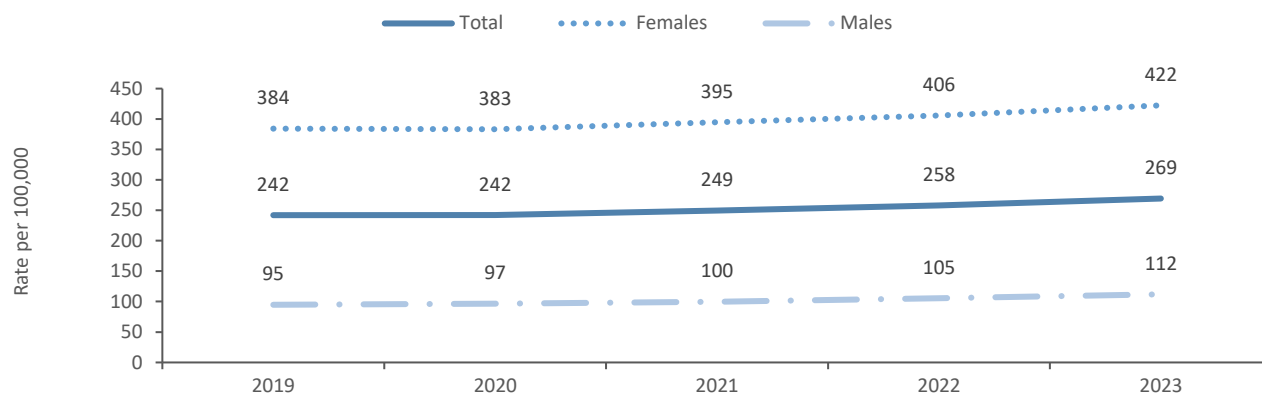
In 2023, the rate of police-reported IPV<sup>7</sup> in Ontario was 269 per 100,000 population (female: 422 vs. male: 112; Statistics Canada, 2023c). In Ontario, there was an increasing trend in this type of violence between 2019 and 2023.

<sup>5</sup> A convenience sample of households in the THU area was invited to participate in an online survey via a THU promotional campaign. A total of 1333 residents aged 18 and older responded to the survey. Sample weights were applied to ensure the data is representative.

<sup>6</sup> "Committed by a current or former legally married spouses, common-law partners, dating partners and other intimate partners. Victims of family violence and victims of intimate partner violence are not mutually exclusive groups, as victims of a current or former spouse are included in each group" (Statistics Canada, 2023b, p.1).

<sup>7</sup> Includes victims aged 15 years and older who were victimized by current and former legally married spouses and common-law partners. Also includes victims aged 12 years and older of current and former boyfriends and girlfriends and other intimate relationships.

**Rate of police-reported IPV, Ontario, 2019-2023 (Statistics Canada, 2023c). Source: Uniform Crime Reporting (UCR2).**



## Context & SDOH

### Patterns

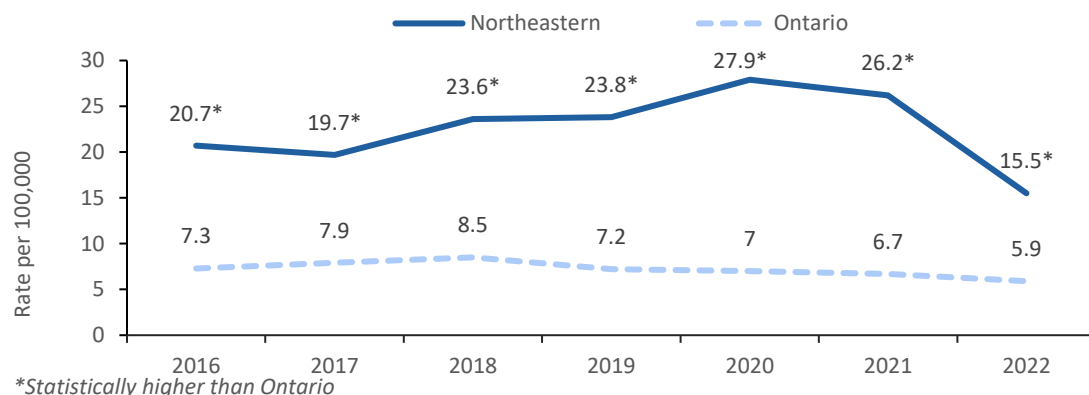
In general, women tend to experience IPV more frequently and severely, and most instances are not reported (Cotter, 2021). Understandably, more extreme impacts on physical and psychological ways and on their way of life, e.g., PTSD, have been observed among those who experienced IPV more frequently and in more severe forms. Differences in victimization patterns across populations and their impacts highlight the importance of tailoring interventions and incorporating a health equity approach to program planning and evaluation.

### IPV-related Emergency Department (ED) Visits: Trends & Age Groups in Northeastern Ontario (NE ON)<sup>8</sup>

Between 2012 and 2022, the rate of IPV-related ED visits among females was 24.8 per 100,000 population in NE ON, which was three times higher than their provincial counterparts (7.9), nine times higher than males in NE ON (2.7), and twenty-two times higher than males in Ontario (1.1 per 100,000; NACRS, 2024).

Similarly, between 2016 and 2022, the rate of IPV-related ED visits among females in NE ON was statistically higher than the provincial rate each year. In NE ON, there was no statistical difference in the rate pre-COVID (2017-'19, 22.4 per 100,000 population) and the three years preceding the pandemic (2020-'22, 23.2). However, some sources have documented an increase in FV and IPV at the beginning of the pandemic, which was part of a trend observed since 2015 (Statistics Canada, 2023b).

**Rate of IPV-related ED visits in females, Northeastern & Ontario, 2016-2022 (NARCS, 2024).**



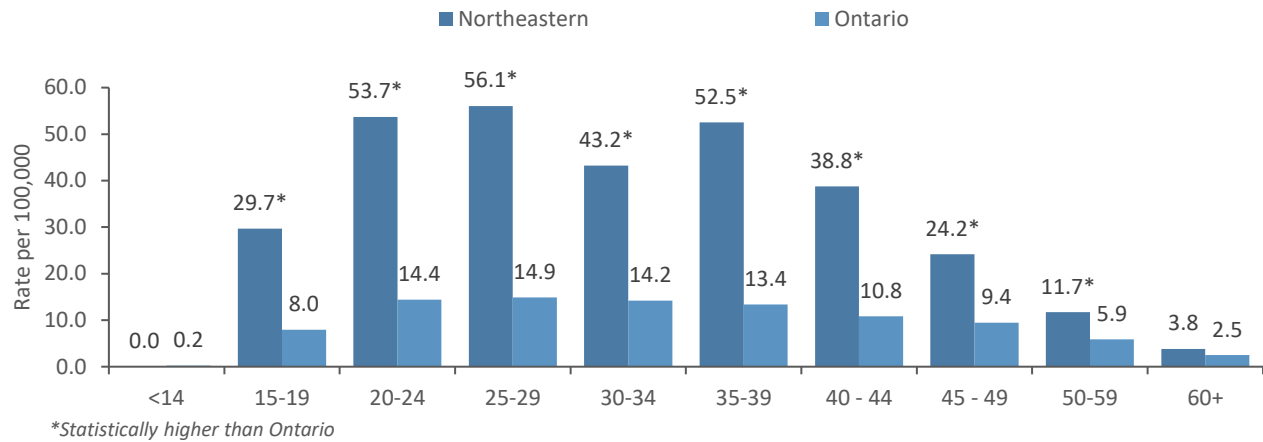
Between 2012 and 2022, the rate of IPV-related ED visits in NE ON was highest among females in the 25-29 age group, followed by those aged 20-24 and 35-40 (NARCS, 2024). At the same time, it is crucial to note that the figure below

<sup>8</sup> A limitation with diagnosis of IPV-related ED visits is that individuals visiting the ED must have suffered overt physical harm and injury. Minor injuries and emotional abuse are less likely to cause people to visit the ED but may seek support from other sources such as the Ontario Provincial Police and community support networks. As such, this data may present an underestimation of the actual gravity of intimate partner violence. To depict a more complete picture of the situation, alternative data sources such as police report and administrative data from community support networks were explored.



illustrates that females in NE ON across most age groups (15 to 59 years old) are disproportionately affected compared to their provincial counterparts, which highlights the value of implementing universal programs.

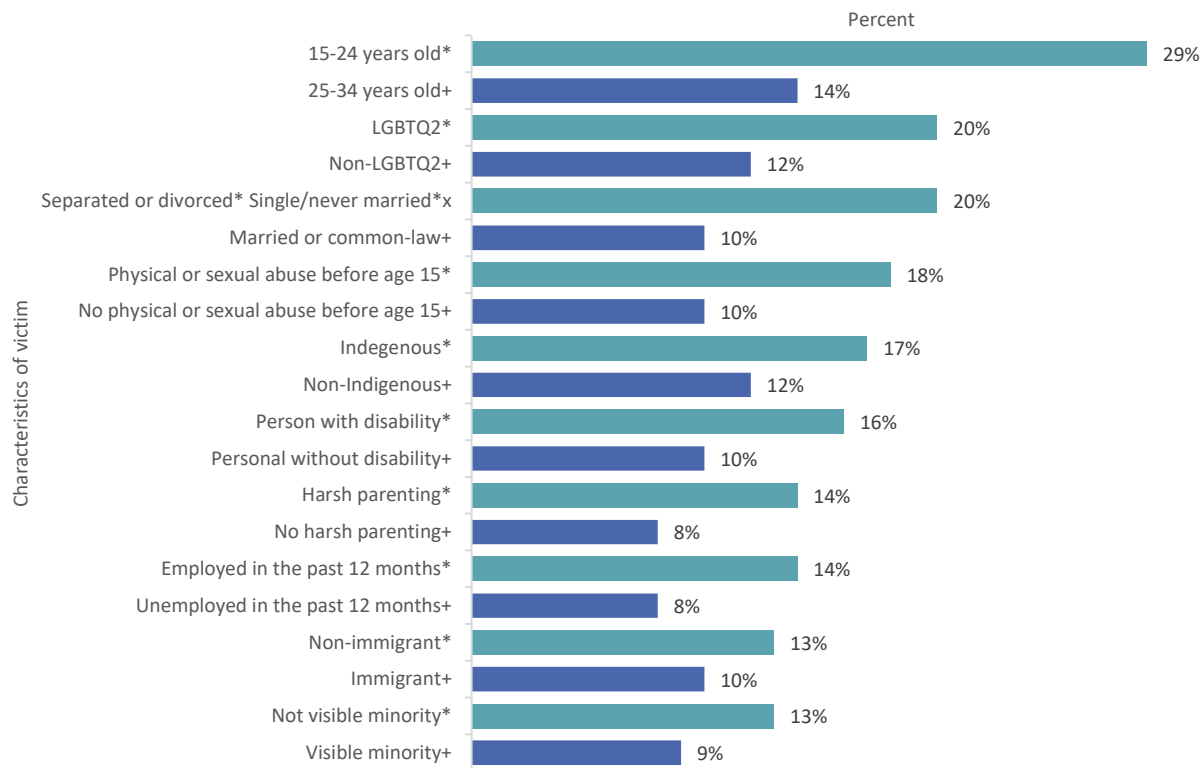
IPV-related ED visits in females, Northeastern Ontario vs Ontario, 2012-2022. Source: NARCS.



Other characteristics

National data demonstrate that specific populations are significantly more likely to report experiences of IPV. The following figure illustrates the percentage of women in Canada with specific characteristics who reported (via survey) experiencing IPV in the past 12 months compared to a reference group (their counterparts), e.g., LGBTQ2 vs. non-LGBTQ2. The differences between both groups (those with the selected characteristics and those from the reference group) listed on the chart were statistically significant ( $p < 0.05$ ). For example, 29% of women (15-24 years old) reported experiencing IPV in the past 12 months, which was twice as many as the proportion who were 25 to 34 years old (14%; Cotter, 2021). Such findings are consistent with victimization literature.

Proportion of Canadian women who experienced IPV in the past 12 months by selected characteristics of the victim (Cotter, 2021). Source: Survey of Safety in Public & Private Spaces, 2018.



\* Selected characteristic of the victim that is statistically different from reference group  $p < 0.05$   
+ Reference group

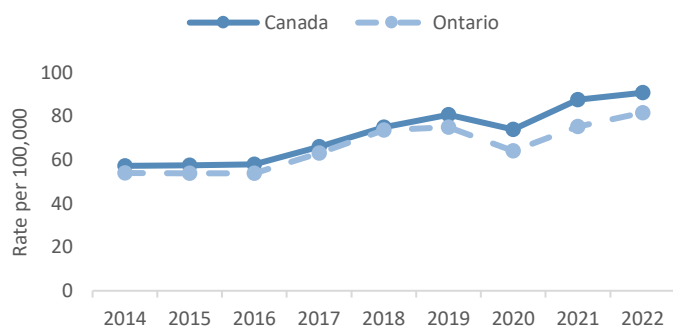
Overall, the list of selected characteristics *could be* considered a list of *potential* risk factors and *may* represent an opportunity for targeted intervention. Such actions should be taken with caution, for it has been suggested that differences exist between populations that are more likely to report IPV experiences than those who do not report. For instance, according to the previous graph, 13% of those who did not identify as a visible minority reported experiencing IPV in the past 12 months, which was statistically lower (-4%) than the proportion who identified as a visible minority (9%). However, this discrepancy can be the result of systemic barriers or population biases rather than an actual lower prevalence of IPV, which represents a health equity concern. It has been suggested that visible minorities may be less inclined to seek support for domestic abuse (Hasan, 2020). The reluctance to report, disclose, or seek help can be attributed to a variety of reasons, including cultural and language barriers, fear of repercussions to immigration status, or distrust of authorities. Due to colonization and oppression, the latter is more prevalent among Indigenous peoples.

It is relevant to highlight that an individual might have more than one of the selected characteristics presented in the figure above. Therefore, the risk of IPV can be amplified with intersectionality. This is a crucial factor to consider when conducting intervention research and planning.

## Physical and Sexual Assault

In 2022, the rate of police-reported sexual assaults in Ontario was 81.7 per 100,000 population, which was the highest it has been since 2014 (54.05), and represents a 50% increase; see figure below (Statistics Canada, 2023d).

**Rate of police-reported sexual assaults (levels 1-3) in Ontario and Canada, 2014-2022 (Statistics Canada, 2023d). Source: Uniform Crime Reporting Survey.**

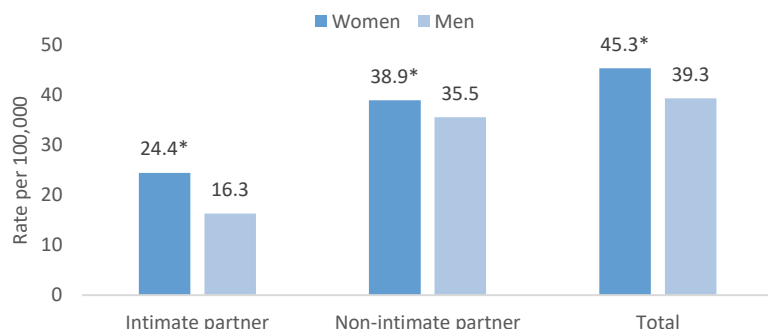


## Context & SDOH

### *Lifetime Prevalence of Physical and Sexual Assault*

When combining lifetime prevalence (since age 15) of physical and sexual assault, women in Ontario were statistically more likely to have experienced such types of violence than their counterparts, regardless of the relationship to the perpetrator (Cotter, 2021).

**Physical and sexual assault committed by intimate partners and non-intimate partners since age 15 in Ontario, 2018 (Cotter, 2021). Source: Survey of Safety in Public & Private Spaces, 2018.**



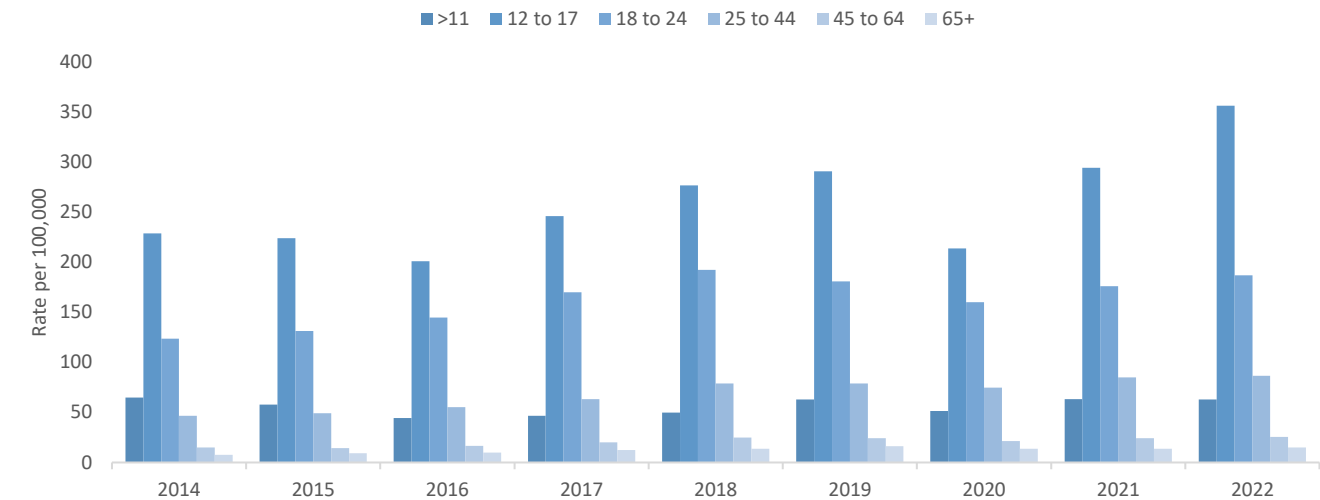
\*Statistically different from reference group

National survey trends indicate that the overrepresentation of women as victims of violence has been primarily driven by sexual assaults (Cotter, 2021). Women were three times more likely to have been sexually assaulted in their lifetime than males. This type of violence was more likely to occur in a non-intimate partner relationship, while among intimate partners, physical violence was more common.

*Sexual Assault Trends and Age Groups*

From 2014 to 2022, the rate of police-reported sexual assault in Ontario was highest among adolescents 12-17 years old, followed by young adults 18-24 years old (Statistics Canada, 2023d). When comparing the beginning to the end of such period, the most significant rate increases were observed among older adults (65+), followed by adults in the 25-44 age group and those in the 45-64 age group.

**Rate of police-reported sexual assaults (levels 1-3) in Ontario, by age group, 2014-2022 (Statistics Canada, 2023d). Source: Uniform Crime Reporting Survey.**



*Dating Violence Against Teens (ages 15 to 17) in Canada (Sutton & Burczycka, 2024)*

Dating violence includes criminal acts such as physical, sexual, and emotional violence. Teens who experience dating violence are more likely to experience violence in later relationships as adults, with negative physical and mental health impacts such as high-risk substance use and depression. Since 2015, rates of teen dating violence have increased 33% with similar increases for girls and boys. Among teens who experienced dating violence (since age 15):

- nearly half of them experienced emotional abuse (45%)
- one in ten experienced physical violence
- among teen girls, 7% had experienced sexual abuse by a dating partner

Furthermore:

- teen dating violence disproportionately affects sexual or gender minorities
- teen victims had higher rates of sexual violence than older age groups; girls were disproportionately impacted (116 vs 5 per 100,000 population).

*Indigenous Identity*

Nearly six in ten (56%) Indigenous women in Canada have experienced physical assault, and almost half (46%) have experienced sexual assault in their lifetime, which was statistically higher than non-Indigenous women (Heidinger, 2022). Characteristics associated with a higher likelihood of lifetime victimization among Indigenous women in Canada included homelessness, having a disability, and having been physically or sexually abused by an adult during childhood (Heidinger, 2022). In Timiskaming, the number of women in the Sexual Assault Program at Pavilion who identify as Indigenous has been increasing over time since the 2017/2018 fiscal year (Pavilion Women’s Center, 2024).

## Femicide<sup>9</sup>

In Ontario, in 2023, there were 25 homicide cases w/domestic violence-involved deaths<sup>10</sup>, 20 homicide victims and five homicide-suicide deaths (Ministry of the Solicitor General, 2025). From 2019-2023, the Domestic Violence Death Review Committee (DVDRC) reviewed 116 cases involving 153 deaths:

- 74% were homicide victims (an average of 24 per year), and 24% were homicide-suicide.
- 83% of homicide victims were female.



Between 2003 and 2023, the DVDRC reviewed 606 deaths. Homicide victims' ages ranged from five months to 91 years old. This demonstrates that the lethal effects of domestic violence extend beyond those in the relationship and take the lives of children and other individuals.

Disturbingly, from 2019 to 2024, a total of five lives were lost in Timiskaming due to femicide:<sup>11</sup> 2019- Brenda Lautaoja, Kirkland Lake; 2020- Judy Neddo, Temiskaming Shores; 2022- Ashley Lafrance, Kirkland Lake; 2023- Amanda Lachapelle and Lea Thompson, Kirkland Lake (OAITH, 2024; Canadian Femicide Observatory for Justice and Accountability, n.d.).

## Context & SDOH

### *Patterns*

"[...] homicide data have consistently shown that women victims of homicide in Canada are more likely to be killed by an intimate partner than by another type of perpetrator (Roy & Marcellus, 2019). Among solved homicides in 2019, 47% of women who were victims of homicides were killed by an intimate partner, compared with 6% of homicide victims who were men" (Cotter, 2021, p. 3).

The DVDRC created a list of risk factors that indicate the potential for lethality within the relationship examined. Seventy percent of all cases reviewed between 2003 and 2020 had seven or more risk factors. The significance of this finding is that many domestic homicides could potentially have been predicted and prevented with earlier recognition and action toward identified risk factors (Ministry of the Solicitor General, 2024a). In other words, recognizing multiple risk factors could enable enhanced risk assessment, safety planning, and the prevention of future deaths through targeted interventions. Further details are provided in the Risk and Protective Factors section below.

### *Rurality*

From 2003 to 2023, Timiskaming had a high rate of IPV homicide deaths (0.25 to 0.29 per 100,000 population). The highest Ontario rates (0.3 or more) were observed in the Thunder Bay and Sudbury public health unit areas (Ministry of the Solicitor General, 2025). Overall, the rates of IPV homicide deaths were higher in urban-rural and mainly rural areas.<sup>12</sup>

### *Indigenous Identity*

Colonial structures, racism, and oppression have led to an overrepresentation of Indigenous Peoples, especially women, girls, and 2SLGBTQQIA individuals, as victims of violence in Canada for many decades, which has amounted to a race-based genocide (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).

<sup>9</sup> "Gender-related killing of a woman, child, trans woman, 2-Spirited Person, or gender non-conforming individual where a man has been charged in relation to the death(s) or has otherwise been deemed responsible (murder-suicide)" (Ontario Association of Interval Transition Housing, n.d.)

<sup>10</sup> Defined it as "all homicides that involve the death of a person, and/or his or her child(ren) committed by the person's partner or ex-partner from an intimate relationship" (DVDRC, 2024a). Periodically, the DVDRC reviews cases that do not meet this definition, but where the circumstances surrounding the relationship subsequent death(s) were consistent with other cases reviewed.

<sup>11</sup> OAITH reviews mainstream media reports to count femicides that occurred in Ontario during a 12-month period from Nov 26 to Nov 25 of the next year. (OAITH, n.d.)

<sup>12</sup> Statistics Canada 2018 peer groups by population density.

“Despite only making up 4 per cent of the Canadian population, Indigenous women and girls represent 28 percent of homicides perpetrated against women in 2019 and are 12 times more likely to be murdered or missing than non-Indigenous women in Canada.<sup>2</sup> [...] Data from Statistics Canada's Homicide Survey show that the rate of homicide among Indigenous women in 2019 was more than 7 times higher than among non-Indigenous women, at 4.01 per 100,000 population compared with 0.55 per 100,000 population.<sup>4</sup>” (Crown-Indigenous Relations & Northern Affairs Canada, 2024).

From 2009 to 2021, the rate of homicide among Indigenous women and girls was 4.27 per 100,000 population, which was six times higher than their non-Indigenous counterparts (Statistics Canada, 2023e). Overall, violence against Indigenous women and girls is complex and warrants a separate detailed examination to obtain a complete picture that allows for the identification of viable solutions that are grounded in Indigenous knowledge, experiences and perspectives.

### *The Social Determinants of Health (SDOH)*

Violence, including types of GBV, such as IPV, is itself considered an SDOH. At the same time, violence may also be the result of the interactions of the environment, opportunities, etc. In other words, IPV can be both an SDOH (as it can increase the likelihood of adverse health outcomes) and the result of SDOHs. Regarding the latter, some SDOHs, like poor socio-economic circumstances, can lead to incidences of violence (National Collaborating Centre for Aboriginal Health, n.d.) or can be a significant barrier to leaving a violent relationship. Having a solid understanding of the mechanisms by which inequalities are created, maintained or increased can provide the foundation for more effective programming. To adequately prevent violence, the SDOHs and root causes of inequity must be addressed (California Department of Public Health, 2020).

At the same time, it is critical to understand that:

IPV is a problem with root causes based in our beliefs and norms about gender and gender roles, and these intersect with social and structural conditions, including access to social determinants of health such as income and housing, that place some groups, especially women and gender non-binary people, at greater risk of violence. Thus, [...] data should not be used to reinforce stereotypes about specific groups, but to illuminate the social norms and policy actions that require change to better support those placed at greatest risk (Wathen et al., 2022, p. 6).

For further details on the SDOHs in Timiskaming, refer to the 2024 [Sociodemographic Report for the THU area](#).

# Risk and Protective Factors

## Summary

GBV is a complex issue influenced by a variety of risk and protective factors that affect both perpetrators and victims. These factors can be shaped by individual, relationship, community, and societal influences. Effective recognition of risk factors can enhance prevention and protection through the implementation of both targeted and universal interventions.

## Risk and Protective Factors for IPV

Direct quotation from the U.S. Centers for Disease Control and Prevention (2024):

### Risk factors for perpetration

#### Individual risk factors

- Low self-esteem.
- Low education or income.
- Young age.
- Aggressive or delinquent behavior as a youth.
- Heavy alcohol and drug use.
- Depression and suicide attempts.
- Anger and hostility.
- Lack of nonviolent social problem-solving skills.
- Antisocial personality traits and conduct problems.
- Poor behavioral control and impulsiveness.
- Traits associated with borderline personality disorder.
- History of being physically abusive.
- Having few friends and being isolated from other people.
- Economic stress (e.g., unemployment).
- Emotional dependence and insecurity.
- Belief in strict gender roles (e.g., male dominance and aggression in relationships).
- Desire for power and control in relationships.
- Hostility towards women.
- Attitudes accepting or justifying violence and aggression.
- History of physical or emotional abuse in childhood.

#### Relationship risk factors

- Relationship conflicts including jealousy, possessiveness, tension, divorce, or separations.
- Dominance and control of the relationship by one partner over the other.
- Families experiencing economic stress.
- Unhealthy family relationships and interactions.
- Association with antisocial and aggressive peers.
- Parents with less than a high school education.
- Witnessing violence between parents as a child.
- History of experiencing poor parenting as a child.
- History of experiencing physical discipline as a child.

#### Community risk factors

- Communities with high rates of poverty and limited educational and economic opportunities.
- Communities with high unemployment rates.
- Communities with high rates of violence and crime.
- Communities where neighbors don't know or look out for each other and there is low community involvement among residents.
- Communities with easy access to drugs and alcohol.
- Weak community sanctions against intimate partner violence (e.g., unwillingness of neighbors to intervene in situations where they witness violence).

### **Societal risk factors**

- Traditional gender norms and gender inequality (e.g., the idea women should stay at home, not enter the workforce, and be submissive; men should support the family and make the decisions).
- Cultural norms that support aggression toward others.
- Societal income inequality.
- Weak health, educational, economic, and social policies or laws.

### **Protective factors for perpetration**

#### **Individual risk factors**

- Even, resilient temperament.
- Capacity for empathy and respect for others.
- Tendency to accept and takes personal responsibility.
- Anger management and conflict resolution skills.

#### **Relationship protective factors**

- Strong social support networks and stable, positive relationships with others.

#### **Community protective factors**

- Neighborhood collective efficacy, meaning residents feel connected to each other and are involved in the community.
- Coordination of resources and services among community agencies.
- Communities with access to safe, stable housing.
- Communities with access to medical care and mental health services.
- Communities with access to economic and financial help.

### **Risk Factors for Victims** (Corey, Duggan, & Traver, 2022)

*\* Strongest evidence for modifiable risk factors (Yakubovich, Stöckl, Murray, et al., 2018).*

- Unplanned pregnancy \*
- Having parents with less than a high school education, which may indicate lower socioeconomic status \*
- Bisexual identity
- Internalized homophobia
- Discrimination
- Partner gender (increased risk of victimisation of bisexual women if their partners were male)
- Negative childhood experiences
- Non-monogamy
- Non-White racial/ethnic identity
- Binge drinking
- Marijuana use
- Experiences of child abuse
- Adolescent antisocial behavior

### **Protective Factors for Victims** (Yakubovich, Stöckl, Murray, et al., 2018)

- Being older
- Being married
- Living in a disadvantaged neighborhood (while this might seem counterintuitive, often, in disadvantaged neighborhoods there is stronger community cohesion and collective efficacy.)
- Positive parent relationships
- Having more social support

## *Risk Factors for Domestic Violence Deaths*

The DVDRC reviewed the homicide cases with domestic violence-involved deaths that occurred from 2003 to 2020 and identified the frequency with which the 41 established risk factors were present in the relationship between the perpetrator and the victim (Ministry of the Solicitor General, 2024a).

- in 71% of all cases reviewed from 2003–2020, there was a history of domestic violence (past or present).
- in 66% of the cases, the couple had an actual or pending separation.
- in 49% of the cases, the perpetrator was depressed (diagnosed and/or undiagnosed).
- in 45% of the cases, obsessive behaviour was displayed by the perpetrator.
- in 45% of the cases, victim vulnerability was identified as a risk factor.
- in 42% of the cases, the perpetrator had threatened or attempted suicide.
- in 43% of the cases, the victims had an intuitive sense of fear.
- in 40% of the cases, the perpetrator displayed sexual jealousy.
- in 36% of the cases, there were prior threats to kill the victim.
- in 41% of the cases, excessive alcohol and/or drug use was involved.
- in 40% of the cases, the perpetrator was unemployed.
- in 34% of the cases, there was a history of violence outside of the family.
- in 31% of the cases, there was an escalation of violence.
- in 29% of the cases there was an attempt to isolate the victim.
- in 29% of the cases there was an actual or perceived new partner in the victim's life.

To address the previously mentioned risk and protective factors, various interventions can be implemented. Appendix A provides examples of interventions identified throughout the literature.



# Community Networks, Resources and Services

## Summary

This section summarizes the community resources and needs that play a critical role in addressing GBV and supporting both victims and perpetrators. Understanding the availability and accessibility of local services, as well as the community's attitudes and awareness, is essential in identifying gaps and opportunities for improvement.

## Local

### Committees and Networks

**The Temiskaming District Violence Against Women Coordinating Committee (TDVAWCC)** [\(TDVAWCC\)](#) comprises a cross-section of service providers throughout our District and outlying areas. TDVAWCC aims to facilitate a coordinated system of local support through enhanced collaboration at the community level that maximizes the capacity of service providers to respond to abused women's needs, improve access to an integrated service delivery system, and ultimately increase the safety and overall well-being of abused women and their children. This local partnership was established in 2011 and is funded by the Ministry of Children, Community, and Social Services.

**The Timiskaming Elder Abuse Task Force (TEATF)** is a network representing a diverse group of service providers who are committed to improving the wellness of seniors within the District of Temiskaming. TEATF promotes community participation in a network that is dedicated to promoting advocacy, education, and prevention of elder abuse issues.

#### Goals/Objectives:

- To provide a forum for members to meet, identify, discuss, advocate, and solve problems related to elder abuse.
- To identify gaps and inconsistencies in supports and services across the District of Temiskaming pertaining to identification and prevention of, and response to elder abuse, and to advocate for these to be addressed.
- To be recognized as a leader within our community to offer education, advocacy, and strategies to prevent elder abuse.
- To consolidate linkages and partnerships with the Elder Abuse Prevention Ontario, senior service providers, community agency partners, and various events to promote and facilitate the coordination of resources and strategies to prevent and respond to elder abuse.
- To promote positive public attitudes and views on aging and to advocate for positive changes for seniors.
- To identify and explore potential funding sources for the development, maintenance, and/or expansion of initiatives and programs to respond to the issue of elder abuse.

**Violence Screening Question (VSQ).** The VSQ document was developed by TDVAWCC following the identification of the need for a tool that could be used by all service providers to increase identification and patterns of violence, as well as increase service entry points for victims of violence. It's a bilingual tool that can be used district-wide to detect intimate partner violence to facilitate the provision of supports and services for victims. In addition to the actual screening question, the three-page document includes sections outlining the purpose, general principles of screening, when and how to frame the question, assessing safety over the phone, the duty to report, and a section on referring to supports and services. The VSQ was disseminated to agencies across the District of Timiskaming in May 2020. The Pavilion Women's Centre provided virtual training for participating agencies. Three agencies consisting of the former Timiskaming Health Unit (THU), Centre de santé communautaire du Temiskaming (CSCT), and District of Timiskaming Social Services Administration Board (DTSSAB) agreed to participate in a pilot phase to assess the VSQ. The key question

is “I see clients/patients in my practice/agency who have been hurt or threatened by someone they love. Has this happened to you?”

This work mostly stopped during the COVID-19 pandemic. In April 2023, a working group of TDVAWCC was formed to resume the initiative. Research was completed and a violence screening plan was developed. It was decided to pilot the violence screening question, decision-making tree, and pamphlet of community services with Community Paramedics (DTSSAB). This phase has not been formally evaluated but there were challenges identified with screening in the home setting. In January 2025 the subcommittee working on this pilot revised the goals (see below), simplified the decision tree and training process. The next phase of the pilot is being launched with a local Family Health Team in fall 2025.

**Goals:**

1. To ask all clients the violence screening question upon each visit
2. Create awareness and educate clients on the services available in the community should they need them
3. To provide information to all clients on services available (and referrals to experiencing violence if appropriate)
4. To track data to inform the pilot and to share as appropriate

**Community Safety and Well-Being Plan (CSWB).** The Community Safety Pillar serves as a subcommittee to the [Timiskaming Drug and Alcohol Strategy](#) (TDAS) and [Community Safety and Wellbeing Plan](#) and works to ensure a coordinated approach between the justice system, law enforcement, justice, and health and social services and substance use in Timiskaming.

**The Temiskaming Foundation Vital Signs** reports also reference information about community safety. [Vital Signs 2021](#) and [Vital Signs 2024](#).

### Local Services and Situation

**Pavilion Women's Center (PWC)** - provides many [services](#) to women in the district of Temiskaming.

#### *Crisis Support*

A toll-free number for those in need is available 24 hours a day (1-888-871-9090). Staff are supportive and can provide an array of resource information and/or referrals. PWC provides supportive counseling, both individually and in groups, accompaniment, information, referral, and advocacy for women and children living in the community. Transportation assistance may be available if needed. The goal of the program is to assist women in navigating through complex service systems and to support women who are struggling with a variety of issues such as violence, housing, education, self-esteem, employment, and more. Staff are also available to accompany to appointments such as court appearances, lawyer appointments, police, etc. Their approach is woman-centered, trauma-informed, and focuses on empowering women.

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*Crisis Support* - a toll-free number for those in need  
is available 24 hours a day (**1-888-871-9090**).

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#### *Emergency Shelter Services (ESS)*

Short-term emergency 10 bed shelter to accommodate women (16 years of age and over) and children in need, whether they are fleeing an abusive relationship or find themselves in a housing emergency or other crisis situations. The figure below illustrates that the number of women who received Emergency Shelter Services at Pavilion has fluctuated over time (PWC, 2024)<sup>13</sup>. The fiscal years from 2017/2018 to 2019/20 recorded the highest number while the year 2022/2023

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<sup>13</sup> PWC's data is reported using their fiscal year from April 1<sup>st</sup> to March 31<sup>st</sup> of the following year.

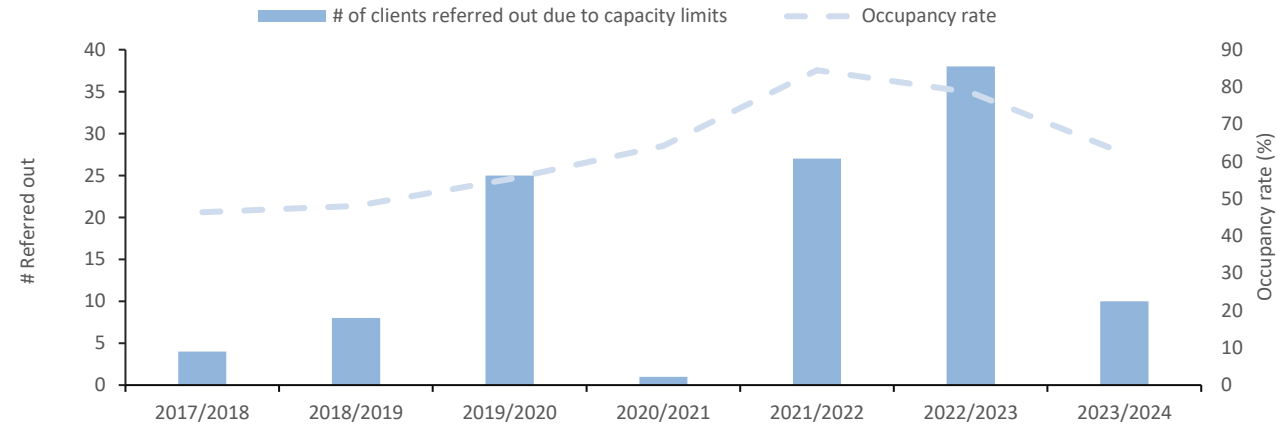
recorded the lowest number of women who received ESS. The percentage of women identifying as Indigenous who received ESS has been increasing over time, with the highest proportion reported in 2021/2022.

Number of women who received Emergency Shelter Services at Pavilion Women’s Center and percentage that identified as Indigenous, 2017/2018-2023/2024 fiscal year (Pavilion Women’s Center, 2024).



From 2017/2018 to 2021/2022, there has been a steady increase in the occupancy rate, followed by a gradual decrease starting in 2022/2023; see figure below. Similarly, the number of women who were referred out due to limited capacity increased in 2019/2020, 2021/2022 and 2022/2023. It is, however, important to note that, between April 2020 and June 2023, the women's centre was operating at a 5-bed capacity, which is half of the bed capacity they were operating at prior to COVID-19.

Occupancy rate and number of clients referred out due to limited capacity at Pavilion Women’s Center, 2017/2018-2023/2024 fiscal year (Pavilion Women’s Center, 2024).



*Transitional and Housing Support*

Offers short-term support services and advocacy to women as they establish violence-free lives, in the community. Working closely with housing agencies, landlords, and other social services, the goal is to assist women with their self-identified goals.

*Child Witness Program*

Offers support for children and their mothers who experience or witness violence both when they enter the shelter and on an outreach basis. Changing Patterns Child Witness Group supports children who have been exposed to domestic violence. This psychoeducational group program is for children who have witnessed violence or abuse against their mothers. Children and adolescents aged 4 to 16 meet in small age-appropriate groups to discuss the impact of the abuse they witnessed against their mothers. Mothers attend separate sessions to address the impact of abuse on their children and themselves.

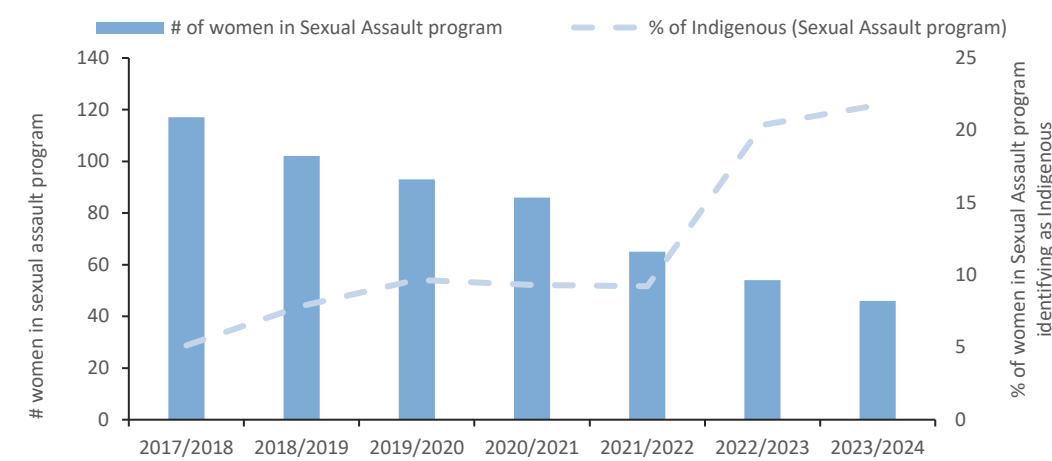
*Outreach Programs*

Services are available for women in the community dealing with issues or as a follow-up for women who have left the shelter. Outreach workers provide supportive counselling to women (16+) struggling with a variety of issues including employment, housing, education, self-esteem, and domestic violence. They work with women to develop a safety plan for when they are ready to leave a violent situation. In addition, they are available to provide in-service training or presentations on a variety of topics. Workers accompany to appointments such as court appearances, lawyer, police, etc.

*Sexual Assault Program*

Provides individual and group counselling to survivors of sexual assault who are 16 years of age and older. Through counselling, women can explore their past and present abuse or recent assaults. Workers provide education to the community about sexual assault in a safe and trauma-informed way. Also, a support program for adult survivors of recent or historical sexual assault/abuse that includes individual and group counselling as well as public education. Since 2017/2018, the number of women in the Sexual Assault Program at Pavilion has been reducing over time. However, the number of women in the sexual assault program who identify as Indigenous has been increasing with the highest rate reported in the 2022/2023 fiscal year.

**Number of women in the Sexual Assault Program at Pavilion Women’s Center and percentage that identified as Indigenous, 2017/2018-2023/2024 fiscal year (Pavilion Women’s Center, 2024).**



Pavilion Women’s Center recently received \$50,000 in funding from [Women's Shelter Canada](#) to complete a feasibility study to determine the need for second-stage housing for women and their children. With 25.5% of households in Timiskaming in core housing need and a year-long subsidized housing waitlist, the District of Timiskaming is facing a housing crisis. This means women are facing impossible decisions and often are being forced to stay longer in violent situations or face homelessness for themselves and their families. In the last two years, data suggest women who entered the shelter program at PWC struggled to find safe, adequate, and affordable housing. Only 21% of women could find adequate housing when they left the shelter program. Second-stage transitional housing (SSTH) is an affordable and supportive housing solution that keeps women, children, and families safe from violence. It prioritizes safety using enhanced security measures, support staff, and anti-violence programming to ensure women have the tools to transition to a life without violence. PWC will create a new facility for women and children fleeing violence that includes 8-10 second-stage housing units and 10 emergency shelter beds. PWC will be taking its vision to funders at all levels to ensure that women and children have safe and comfortable second-stage housing close to home. For further details can be found on this [local news article](#).

**Victim Services of Temiskaming & District (VCARS)** is a non-profit, community-based program that provides immediate crisis assistance through professional staff who work in partnership with the police, emergency services, and other community-based agencies. They work to prevent violence through awareness and education and collaborate with community agencies to provide trauma-informed support and advocacy for every person in Temiskaming who has experienced crime or sudden tragedy. The victims and their families requiring immediate support are referred to Victim Services while Emergency Personnel and the Police are on-scene. Victims, survivors, families, and communities who

have been traumatized as a result of crime and/or tragedy can seek support without police involvement by calling the Victim Services office during regular business hours.

**Keepers of the Circle** recently hired a **Gender Based Violence Awareness and Prevention Worker** (July 2024). Their focus is on the Indigenous population – providing awareness, prevention, and advocacy for GBV warriors while trying to provide education and raise awareness to outside communities as to why GBV rates are so high for Indigenous individuals and to bring awareness to the increased barriers present in rural communities. Workshops are being developed about healthy relationships, red flags, healthy boundaries, the circle of violence, and the impact of colonization leading to GBV in our communities and amongst our individuals. A working relationship was established with the Indigenous Lead for District School Board Ontario North East who will be offering lunch and learns with youth to deliver the workshops. Working on road mapping services and pathways available for GBV warriors, developing relationships with different treatment centers, as well as working on a list of knowledge keepers available to facilitate ceremony for anyone who may need or want that cultural connection. The worker attends appointments, provides transportation, and advocates for members on an as-needed basis.

**Northeastern Ontario Family and Children's Services (NEOFACS)** is an integrated agency, providing services to children, youth, and their families in the Districts of Cochrane and Timiskaming. The agency provides Child Welfare, Child and Youth Mental Health, Youth Justice, and Prevention programs along with several other programs and services including [NEOFACS Duty to Report](#). The **Child, Youth and Family Services Act (CYFSA)** recognizes that we all have a responsibility for the welfare of children and a responsibility to protect children from harm. This includes situations where it is suspected that a child may be in need of protection (including physical, sexual, and emotional abuse, neglect, and risk of harm). There is a duty of professionals and the public to report suspected abuse to a children's aid society. [The Duty to Report under the Child, Youth, and Family Services Act, 2017](#)

**Board of Health Endorsement.** On April 3, 2024, the Timiskaming Health Unit Board of Health endorsed a [Briefing Note on Gender-based and Intimate Partner Violence \(IPV\)](#)

**Municipalities that have declared an epidemic.** As in other parts of Ontario, the TDVAWCC has invited all local municipalities to declare Intimate Partner Violence (IPV) as an epidemic. This call to action represents an opportunity to urge the Government of Ontario to protect the health and well-being of our communities, especially of women and children, at a time when gender-based violence strongly affects the health outcomes of Timiskaming district residents. As of this report's publication, four local municipalities - Evanturel Township, Coleman Township, Armstrong Township, and the City of Temiskaming Shores have officially declared IPV an epidemic.

**Local attack on young girl** - On November 3, 2024, in Cobalt, an 18-year-old man was alleged to have attempted to kill his 16-year-old ex-girlfriend with a sword after hitting her with his car. The young woman survived and will undergo a long recovery in hospital. TDVAWCC has issued a media release condemning the act. The outpouring of support for the victim includes over \$100,000 in a GoFundMe account as well as candlelight vigils. The perpetrator is in prison awaiting trial. (Temiskaming Speaker, November 13, 2024)

## *Provincial*

### **Bill 173**

[The Intimate Partner Violence Epidemic Act, 2024](#) has passed its second reading in the provincial legislature. This bill formally recognizes IPV as an epidemic in Ontario. The Standing Committee on Justice Policy has committed to conducting a comprehensive study on IPV, offering a crucial opportunity for community partners to contribute expertise and resources. The Ontario Legislature is urged to pass Bill 173 without delay and to use the existing comprehensive research and reports that share the voices and experiences of survivors and staff supporting them.

## The Ontario Association of Interval and Transition Houses (OAITH)

This association tracks [monthly](#) and [annual](#) femicides through the use of media reports to bring attention to and raise public awareness of gender-related killings in Ontario. Definitions of femicide can be complex and can encompass different relationships, criminal justice charges and motives, leading to evolving and at times, different definitions by those examining and analyzing when women and girls are killed. OAITH defines femicide as “the gender-related killing of women, children, and gender-diverse individuals by men that occur in Ontario” (OAITH, n.d.). Hundreds of media articles are reviewed every year to examine relationships between victims and those charged or deemed responsible, prior history of violence, criminal justice charges laid at the time the crime was committed, cause of death, race, geography, age and the location where these crimes occur. This information is used to advocate for change with community members, journalists, government officials, and public policy makers because we know that femicides are preventable.



### Locally Driven Collaborative Project

The project *Improving the Quality of Local Public Health Programs: Understanding Prevention of Gender-based Violence through the Lens of Local Public Health* is currently underway. It will strengthen Ontario’s public health system by defining potential roles, scope, and areas of focus in GBV prevention. The deliverable is a guidance document that will support local public health agencies to identify opportunities to address GBV across the prevention spectrum within the mandate of the Ontario Public Health Standards. Northeastern Public Health is participating as a knowledge user/advisor.

## Domestic Violence Death Review Committee

The [DVDRC](#) has the following objectives (Ministry of the Solicitor General, 2024b):

- To provide and coordinate a confidential multi-disciplinary review of domestic violence deaths under the Coroners Act.
- To offer expert opinion to the Chief Coroner regarding the circumstances of the event(s) leading to the death in the individual cases reviewed.
- To create and maintain a comprehensive database about the victims and perpetrators of domestic violence fatalities and their circumstances.
- To help identify the presence or absence of systemic issues, problems, gaps, or shortcomings of each case to facilitate appropriate recommendations for prevention.
- To help identify trends, risk factors, and patterns from the cases reviewed to make recommendations for effective intervention and prevention strategies.
- To conduct and promote research where appropriate.
- To stimulate educational activities through the recognition of systemic issues or problems and/or:
  - referral to appropriate agencies for action.
  - where appropriate, assist in the development of protocols with a view to prevention.
  - where appropriate, disseminate educational information.
- To report annually to the Chief Coroner the trends, risk factors, and patterns identified and appropriate recommendations for preventing deaths in similar circumstances, based on the aggregate data collected from the domestic violence death reviews.

Upon analysis of cases reviewed since the inception of the DVDRC in 2003, the following **general themes of recommendations** have emerged:

- The need for better education for the public and targeted professionals (for example, physicians, counsellors, lawyers, police, and so on) on assessing and addressing the risks associated with intimate partner violence.
- The continued need for public education for neighbors, friends, and families of victims or potential victims.
- Case reviews have identified that some specific or targeted communities may require additional focus to emphasize and bring attention to addressing issues of intimate partner violence within their unique environments or situations. This would include the geriatric population as well as ethnic/religious communities where traditional cultural values have entrenched gender inequality in their relationships. [Note: while significant work has already been done to address domestic violence within these particular communities,



DVDRC reviews continue to identify inconsistencies in resources, services, and responses that are community focused.]

- Public policies relating to violence in the workplace, bullying, and stalking (including cyber and online harassment) continue to evolve.
- Mental health and how it impacts intimate partner violence.
- The recognition and assessment of risk factors (particularly the most prevalent risk factors of history of domestic violence, actual or pending separation and depression) when interacting with victims (or potential victims) and preparing safety plans.
- Financial and other stressors (such as health concerns).
- Substance abuse by victims and/or perpetrators.
- Child custody, family court decisions and child welfare concerns and the implications on intimate partner violence.

### Elder Abuse Prevention Ontario (EAPO)

The [EAPO](#) is the provincial organization recognized for its leadership in elder abuse prevention in the province, providing education, training, resource development, and information about the increasingly complex issues of elder abuse. EAPO engages with over 40 local area Elder Abuse Networks (including ours locally) across Ontario, to meet the unique needs of their local community in preventing elder abuse. EAPO collaborates to promote public awareness, deliver education programs and activities, develop resources, and enhance awareness of local supports, services, and available programs that help older adults who are at-risk or experiencing abuse within their communities. EAPO is committed to working collaboratively with government and community partners, across all sectors, to ensure support for seniors is optimized. In doing so, EAPO is helping break down barriers, whether language, cultural, accessibility challenges, or fundamental gaps in knowledge to improve the quality of life and well-being of seniors and their families. This is particularly relevant during the ongoing impacts of the global pandemic. EAPO envisions an Ontario where ALL seniors are free from ageism and abuse, and where human rights are advanced, protected, and respected. EAPO builds on strengths, successes, and relationships whether long-standing historic ones, or those recently forged through newly developed community initiatives. The focus of work continues to be the advancement of elder abuse prevention strategies and building capacity for consistent responses province-wide.



### Renfrew Recommendations

In June 2022, the Renfrew Inquest jury released [86 recommendations](#) based on evidence arising from testimony given during the inquest into the 2015 femicides of Anastasia Kuzyk, Nathalie Warmerdam, and Carol Culleton. The need for strong community coordination has been included in every inquest and death review list of recommendations since 1998. Recommendations are levers for change. While most are directed toward government departments and institutions, there is a critical role for VAWCCs and their communities. In fact, recommendations only come to life when the people who do the work on the ground move to action. There are some recommendations that PH could leverage or work on moving forward, e.g., public awareness, education campaigns, etc. Twenty-one of the [Renfrew Inquest Recommendations are specifically for VAWCCs](#).

The Provincial Network for VAW Coordinating Committees supports local VAWCCs and VAW leaders in advancing and implementing the Renfrew recommendations. The recommendations facilitate discussing actions local VAWCCs can take to advance the recommendations and strengthen their community response. Two years after the inquest recommendations came out, the [CKW Inquest Recommendations Priority Analysis & Action Plans](#) were released. These recognize strong community-driven responses to implementation, municipal leadership with the declaration and other recommendations, and the ever-present need to continue the momentum and work alongside all levels of government toward implementation and change.

### Nowhere to Go: Gender-based violence and housing insecurity in Ontario

This [report](#) by the Canadian Centre for Housing Rights examines the under-studied relationship between gender-based violence and housing insecurity in Ontario.

- Unaffordable housing is a significant barrier for survivors.

- Survivors are facing a high degree of housing insecurity that originates from their experiences of GBV and is compounded by Ontario’s housing affordability crisis.
- Many survivors are either remaining in unsafe housing with their abusers or are returning to live with their abusers after having left, because of a lack of available housing options.
- Survivors are facing a high degree of discrimination in seeking housing in the private rental market.
- Survivors are facing significant barriers to accessing private rental market housing.
- Existing shelter, income, and other community supports are inadequate or are not meeting the diverse needs of survivors.
- Experiencing GBV and related housing insecurity in smaller and more rural communities poses unique challenges to survivors.

This knowledge can help Timiskaming partners in their efforts to address the root causes of health inequities on this topic.

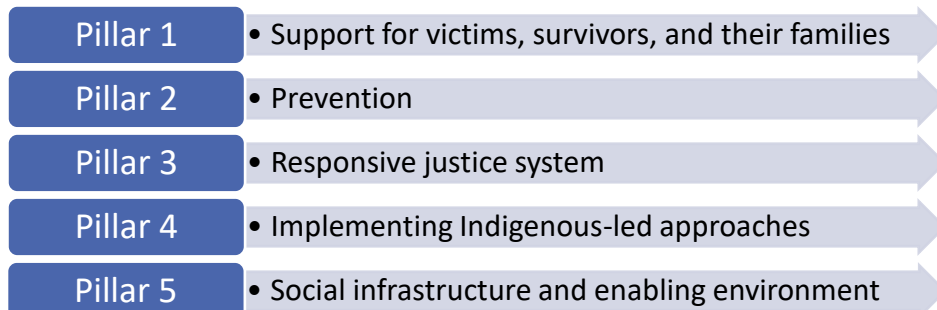
## National

### *The National Action Plan to End Gender-Based Violence*

The goals of this action plan are:

- Engage all people in Canada in changing the social norms, attitudes, and behaviors that contribute to GBV.
- Address the social and economic factors that contribute to GBV.
- Set out a framework for anyone facing GBV to have reliable and timely access to culturally appropriate and accessible protection and services.
- Improve the health, social, economic, and justice outcomes of those impacted by GBV.

The National Action Plan to End GBV consists of five pillars and a foundation.



For additional information on each pillar and the foundation, see the complete [National Action Plan to End Gender-Based Violence](#).

### *The Centre for Research & Education on Violence Against Women & Children (CREVAWC)*

The [\(CREVAWC\)](#) was founded in 1994 as a collaborative venture between The University of Western Ontario, Fanshawe College, and the London Coordinating Committee to End Women Abuse. The Centre was established in response to a federal study on the problem of violence against women, prompted by the 1989 murder of 14 women at École Polytechnique in Montreal. CREVAWC facilitates the collaboration of individuals, groups and institutions representing the diversity of the community to pursue research questions and training opportunities to understand and prevent violence and abuse. They serve local, national and international communities by producing useful information and tools to assist in the daily work to prevent and stop violence towards women and children and vulnerable adults.

The Women’s Legal Education and Action Fund (LEAF) and Project Researcher Dr. Amanda Dale carried out research and engagement from October 2023 to August 2024 that resulted in the [What it Takes Establishing a GBV Accountability Mechanism in Canada Report](#). In addition to being guided by an Advisory Committee of 18 GBV experts, they conducted

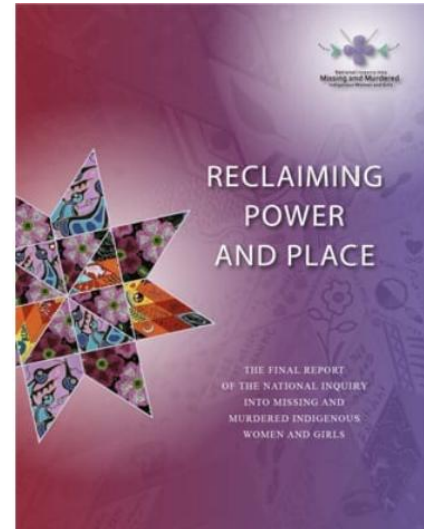


a literature review, survey, focus groups, and key informant interviews and engaged 46 experts from a variety of backgrounds. The report initiates the consultations and collaborations that the Mass Casualty Commission suggests are critical to fulfilling Recommendation V.17. The executive summary shows the high-level results of that research and deliberation while the report provides a fuller rationale and analysis.

### [National Inquiry into Missing and Murdered Indigenous Women and Girls](#)

The Government of Canada launched a national inquiry into missing and murdered Indigenous women and girls, independent of the federal government.

[Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#) reveals that persistent and deliberate human and Indigenous rights violations and abuses are the root cause behind Canada's staggering rates of violence against Indigenous women, girls, and 2SLGBTQQIA people. The two-volume report calls for transformative legal and social changes to resolve the crisis that has devastated Indigenous communities across the country. The Final Report is comprised of the truths of more than 2,380 family members, survivors of violence, experts, and Knowledge Keepers shared over two years of cross-country public hearings and evidence gathering. It delivers 231 individual Calls for Justice directed at governments, institutions, social service providers, industries, and all Canadians. As documented in the Final Report, testimony from family members and survivors of violence spoke about a surrounding context marked by multigenerational and intergenerational trauma and marginalization in the form of poverty, insecure housing or homelessness, and barriers to education, employment, health care, and cultural support. Experts and Knowledge Keepers spoke to specific colonial and patriarchal policies that displaced women from their traditional roles in communities and governance and diminished their status in society, leaving them vulnerable to violence.



### [Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ People National Action Plan](#)

The [2021 National Action Plan](#) was co-developed by a core working group in collaboration with the National Family and Survivors Circle and contributing partners. The National Action Plan is a response to the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls and the Métis Perspectives of Missing and Murdered Indigenous Women, Girls and LGBTQ2S+ People and developed to drive transformative change to end systemic racism and violence against Indigenous women, girls, and 2SLGBTQQIA+ people, wherever they are.

### [News Release from the Government of Canada \(June 2024\)](#)

The Minister of Crown-Indigenous Relations released the [2023–24 Federal Pathway Annual Progress Report](#). The report highlights the progress the federal government has made over the last year in responding to the National Inquiry's Calls for Justice.

## Strengths and Limitations

A key strength of this situational assessment was its collaborative approach to data collection, which enabled us to access relevant local data across multiple sectors. Similarly, the use of various sources of evidence facilitated the identification of trends and patterns, while offering a comprehensive view of the topic. The use of a framework further enhanced the assessment's value by enabling measurement in a standardized way and allowing comparisons across different jurisdictions or levels. In addition, the identification of local resources and services provided valuable context, highlighting the critical work currently underway. Overall, these strengths allowed for a more nuanced understanding of the issue.

At the same time, the assessment faced some limitations. For instance, the use of survey results introduced commonly associated challenges with this methodology, e.g., sampling errors, response biases, etc. Depending on the survey, additional limitations may have been introduced. For example, the Incident-based Uniform Crime Reporting Survey records recurring violence incidents as a single event, and small counts of victims identified as gender-diverse individuals may be displayed as male or female categories to the public. Regarding incident reporting, anecdotal local evidence points to systemic barriers, such as the duty to report, which may deter victims under 16 years old from disclosing abuse to the authorities. The National GBV Framework, while useful, lacks outcomes related to victim safety, perpetrator accountability, and early intervention. Lastly, our ability to identify local populations at higher risk was significantly limited by the lack of access to GBV statistics reported by socio-demographic characteristics.

## Conclusion

The results of this situational assessment underscore the critical need for a community-based, collaborative approach to address the ongoing challenges associated with this significant issue. As a local public health unit, we acknowledge that GBV is a multifaceted and widespread problem that affects individuals from all demographics, with a disproportionate impact on women, children, and gender-diverse individuals. The assessment identifies key gaps in service delivery and accessibility, highlighting the importance of enhanced coordination among public health, law enforcement, social services, and community organizations.

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## Appendix A: Identified Resources Available

**Neighbours, Friends and Families** – a toolkit created by Western University on how to help someone experiencing intimate partner violence (IPV) <https://www.neighboursfriendsandfamilies.ca/friends-and-family/index.html>

- Warning signs of IPV
- Signs and high-risk situations of IPV
- Supporting victims/survivors of IPV
- Safety Planning
- Overcoming your hesitation to help
- Finding help
- Talking to people who use abusive behaviour

**Rural Roots Initiative** to Empower Rural Communities in Addressing Intimate Partner Violence

Neighbours, Friends, and Families (NFF) proudly unveil the Rural Roots initiative, a collaborative effort in partnership with Lanark County Interval House and Luke's Place. Born from a commitment to address intimate partner violence (IPV) in rural areas, Rural Roots will equip individuals with the knowledge and tools to support survivors within their rural communities.

Rural Roots empowers individuals to take meaningful action through a simple framework: See it, Name it, Check it.

- See it: be aware of common warning signs of IPV, so you know it when you see it.
- Name it: for what it is, to yourself, and to the person you are concerned about.
- Check it: for danger, for yourself, and reach out for community expertise.

More info below and here - <https://lukesplace.ca/neighbours-friends-and-families-launches-rural-roots-initiative-to-empower-rural-communities-in-addressing-intimate-partner-violence/> or <https://www.neighboursfriendsandfamilies.ca/rural-roots/index.html> as well as the attached brochure.

**Public Health Nursing Practice, Research and Education Program (PHN - PREP)** - lots of great resources for public health nurses on intimate partner violence education. <https://phnprep.ca/ipv-education/> . Opportunity for cross-over with other HU programs/teams.

There are five curriculums available:

- Prioritizing Safety: Applying Trauma-and Violence-Informed Care Principles When Working with Individuals Experiencing Violence
- Identification and Assessment of Intimate Partner Violence
- Responding Safely to Disclosures of Intimate Partner Violence
- Nursing Interventions to Respond to Intimate Partner Violence
- Organizational Support (Including guidance for documentation)

They also provide 6 tips for Coordinating IPV Education:

1. Develop an agency policy to address IPV. As part of the policy, outline that the provision of education to support staff to identify and respond to IPV is an organizational priority.
2. Identify an "IPV Champion" within the organization who is interested in keeping "up to date" on the evidence and best practices.
3. Utilize the IPV Champion to coordinate or facilitate the education sessions. This ensures that orientation/training processes are consistent and informed by best practices.
4. Building relationships between the IPV Champion and staff is important. Learning about IPV can be difficult. Having the IPV Champion meet with staff over a few sessions can be helpful and then staff also have a "go-to" person to consult with when they are experiencing challenging clinical situations.
5. Take time to identify community resources available to support individuals/families experiencing violence. Meet the key contacts and learn what their organizations offer – and what it is like for a client to access their services.

6. Create opportunities for staff to reflect on experiences from their practice and to share with their peers how they responded to different situations (or to ask for suggestions from peers).

**Coaching Boys into Men** - <https://coachescorner.org/> The Ontario government is investing nearly \$875,000 to train high school coaches on prioritizing important conversations with young male athletes about youth dating and gender-based violence, consent and healthy relationships, and building cultures free from violence. This will help support safer schools as Ontario implements restrictions on cell phones, the removal of social media from school devices, and the banning of vaping. Timiskaming District is one of the pilot communities – staff have been trained at PWC and local secondary school coaches are in the process of being identified for training.  
<https://news.ontario.ca/en/release/1004574/ontario-combating-gender-based-violence-in-youth>

**Fourth R Programs (Strategies for Healthy Youth Relationships)** - Healthy Relationships, Safe Choices, Connected Youth - Promoting healthy youth relationships by building the capacity of schools and communities through innovative programming, research, education, and consultation. <https://youthrelationships.org/> Pavilion staff have been trained to deliver this program in partnership with local schools.

**The Safe at Home project** is working to advance survivors' right to remain in their own home or independent housing when leaving an abusive relationship. <https://womanact.ca/projects/safe-at-home/>

**Stay or Go Training** – The Healthy Growth and Development team from legacy THU have attended the Stay or Go training offered by the Pavilion.