



Intimate Partner Violence IS an Epidemic

The jury in the Renfrew Inquest put forth numerous recommendations, including the declaration of intimate partner violence (IPV) as an epidemic. While the provincial government accepted or partially accepted many of these recommendations, they rejected the specific recommendation to declare IPV as an epidemic, reasoning that “intimate partner violence would not be considered an epidemic as it is not an infectious or communicable disease.” However, this rationale is deeply flawed.

According to the Merriam-Webster definition, an epidemic can be described as “affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time,” an “outbreak of disease that spreads quickly and affects many individuals at the same time,” and “an outbreak or product of sudden rapid spread, growth, or development.”¹ While IPV may not meet the definition of an epidemic as an “outbreak of disease,” it certainly meets the criteria of affecting a disproportionately large number of individuals within a population.

The **scale and prevalence** of IPV alone should warrant the declaration of an epidemic. Statistics reveal that almost half (44%) of all Canadian women have experienced IPV in their lifetimes², and nearly two-thirds of people in Canada (64%) personally know a woman who has experienced abuse.³ Over a hundred women and girls lose their lives to violence in Canada each year, demonstrating the extensive reach and impact of this problem. In fact, in Ontario alone, 52 women were killed by their current or former intimate partners between November 2021 and November 2022⁴, and since October 2021, there have been 4 femicides in Windsor-Essex. Like many diseases, IPV has no boundaries, impacting individuals from all backgrounds, communities, and social groups. However, IPV does disproportionately affect women, Indigenous women, women living with disabilities, visible minority women, and those who identify as LGBTQ2.⁵

Recognizing IPV as an epidemic aligns with global perspectives and leaders in health. The World Health Organization has classified violence against women as a “**global health problem of epidemic proportions**,”⁶ and the United Nations Secretary-General has referred to violence against women and girls as the **world’s longest, deadliest pandemic**⁷. It is not only international bodies recognizing this, as over 30 municipalities and townships in Ontario have already declared IPV an epidemic, acknowledging that it is a complex social and public health issue. It is time for Windsor-Essex to do the same.

Similar to how diseases affect various systems in the body, IPV has multidimensional impacts and consequences for survivors, and these impacts extend beyond the individual. IPV disrupts the social fabric of families, social networks, and communities. In 2009, the Department of Justice estimated that the **costs associated with IPV in Canada exceed \$7.4 billion dollars each year**, noting that this “is a

¹ www.merriam-webster.com

² Statistics Canada (2021) <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2021001/article/00014-eng.pdf?st=iKS-JQPH>

³ Canadian Women’s Foundation (2021) [https://canadianwomen.org/the-facts/gender-based-violence/#:~:text=More%20than%204%20in%2010,\(Statistics%20Canada%2C%202021\).](https://canadianwomen.org/the-facts/gender-based-violence/#:~:text=More%20than%204%20in%2010,(Statistics%20Canada%2C%202021).)

⁴ OAITH (2023) <https://www.oaith.ca/oaith-work/we-count-femicide-because/femicide-reports-and-analysis.html>

⁵ Women and Gender Equality Canada (2022) <https://women-gender-equality.canada.ca/en/gender-based-violence/intimate-partner-violence.html>

⁶ WHO, 2013 <https://www.who.int/news/item/20-06-2013-violence-against-women-a-global-health-problem-of-epidemic-proportions->

⁷ United Nations (2022) <https://press.un.org/en/2022/sgsm21195.doc.htm>

conservative estimate.”⁸ These costs encompass justice system expenses (police, courts, prosecution, legal aid, corrections, civil protection orders, child protection system, etc.), victim costs (medical attention, lost wages, lost education, stolen/damaged property, pain and suffering), and third-party costs (social services, losses to employers, negative impacts on children and other government expenditures).⁹

Additionally, the cyclical and intergenerational transmission of IPV cannot be ignored. Children who are exposed to IPV have an increased risk of developing psychological, social, and behavioural problems such as mood and anxiety disorders, PTSD, and substance abuse^{10, 11}. They may also face school-related issues¹² and are at an increased risk of experiencing emotional abuse, sexual abuse, physical abuse, neglect¹³ and, in some cases, death.¹⁴ Furthermore, just like a disease, exposure can lead to further transmission, as children who are exposed to IPV are at risk of perpetuating violence in adulthood^{15,16,17,18,19}, emphasizing the need to address this issue comprehensively.

The initial recommendation to declare IPV an epidemic is based on the understanding that epidemic status extends beyond the realm of infectious diseases. It acknowledges the pervasive and widespread impact of IPV on individuals, families, and communities. By disregarding the recommendation and using a narrow definition of an epidemic, the province is overlooking the severity and urgency of IPV as a public health crisis. IPV is often deemed a “private matter” because it happens behind closed doors. Declaring IPV as an epidemic will help to bring it out of the shadows.

Understanding the parallels between IPV and disease epidemics underscore the urgency of addressing IPV as a public health issue. It necessitates a comprehensive response encompassing prevention, intervention, support services, and community education and awareness to effectively combat the pervasiveness and multidimensional impact and cycle of IPV.

Just as Ontario was the first province in Canada to address domestic violence in the workplace by amending the Occupational Health and Safety Act, let us take the lead once again. Together, by declaring IPV an epidemic in Windsor-Essex, we will work towards making Ontario the trailblazer in formally recognizing and addressing IPV as the urgent public health crisis it is.

Sincerely,

Amy Peirone, Coordinator, Violence Against Women Coordinating Committee Windsor-Essex

⁸ Department of Justice, 2009 https://www.justice.gc.ca/eng/rp-pr/cj-ip/fv-vf/rr12_7/p0.html

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Declare Intimate Partner Violence An Epidemic

What is Intimate Partner Violence?

Intimate partner violence (IPV) is the use of behaviour to gain control and power over an intimate partner (i.e. a current or former spouse, dating, or sexual partner). It may include a pattern of physical or sexual violence, criminal harassment, threats of physical or sexual violence, reproductive coercion, coercive control, spiritual abuse, cyber-violence, and/or emotional, financial, or psychological abuse.⁶ In some cases, IPV culminates in femicide, broadly defined as the gender-based killing of women and girls.⁷

Who Experiences Intimate Partner Violence?

Victims can be of any age, gender, sexual orientation, educational background or income.⁸ However, IPV is highly gendered, as women account for the majority of those victimized by IPV, and experience IPV with greater frequency/severity (i.e., being choked, being assaulted or threatened with a weapon, or being sexually assaulted).⁹ Due to the devastating impacts of colonialism, IPV against Indigenous women is significantly higher than non-Indigenous women.¹⁰

Background

In June 2022, an inquest was held for the 2015 deaths of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam of Renfrew County, who were murdered by their former partner. Out of this inquest, the jury made 86 recommendations for change. The first jury recommendation is for the Government of Ontario to declare intimate partner violence an epidemic.¹

Why Declare Intimate Partner Violence an Epidemic?

2021 marked the seventh consecutive year of an increase in police-reported IPV in Canada.² Nearly half of all women in Canada report some form of IPV in their life, and one woman is killed every six days by a current or former partner.³ IPV requires immediate and creative responses from all levels of government, and all sectors of service provision. The consequences of IPV are long-lasting and far-reaching. Two-thirds of Canadians know a woman who has experienced some form of intimate partner violence.⁴ These women are our friends, children, parents, colleagues, employees, and employers. Despite continuing progress in public education, a stigma is still attached to being a victim of IPV. Many choose not to report because they believe their experiences of violence are a private matter and that they may not be believed or taken seriously.⁵

In declaring intimate partner violence an epidemic, Windsor-Essex will have the opportunity to demonstrate leadership on this issue, representing a community committed to ending violence in intimate relationships. This declaration will send a strong message to victims of IPV that they need not suffer violence in private and that they are part of a community that will stand with them, support them, believe them, and prioritize their right to safety. Further, this declaration will make it clear to our residents and the province that Windsor-Essex will not tolerate this violence in our community.

Progress on Recommendation #1

On December 14, 2022, Lanark County became the first county in Ontario to declare IPV an epidemic. On International Women's Day, (March 8, 2023), the Ottawa city council declared IPV an epidemic with the support of the Ottawa Police Service. To date, over a dozen counties, townships and municipalities have supported the declaration to make intimate partner violence an epidemic.

What We Ask of You

We ask that Windsor Essex demonstrate leadership, compassion, and commitment to the safety of our residents by declaring intimate partner violence an epidemic.



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Who Perpetrates Intimate Partner Violence?

Men are more likely than women to perpetrate intimate partner violence.²¹ One review of IPV convictions in Ontario showed that 92% of offenders were men.²² Children who have been exposed to IPV are more likely to carry out acts of violence in their intimate relationships as they grow up.²³ The Children's Aid Society is mandated to investigate IPV in a home where a child is present. In 2018, 45% of all substantiated Children's Aid Society investigations in the province were for a child's exposure to IPV.²⁴

Who are we?

The Violence Against Women Coordinating Committee of Windsor-Essex is a cross-sectorial committee comprised of community-based organizations that work together to provide a trauma-informed coordinated response for women experiencing violence and their children. Currently, there are 35 members from 28 local organizations throughout Windsor and Essex County.

IPV in Windsor-Essex

Since October 2021, four women were killed by a current or former intimate partner in Windsor-Essex. Many others have experienced IPV, which did not, or has not yet, culminated in their murder. In 2022, Windsor Police Service reported 2378 calls to police for IPV. During that same period, Hiatus House, our local provider of domestic violence services for women, received 2357 crisis calls. Sharing the work to provide shelter in crisis, Hiatus House, The Welcome Centre Shelter for Women & Families and Nisa Homes sheltered 1234 women and children. Due to capacity challenges, 53 women and children had to be turned away from Hiatus House.

Intimate Partner Violence in Canada

According to the 2018 Survey of Safety in Public and Private Spaces, 43% of Canadian women have experienced psychological violence from an intimate partner, and 23% of Canadian women have experienced physical violence from an intimate partner.¹¹

Further highlighting the severity of this, is that every six days, a woman in Canada is murdered by her intimate partner.¹² Moreover, a known history of intimate partner violence precedes six of every ten homicides perpetrated by an intimate partner.¹³ The Ontario Association of Interval and Transition Houses most recent report, spanning November 2021 to November 2022 showed 52 women and girls murdered in Ontario during that period.¹⁴

While victims of IPV represented 30% of all victims of police-reported crime in Canada¹⁵, only 20% of IPV cases are reported to police.¹⁶ In 2019, there were 30,185 victims of police-reported IPV in our province, a 4% increase since 2018.¹⁷ In four years, from 2012-2016, 10,935 visits were made to Emergency Rooms in hospitals across Ontario for injuries caused by IPV.¹⁸

The Department of Justice Canada estimates that each year, \$7.4 billion dollars is spent on the aftermath of IPV.¹⁹ These projections consider the costs of the involvement of police, criminal justice system and costs such as emergency room visits, loss of income, funeral expenses, and intangible costs (e.g., pain and suffering). Studies show that IPV is one of the leading causes of housing instability and homelessness for women and girls in Canada.²⁰

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Snapshot 2022

WINDSOR-ESSEX POPULATION: 422,630



POLICING & JUSTICE

POLICE & JUSTICE



Intimate Partner Violence Calls to Police	2,378	Appels à la police pour violence entre partenaires intimes
Sexual Violence Calls to Police	229	Appels à la police pour violence sexuelle
Human Trafficking Calls to Police	16	Appels à la police pour trafic humain
Referrals to Partner Assault Response Program	419	Aiguillage vers le programme de réponse aux agressions par des partenaires

*Calls to police represent Windsor-Police Calls.

CRISIS RESPONSE



RÉPONSE AUX APPELS DE CRISE



Crisis Calls to Women's Shelter	2,357	Appels de crise à la maison d'hébergement
Sexual Assault Crisis Calls	423	Appels pour agression sexuelle
Victim Services Crisis Response	1,557	Services d'aide aux victimes - Intervention en cas de crise
Crisis Walk-Ins & Visits	3,766	Visites en cas de crise
Emergency Department Visits for Opioid Overdose	362	Visites au service d'urgence liées à une intoxication aux opioïdes

HOUSING



LOGEMENT



Women & Children in Shelter * (53 Women and children turned away from DV shelter)	1,234	Femmes et enfants dans les maisons d'hébergement * (Accès refusé à 53 femmes et enfants)
Immigrant & Refugee Women & Children Supported in Transitional Housing	108	Femmes et enfants immigrés et réfugiés hébergés dans les logements de transition
# of times single women turned away from shelter	667	# de fois où une femme célibataire s'est vue refuser l'accès à un centre d'hébergement

*Hiatus House, Welcome Centre Shelter for Women and Families, & Nisa Homes

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SUPPORTS



SOUTIEN



Clients Receiving Counselling Services*	999	Clientèles recevant des services de Counseling*
Served in French (RFSOO)	167	Servies en français (RFSOO)
Served with Interpretation	159	Servies avec interprétation
New Intakes to Support Individuals Trafficked (into Sex Trade, for Marriage, and for Labour)	85	Nouvelles admissions de personnes victimes de trafic humains (pour la prostitution, le mariage et le travail)
# Visitors to Homelessness & Housing Help Hub (H4)	1300	# de visiteurs au centre d'aide aux sans-abri et au logement "H4" (Housing Help Hub)
# Visitors to The Windsor Youth Centre	381	# de visiteurs au Centre de jeunes de Windsor
Victim Services Funding Supports (for basic necessities, safety enhancements, and residential treatment)	\$150,000	Soutien financier aux services d'aide aux victimes (pour les produits de première nécessité, les articles de renforcement de la sécurité et le traitement résidentiel)

*RFSOO, SACC, Family Services & Victim Services of Windsor & Essex

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POVERTY



PAUVRETÉ



Individuals accessing food banks	21,091	Personnes ayant accès aux banques alimentaires
Individuals provided with housing supports	1,175	Les personnes fournies avec un soutien au logement
Youth referred to partner agencies	362	Les jeunes orientés vers des organismes partenaires
Individuals assisted to job readiness	48	Les personnes aidées à la préparation à l'emploi

CHILD WELFARE



PROTECTION DE L'ENFANCE



Child protection investigations	2,648	Enquêtes sur la protection de l'enfance
Average # of children in care	395	# moyen d'enfants pris en charge
Total families serviced	3,460	Total des familles servies

COMMUNITY SERVICE GAPS

- Service demands result in waitlists.
- Need for an increase in services for those with severe mental health issues

LACUNES DANS LES SERVICES COMMUNAUTAIRES

- La demande de services entraîne des listes d'attente.
- Nécessité d'augmenter les services pour les personnes souffrant de graves problèmes de santé mentale.



Snapshot 2022

WINDSOR-ESSEX POPULATION: 422,630

The VAWCCWE of Windsor-Essex works collaboratively with a network of organizations, groups, and individuals to end domestic violence through leadership, education and advocacy.

Le Comité de coordination contre la violence faite aux femmes de Windsor-Essex (CCCVFFWE) travaille en collaboration avec un réseau d'organismes, de groupes et d'individus pour mettre fin à la violence conjugale grâce au leadership, à l'éducation et à la sensibilisation.

MEMBER ORGANIZATIONS / ORGANISMES MEMBRES

- AIPARG, University of Windsor
- Beauty is Me
- Can-Am Indian Friendship Centre
- Community Living Essex County
- Correctional Service Canada
- Downtown Mission of Windsor *
- Family Services Windsor-Essex Counselling & Advocacy Centre *
- Hiatus House *
- LaSalle Police Service
- Legal Assistance of Windsor / WEFIGHT *
- Members-at-Large/Survivors
- Ministry of Children, Community and Social Services
- Ministry of Community Safety and Correctional Services
- Multicultural Council of Windsor and Essex County *
- Neighbours, Friends & Family
- Nisa Homes *
- Ontario Association of Interval and Transition Houses (OAITH)
- Ontario Ministry of the Attorney General/Office of the Crown Attorney
- OAITH Survivor Advisory Committee (OSAC)
- Probation and Parole (Ontario)
- Réseau-Femmes du Sud-Ouest de l'Ontario *
- Service Canada
- Sexual Assault Crisis Centre of Essex County *
- South Asian Centre of Windsor
- TransWellness Ontario
- University of Windsor
- Victim Services of Windsor and Essex County*
- Victim Witness Assistance Program
- Welcome Centre Shelter for Women*
- Women's Enterprise Skills Training of Windsor Inc.
- Windsor-Essex Children's Aid Society *
- Windsor Police Service *
- Windsor Sexual Assault/Domestic Violence & Safekids Care Centre
- Windsor Women Working With Immigrant Women
- YMCA of Southwestern Ontario

*Organization provided data for this snapshot. / Organisme qui a fourni des données.

Note: Windsor-Essex Population (Source: Statistics Canada, 2021 Census of Population) / Population de Windsor-Essex (Source: Statistique Canada, recensement de la population de 2021).





List of Municipalities and Townships that Declared IPV an Epidemic

1. City of Windsor
2. City of Ottawa
3. Conmee Township
4. Halton Region
5. City of Burlington
6. Town of Halton Hills
7. Town of Milton
8. Town of Oakville
9. Head, Clare and Maria Township
10. Lanark County
11. Town of Carleton Place
12. Town of Mississippi Mills
13. Town of Perth
14. Municipality of Mattice - Val Côté
15. Municipality of Kincardine
16. North Algona Wilberforce Township
17. Oxford County
18. City of Woodstock
19. Peel Region
20. City of Brampton
21. Prince Edward County
22. Regional Municipality of Durham
23. Town of Ajax
24. Municipality of Clarington
25. City of Pickering
26. Town of Whitby
27. Renfrew County
28. Township of Armour
29. Township of Enniskillen
30. Town of Hawkesbury
31. Town of Laurentian Hills
32. Town of Rainy River
33. Town of Renfrew
34. Town of Smith Falls



Organizations that Support the Declaration of IPV an Epidemic in Windsor-Essex

- 1) Hiatus House
- 2) LaSalle Police Service
- 3) Legal Assistance of Windsor
- 4) Nisa Homes Windsor
- 5) Probation and Parole
- 6) Sexual Assault Crisis Centre
- 7) Southwest Ontario Aboriginal Health Access Centre
- 8) Southwest Detention Centre
- 9) St. Leonard's House Windsor
- 10) The Welcome Centre Shelter for Women and Families
- 11) The University of Windsor, President
- 12) The Animal and Interpersonal Abuse Research Group (AiPARG)
- 13) The Health Research Centre for the Study of Violence Against Women (HRC-VAW)
- 14) Sexual Misconduct Response & Prevention Office
- 15) Victim Services of Windsor and Essex County
- 16) Windsor Essex Children's Aid Society
- 17) Windsor Essex Community Health Centre
- 18) Windsor Family Health Team
- 19) Windsor Women Working with Immigrant Women
- 20) YMCA Southwestern Ontario
- 21) Essex County Youth Diversion
- 22) Réseau-Femmes du Sud-Ouest de l'Ontario
- 23) House of Sophrosyne
- 24) Downtown Mission of Windsor



How Local Municipalities Can Help

- Declare Intimate Partner Violence (IPV) an Epidemic.
- Integrate IPV into the Regional Community Safety and Well-Being plan to recognize that this is a priority within Windsor & Essex County.
- Consult with stakeholders to strengthen local supports for survivors of IPV by building service capacity through the increase of coordination between city services (housing, transit, child care) with other core supports (substance, mental health, probation, police, shelters, justice and health care).
- Streamline case processing and management for ease of access for community partners assisting survivors in navigating the system.
- Continue to work with service providers in granting survivors of IPV priority one status for social housing lists.
- Work with local shelters and stakeholders to address the lack of transitional housing so victims of IPV are not discharged from shelters into homelessness and can rebuild their lives in a safe space.
- Advocate for IPV supports at the Provincial and Federal levels of government. Ask that the recommendations outlined in the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG), the Verdict of Coroner's Jury for the Renfrew Inquest & The Nova Scotia Mass Casualty Commission be implemented.
- Recognize the importance of the National Action Plan on Gender-Based Violence, Claire's Law, Coercive Control, and other tailored approaches designed to tackle and address IPV.
- Support a local multi-sector risk assessment screening tool and increase training for municipal employees to help identify the warning signs of IPV and to provide information on how best to assist survivors. Recognize the importance of our multi-cultural jurisdiction and the statistics that indigenous and racialized groups are at higher risk.
- Partner with the local VAWCCWE to produce public information campaigns to educate on program availability (e.g., Neighbours, Friends, and Families, Bystander Training) and safety planning resources.