



## REPORT FOR INFORMATION

# Progress Report on the Intimate Partner Violence Public Education Campaign and Action Plan

**Date:** September 6, 2017

**To:** Board of Health Budget Committee, Board of Health

**From:** Medical Officer of Health

**Wards:** All

### SUMMARY

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The Intimate Partner Violence (IPV) Action Plan, 2016-2019, consists of 10 goals and a series of actions to enhance the City's capacity to prevent, identify early, and respond to those affected by IPV. Since the last progress report on December 5, 2016, achievements have continued in all three areas of intervention, including initial steps to develop an IPV Public Education Campaign with relevant community partners. This report highlights accomplishments from December, 2016 to August, 2017, with a specific focus on stakeholder engagement and preliminary decisions about the IPV Public Education Campaign.

### FINANCIAL IMPACT

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There is no financial impact.

### DECISION HISTORY

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On **December 5, 2016**, the Board of Health (BOH) adopted a progress report regarding implementation of the IPV Action Plan, 2016-2019. The BOH also requested the Acting Medical Officer of Health, in coordination with the Executive Director, Social Development, Finance and Administration and the General Manager, Transportation Services, to develop a City of Toronto public education campaign to address IPV, and report back to the March 20, 2017 meeting of the Board of Health.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL16.1>

On **December 13, 14 and 15, 2016**, City Council approved the progress report regarding implementation of the IPV Action Plan, 2016-2019, including the development of a City of Toronto public education campaign to address IPV.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.HL16.1>

On **March 20, 2017**, the BOH adopted a progress report about Developing a Campaign on Intimate Partner Violence. The report detailed the plan to develop a phased public education campaign to address the social and cultural norms that perpetuate IPV and other forms of gender-based violence, to work in partnership with community organizations and relevant City divisions, to address the intersecting issues faced by vulnerable communities, and to encourage bystander intervention.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HL18.5#>

On **July 13, 2017**, the BOH Budget Committee requested the Medical Officer of Health to report to the September 20, 2017 Board of Health Budget Committee meeting on the status of intimate partner violence work and corresponding public education campaign, and resources needed for implementation in 2018.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2017.HU12.1>

## **COMMENTS**

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The Toronto Public Health (TPH) Intimate Partner Violence Action Plan, 2016-2019, consists of 10 goals and a series of actions to enhance the City's capacity to prevent, identify early, and respond to IPV. Activities continue to be implemented within TPH and other City divisions to address the goals and actions of the IPV Action Plan. This report provides highlights of selected activities that have been implemented since the last progress report to the BOH in March 2017, as well as a response to the July 13th BOH Budget Committee request for an update on the status of IPV work and steps to date to develop a public education campaign.

### **1. Facilitating Implementation in TPH and Other City Divisions**

To facilitate the implementation of the IPV Action Plan across other divisions, TPH has formed an Interdivisional Steering Committee and an Interdivisional Coordinating Group with representation from relevant City Divisions. A project Governance Structure was developed in order to delineate roles, accountabilities, and supports related to implementing the IPV Action Plan across the City.

With leadership from Toronto's Medical Officer of Health and the Deputy City Manager, the Interdivisional Steering Committee convened Directors and their designates from City divisions. The IPV Action Plan has been reviewed by this interdivisional committee to ensure alignment and coordination with current City initiatives on IPV and Gender-Based Violence (GBV), and identify opportunities for the Interdivisional Coordinating Group to collaboratively guide long-term implementation of the plan. The Interdivisional Coordinating Group will meet in the fall of 2017 to confirm activities within each division, identify opportunities for collaborative initiatives, develop a more detailed work plan, and continue to track progress.

In addition to the formal interdivisional process above, TPH is collaborating with Social Development Finance & Administration's (SDF) Community Safety and Wellbeing Unit to jointly promote a TPH Gender-Based Violence (GBV) Prevention Forum for City staff to be held November 24, 2017. The forum will feature guest speakers from the Toronto Police Service, Assaulted Women's Helpline, and East Metro Youth Services and will

explore a range of IPV related topics including healthy relationships and human trafficking.

## **2. Progress Update – IPV Public Education Campaign**

Toronto Public Health staff have completed a literature review of best practices, a scan of campaigns in Toronto and Ontario, and initial consultation with stakeholders. The following is a high-level description of campaign planning to date, including proposed goals, objectives, campaign activities, and target audience. Recent stakeholder consultations and next steps are also described.

### **Goal**

The proposed goal of the IPV campaign is to create a city that is free from IPV and other forms of GBV.

### **Objectives**

The proposed campaign objectives described below address goals within all three areas of the IPV Action Plan: Prevention, Early Identification, and Response.

1. Increase the capacity of Torontonians to address the social and cultural norms that perpetuate IPV.
2. Increase the capacity of bystanders to identify and respond to IPV within their circle of friends, family, and neighbours.
3. Increase access to IPV-related resources and services.

The following are public education and social marketing activities proposed to be developed and implemented by TPH and partners to achieve the campaign objectives. It is anticipated that these activities will take place over several years and involve a phased approach. The activities will be based on best practices and developed in partnership with stakeholders. Campaign activities will aim to link the target audience(s) to the most appropriate services.

### **A. Using Social Marketing and Education to Engage and Equip Bystanders to Change Social Norms and Intervene in IPV**

Increasingly, social marketing campaigns are using a bystander approach as part of a comprehensive strategy to address IPV (Castelino, Colla & Boulet, 2014; Haskell, 2011; Powell, 2011). Bystander refers to anyone who is not the recipient of the situational violence, or the perpetrator, but could potentially intervene. Campaigns that seek to engage bystanders usually consist of two objectives.

The first objective is to enable people to speak out about the social and cultural norms, practices and/or policies that contribute to violence. Intimate Partner Violence and Gender-Based Violence occur as part of pervasive cultural and social norms embedded in attitudes, values, beliefs and behaviours that are still widely accepted today, namely gender inequality (patriarchy), misogyny, racism, colonialism, ableism, homo/bi/transphobia, and poverty – the root causes of IPV (World Health Organization, 2010; Lorenzetti et al. 2014; ). Speaking out about the root causes of IPV is an upstream preventive intervention that has the capacity to change the social norms that

underpin violence and reinforces the notion that communities and society as a whole have a collective responsibility to prevent violence (Haskell, 2011; Raab, M. & Rocha, J., 2011).

The second objective is to enable bystanders to intervene early and respond to incidents of IPV (Haskell, 2011). Community norms that foster perceptions of IPV as a private matter, in which interventions by those outside of the relationship are seen as inappropriate, increase the likelihood of IPV. Evidence shows a significant relationship between prevalence of physical violence within a community and the proportion of community respondents who agree that fighting within the family is 'nobody else's business' (Prevention Institute, 2017).

The bystander approach is favourable because it includes everyone as an agent of change and reduces the burden of sole responsibility for the avoidance of violence on the person experiencing the violence (Castelino, Colla & Boulet, 2013; Haskell, 2011; Donovan & Vlasis, 2005). Project partners of the Make It Our Business program, a bystander campaign for workplaces, reported concrete examples of proactive responses to potentially abusive situations by staff as a direct result of the program (Kadel, 2015).

Both bystander campaign objectives (to change social norms, and to intervene early in IPV) will require access to services and resources that provide more detailed information and education to further build knowledge and skills. The initial target audience will be the general public, followed by audience segmentation (population groups) based on community partners' advice and available resources. It is anticipated that parents and caregivers of youth will be a specific bystander audience, with creative concepts developed to reach them in settings such as schools, youth-serving community organizations, and broader public spaces where families interact.

## **B. Outreach and Training to Organizations/Institutions that Offer Health and Social Services to those impacted by IPV**

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 (Lorenzetti et al, 2014; Goodmark, 2013; Abramovich, 2012). Communities experiencing these service inequities include Indigenous people, LGBTQ2S, immigrants, refugees, people with non-status, people with disabilities, racialized individuals, people with mental health and addictions issues, people with HIV and sex workers (TPH, 2016).

This component of the campaign will link health and social service organizations to training and resources and offer support to facilitate revisions in services, programs, organizational policies and procedures to support inclusive and equitable reach for people at risk of/experiencing IPV.

These campaign activities are supported by more comprehensive activities in the IPV Action Plan already underway.

## **Partnerships**

In February 2017, TPH consulted with key stakeholders as an initial step in developing a campaign. Stakeholders included those with expertise in IPV-related service delivery, research and/or advocacy, implementation of a campaign on IPV and/or gender-based violence, and the unique issues of LGBTQ2S communities. Participants consisted of representatives from: the Centre for Research on Violence Against Women and Children, Egale Canada Human Rights Trust, Springtide Resources, METRAC, White Ribbon Canada, WomanACT Council, as well as staff from the City's Social Development, Finance and Administration Division. These consultations contributed to the development of the campaign approach presented in this report.

In August 2017, TPH facilitated a meeting with these same stakeholders, to present and discuss the campaign approach and to further explore interest in collaborative partnerships. Participants supported framing the campaign within the root causes of GBV, the proposed goals and objectives, as well as the phased approach, particularly with ethno-specific groups. Some felt that the campaign required sustained activities and commitment over several years to make a difference in this complex and deeply-rooted social problem. As well, stakeholders felt that time was needed to build capacity in the broad population as well as in specific populations (ethno-specific, geographic) with whom more focused and customized materials are needed to reach diverse groups.

Ultimately, a public education campaign needs to be supported by a myriad of strategies and interventions to effectively prevent, identify early, and respond to IPV. The campaign is not a singular strategy, but rather embedded within the larger IPV Action Plan and will benefit from the city and community's work on addressing the structural causes of IPV.

### **3. Progress Update – IPV Action Plan**

There are three main areas of focus for the IPV Action Plan: Prevention, Early Identification, and Response. This section provides highlights of selected activities that have been implemented since March 2017 in these three areas,

#### **Prevention**

The IPV Public Education Campaign (outlined above) will be a major new activity designed to prevent, as well as identify early and respond to IPV.

#### **Early Identification**

##### **Responding to Clients Experiencing IPV**

Toronto Public Health continues to build and sustain the capacity of staff to identify clients at risk of or experiencing IPV, and intervene early to provide the necessary professional support to mitigate the impact on their health and well-being. Toronto Public Health is revising IPV best practice guidelines, policies and procedures on early identification, response and referral to ensure that they are fully inclusive of all those affected by IPV and other forms of gender-based violence.

## **Responding to IPV in the Workplace**

The Plan also identifies the need to increase staff capacity to address IPV in the workplace and responds to City Council's December 13, 14, and 15, 2016 direction to implement the recommendations of the Lori DuPont Inquest and the Domestic Violence Death Review Committee; specifically staff's ability to respond to a colleague who may be affected. In 2016, the City's Occupational Health and Safety Coordinating Committee (OHSCC) completed a review of the corporate policy on Addressing Domestic Violence in City Workplaces. Upon completion of the policy review and revision, it was identified that additional resources were needed to assist managers, supervisors and co-workers in recognizing and addressing the signs of domestic violence/IPV at work. To address this gap, in 2017, the OHSCC developed and launched the Domestic and Intimate Partner Violence Website. The website is intended to:

- Provide City staff with access to the policy
- Enhance awareness
- Provide resources and tools for employees experiencing domestic violence, and for their co-workers
- Provide resources for supervisory/management staff to assist them in addressing domestic violence issues in the workplace.

In addition, the OHSCC developed a poster campaign to increase awareness of domestic and intimate partner violence across City workplaces. The campaign was launched in May, has been disseminated to workplaces across the City and has been promoted via the Domestic and Intimate Partner Violence Webpage.

Domestic and Intimate Partner Violence E-learning modules for employees and supervisors are currently under development.

### **Domestic and Intimate Partner Violence Webpages:**

<https://www1.toronto.ca/wps/portal/contentonly?vgnextoid=819029084b42a510VgnVCM10000071d60f89RCRD>

### **Domestic and Intimate Partner Violence Webpages Policy:**

<https://www1.toronto.ca/wps/portal/contentonly?vgnextoid=e79029084b42a510VgnVCM10000071d60f89RCRD>

## **Collaboration and Coordination with Other Levels of Government**

The IPV Action Plan is aligned with provincial action plans to address sexual violence and harassment, as well as the federal gender-based violence strategy being developed. TPH has met with provincial policy staff from the Ministry of Community and Social Services and the Ministry of the Status of Women to share our action plan, identify areas of mutual interest and explore potential opportunities for collaboration.

## **CONTACT**

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## **SIGNATURE**

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