



# Intimate Partner and Gender-Based Violence Community Action Plan

2024-2026

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# Introduction and Purpose

Intimate partner violence is recognized by the World Health Organization as a major public health concern and a violation of women's human rights.<sup>1</sup> However, local organizations have indicated that funding has not kept pace with the growing demand for services, resulting in barriers to access, organizational burnout and significant strain within the sector. In Ontario, gender-based violence services receive core funding from the provincial government through the Ministry of Children Community and Social Services (MCCSS) or the Ministry of Health.

In October 2023, Brantford City Council joined over 90 municipalities and regions across Ontario in declaring intimate partner and gender-based violence an epidemic, and directed staff to work with community organizations and subject matter experts to develop a Community Action Plan, with the goal to end gender-based violence in all its forms in our community.

The organizations who participated in the development of this Action Plan acknowledge the detrimental impact gender-based violence has on the health, safety, social and economic well-being of individuals, families and communities, and recognize the need for a coordinated community response to the intimate partner violence epidemic.

This Action Plan also reflects the goals outlined in the [Ontario-STANDS: Standing Together Against gender-based violence Now through Decisive actions, prevention, empowerment and Supports](#) developed by the provincial government in December 2023, as well as the [National Gender Based Violence Action Plan](#) developed by the federal government in November 2022.

The implementation of both these plans signifies the need for a unified approach to ending gender-based violence and provides the community with an opportunity to strategically align local initiatives in efforts to maximize outcomes across systems and sectors at the municipal level.

This Action Plan was developed in collaboration with 25 community partners and includes 4 Key Recommendations and 26 Actions and Opportunities.

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<sup>1</sup> World Health Organization (2021). Violence against women fact sheet.

# Definitions

Intimate partner violence is the most common form of gender-based violence. It is important to note gender-based violence is a complex, multifaceted social issue that encompasses many different types of abuse and dynamics of power and control within the broader context of gender inequality. For the purpose of this Action Plan, the terms gender-based violence and intimate partner violence will be used inclusively of one another with respect to current needs, priorities and recommendations.

- **Gender-based violence (GBV):** Violence based on gender norms and unequal power dynamics, perpetrated against someone based on their gender, gender expression, gender identity, or perceived gender. It takes many forms, including physical, economic, sexual, as well as emotional (psychological) abuse.<sup>2</sup>
- **Intimate Partner Violence (IPV):** Physical, sexual, emotional (psychological) or financial harm done by a current or former intimate partner(s) or spouse(s). Intimate partner violence can happen in a marriage, common-law or dating relationship; in a heterosexual or 2SLGBTQIA+ relationship; at any time in a relationship, including after it has ended; and, whether or not partners live together or are sexually intimate with one another. This can include coercive control, a pattern of behaviours that individually may not meet a criminal threshold, but that instill fear, entrap the victim/survivor and is a risk factor for femicide.<sup>3</sup>
- **Femicide:** broadly understood as the intentional murder of women because they are women<sup>4</sup>

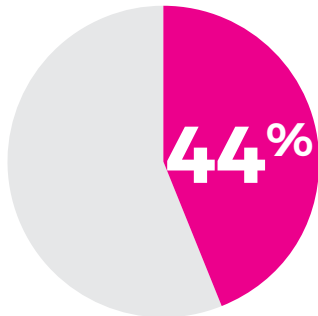
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2 Women and Gender Equality Canada (2022). National Action Plan to End Gender-based Violence.

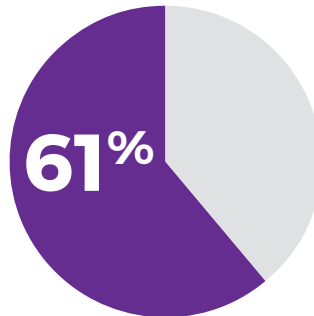
3 Women and Gender Equality Canada (2022). National Action Plan to End Gender-based Violence.

4 World Health Organization (2012). Understanding and addressing violence against women: femicide.

# Statistics at a Glance



of women reported experiencing some form of IPV in their lifetime<sup>5</sup>



of Indigenous women reported experiencing some form of IPV in their lifetime<sup>7</sup>



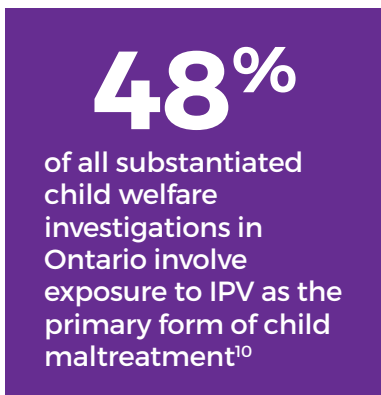
Almost 8 in 10 victims of police-reported IPV were women and girls<sup>6</sup>



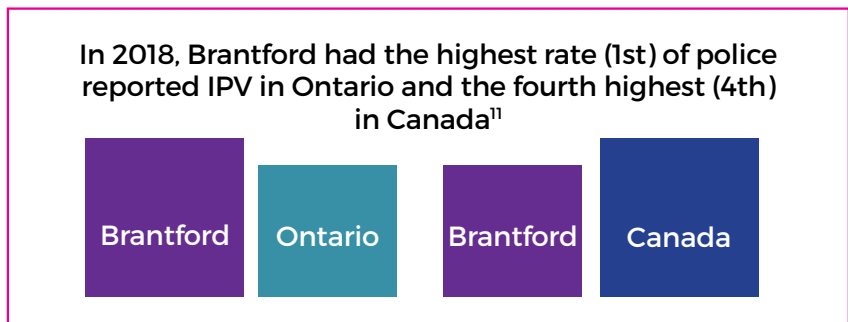
2SLGBTQIA+ individuals are almost 3x more likely to experience violent victimization than heterosexual people<sup>8</sup>



62 femicides in Ontario between November 2022 and November 2023<sup>9</sup>



48% of all substantiated child welfare investigations in Ontario involve exposure to IPV as the primary form of child maltreatment<sup>10</sup>



In 2018, Brantford had the highest rate (1st) of police reported IPV in Ontario and the fourth highest (4th) in Canada<sup>11</sup>



From 2019-2022, Brantford's police-reported IPV rates continue to rank in the **top 5** in Ontario and in the **top 15** in Canada<sup>12</sup>



## \$7.4 billion

is the estimate of the total economic impact of spousal violence in Canada<sup>13</sup>

# Infographic References

While violence affects all people regardless of gender, age and backgrounds, available statistics continue to show that certain populations are more at risk of gender-based violence. As gender-based violence and intimate partner violence are largely unreported or underreported, statistics alone cannot provide an accurate picture of the prevalence, scope and depth of the issue.

- Women are more likely than men to experience intimate partner violence. 44% of women—or about 6.2 million women aged 15 and over—reported experiencing some form of intimate partner violence in their lifetime.<sup>5</sup>
- Of the 117,093 victims of police-reported intimate partner violence in 2022, almost 8 in 10 (78%) were women and girls.<sup>6</sup>
- Indigenous women (61%) were more likely to experience some form of intimate partner violence in their lifetime (since the age of 15) compared with non-Indigenous women (44%).<sup>7</sup>
- 2SLGBTQIA+ individuals are almost three times more likely to experience violent victimization than heterosexual people.<sup>8</sup>
- Between November 2022 and November 2023, 62 individuals in Ontario were victims of femicide. Of these 62 individuals, 5 were children under the age of 13.<sup>9</sup>
- In Ontario, exposure to intimate partner violence is the largest category of substantiated child maltreatment, with almost half (48%) of all substantiated investigations involving exposure to IPV as the primary form of maltreatment.<sup>10</sup>
- In 2018, Brantford had the highest rate of police reported intimate-partner violence in Ontario and the fourth highest rate in Canada.<sup>11</sup>
- From 2019-2022, Brantford's rates of police-reported intimate partner violence and family violence continue to rank in the top 5 in Ontario and in the top 15 in Canada.<sup>12</sup>
- The total economic impact of spousal violence in Canada is estimated at \$7.4 billion<sup>13</sup>

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5 Cotter, Adam. 2021. "Intimate partner violence in Canada, 2018: An overview." Juristat. Statistics Canada Catalogue no. 85-002-X.

6 Statistics Canada. Trends in police-reported family violence and intimate partner violence in Canada, 2022.

7 Heidinger, L. 2021. "Intimate partner violence: Experiences of First Nations, Métis, and Inuit women in Canada, 2018." Juristat. Statistics Canada Catalogue no. 85-002-X.

8 Jaffray, B. (2020). Experiences of violent victimization and unwanted sexual behaviours among gay, lesbian, bisexual and other sexual minority people, and the transgender population, in Canada, 2018.

9 Ontario Association of Interval and Transition Houses (OAITH) Annual Femicide Report, 2023.

10 Fallon, B., Van Wert, M., Trocmé, N., MacLaurin, B., Sinha, V., Lefebvre, R., Allan, K., Black, T., Lee, B., Rha, W., Smith, C., & Goel, S. (2015). Ontario Incidence Study of Reported Child Abuse and Neglect-2013 (OIS-2013). Toronto, ON: Child Welfare.

11 Statistics Canada. Family violence profile in Canada: A statistical profile, 2019.

12 Statistics Canada. Table 35-10-0202-01 Intimate partner and non-intimate partner victims of police-reported violent crime and traffic offences causing bodily harm or death, by age and gender of victim.

13 Government of Canada, Department of Justice. An Estimation of the Economic Impact of Spousal Violence in Canada, 2009.

# Summary of Available Community Services and Resources

Gender-based and intimate partner violence providers in the community work closely together to assist individuals through the system navigation process to determine which services are most appropriate to meet their needs on an immediate, short-term and long-term basis. This is not an exhaustive summary, and serves as a snapshot of the most utilized gender-based violence and intimate partner violence resources in the community based on current funding. In addition to Brantford, service providers also respond to the needs of surrounding communities, such as Brant County, Six Nations and Haldimand-Norfolk.

While the programs and services listed below are low cost or free of charge, it is important to note that the pathways to accessing some gender-based violence services in the community can be limited due to operational mandates, eligibility criteria, precarious funding and staffing capacity.

Program/ Service	Existing Capacity
Crisis & Support Lines	<ul style="list-style-type: none"> <li>• 2 gender-based violence crisis and support lines that operate 24/7 with at least one staff or on-call volunteer at any given time.</li> <li>• Each crisis line offers unique crisis services that specialize in different levels of support and advocacy.</li> </ul>
Emergency & Crisis Response	<ul style="list-style-type: none"> <li>• 23 emergency shelter beds for women* and their children who have experienced IPV/GBV with at least one shelter staff available to assist with emergency accommodations, crisis support and referrals 24/7.</li> <li>• At least 1 staff or on-call volunteer is available to respond to calls for service at any given time for immediate crisis &amp; outreach services for victims of IPV/GBV crime 24/7.</li> <li>• 1 Nurse available on-site or an on-call basis to provide services to survivors of sexual violence and/or intimate partner violence 24/7.</li> </ul>
Community Counselling	<ul style="list-style-type: none"> <li>• Approximately 7-9 FTE counsellors available across Brantford providing long-term counselling for women* and their children who have experienced gender-based violence.</li> <li>• Approximately 2-3 FTE counsellors available across Brantford providing long-term counselling for male* survivors of sexual violence and/or intimate partner violence.</li> <li>• Approximately 2-4 FTE counsellors available across Brantford providing counselling for individuals who have used, or at risk of using, abuse in their relationships.</li> </ul>
Transitional Support & Outreach	<ul style="list-style-type: none"> <li>• Approximately 2-3 FTE professionals across Brantford providing support and navigation for victims through the bail court process.</li> <li>• Approximately 4 FTE professionals across Brantford providing transitional outreach services to women* including housing support, family court support, and navigating legal services.</li> <li>• 8 subsidized transitional housing units for women* and their children who have experienced IPV/GBV.</li> </ul>

FTE: positions may be comprised of several part-time roles and/or funded to perform additional duties, therefore the capacity noted reflects the full-time equivalency (FTE) of these services.

\* : includes cisgender, transgender, non-binary individuals, gender non-conforming individuals, and gender-fluid individuals.

# Summary of the Current Community Need

Based on the data gathered from the primary IPV/GBV providers, the following highlights the demand for IPV/GBV services in Brantford:

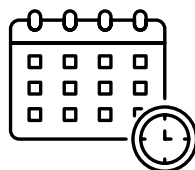
- In 2022, Nova Vita had to turn away women seeking emergency shelter 648 times. This number does not include their children.
- In 2022, local gender-based violence crisis and support lines answered 8,641 calls.
- Waitlists for community counselling services for victims/survivors and their children in Brantford is anywhere from 4-12+ months.
- Waitlists for male-specific counselling services for those who cause harm is anywhere from 1-4 months.
- In 2022-2023, the average length of stay at Nova Vita's emergency shelter was 59 days.
- Victim Services of Brant typically responds to approximately 280 incidents of intimate partner violence each year.
- On average, the Sexual Assault/Domestic Violence Care Team operating within BCHSYS sees an average of 130-200 new acute patients each year.

In order to meet the current demand and needs for community-based IPV/GBV services in Brantford, primary providers would require nearly \$2 million in annual funding to adequately respond to these immediate needs. This \$2 million funding projection would be used for additional staffing and does not include costs to develop new programs, services or initiatives.



**8,641 calls**

to local GBV crisis  
and support lines



**4-12 months**

waitlist for  
counselling



**Nearly  
\$2,000,000**

needed annually

# Community Consultation

In October and November 2023, City of Brantford staff facilitated 1-1 consultations with six community partners identified as primary providers of IPV/GBV services in Brantford; meaning they receive some level of core funding from the provincial government specific to IPV/GBV services.

The purpose of these 1-1 consultations was to gather information on three key areas:

1. Existing capacity of available IPV/GBV programs and services in Brantford
2. Current demand for IPV/GBV services in Brantford
3. Funding required to meet current IPV/GBV service demands in Brantford

On November 28, 2023, utilizing the consultation data from the primary IPV/GBV providers, the City hosted a half-day IPV/GBV Community Agency Forum where organizations could share their unique perspectives and insights in the development of the Action Plan. Additional consultations were facilitated with partners who were unable to attend the Forum or chose to provide input outside of a group setting. Information was also gathered from internal City Departments including: Housing and Homelessness, Children's Services and Family & Income Support, as well as the Brantford Youth Council.

Between individual consultations and the Community Agency Forum, 37 individuals from 25 organizations provided their feedback. The City of Brantford would like to thank the following agencies for their meaningful contributions to the Action Plan:

- Brant County Health Unit
- Brant County OPP
- Brant Haldimand Norfolk Catholic District School Board
- Brantford Police Service
- Brantford Probation & Parole Services
- Brantford Public Library
- Child & Family Services of Grand Erie
- Community Legal Clinic-Brant, Haldimand, Norfolk
- Contact Brant
- Dalhousie Place Supervised Access Centre
- Ganohkwasra Family Assault Support Services
- Grand Erie District School Board
- Indigenous Victim Services
- Lansdowne Children's Services
- Ministry of Children, Community & Social Services
- Nova Vita Domestic Violence Prevention Services
- Sexual Assault Centre of Brant
- Sexual Assault/Domestic Violence Care Team
- St. Leonard's Community Services
- The Bridge Brant
- Victim Services of Brant
- Wilfrid Laurier University – Faculty of Education
- Willowbridge Community Services
- Woodview Mental Health & Autism Services
- WorQshop: Building Safer Spaces



# Summary of Community Feedback

The following points reflect the suggested priorities, perceptions, needs and opportunities shared by community partners during the consultation phase. Information was collected from community partners and grouped thematically to capture recurring narratives, as well as unique ideas or considerations.

These key themes helped to guide and shape the Action Plan, and may not be fully captured in the recommendations section of the Action Plan.

## Address Gaps & Stabilize Services

- Intervention efforts are reactive and insufficient due to a lack of community resources and the complexity of client needs. Agencies are unable to focus their efforts on strategic planning and community collaboration as attention is continually diverted to crisis service demands.
- Organizations are reliant on grants to offset disparities in core funding. Grant funding is precarious, usually does not result in sustainable outcomes, and impacts community expectations of services once programs are developed, delivered and end.
- Emergency shelter systems are often overcapacity and the average length of stay has increased, largely impart of the affordable housing shortage in the community and/or barriers to accessing safe, affordable housing i.e. legislated requirements for placement on the housing waitlist.
- There is a lack of diverse, accessible counselling options in the community which has led to extremely long waitlists for service.
- There is a community need for IPV/GBV services at the intersections of race, ethnicity, Indigeneity, gender, sexuality, disability, and age.
- Community organizations recognize shifts in how people form families (i.e. extended families, multi-generational) which creates challenges in adequately responding to a family's unique needs.

## Innovate Service Models

- The need for coordinated responses to support individuals and families along the continuum of intervention experiencing IPV/GBV through community protocols.
- Emergency shelter programs for men who use abuse to reduce the negative impact on women being left with limited resources.
- Safe, affordable housing options for survivors of IPV and their children through a systemic emphasis on shelter diversion and supportive housing approaches.
- Flexible and individualized men's services for those who have caused harm, or at-risk of causing harm to mitigate risk, recidivism and lethality.
- Strengthen justice system responses to IPV/GBV through trainings, information sharing with community partners on high-risk offenders, and improving access to legal services for survivors.

## Additional Resources & Support

- Annualized operational funding for Violence Against Women (VAW) shelters, sexual assault centres, and other gender-based violence services.
- Crisis line services for survivors, along with the development of a provincial crisis and support line for men to mitigate the escalation of gender-based violence.
- Identify people at risk of gender-based violence victimization and perpetration through risk assessment tools and information sharing guidelines across sectors to prevent the escalation of violence.
- Accurate statistics and monitoring of IPV/GBV incidents, including the ongoing collection of self-reported data.
- Reducing barriers to transportation for survivors and their children.

## Prevention, Education & Awareness

- Urgent need to provide resources to the broader community on how to support those experiencing, witnessing or perpetrating IPV/GBV.
- IPV/GBV is still viewed as a hidden topic due to stigma, and its severity, prevalence and impact in the community seems to be unknown.
- On-going specialized trainings for direct service providers across sectors focused on complex trauma, needs of diverse populations and inclusive practices.
- Developmentally-appropriate education within schools from kindergarten through Grade 12 focused on communication, feelings and healthy relationships, while also considering the unique needs of neurodivergent youth.
- Early intervention and prevention initiatives are needed for youth; whether that is youth experiences of family violence, exposure to IPV, youth experiencing child abuse, peer violence, or youth 'at risk' for violence.
- Services for men who have used abuse beyond the Partner Assault Response Program through the expansion of early intervention services.

## Enhancing Partnerships & Opportunities for Collaboration

- IPV/GBV counsellors available on-site in both primary and secondary schools to expand early intervention and prevention initiatives for children and youth.
- Cross agency knowledge-sharing on available local resources to improve system navigation, case collaboration and service coordination as IPV/GBV is cyclical across the life course in Brantford.
- Community partnerships that reflect the complex needs of survivors and perpetrators at the intersections of mental health, substance use, criminal justice, child welfare and employment.
- Trauma-informed trainings for community partners that guides organizations on how to provide services through a trauma-informed lens.
- Specialized trainings for justice partners and first responders on the complexity of IPV/GBV and the importance of trauma-informed responses during the initial stage of contact.
- Programs to help improve parenting and deepen understandings of the root causes of gender-based violence amongst men and boys.

# Action Plan: Recommendations and Opportunities

The following list of recommendations and opportunities for action was provided by various service providers, community experts and advocates. The design of the Action Plan is intentionally broad to meet the evolving needs in the community and reflect emerging issues. The City of Brantford is committed to working collaboratively with partners, and will support, advocate and provide leadership in areas within the municipal scope.

## 1. Support & Prevention

- 1.1 Improve access to prevention and early intervention supports for children and youth who have been impacted by gender-based violence through collaboration with family & children's services providers in the community.
- 1.2 Support Brantford's culturally diverse community by exploring opportunities where community members can inform the development of services to ensure these unique perspectives are included.
- 1.3 Increase understanding of IPV/GBV in diverse communities through on-going knowledge sharing and consultations with local experts, advocates and researchers.
- 1.4 Support the development of inclusive services for persons living with disabilities, racialized, newcomer, immigrant and 2SLGBTQIA+ populations in collaboration with local experts, advocates and researchers.
- 1.5 Support culturally-responsive gender-based violence services for both survivors and perpetrators by working closely with Indigenous partners.

## 2. Education & Awareness

- 2.1 Host an annual IPV/GBV Forum for community partners to connect, exchange ideas and develop innovative approaches in Brantford.
- 2.2 Provide information and resources to the broader community on how to support those experiencing, witnessing or perpetrating IPV/GBV.
- 2.3 Collaborate on trainings for individuals working in the health and human services field on IPV/GBV dynamics, recognizing warnings signs, trauma-informed case management approaches and community referral options.
- 2.4 Partner with researchers to develop youth-led initiatives focused on building allyship in boys and male youth to lead conversations in schools and community about gender-based violence through a peer support model.
- 2.5 Challenge harmful norms, attitudes and beliefs about IPV/GBV through a Community Awareness Campaign that highlights resources and support options in the community
- 2.6 Engage with local providers, organizations and experts to determine the key themes, ideas and messaging of the campaign.
- 2.7 Utilize this information to develop an awareness campaign that spotlights different aspects of IPV/GBV and targets messaging towards a diverse range of populations through a variety of mediums.
- 2.8 Launch campaign that extends over a period of time to ensure the IPV/GBV epidemic and available resources remains an on-going discussion in the community.

### 3. Enhancing Community Partnerships and Collaboration

- 3.1 Utilize the BRAVE (Brant's Response Against Violence Everywhere) Committee as a valuable community working group for collaborative initiatives, cross-sector trainings and continuous improvement in response to violence.
- 3.2 Promote the enactment of a Community Violence/Threat Risk Assessment (VTRA) protocol in Brantford.
- 3.3 Encourage annual sharing of local IPV/GBV statistics from police and other justice providers to track trends and inform public education campaigns.
- 3.4 Support partnerships with educators where IPV/GBV counsellors are available on-site in both primary and secondary schools to expand early intervention and prevention initiatives for children and youth.
- 3.5 Expand options for safe, affordable housing for survivors of intimate partner violence through SPP, COHB, the development of affordable housing units, and a systemic emphasis on shelter diversion and supportive housing approaches.
- 3.6 Develop and facilitate IPV/GBV knowledge-sharing workshops for early learning and child care professionals to support increased understanding and referrals to gender-based violence resources for families.
- 3.7 Explore opportunities to promote access to child care fee subsidies for survivors of gender-based violence through information sessions with community agencies.
- 3.8 Explore ways to promote the economic security of women survivors with existing local partners to increase opportunities for employment, pre-apprenticeship entrepreneurship training, literacy and life skills programs, as well as the provision of employment retention strategies.

## 4. Advocacy

- 4.1 Explore opportunities for the community to connect with other municipalities in the region to strengthen provincial and federal government advocacy efforts.
- 4.2 Support local gender-based violence providers through promoting existing campaigns and initiatives, attending events, expanding knowledge of available resources in the community, and integrating intimate partner violence into broader discussions at various committees and working groups.
- 4.3 Encouraged the provincial and federal governments to implement the recommendations outlined in their gender-based violence action plans, including annualized funding and legislative amendments.
- 4.4 Support the addition of intimate partner and gender-based violence as a priority area within the City of Brantford's Community Safety & Well-being Plan.
- 4.5 Encourage community agencies to utilize a gender-based analysis in the development of their organization's policies and procedures.

