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DATE: August 30, 2012

REPORT TITLE: **INTERNATIONAL DAY FOR THE ELIMINATION OF VIOLENCE AGAINST WOMEN AND NATIONAL DAY OF REMEMBRANCE AND ACTION ON VIOLENCE AGAINST WOMEN**

FROM: Janette Smith, Commissioner of Health Services  
Janet Menard, Commissioner of Human Services  
David L. Mowat, MBChB, MPH, FRCPC, Medical Officer of Health

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### **RECOMMENDATION**

**That November 25, 2012 be proclaimed the International Day for the Elimination of Violence Against Women;**

**And further, that December 6, 2012 be proclaimed as National Day of Remembrance and Action on Violence Against Women in the Region of Peel.**

### **REPORT HIGHLIGHTS**

- Violence against women is a violation of women's human rights and a major public health and societal problem.
- Research and practice have shown that there are initiatives and actions which help to reduce violence against women and its impacts.
- This Proclamation raises awareness about woman abuse and acknowledges the continued commitment of the Region to support a vast range of interventions to address woman abuse.

### **DISCUSSION**

#### **1. Background**

The purpose of this report is to provide an update on the work the Region is involved in with community partners to help with the eradication of violence against women. It also asks for the endorsement of a Proclamation of two events: November 25<sup>th</sup> when, in 1999, the United Nations declared it as The International Day for the Elimination of Violence Against Women, and December 6<sup>th</sup> when, in 1991, the Parliament of Canada declared it as the National Day of Remembrance and Action on Violence Against Women (Appendix I).

Violence against women is defined by the United Nations as "any act that results in, or is likely to result in, physical, sexual and mental harm or suffering to a woman including threats of such an act, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." These acts can occur through intimate partner and family violence, sexual

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assault, and domestic and intimate partner homicide. The harm done to abused women could be physical, emotional, psychological, sexual, verbal, financial and/or spiritual.

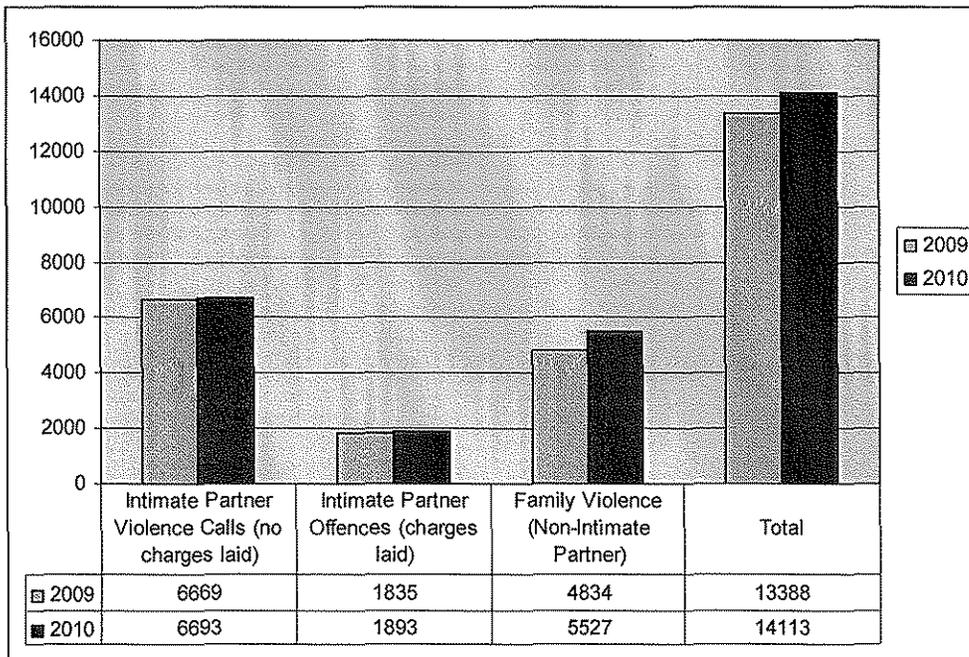
**a) Measuring the Size of the Problem**

The World Health Organization (WHO) states that violence against women is a violation of women’s human rights and a major public health and societal problem. The United Nations’ Development Fund for Women estimates that at least one in every three women worldwide will be beaten, raped or otherwise abused during her lifetime. In most cases, the abuser is a member of her own family.

The most recent report on Family Violence in Canada showed that 90 per cent of victims of intimate partner violence were women and women were three times more likely as men to be killed by their spouses. One in six women reported being abused during pregnancy. In addition, 40 per cent of Canadian women reported that they had been sexually assaulted at least once since they turned 16 (Statistics Canada, 2006), and a majority of these said the assault was perpetrated by men with whom they were acquainted (Statistics Canada, 2003).

In Peel, for 2010, 580 women were treated in the emergency department for assault. The Peel Regional Police 2010 Domestic Violence Report shows a six per cent increase in the number of domestic calls police responded to in 2010 (14,113) compared to 2009 (13,319). Figure 1 below provides further breakdown regarding the types of calls.

**Figure 1: 2009 and 2010 Domestic Violence Calls to Peel Regional Police**



**b) The Impacts of Violence Against Women**

Women of all ages experience intimate partner violence, however, women aged 16 to 24 years are at greatest risk of experiencing non-fatal intimate partner violence, rape and sexual assault. Other groups of women at higher risk of abuse and violence are

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aboriginal women, immigrant and refugee women, women with disabilities, pregnant women and lesbian women.

Every year about 800,000 Canadian children witness a woman being abused, and over half of Ontario women escaping abusive situations have children with them. These women usually face additional challenges as described below.

**i) Individual Impacts**

Violence against women has far-reaching impacts. Victims, witnesses (especially children) and bystanders all suffer pain and loss. Victims suffer injuries, shattered sense of wellbeing, health problems that last a lifetime, and even death. Women who experience domestic violence experience a host of health symptoms such as high blood pressure, headaches, eating disorders, suicidal thoughts, reproductive, gastrointestinal and mental health problems. They also have been shown to be 80 per cent more likely to have a stroke, 70 per cent more likely to have heart disease, 60 per cent more likely to have asthma, and 70 per cent more likely to drink heavily than women who have not experienced violence.

Teenage victims of violence are more likely than their non-abused peers to engage in risky behaviours such as smoking, drug use and unhealthy dietary behaviours including vomiting and taking diet pills and/or laxatives. They are also more likely to engage in risky sexual behaviours and attempt/consider suicide.

Children who witness family violence often exhibit signs of emotional disturbances such as aggression, depression and delinquency. They also suffer diminished prospects in school and in life.

**ii) Social Impacts**

Abused women may suffer isolation, inability to work, loss of wages, lack of participation in society and social life, and inability to care and provide for themselves and their children. Violence is the primary predictor of housing instability and homelessness for women.

Unfortunately, perpetrators and victims of violence have similar backgrounds of past exposure to violence between parents, low education, harmful use of alcohol, and attitudes accepting of violence and gender inequality (WHO Fact Sheet #239, 2011). However, these factors only increase the chances that violence will occur as violence against women cuts across all social classes, educational and income levels, ages, religions, sexual orientations, cultures and ethnicities.

**iii) Economic Impacts**

In a sample of 309 Canadian women who left abusive male partners, annual public sector and private sector expenditures attributable to intimate partner violence were estimated to be \$13,162.39 per woman. This translates to a national annual cost of \$6.9 billion for women aged 19 to 65 who have left abusive partners (Canadian Public Policy, 2011). This amount is spent on medical and dental treatments for injuries, long-term physical and psychological care, use of transition homes and crisis centres, cost of social services, criminal justice system, lost wages, and lost productivity.

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**2. Initiatives of the Region of Peel, Community Partners and the Ontario Government**

Research and practice have shown that there are initiatives and actions which help to reduce violence against women and its impacts. These include:

- Teaching the next generation that violence is wrong;
- Training healthcare providers to assess patients for abuse;
- Making support services and programs available to all victims; and
- Ensuring women's rights and equality, and supporting the financial and social empowerment of women.

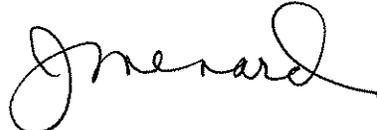
In light of these, the Region has continued to work with its community partners to shift social views and behaviours which support violence against women and support agencies that provide support such as help lines and counselling to abused women. Several provincial, regional and community initiatives exist in Peel. They are listed Appendix II.

**CONCLUSION**

The Region of Peel Proclamation of the International Day for the Elimination of Violence Against Women and the National Day of Remembrance and Action on Violence Against Women raises awareness about woman abuse and acknowledges the continued commitment of the Region to support a vast range of interventions to address woman abuse.



Janette Smith  
Commissioner of Health Services

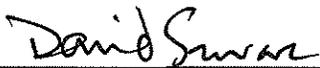


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Commissioner of Human Services



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**Approved for Submission:**



D. Szwarc, Chief Administrative Officer

*For further information regarding this report, please contact Dawn Langtry, Director Strategic Policy, Planning and Initiatives, Health Services at extension 4138 or via email at dawn.langtry@peelregion.ca*

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c. Legislative Services

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**APPENDIX I**

# **Proclamation**

**The International Day for the Elimination of Violence Against Women and National  
Day of Remembrance and Action on Violence Against Women  
November 25, 2012 and December 6, 2012**

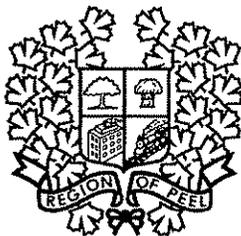
**WHEREAS** in 1999 the United Nations declared November 25<sup>th</sup> as "The International Day for the Elimination of Violence Against Women" as a time to raise awareness about violence against women and its prevention activities that attempt to eliminate all forms of women abuse and recognize that everyone has the right to live free of violence;

**AND WHEREAS**, in 1991 the Parliament in Canada established December 6 as the "National Day of Remembrance and Action on Violence Against Women", a day to remember the 14 young women from l'Ecole Polytechnique de Montreal and all women who have lost their lives in an act of gender-based violence;

**AND WHEREAS**, it is a time to recognize that the root causes of violence against women are structural and systemic and due to an imbalance of power in social, political and economic arenas, including poverty and discrimination which all result in greater vulnerability, lack of respect, limited opportunities and violence;

**AND WHEREAS**, the elimination of violence benefits society as a whole and requires the participation of all stakeholders and a holistic response that addresses issues such as employment, housing, childcare, education, health, safety and justice;

**THEREFORE BE IT RESOLVED**, that November 25, 2012 be proclaimed "The International Day for the Elimination of Violence Against Women" and December 6, 2012 be proclaimed "National Day of Remembrance and Action on Violence against Women Day" in the Regional Municipality of Peel.



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**Emil Kolb**  
**Regional Chair**

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**APPENDIX II**

**Regional, Community and Provincial Initiatives**

**A. Regionally Lead or Funded Initiatives**

The Region of Peel is active in its commitment to provide accessible services for women whose personal or family's safety is at risk, due to abuse by a partner/spouse or family member living in the home. It is important to note that given the nature of the activities front line staff are engaged in, and the fact that they primarily deal with people who are at risk or are marginalized, they often come in contact with clients and children who are in volatile situations. Specific services and programs are listed below:

- i) Routine Universal Comprehensive Screening (RUCS)**  
Public Health nurses have contact with young women and families through home visits, clinic visits, community programs and call centres. All Family Health nurses receive RUCS training which provides the knowledge and training to screen female clients for physical, sexual, or emotional abuse and, once identified, offer support and referral to the appropriate community agency.
- ii) Family Abuse Prevention Website**  
This is a website for members of the public and health care professionals on different types of abuse, facts, effects, as well as where and how to get help.
- iii) Resources**  
The Power and Control Wheel and Violence Affects Children posters, tear offs with the phone number for the Assaulted Women's Helpline, and other resources, are available for Peel Region health care professionals and agencies.
- iv) Peel's Centralized Waiting List for Subsidized Housing**  
As part of managing the waiting list for all social housing providers in Peel Region, Regional staff are regulated by the *Housing Services Act* (HSA). On January 1, 2012, Ontario proclaimed the HSA, which replaced the *Social Housing Reform Act, 2000*. The HSA calls for greater flexibility on approaches to wait list management and local priorities but continues to require that Peel, in its role as Service System Manager, maintain and monitor a chronological centralized waiting list for Peel's 46 social housing providers, including Peel Living and Rent Supplement programs, and give priority to housing Victims of Family Violence first under its Special Priority Policy for those units administered under the HSA.
- v) Second Stage Housing – Armagh House**  
Armagh House is supportive second-stage housing (eight subsidized units) and counselling program for mothers and children in crisis. Armagh House offers accommodation after a woman and her children have lived in a short term hostel and before the family is ready to move into its own apartment. During this time legal, financial, and social problems must be addressed and resolved to give the women and children the best possible chance to be successful.

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**vi) Transitional and Housing Support Program**

In January 2005, the Ministry of Community and Social Services implemented the Transition and Housing Support Program. This program assists women and their children who are planning to leave or have left abusive relationships, and is available to any survivor of family violence. The Transition and Housing Support Program advocates work with the social housing sector, and has developed a Local Referral Agreement that outlines the collaborative process for helping survivors of family violence to connect with community supports and find and maintain housing. Currently eight community agencies involved with the program are committed to this referral agreement for delivery of these services and resources within the region of Peel.

**vii) Emergency Shelters**

Individuals escaping abuse enter emergency shelters seeking temporary accommodations and basic needs. A wide range of programming and supports are available such as financial assistance from Ontario Works, employment and housing supports, life skills training, spiritual counseling, a health clinic, recreation, mental health and addiction services. When women identify their abuse experience appropriate referrals are made.

The Region partners with three women's shelters (Interim Place North and South and the Family Life Resource Centre) which are operated by community agencies. The Region provides a personal needs allowance as well as travel and transportation. Ontario Works caseworkers are involved in the intensive case management. Additionally, the Region owns and operates two single shelters for males and females (Cawthra Road and Wilkinson Road) and a family shelter (Peel Family Shelter). The Region also provides funding to the newly expanded youth shelter, Our Place Peel.

**viii) Transitional Housing**

In 2005, the Region opened two transitional housing facilities: Angela's Place (for families) and Peel Youth Village (for youth). Transitional housing facilities are intended to bridge the gap between emergency shelters and permanent housing for youth and families who do not have appropriate shelter and who are motivated to sustain independence in the community but require supports to do so. Programs consist of counselling, life skills training, parenting, housing supports, employment training, education, and budget management.

**ix) Peel's Outreach Program**

This program serves individuals who are at risk of or are experiencing homelessness. A number of women and children experiencing violence at home often contact Peel's Outreach Program. With a focus on basic needs, mental health, addiction, transitional supports, advocacy and referrals, services are provided through foot patrol, the mobile outreach van, and within health clinics by Regional staff and community agencies. Peel's Outreach Team is trained and qualified to make appropriate referrals that assist women and children experiencing or fleeing violence.

**x) Eviction Prevention Programs**

Programs that assist vulnerable households to avoid eviction and secure affordable accommodations include: the Eviction Prevention Program for Ontario Works clients and Victims of Family Violence, the Families in Transition Program, and the Preventing Homelessness in Peel Program. In assessing eligibility for programming and subsidized units, women experiencing violence/safety concerns are given priority status.

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**xi) Families First**

Families First is a collaborative partnership among three Regional divisions: Ontario Works, Peel Public Health and Children Services. Intensive case management is provided to sole support families, including victims of violence, and includes subsidized childcare, employment training, education supports, recreational programs for children, and access to a Peel Public Health Nurse.

**xii) Learning, Earning and Parenting Program**

This program assists parents (including victims of family violence) who are 21 years of age or younger, are eligible for Ontario Works, and have not graduated from high school. Supports include education, employment and life skills training.

**xiii) Family Justice and Child Advocacy Centre**

In 2011, the Family Justice and Child Advocacy Centre opened in Brampton at 60 West Drive. The centre was developed by a 16 agency collaborative (led by Catholic Family Services of Peel Dufferin) dedicated to creating easier access to services for victims of violence and abuse by housing multiple services under one roof. This centre was supported by Peel Region through a capital loan for \$500,000.

**B. Community Collaborations**

Community agencies and collaboratives in Peel are actively working together towards prevention and support for violence against women.

**i) Peel Committee Against Woman Abuse (PCAWA)**

The PCAWA is a collaborative of over 35 organizations including departments within the Region of Peel that are concerned with the issue of women abuse. The agencies work together to promote a more effective and coordinated response to women abuse in the region of Peel. Example initiatives of the PCAWA include:

- The Region of Peel Women Abuse Protocol: Best Practice Guidelines which seeks to promote a coordinated response to women abuse; and
- The distribution of ethno-specific resources and the promotion of routine screening for woman abuse in health clinics and hospital settings.

**ii) Peel Committee on Sexual Assault (PCSA)**

This program of Trillium Health Centre's Women's and Children's Health department is comprised of leaders in health services, community and educational services, services for females and males and justice agencies including Peel Regional Police. The mission of the PCSA is to develop and enhance partnerships within the community as well as advocate on behalf of associated agencies who strive for quality services for all persons affected by sexual assault in the region. Strategic priorities are:

- Research: Development of a program of research on sexual assault, health consequences, and access to primary health care services among immigrant women in the Peel region;
- Continuum of Seamless Services: Introduction of the Ontario Women Abuse Screening Project and development of a training program in violence, trauma, addiction and mental health;
- Citizen Engagement: The Sisters in Spirit (SIS) Campaign, launched in 2004 by the Native Women's Association of Canada (NWAC), will be introduced in the Region of Peel in October 2012; and
- Inter-agency Knowledge Exchange and Collaboration.

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**iii) Family Services of Peel**

Family Services of Peel provides intervention accessible within 24 hours of contact for free counselling and crisis intervention for women experiencing abuse. They also provide services for senior women who have experienced abuse. Programs are offered in conjunction with Distress Centre Peel, Peel Senior Link and Square One Older Adult Centre with funding from the United Way, Ministry of Community and Social Services, and Local Health Integration Network.

**C. Provincial Initiatives**

The Ontario government has implemented strategies and policies that aim to prevent and support the issue of violence against women.

**i) Ontario Sexual Violence Action Plan**

In 2011, the Ontario government launched the "Sexual Violence Action Plan" to prevent sexual violence and improve support for survivors. The Action Plan includes \$15 million in funding toward educational, prevention, training and awareness programs and supports. The Rape Crisis Centre of Peel received funds to develop programs and services to stop human trafficking. Highlights of the Action Plan include:

- Prevention of sexual violence;
- Supporting an international forum on sexual safety for women;
- Improving access and support to Ontario's 41 sexual assault care centres;
- Expanding language interpreter services; and
- Improving the criminal justice system's response to sexual violence.

**ii) Integrated Domestic Violence Court: Toronto Pilot**

In June 2011, the Ontario government announced the pilot of an Integrated Domestic Violence Court in Toronto: one family, one judge. This new approach allows a family dealing with domestic violence to have both their criminal and family law cases heard by one judge, thus creating an easier, faster and more affordable system to navigate.

**iii) Bill 168: Violence and Harassment in the Workplace**

Bill 168, an Act to amend the *Occupational Health and Safety Act* with respect to violence and harassment in the workplace and other matters (2009), came into effect June, 2010. The amendment to the *Occupational Health and Safety Act* strengthens protection for workers from workplace violence and addresses workplace harassment. Bill 168 also requires employers to attend to domestic violence. Employers who are aware, or ought reasonably to be aware, that domestic violence may occur in the workplace must take every precaution reasonable in the circumstances to protect a worker at risk of physical injury.