

## **Community Violence in Toronto: A Public Health Approach**

**Date:** October 23, 2019

**To:** Board of Health

**From:** Medical Officer of Health

**Wards:** All

### **SUMMARY**

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This report responds to requests from the Board of Health for the Medical Officer of Health to report on a number of issues related to community violence in Toronto. This includes examining the extent of community violence, the impact on the broader community, and identifying effective evidence-informed interventions to prevent incidents of community violence, and mitigate negative impacts of violence at the community level.

Community violence is defined as intentional acts of interpersonal violence often committed in public areas by individuals who are not intimately related to the victim. Common types of community violence include individual or group conflicts such as fights among gangs and other groups, use of weapons, and shootings in public areas. This can be due to various circumstances, including retaliation or fights in relation to illicit activity. Evidence shows that community violence often occurs among young people, particularly men, and is a health equity issue that disproportionately affects communities facing socioeconomic disadvantage.

Community safety is of primary concern to Toronto Public Health. A review of local data shows that while police-reported community violence decreased between 2009 and 2017, it has increased in recent years. Firearm-related violent crime in Toronto has increased, among youth and adults. Community violence has physical and mental health impacts on the victim, perpetrator, family, friends, neighbours and the entire city. Many intersecting social and economic factors contribute to this complex issue of growing public health concern.

Population-level data gaps prevent us from seeing a complete picture of community violence in the city. Data limitations include lack of socio-demographic information to examine experiences of different groups, underreporting of incidents of community violence, and a lack of population survey data on the physical and mental health impacts of exposures to violence. Toronto Public Health is exploring opportunities and has taken steps to help fill some of these gaps through existing surveys.

## RECOMMENDATIONS

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The Medical Officer of Health recommends that:

1. The Board of Health request the Medical Officer of Health to work with the Deputy City Manager, Community and Social Services, to identify, collect, and review data on the impacts of community violence for appropriate action by Toronto Public Health and other City Divisions.
2. The Board of Health request the Medical Officer of Health to work with the Executive Director, Social Development, Finance and Administration, to inform the Community Safety and Well-Being Plan by bringing a public health perspective and identifying other relevant issues.
3. The Board of Health request the Medical Officer of Health to work with the General Manager, Children's Services, and the Executive Director, Social Development, Finance and Administration, on including a child and youth component in the Community Safety and Well-Being Plan and engaging children and youth in the development process.
4. The Board of Health urge the provincial government to adopt Bill 129, An Act to amend the Health Insurance Act and the Health Protection and Promotion Act in respect of addressing gun violence and its impacts, which will increase access to hospital-based violence interventions and affordable trauma-informed mental health supports to individuals exposed to violence.
5. The Board of Health urge the provincial government to ban the sale of handgun ammunition in the City of Toronto, consistent with City Council's decision in June 2019 on Item EX6.7, City Powers to Regulate Firearms and Ammunition and Update on Related Initiatives.
6. The Board of Health urge the federal government to prohibit the availability, sale, possession, and use of handguns, assault rifles and semi-automatic firearms in Canada, consistent with City Council's decision in June 2019 on Item EX6.7, City Powers to Regulate Firearms and Ammunition and Update on Related Initiatives.
7. The Board of Health encourage the federal government to identify and assess criteria for addressing the social determinants of health in applications for projects funded through its National Crime Prevention granting program/strategy.
8. The Board of Health request Statistics Canada to collect representative data on the exposure to community violence at the municipal level through their national surveys, including the Canadian Community Health Survey and the Canadian Health Survey on Children and Youth, to enable the analysis of the health and other impacts of community violence.
9. The Board of Health forward this report to the Toronto Police Services Board, all Toronto school boards, the Toronto Region Board of Trade, Public Health Ontario, the Ontario Association of Chiefs of Police, the Canadian Association of Chiefs of Police,

the provincial Ministers of the Solicitor General, the Attorney General, Children, Community and Social Services, Education, Health, and Economic Development, Job Creation and Trade, and the federal Ministers of Border Security and Organized Crime Reduction, Public Safety Canada and Emergency Preparedness, Health, and Families, Children and Social Development.

## **FINANCIAL IMPACT**

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There is no financial impact resulting from the adoption of the recommendations in this report.

## **DECISION HISTORY**

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On July 23, 2018, City Council requested that Social Development, Finance and Administration, in consultation with Toronto Public Health, work with relevant community partners, Toronto Community Housing Corporation, and the Toronto Police Services Board, to ensure access to a range of support services and programs for those who experience violence; and Toronto Public Health, Children Services, and Social Development, Finance and Administration work together to ensure that anti-violence initiatives benefit children 9 to 14 years old.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.CC44.14>

On July 16, 2018, the Board of Health received an update from the Medical Officer of Health on the proposed research approach to assess community violence.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL28.6>

On March 5, 2018, the Board of Health recognized exposure to community violence as a social determinant of health and requested that the Medical Officer of Health examine exposure to community violence, its physical and mental health impacts in Toronto, identify programs to mitigate impacts; and continue to work with Social Development, Finance and Administration and affected communities to identify effective approaches for the City of Toronto.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL25.6>

## **COMMENTS**

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Toronto Public Health (TPH), in collaboration with Social Development, Finance and Administration (SDFA), the city's lead division for community violence, in response to direction from the Board of Health, reviewed exposure to community violence in Toronto, its health impacts, mitigation strategies, as well as violence interruption and prevention strategies. This report reviews the findings and provides recommendations to respond to this challenging set of issues.

## **Community Violence**

Community violence is defined as intentional acts of interpersonal violence often committed in public areas by individuals who are not intimately related to the victim (i.e., excludes intimate partner violence, child abuse or elder abuse).<sup>1,2,3,4,5</sup> Conflict can also take place online.<sup>6</sup> Common types of community violence include individual or group conflicts such as fights among gangs and other groups, use of weapons, and shootings in public areas. This can be due to various circumstances, including retaliation or fights in relation to illicit activity. Evidence shows that community violence often occurs among young people, particularly men, and is a health equity issue that disproportionately affects communities facing socioeconomic disadvantage.<sup>2,3,4</sup>

### **A Public Health Approach to Addressing Community Violence**

Community safety is of primary concern to TPH. Community violence has physical and mental health impacts on the victim, perpetrator, family, friends, neighbours and the entire city. Many intersecting social and economic factors contribute to this complex issue of growing public health concern.

Toronto Public Health continues to work within our mandate and collaboratively with the city's lead division for community violence, SDFA, on this important area. Our role includes examining the root causes of community violence and identifying evidence-based prevention strategies to improve child development outcomes and strengthen families; youth leadership and resiliency programs; a comprehensive school health strategy that includes mental health promotion; supporting local community safety groups; and provision of psychological first aid support following a traumatic community event.

A public health approach, focusing on the social determinants of health and equity, is recognized as an effective way to help prevent community violence.<sup>2,4,7,8,55</sup> This approach includes:

- monitoring and assessing the extent of the problem and who is most affected;
- understanding its consequences;
- identifying its causes and risk and protective factors;
- using evidence-informed strategies to address the causes, risk and protective factors; and
- identifying data and research needs to inform actions.<sup>2,8,55</sup>

Community violence is a complex issue that requires a range of expertise and collaboration across sectors and the community.<sup>2,7,8</sup> This approach aligns with the Foundational and Injury Prevention Standards in the Ontario Public Health Standards (OPHS), that identifies the need to address violence.

### **Community Violence Exposure and Immediate Health Impacts in Toronto**

People can be exposed to community violence directly as a victim or perpetrator, and indirectly by knowing people affected; as a witness; or as a resident of a community experiencing violence.<sup>9,10,11</sup>

Toronto Public Health examined the extent of direct exposure to community violence and groups that are most affected using Statistics Canada data of police-reported violent crimes and homicides (see Attachment 1). This analysis shows that while police-reported community violence decreased between 2009 and 2017, it has increased in recent years (i.e. by 14 percent between 2014 and 2017). Two recent studies that examined Toronto homicide rates from 2004 to 2014 among Black residents and Somali-Canadian youth, respectively, found that community violence in Toronto is racialized; it disproportionately affects young Black males, in particular young Somali-Canadians.<sup>12,13</sup>

Toronto Public Health also examined the impacts of violence more broadly using Statistics Canada and emergency department visit data. These data include community violence as well as violent crime involving intimate partners or family. This analysis shows an increase in the rate of firearm-related crime in Toronto between 2013 and 2017, where the rate more than doubled for youth and adults. It also identifies some of the health impacts of violent crime; for example, between 2004 and 2017 there were about 102,000 emergency department visits for assault-related injuries and 1,133 visits for a firearm-related injury in Toronto.

Currently, there is very little local population-level data available on the health impacts among those who are indirectly exposed to community violence (e.g., witnessing a violent crime or residing in a violent community). Available local research with Toronto residents at higher risk of experiencing community violence found that about one in three participants had witnessed a community violence incident,<sup>14,15</sup> and about 3 in 4 participants knew at least one victim of community violence.<sup>13</sup>

### **Residual Health, Social, and Economic Impacts of Community Violence**

Aside from hospital visits and Vital Statistics, there is very little population-level data examining the range of public health impacts of community violence in Toronto. Studies from other jurisdictions show a range of negative impacts from community violence such as high blood pressure, posttraumatic stress, altered activity patterns due to fear, behavioural, emotional and learning problems among children and youth, reduced educational achievement that limit future economic success; and negative effects on the economic well-being of neighbourhoods.<sup>9,16,17,18,19,20 21,22 23,24,25,26</sup>

Community violence also places a significant economic burden on society. The cost of violent crime victimization that occurred in Canada in 2009 (excluding intimate partner violence) was estimated as at least \$12.7 billion.<sup>27</sup> A Toronto-based study, estimated a \$1.74 million cost per offender over a 15-year period in criminal justice costs involving both victims and offenders.<sup>28</sup>

Toronto Public Health summarized existing local research that captures the impact of community violence on Toronto residents and communities that are most at risk. See Attachment 2 for this summary.

### **Root Causes of Community Violence**

The root causes of community violence include intersections between: poverty; racism, racial/ethnic and gender inequities. Causes also include discriminatory and stigmatizing educational practices, such as zero tolerance; counterproductive criminal justice

policies, including over-incarceration; lack of economic opportunity; and broader societal norms that support violence.<sup>2,4,29</sup> Conversely, social and economic inclusion and intolerance of violence are some of the structural factors that contribute to safe environments.<sup>2,4,29</sup>

In Toronto, these root causes are demonstrated by the following:<sup>30,31,32,33,34,35,36,37,38</sup>

- Income inequality which is increasing at a faster rate in Toronto than provincial and national averages. Poverty and unemployment also disproportionately affect racialized residents, and in particular, Black residents.<sup>30,31,36</sup>
- Black residents have an unemployment rate of 12 percent, nearly double the provincial rate.<sup>36</sup>
- Black residents are overrepresented in the child welfare system,<sup>39,40</sup> and in suspensions, academic streaming, and early leaving from high school.<sup>41</sup>
- Black residents are overrepresented in police street checks and serious confrontations (use of force/shootings) with the police.<sup>42</sup>

Perceptions of social injustice due to racial discrimination are also associated with an increased likelihood of violence-related behaviours.<sup>42,43</sup> Local researchers indicate that the lack of attention to the mental health needs of Black youth coupled with other social and economic inequities contribute to self-stigmatization and the perpetuation of community violence.<sup>12,13</sup>

### **Risk and Protective Factors - The Role of Trauma**

Different pathways create the conditions that can either increase or reduce the risks for community violence in society.<sup>2,3,4</sup> Table 1 in Attachment 3 describes potential risk and protective factors at the societal, community, interpersonal, and individual level.

There is growing evidence that the experience of trauma, and early trauma as a result of Adverse Childhood Experiences (ACEs), is an important pathway. Material deprivation, exposure to violence in the home, and repeated exposure to community violence are considered ACEs.<sup>44,45,46</sup> Adverse Childhood Experiences (ACEs) negatively impact brain development and are associated with many poor health and mental health outcomes across the lifespan, such as substance use, broken relationships, self-injury, depression, anxiety, or post-traumatic stress disorder.<sup>45,47</sup> If undiagnosed or untreated, these outcomes can place traumatized individuals on a negative life trajectory. It can affect their social and economic opportunities and create risks of victimization or violent behaviour, thus perpetuating the cycle of violence and trauma.<sup>46,47</sup>

### **Interventions to Prevent and Mitigate Impacts of Community Violence**

A public health approach to address community violence recognizes the need for multi-sectoral collaboration to address structural root causes and reduce risks and boost protective factors in a variety of different settings (e.g., home, school, and neighbourhoods). A public health approach emphasizes preventing violence from occurring in the first instance and providing interventions for populations that are most vulnerable to community violence. Measures are also needed to support people engaged in or affected by community violence, including supporting previous offenders to re-enter society after incarceration to help break the cycle of trauma and violence.<sup>2,3,4</sup>

Evidence indicates that several types of strategies and approaches can help prevent and mitigate the impacts of community violence including:

- Creating protective environments at the community and societal level, such as reducing economic inequality and concentrated poverty, limiting access to guns and alcohol, and reducing societal tolerance of violence;<sup>2,48,49,50,51</sup>
- Supporting healthy child development through culturally appropriate parenting and quality early childhood programs;<sup>2,48,52,53</sup>
- Strengthening life and social skills of youth through school-based and other social development strategies;<sup>48,52,53</sup>
- Connecting youth to caring adults and activities;<sup>48,52,53</sup> and
- Therapeutic approaches (e.g. cognitive behavioural therapy; trauma-informed care) that intervene with juvenile and adults offenders.<sup>52,53,54</sup>

Given the evidence related to access to guns, this report recommends that the Board of Health urge the federal government to place limits on the supply of and access to firearms (handguns, assault rifles and semi-automatic firearms). It also recommends the Board of Health urge the provincial government to ban the sale of ammunition in the City of Toronto.

Toronto Public Health explored the most recent research evidence on specific interventions intended to prevent or mitigate the harms of community violence. These reviews identified that there is limited high quality evidence on this area. Key findings from the review of specific interventions can be found in Attachments 4 and 5. A summary of a rapid assessment of the evidence of violence interruption models is included in Attachment 6. Toronto Public Health and City partners will explore these findings to understand the implications for current and future programming.

## **Current Work and Next Steps**

### **Addressing data and research gaps**

Population-level data gaps prevent us from seeing a complete picture of community violence in the city. Data limitations include lack of socio-demographic information to examine experiences of different groups, underreporting of incidents of community violence, and a lack of population survey data on the physical and mental health impacts of exposures to violence. Access to more comprehensive data will inform decisions and efforts to address this complex issue.

Toronto Public Health is exploring opportunities and has taken steps to enhance local data through existing surveys. For instance, at the request of TPH, the Toronto District School Board (TDSB) has added questions to the 2019 Toronto School Climate Survey to capture more information on exposure to community violence, and will explore through upcoming consultations the feasibility and acceptability of including additional questions to their 2020/2021 Parent and Student Census. Toronto Public Health has also purchased a representative sample of Toronto students for the 2019 implementation of the Ontario Student Drug Use and Health Survey (OSDUHS) which gathers information on indicators of community violence, physical and mental health, and service use.

This report also includes recommendations to facilitate the collection and assessment of more comprehensive data in this area. This includes requesting the Medical Officer of Health to work with the Deputy City Manager, Community and Social Services to identify, collect, and review data on the impacts of community violence, as well as requesting that Statistics Canada collect data on exposure to community violence at the municipal level via their national surveys (e.g., Canadian Community Health Survey and Canadian Health Survey on Children and Youth).

Consultations for this project also identified the need to examine the broader impacts of exposure to community violence, such as on employment, housing, use of community services, and neighbourhood economic vibrancy (see Attachment 7 for a summary of these consultations). This report also recommends the Board of Health encourage the federal government to identify and assess criteria for addressing social determinants of health in applications for projects funded through its National Crime Prevention granting program/strategy.

## **Current and future action to reduce community violence**

### ***Prevention***

Toronto Public Health programs and services can help address the root causes that contribute to community violence in Toronto. Some examples include: home visits and parenting programs to support healthy child development and strengthen families; youth substance misuse prevention, leadership and resiliency programs; mental health promotion in communities across Toronto; and promotion of public policies to strengthen social determinants of health and reduce health inequities (e.g., safe, affordable housing, income security, harm reduction, and tighter gun control).

Community safety is of primary concern to TPH. We continue to work within our mandate and collaboratively with the city's lead division for community violence on this important area and will continue to identify and implement actions to contribute to the collective impact of aligned City initiatives, including the Toronto Poverty Reduction Strategy, the Toronto Action Plan to Confront Anti-Black Racism, and the Toronto Strong Neighbourhood Strategy.

Research evidence also supports the need to invest in supporting children and families early in life through culturally relevant parenting and quality early childhood programming, with emphasis on those in the most vulnerable circumstances. Adequate investment from all levels of government is needed to enhance current TPH/City programming (such as Nurse-Family Partnership, Healthy Babies Healthy Children high-risk home visits, Investing in Families, affordable high quality child care spaces, and EarlyON programs) to reach more children and families.

Toronto Public Health is participating in the City's Youth Services Review (YSR) which will include developing a Youth Outcomes Framework to provide consistency in planning and monitoring and identifying ways to improve service delivery for youth most vulnerable to serious crime and violence. Toronto Public Health will bring forward this project's findings and help inform potential YSR recommendations and the Youth Outcomes Framework.



This project's findings will also inform the City's Community Safety and Well-Being Plan (CSWB) led by the Social Development, Finance and Administration division (SDFA). The City is legislated to identify and prioritize risk factors, appropriate interventions and develop an outcomes framework to assess impact. As the CSWB Plan presents an opportunity for cross-sector collaboration that considers the intersections among different forms of violence, this report recommends that the Medical Officer of Health work with the Executive Director, Social Development, Finance and Administration to inform the CSWB plan. In this role, TPH will also bring forward relevant issues to address intimate partner violence, suicide prevention, and other violence prevention work to inform the plan.

Given the evidence on ACEs and trauma, the voices of younger children (6-12 years), in addition to youth, should be an integral part of the development of the CSWB plan. This report recommends that the Medical Officer of Health work with the General Manager, Children's Services and Executive Director, Social Development, Finance and Administration to include a child and youth component in the CSWB plan, including engaging children and youth in the development process. For example, TPH and Children's Services will support the use of their jointly developed Child Engagement toolkit, as part of Child Friendly TO, to engage children in the process.

### ***Mitigation of the impacts of community violence to prevent future violence***

Toronto Public Health will explore ways to support staff knowledge and capacity on ACEs and in applying a trauma-informed approach in program delivery across service directorates. In addition, TPH, Victim Services Toronto, and SDFA have begun working with various community organizations and agencies to identify service gaps, reduce duplication, and develop a collaborative, integrated inter-agency response/referral pathway for traumatic critical incidents that occur in the city.

As there is promising evidence of the effectiveness of hospital-violence intervention programs (HVIPs), staff from SDFA and TPH have begun discussions with two local hospitals interested in developing a made-for-Toronto HVIP (see Attachment 6 for the review of the evidence of HVIPs). In September 2019, the City's Economic and Community Development Committee endorsed the HVIP model and requested that City staff explore funding opportunities at all levels of government for supporting the development of a local program. In October 2019, City Council approved approaches for pursuing funding support for the TO WARDS Peace program which incorporates a violence interruption strategy. Ongoing discussions with local hospitals will explore how to align and integrate these two initiatives and how to leverage the lived experience of affected communities.

In June 2019, a Private Member's Bill (Bill 129) was introduced to support the enhancement of the financial viability of HVIPs. This bill calls for amendments to the Health Insurance Act that would ensure that insured health services would include prescribed HVIPs and trauma-informed counselling for survivors and others affected by gun violence. At the request of the MPP who introduced this bill, Toronto Public Health has shared the evidence of HVIPs to help inform this bill. This report recommends that the Board of Health urge the provincial government to adopt Bill 129 – Safe and Healthy Communities Act to increase access to hospital based violence interventions and affordable trauma-informed mental health supports to individuals exposed to violence.

Overall, it is critical that all new and future initiatives undertaken or funded by TPH or other City divisions include an investment in rigorous process and outcome evaluations to contribute to the local evidence base of what constitutes effective violence intervention programming in the Toronto context. Finally, sustainable funding of effective initiatives is also essential to enable working out implementation challenges, producing impact, and capturing longer-term outcomes.

## **CONTACT**

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## **SIGNATURE**

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Medical Officer of Health

## **ATTACHMENTS**

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Attachment 1 - Community Violence in Toronto - Trends and Selected Demographic Patterns

Attachment 2 - A Review of Local Research on the Impacts of Community Violence

Attachment 3 - Risk and Protective Factors Associated with Community Violence

Attachment 4 - Community Violence Prevention: The Effectiveness of Child and Youth Interventions - Review of the Evidence (September 2019)

Attachment 5 - Resilience and Coping: The Effectiveness of Community-Based Group Mental Health Interventions after a Critical Incident - Review of the Evidence (September 2019)

Attachment 6 - Evidence Review of Hospital-Based Violence Intervention Programs and Preliminary Assessment of their Feasibility in the Toronto Context (July 2019)

Attachment 7 - Summary of Consultations on Future Research to Examine the Impacts of Community Violence

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