TORONTO

REPORT FOR ACTION

Progress in Implementing the Intimate Partner Violence Action Plan, 2016-2019

Date: November 24, 2016
To: Board of Health
From: Acting Medical Officer of Health
Wards: All

SUMMARY

In Canada, one in three women has experienced abuse at some point in her life, and every six days, a woman is killed by her partner. On November 30, 2015 the Board of Health endorsed the Toronto Public Health (TPH) Action Plan on Intimate Partner Violence (IPV) against Women and unanimously approved its recommendations for advocacy to other orders of government and for collaboration with other City divisions and agencies to identify opportunities to implement the IPV Action Plan. The Board directed the Medical Officer of Health to report on the progress in implementing the Action Plan in the fall of 2016. This report responds to that request.

The IPV Action Plan, 2016-2019, consists of 10 goals and a series of actions to enhance TPH's capacity to prevent, identify early, and respond to those affected by IPV. Within the first year of implementation of the Action Plan, progress has been made in addressing actions in all three areas of intervention and the report highlights some accomplishments to date. Toronto Public Health staff have initiated engagement with relevant City divisions in Cluster A to look for opportunities to implement the Action Plan. Structures are being established to facilitate long-term implementation in TPH and all relevant City divisions and agencies.

Early in the implementation process, TPH identified the need to enhance the plan to address the unique issues faced by vulnerable groups, beginning with Indigenous and LGBTQ2S communities, and continuing with other vulnerable groups in the future. This report identifies how TPH will address issues faced by these two communities.

RECOMMENDATIONS

The Acting Medical Officer of Health recommends that:

1. The Board of Health request the Ontario government to:

    a. Provide dedicated funding to increase access to culturally safe and appropriate supports and services for those affected by IPV in the lesbian, gay, bisexual, transgender, two spirit, gender diverse, and queer (LGBTQ2S) communities in Toronto.

    b. In developing the Legal Aid Ontario domestic violence strategy, include
    (i) exploring the establishment of a LGBTQ2S family law clinic in Toronto,
    (ii) providing LGBTQ2S, anti-racist, anti-oppression training for legal professionals, and
    (iii) implementing specific policies that speak to practices that are inclusive of all those with marginalized identities.

2. The Board of Health request the Toronto Police Services Board to build upon work underway to develop relationships with marginalized communities, including LGBTQ2S and racialized communities, and explore how to further enhance Toronto Police Service capacity for effective, appropriate response to IPV incidents that involve people from marginalized communities.

3. The Board of Health request the federal government to include dedicated funding to prevent and respond to IPV in LGBTQ2S communities within the national strategy against gender-based violence currently being developed.

4. This report be forwarded to the following: City Council; all City divisions and agencies; the City's Occupational Health and Safety Coordinating Committee; the four Toronto School Boards; Legal Aid Ontario; Law Society of Upper Canada; Ontario Human Rights Commission; and government ministries that provide programs or services to groups who are vulnerable and more likely to experience violence including the:

- Ministry of Aboriginal Affairs
- Ministry of Health and Long-Term Care
- Ministry of Children and Youth Services
- Ministry Responsible for Women's Issues
- Ministry of the Attorney General
- Ministry of Community Safety and Correctional Services
- Ontario Women’s Directorate
- Department of Justice Canada
- Ministry of Immigration, Refugees and Citizenship Canada
- Ministry of Status of Women Canada.

FINANCIAL IMPACT

There is no financial impact beyond what has already been approved in the current year's budget.

DECISION HISTORY

On November 30, 2015, the Board of Health endorsed the Intimate Partner Violence Action Plan, and directed the Medical Officer of Health to provide a progress report in the fall of 2016. The Board of Health also recommended that City Council direct the Executive Director of Social Development, Finance and Administration, the General Managers of Shelter, Support and Housing Administration and Parks, Forestry and Recreation, and other relevant City divisions and agencies to collaborate with the Medical Officer of Health to identify opportunities for implementing the intimate partner violence action plan.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL8.1

On December 10, 2015, City Council unanimously adopted the recommendation that the City Manager work with the Executive Director, Social Development, Finance and Administration, the General Managers of Shelter, Support and Housing Administration and Parks, Forestry and Recreation, and other relevant City divisions and agencies to collaborate with the Medical Officer of Health to identify opportunities for implementing the intimate partner violence action plan.
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.HL8.1

ISSUE BACKGROUND

Intimate partner violence (IPV), considered a form of gender-based violence, is defined as behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. It can occur between current or past dating partners, sexual partners, spouses or cohabiting partners of all sexual orientations and gender identities.[1] The severity and frequency of IPV can vary from a single episode of abuse to more chronic and severe violence and controlling behaviour that lasts for years.

Intimate partner violence is a health equity issue. Although individuals of all backgrounds can experience IPV, certain groups are exposed to multiple factors that elevate their risk.[2] In Canada, population-level data confirm that IPV is more common among younger women, those with lower income levels, lesbian or bisexual women, Indigenous women, and those with a disability.[3,4,5] Other research in Canada and the US has shown that vulnerable populations also include transgender women, women from particular ethno-cultural communities, women with refugee or no status, racialized women, sex trade workers, women with mental health issues, women living with HIV, Two Spirit people, and gay, bisexual and transgender men.[6,7,8] Individuals with

intersecting identities who experience many forms of discrimination can face cumulative risk.[9]

In 2015, TPH developed a comprehensive action plan to enhance TPH's capacity to prevent, identify early and effectively respond to IPV. The plan consists of ten overall goals which are each linked to a set of key actions to be carried out over four years (See Attachment 1).

The IPV Action Plan includes both universal (broad population) approaches to address the issue as well as targeted approaches with a focus on the most vulnerable populations. The action plan will be reviewed annually and enhanced as necessary to ensure unique issues faced by certain vulnerable populations are addressed.

This report responds to the request from the Board of Health for a progress update on the implementation of the IPV Action Plan. In the first year of the Action Plan, the focus has been implementation within TPH and other relevant divisions within Cluster A. In the first quarter of 2017, opportunities for implementation across other relevant divisions and agencies will be explored. The following sections of this report provide:

A) an overview of the structure and process that have been used to facilitate implementation in TPH and other City divisions;
B) a summary of enhancements to the IPV Action Plan;
C) a progress update on implementation by TPH; and
D) a progress update on implementation by other City divisions.

COMMENTS

A. Facilitating implementation in TPH and other City Divisions

Toronto Public Health has formed an internal coordinating group with representation from all relevant directorates to champion the action plan, identify emerging issues that could inform future planning, identify opportunities for collaboration and leveraging resources, and support monitoring and reporting back on implementation. Early in 2017, the TPH coordinating group will convene to review progress to date, identify potential gaps, and discuss opportunities for addressing these gaps in future service planning.

To facilitate implementation of the IPV Action Plan across other divisions, a primary contact was identified within each Cluster A division as a starting point to engage with TPH to support this process. Toronto Public Health met with City divisions upon request to discuss the plan and provide additional information. Toronto Public Health also engaged the City's Occupational Health and Safety Coordinating Committee via Corporate Human Resources as one of the goals of the action plan is to address IPV in City workplaces.

An interdivisional working group led by TPH will be developed in the first quarter of 2017 to guide the long-term implementation of the IPV Action Plan across all relevant City divisions and agencies. This group will ensure alignment and coordination with other City initiatives focussed on other forms of gender-based violence (e.g., human trafficking, forced marriage, and Toronto Youth Equity Strategy – Action Plan for Youth

Most Vulnerable to Gender-Based Violence) and identify opportunities for collaboration to address IPV. The Cluster A Deputy City Manager will provide leadership in supporting participation by all relevant divisions.

An internal communication campaign, including an intranet page on IPV and other forms of gender-based violence, is being used to maintain staff awareness about the strategy and to direct staff to relevant City and community resources and information.

B. Summary of Enhancements to the IPV Action Plan

An overarching area requiring increased attention that was identified early in the implementation process was the need for more in-depth exploration of unique issues faced by highly vulnerable groups, beginning with the Indigenous and LGBTQ2S communities, and continuing with other vulnerable groups in the future. A brief overview of the process thus far to address IPV within the Indigenous and LGBTQ2S communities is provided below.

Indigenous communities

Intimate partner violence disproportionately affects Indigenous populations. In Canada, Indigenous women are two and half times more likely than non-Indigenous women to experience IPV,[10] and more likely to endure physical injury and fear for their life. The "Our Health Counts Survey" conducted in Hamilton with the Indigenous community found that, among those who felt comfortable sharing their experiences about conflict in their own household, about one in four people reported that someone in their household had physically hurt them.[11]

For Indigenous peoples, European colonization, harmful assimilationist institutions, policies and practices (such as the Indian Act and residential school system), diminished cultural identity, racism and other forms of discrimination are some of the root causes of IPV and other forms of violence.[9,12] The Truth and Reconciliation Commission of Canada released their Calls to Action report to redress the legacy of residential schools and to advance the process of reconciliation. Toronto Public Health will align its work on IPV with provincial and federal efforts in the area of reconciliation and Indigenous anti-violence efforts. This process will also be informed by the federal inquiry on Missing and Murdered Indigenous Women.

The Toronto Indigenous Health Strategy, released in May 2016, identifies the need to support programs that address violence in the Toronto Indigenous community and to positively influence systems that impact the health of Indigenous people (e.g., housing, education, employment).[13] Toronto Public Health has begun the process of engaging with the Toronto Indigenous Health Advisory Circle (TIHAC) to establish an overall process for partnering to address the issue of IPV, and a process specifically focused on developing best practice guidelines for identifying and responding to IPV with Indigenous people. The following new actions reflective of these processes have been incorporated into the TPH IPV Action Plan:

- Establish a process for working in partnership with Indigenous communities to address IPV which honours the principle of self-determination.

- Work with TIHAC to identify relevant stakeholders with whom to work to establish a process, timeline, and funding sources for developing best practice guidelines for addressing the issue of IPV with Indigenous peoples in non-Indigenous practice settings. These guidelines will use an anti-oppression theoretical framework, applying the principles of self-determination and incorporating Indigenous world views and measures of success.

LGBTQ2S communities

Consultations within TPH highlighted the importance of enhancing the IPV Action Plan to consider issues specific to the LGBTQ2S communities. Toronto Public Health has begun a review of the literature and community consultations to identify issues specific to these communities. Below is a brief summary of the findings of the exploration thus far and how these issues can be incorporated into the IPV Action Plan.

Lesbian or bisexual women are three times more likely than heterosexual women to report IPV.[14] Large-scale population studies in Canada do not include questions on gender identity or expression, making it impossible to speak about the prevalence of IPV among transgender, gender diverse, or two spirit people. In a small study among two spirit people of the First Nations in Toronto, 75% of two spirit women reported being stalked by their partners and 70% of two spirit men reported they were forced to have sex against their will.[15,16] A US study indicates that IPV is more prevalent among transgender individuals compared to their LGBQ cisgender peers.[17,18] Bisexual, gay, transgender men and men who are HIV positive may also be at increased risk of IPV.[8,9]

LGBTQ2S populations, as with other marginalized populations, experience additional risk factors that contribute to their likelihood of being the victims of and/or perpetrating IPV. For example, heteronormativity and cisnormativity, the views that only heterosexuality and cisgender identities are “normal,” create discrimination and stigma against those who are gender and sexually diverse.[9,19,20] Homophobia, biphobia and transphobia are forms of discrimination that produce hatred based on being seen, perceived, labeled and treated as an “other”.[9] These forms of discrimination create the conditions for IPV risk factors, including early stigma and harassment, bullying, social exclusion and isolation. At the individual level, exploiting a partner’s internalized response to homophobia, biphobia, or transphobia can become a form of abuse.[9]

Systemic discrimination leads to a lack of, and barriers to, programs, services, and supports (such as health, social, housing, and legal services or help from the justice system) that could otherwise enable individuals from marginalized communities to avoid and leave abusive relationships.[9,21,22,23] LGBTQ2S survivors of IPV are also less likely to report incidents to the authorities or see the police as a helpful source of assistance.[22,24] Transgender and gender diverse people, for instance, experience heightened anxiety in reporting violence due to fear of the risk of potential transphobia amongst police officers, fear of being mistaken as the abuser, and fear of triggering past trauma related to transphobic incidents with the police or intervention services.[24,25]

Individuals with intersecting oppressed identities who experience many forms of discrimination can experience cumulative disadvantage.[8,9] For example, homophobia, sexism and racism further aggravate violence against lesbian women of colour.[9] It is

critically important that an intersectional approach be applied in engaging and serving LGBTQ2S and other marginalized communities, whereby overlapping or intersecting social identities and related systems of oppression or discrimination are taken into consideration.[9,26]

Consultations with local service providers indicated that these systemic issues exist and pose barriers for the LGBTQ2S community in Toronto.[27] Though the Toronto Police Service has been working to address homo/bi/transphobia and enhance their capacity to support the LGBTQ community,[25,28] stakeholders noted that transphobia and criminalization continue to discourage transgender people affected by IPV from police involvement and seeking justice. There is a lack of programs, services and supports that are culturally safe for LGBTQ2S people, and fewer resources outside the downtown core. This includes legal services for the LGBTQ community which is critical for those who wish to seek legal recourse. Outreach is needed for newcomers within the LGBTQ2S community who are quite vulnerable as they face additional barriers (e.g., language, social isolation, re-settlement distress, inability to afford transportation). Supports for parents with LGBTQ youth, particularly newcomer parents, are required. There is also a need for inclusive, safe shelters especially for transgender and gender diverse people who have faced transphobic violence in the shelter system.

Stakeholders identified the need to continue to work toward eliminating homo/bi/ transphobia in our communities as well as within TPH and ensure marginalized groups are represented in positions of influence. The valuing and celebration of two spirit people that existed pre-colonization is now taking place and needs to be encouraged. It was also noted that more engagement and research with these communities are needed to inform further strategies to address IPV and other forms of gender-based violence.

Moving forward, addressing these issues will be prioritized within the TPH IPV Action Plan. For instance, in exploring the feasibility of community hubs with services for those affected by IPV, TPH will also explore the development of a hub with specialized services for transgender and gender diverse communities affected by IPV or other forms of gender-based violence. All training on IPV and other forms of gender-based violence (e.g., human trafficking, forced marriage) will incorporate an anti-oppression, anti-racism framework and an intersectional approach. In addition, in 2017, TPH will bring diverse stakeholders together to develop a research agenda and will ensure that the most vulnerable groups are represented at the table, including the LGBTQ2S community. Toronto Public Health will also advocate for increased access to culturally appropriate and safe responses that protect and support those affected by IPV and other forms of gender-based violence within the LGBTQ2S community.

C. TPH Progress Update

In the first quarter of 2016, TPH staff identified activities to address a specific goal and corresponding action in the IPV Action Plan within the short-term (2016-17), medium term (2018), or the long term (2019 and beyond). The plan is considered a living document that will continue to be updated and will be reviewed annually. The sections below highlight some of the achievements to date in completing these activities in the areas of prevention, early identification, and response.

Prevention

Goals one and two in the plan reflect the need to address one of the keys to prevention of IPV which is promoting healthy, equal relationships with young people and supporting parents to role model and educate their youth in this regard. Toronto Public Health has taken one of its programs that supports parents to speak with young children about healthy relationships and adapted it for parents of adolescents. Toronto Public Health continues to work with local schools to support implementation of the human growth and development strand of the revised Ontario Health and Physical Health Education curriculum, with 12 TDSB professional learning sessions completed by TPH in 2016.

Toronto Public Health has begun to collaborate with Parks, Forestry and Recreation about possible strategies to support their youth workers to incorporate healthy relationship content into their programming with youth.

Goal 3 refers to another critical element of preventing IPV which is addressing societal factors that perpetuate IPV and other forms of gender-based violence. Gender inequality, poverty, norms supportive of violence, traditional/restrictive gender roles, and various forms of systemic discrimination (e.g., racism, ableism, colonialism, heterosexism, homophobia, biphobia, and transphobia) create the conditions for risk factors associated with IPV. Toronto Public Health will contribute to this goal by ensuring that its own policies, programs, staff training, and public awareness campaigns do not perpetuate harmful biases, myths, and misconceptions about IPV, its root causes, contributing factors, and whom it affects and how.

Through the IPV internal and external web pages being developed, TPH will be sharing public education campaign messages and resources that have been developed by the Province and the White Ribbon campaign (e.g., Who will you help; Draw the line; It Starts With You, It Stays With Him). The objective is to chisel away at deeply held beliefs that excuse or justify abuse, and encourage people to help stop all forms of gender-based violence by taking action in their own spheres of influence.

Early Identification

Goal four of the IPV Action Plan focuses on enhancing the capacity of staff to identify clients at risk of or those experiencing IPV and to intervene early to provide needed support and mitigate the impact on their health and well-being. To support early identification, the TPH IPV best practice guidelines on identification, support, and referral are being reviewed and updated to ensure that they are not limited to addressing violence in cis-gender women in heterosexual relationships, but fully inclusive of all those affected by IPV and other forms of gender-based violence. These guidelines are being adapted for use by additional service areas that work with clients, including Dental and Oral Health Services and Sexual Health Clinics. As of 2017, staff education and training on IPV for new employees and participation in the annual Gender-Based Violence Prevention Forum will be extended to these service areas.

Goal five refers to ensuring that TPH programs and services are accessible to the most vulnerable groups affected by IPV. In 2014, all service areas began conducting Health Equity Impact Assessments (HEIA) on universal, non-targeted programs. Groups vulnerable to IPV are included in the HEIA tools, including Indigenous, LGBTQ,

racialized, homeless, and disabled populations. The HEIA tools are used to identify unintended negative or positive impacts of a program or service on various populations and to develop and implement various mitigation strategies to address these impacts. For example, in 2017 there is a commitment to develop a plan for providing child health and development services (e.g., parenting) to the LGBTQ community and to include Indigenous and LGBTQ specific initiatives in the Healthy Schools and Substance Misuse Prevention program plans.

Toronto Public Health has committed to addressing the needs of (and increasing access to programs and services) transgender, gender diverse, and two spirit youth through the City's action plan for youth most vulnerable to gender-based violence that is currently being developed under the leadership of Social Development, Finance and Administration. Toronto Public Health has been building staff capacity to integrate gender diversity into programming and build an organizational culture that is inclusive of gender diverse people. Toronto Public Health is currently exploring the feasibility of creating an Indigenous funding stream in the Toronto Urban Health Fund. This initiative will support populations vulnerable to HIV and/or substance use, two risk factors for IPV.

Goal six refers to addressing IPV in the workplace and being prepared to respond to a colleague who may be affected. Toronto Public Health has participated in the City's Occupational Health and Safety Coordinating Committee (OHSCC) working group to review the City's policy on Addressing Domestic Violence in City Workplaces. Also, TPH is contributing to the OHSCC working group's development of an educational and awareness-raising campaign to support effective implementation of the policy. (A more detailed update on this issue is provided in the "Progress Update - Other City Divisions" section.)

Goal seven pertains to increasing public capacity to recognize and sensitively respond to someone affected by IPV. The TPH IPV internal and external web pages will share the "Neighbours, Friends and Families" campaign messages and resources that have been funded by the Ontario government for this purpose.

Response

Goal eight of the IPV Action Plan identifies the need for advocacy to increase the availability of a range of systems, supports, and services that are beyond the mandate of TPH and other City divisions. In November 2015, the Board of Health requested the Ontario government to increase access to temporary shelter and affordable housing, legal representation, and social supports and mental health services. In addition, at the request of the Board of Health, the Toronto Police Services Board has asked the Chief of the Toronto Police Service to review their IPV-related policies and practices to ensure they are adequately protecting the safety of those affected by IPV.

There have been positive developments in some of these areas. The Government of Ontario has funded two pilot initiatives that include implementation in Toronto. One involves piloting a portable housing benefit for survivors of domestic violence to expedite their access to social housing (more information is provided in "Progress Update – Other City divisions" section). The other pilot involves providing free

independent legal advice (up to four hours) to survivors of sexual assault. With the passing of the Sexual Violence and Harassment Action Plan Act in March 2016, the Ontario government has removed the limitation period for survivors of sexual and domestic violence to make compensation applications to the Criminal Injuries Compensation Board, giving survivors more time to make applications when they feel ready to do so. It has also amended the Residential Tenancies Act to shorten the notice period to terminate a lease where the tenant is fleeing domestic or sexual violence, allowing them to be able to leave an unsafe living environment quickly.

Toronto Public Health staff continue to monitor the policy landscape and look for further opportunities to advocate for policies that would protect, support, and empower those affected by violence. For example, TPH made a submission in support of a provincial Private Member's Bill (Bill 26, "Domestic and Sexual Violence Workplace Leave, Accommodation and Training Act, 2016") that would provide paid leave to those affected by IPV and require training for employers on responding to issues of domestic violence in the workplace. The submission of the former Toronto Medical Officer of Health was noted in Parliament as well-researched and documented. This bill has been referred to the Standing Committee on the Legislative Assembly for review.

Goal nine of the Action Plan calls on TPH to coordinate and collaborate with others to enhance our collective impact on addressing IPV. Through the Woman Abuse Council of Toronto (WomanACT), TPH advocated for increased access to housing options through the Ontario Government's Long-Term Affordable Housing Strategy and the National Housing Strategy. At the municipal level, the City is in the process of updating its Housing Opportunities Toronto (HOT) 10 year affordable housing action plan and TPH provided input, highlighting the need for new affordable and supportive housing; increased supports (social, legal, mental health, harm reduction, and employment supports) for at risk groups including those affected by IPV; increased housing assistance such as portable housing allowances; and addressing discrimination within the housing system. Toronto Public Health also underscored the importance of these issues in its recent staff report to the Board of Health, called "Housing and Health: Unlocking Opportunity" (http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL15.3).

Toronto Public Health continues to collaborate with local provincially-funded "violence against women" (VAW) shelters to adopt a harm reduction philosophy so that those spaces and staff have the capacity to support women who are using substances. In 2016, TPH collaborated with the Violence against Women Network (VAWN) and offered a 5-session "Speaker Series" on various aspects of harm reduction. Each session was attended by 25 VAW service providers. VAWN has formally acknowledged TPH staff for their work over the past three years to build the capacity of VAW shelters to integrate harm reduction in policy and practice.

Toronto Public Health has begun to engage with other important stakeholder groups to identify focussed actions required to respond to the unique issues affecting the safety, health, and well-being of the most marginalized populations. As indicated earlier in this report, this process has begun with the Indigenous and LGBTQ2S communities. Finally, goal 10 of the IPV Action Plan identifies the need to fill research and data gaps, particularly at the local level, in order to help inform planning. Toronto Public Health is

collaborating with the Centre for Urban Health Solutions at St. Michael's Hospital to access IPV-related data collected through their Toronto survey from 2008-2011. Toronto Public Health has also obtained additional Toronto data from Statistics Canada on police-reported cases of IPV. To better understand the extent of dual versus sole charging in cases of IPV in Toronto (that is, charging of both partners vs. one partner), TPH has requested data from the Toronto Police Service. In the spring of 2017, TPH will prepare a summary of the findings from all these data sources.

C. Progress Update – Other City Divisions

Formal engagement with other City divisions to identify opportunities to address IPV was initiated in the third quarter of 2016, beginning with Cluster A. Most divisions are very early in the process of identifying activities to address specific goals in the Action Plan. However, many have existing and ongoing programs and services and some new activities initiated this year that are related to the prevention, early identification, and response to IPV. Below is a summary of some of these initiatives, programs, or services within the areas of prevention, and early identification and response.

Prevention

The City is implementing a range of strategies that address risk and protective factors of IPV, including the Poverty Reduction, Strong Neighbourhoods, Newcomer, and Youth Equity strategies. In collaboration with other City divisions, boards, and agencies, Social Development, Finance and Administration (SDFA) has been leading the development of the Toronto Youth Equity Strategy Action Plan for Youth Most Vulnerable to Gender-Based Violence. This initiative is intended to increase access to City programs and services for transgender, gender diverse, and two spirit youth through youth engagement, staff capacity building, and collaboration.

The City also offers many youth development and resiliency-building opportunities. For example, Parks, Forestry and Recreation (PFR) delivers youth-directed programs or initiatives that address risk and protective factors for IPV, such as healthy relationships, bullying, and self-esteem. This division is also exploring options with TPH to plan training and provide program materials to enhance youth workers' knowledge and comfort with discussing healthy relationships with clients, and to develop a healthy relationship module for PFR's youth leadership programs (e.g., Leader in Training).

Early Identification & Response

In relation to building staff capacity for early identification and response, some divisions have delivered training to their staff on IPV. In Toronto Employment and Social Services (TESS), for example, from 2005-2012, over 1800 front-line staff received one day training on the issue of domestic violence and supports available to clients. A Domestic Violence module is also included in the TESS Safety & Service Annual Refresher for all staff and an e-learning module was created to improve access to this annual mandatory refresher and to track participation. To further support clients, TESS's external website provides links to resources and agencies in support of individuals experiencing IPV, and a poster that informs the public on where they can get help has been placed in the client women's washrooms at all TESS offices.

Several divisions also have policies and services in place to support those experiencing violence. Children's Services provides priority access to child care and fee subsidies for families residing in shelters/hostels. If a family in a shelter is experiencing IPV, the eligibility requirement for participating in school, work or another activity can be waived. Families who are victims of a domestic dispute are also provided opportunities to appeal for priority admissions into child care. These requests often come with documentation from child protection agencies, such as the Children's Aid Society of Toronto, Catholic Children's Aid Society of Toronto, Native Child and Family Services and Jewish Family and Child Services, as well as health care professionals and others in the community.

Toronto Employment and Social Services has established guidelines for assisting vulnerable and at risk clients that apply to those affected by IPV, including, but not limited to, the following: waiving documentation requirements in emergency situations for up to one month; accepting one's self-declaration that they are experiencing violence; and potential eligibility for ongoing assistance after leaving a harmful situation and for deferral of employment activity requirements.

Housing is one of the biggest barriers for those affected by IPV. Shelter, Support and Housing Administration (SSHA) operates family shelters where a large percentage of shelter users are there as a result of IPV. To reduce barriers for LGBTQ2S people in City-operated shelters, the Toronto Shelter Standards, adopted by Council in 2015, make LGBTQ2S training mandatory for all shelter staff.

The demand for transitional housing also exceeds the supply. With City funding through the Affordable Housing Office, Covenant House and Toronto Community Housing recently completed construction of a new transitional home for young women victims of sexual exploitation and trafficking. This initiative was requested by the Affordable Housing Committee after receiving a report from its chair, Councillor Ana Bailão, titled *Creating Housing for Youth Victims of Human Trafficking* https://www1.toronto.ca/City%20Of%20Toronto/Affordable%20Housing%20Office/Shared%20Content/pdf/A1304874_YouthHumanTraffic Report_FINAL.pdf.

Shelter, Support and Housing Administration also oversees the Special Priority Program of the Housing Services Act. This program provides priority access to subsidized housing for victims leaving an abusive relationship. Forty percent of all households receiving subsidized housing in 2015 were Special Priority. The wait time for subsidized housing is shorter for applicants eligible for special priority, with many households receiving housing in less than six months. Even with priority access to subsidized housing, there are more than 1000 Special Priority Households waiting for subsidized housing in Toronto.

Through the Ontario government's recently released Long Term Affordable Housing Strategy, the provincial government has committed to modernizing Ontario's Social Housing Programs, and has convened a Social Housing Modernization Discussion Forum with a technical table to discuss Special Priority. While local housing and homelessness plans can include efforts to address housing needs to assist vulnerable clients, services for survivors of domestic violence is a provincially administered system. The hope is that the recommendations from the provincial modernization table will

identify and support provincially-funded core housing interventions and services for victims of violence.

In the meantime, SSHA has successfully applied to the provincial Ministry of Housing for funding to pilot the Survivors of Domestic Violence Portable Housing Benefit for a two-year period (2017-2018) in Toronto. The pilot program will provide a monthly housing benefit to support approximately 355 survivors of domestic violence on the Rent-Geared-to-Income waiting list Special Priority Program. City Council authorized SSHA to receive this funding on October 5, 2016. The pilot is a step toward developing a program that achieves positive outcomes for survivors of domestic violence. SSHA looks forward to the learnings from the evaluation of the pilot to find alternative policy solutions to the Special Priority Policy to better address the needs of women fleeing violence.

The Affordable Housing Office is working with SSHA and other divisions to update the City's Housing Opportunities Toronto (HOT) action plan to include measures to address domestic violence. Staff will be seeking Council approval for the updated plan in 2017. The City has also recently made a submission to the federal government for the National Housing Strategy that identifies the housing needs of those affected by violence.

IPV in the Workplace

The City's Occupational Health and Safety Coordinating Committee (OHSCC) has formed an interdivisional working group to review the corporate policy on Addressing Domestic Violence in City Workplaces. This review was completed and the working group determined that minor changes to the policy were needed as it is considered the gold standard. However, the working group recognized that there was a need for additional resources to assist managers, supervisors and co-workers in recognizing and addressing the signs of domestic violence (for example, resources on safety/security planning for the victim and co-workers, as well as additional instruction and training). Sub-groups have been developed to do the following:

- update the domestic violence resource list, with anticipated completion in the fourth quarter of 2016;
- develop a poster campaign to increase awareness across City workplaces, with anticipated completion in the first quarter of 2017; and
- develop an intranet page, similar to the Workplace Mental Health web page, to enhance awareness and provide tools for employees experiencing domestic violence, their co-workers, and for supervisory/management staff to assist them in addressing domestic violence issues in the workplace, with anticipated completion in the first quarter of 2017.

The working group discussed the development of an e-learning module as an initial means of providing training on this topic, to be initiated upon completion of work summarized above. The OHSCC endorsed the working group's approach. Further discussion of a long-term training strategy is anticipated to take place when all of the above-referenced tools are developed and reviewed by the working group.

Some divisions continue to implement educational activities pertaining to violence in the workplace. As in other divisions, Long-Term Care Homes & Services (LTCHS) continues to provide mandatory orientation sessions to new hires and staff who have been away from the workplace for a year or more. This includes a review of City and divisional policies and applicable legislation on Violence in the Workplace, including domestic violence. Staff are provided with annual refreshers on all policies and legislation.

In October 2016, co-chairs of the Joint Health and Safety committees across the LTCHS division participated in an education day focused on violence in the workplace. The day included training on dynamic risk assessments, legislative updates, sharing success stories, and how to support staff who may be affected by domestic violence as well as reminders of obligations around reporting, confidentiality and available resources and supports.

SUMMARY

The IPV Action Plan, 2016-2019, consists of 10 goals and a series of actions to enhance TPH's capacity to prevent, identify early, and respond to those affected by IPV. In the first year of implementation, progress has been made in addressing actions in all three areas of intervention, and structures are being established to facilitate long-term implementation within TPH and across other City divisions and agencies. The plan is considered a living document that will be reviewed annually and enhanced as necessary to fill identified gaps, and to ensure unique issues faced by certain vulnerable populations are addressed. This process has begun with a focus on the Indigenous and LGBTQ2S communities, and will continue in the future with other vulnerable groups.

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ATTACHMENTS

1. TPH Action Plan on Intimate Partner Violence, 2016-2019

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