



PEACEFUL HOMES

A Guide to the Prevention of Violence in
the Home During and After Lockdowns



CANADIAN MUNICIPAL
NETWORK ON CRIME
PREVENTION

Together for Safer Canadian Cities

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Note: this document is a working draft. There are still some questions to be raised and information that will be added as acquired.

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About CMNCP:

The Canadian Municipal Network on Crime Prevention is a Canadian, not-for-profit, membership-based community of practice mandated to build capacity and mobilize Canadian communities to prevent and reduce crime and foster community safety and well-being. For more information visit www.safercities.ca.

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LETTER FROM THE CO-CHAIRS

COVID-19 is testing families across Canada and across the globe. The increased economic and social stressors brought on by the pandemic – confinement to the home, shifting parenting responsibilities, and the anxieties of economic uncertainty – are pushing people to their limits where conflict in the home can escalate to violence. Violence in homes has devastating and far-reaching consequences, not only for adults and children, but also for communities and society as a whole.

As the world enters a second wave of COVID-19 (Winter 2021) and experts predict other similar pandemics in the future, the window to intervene and prevent violence in the home is narrow, yet particularly vital for children in homes vulnerable to abuse/violence (such as maltreatment and neglect). Given the evidence we have of the impacts of adverse childhood experiences (ACEs) and their long-term effects, immediate action to prevent harms is critical.

The COVID-19 related emergency measures, including stay-at-home orders and lockdowns, expose what many of us have always known: the most intimate spaces – homes – are not always safe places. Research by the UN Population Fund (UNFPA) predicts that there will be at least 15 million more cases of domestic violence around the world in 2020 for every three months that lockdowns are extended.ⁱ

By now most people are familiar with the concept of flattening the COVID-19 curve. That is, taking necessary action to bring down levels of transmission and infection. Sadly, we are also dealing with existing epidemic levels of violence in homes across the globe which are exacerbated by the COVID-19 pandemic. Flattening this curve requires individual, community, and governmental actions. COVID-19 has generated a special case of economic and social stressors that may cascade and spill over into families. While the health impacts of COVID-19 will eventually decline as vaccines are completely rolled out and preventative measures are put in place, violence in the home is on no such trajectory. Rather, the long-term economic and emotional hardship posed by COVID-19 is likely to increase the already unacceptable levels of violence within Canadian homes.

COVID-19 presents us with an unprecedented opportunity to take an in-depth look at violence – in particular, violence in the home against women, intimate partner violence, and violence against children. In many ways, COVID-19 is putting a spotlight on those existing vulnerabilities and can help us unearth and address many of the root causes of violence and highlight how we can use the plethora of existing evidence-based prevention programs to reduce violence across the globe. Furthermore, in 2015, Canada committed to achieving the United Nations' 17 Sustainable Development Goals by 2030, which include reducing and preventing violence (homicides and violence against women and girls, etc.) and promoting peaceful and inclusive societies. As a result, prevention efforts should be informed by the SDGs.

During COVID-19 the effort to reduce violence in homes clearly requires a focus on families that are at the highest risk of experiencing abuse and violence (i.e., those families with a history of violence). The good news is that different orders of government in Canada and elsewhere as well as many organizations and national associations have increased their focus on families at that level of risk.

Unfortunately, less attention has been paid to ensuring **conflicts in homes during and after COVID-19 do not escalate to violence among those at a slightly lower level of risk**. We believe that this represents a significant blind spot with the ability to have long-term impacts in Canada and across the globe.

As a result, this guide focuses on homes that have increased risk of conflict escalating to violence (due to poverty, trauma, and adverse childhood experiences, for example) but have been (relatively) stable due to adequate resilience and protective factors. It is our opinion that the ongoing COVID-19 pandemic is threatening this stability and may result in a **surge of domestic violence in homes** that have not experienced violence prior to COVID-19.

Consequently, urgent action is necessary across communities to help families maintain peaceful homes during and after COVID-19. With that regard, we call on communities as well as provincial/territorial and federal government representatives to invest now to support families by providing adequate and accessible violence prevention programs (in addition to the funds currently available for mitigation and interventions), particularly to families with increased risk of violence due to COVID-19 and its long-term socio-economic effects.

Why, you may ask? The answer is simple – because violence begets violence. In fact, every child that is exposed to violence as an observer or a victim is more likely to struggle later in life and to resort to violence in situations of conflict. Ending violence in homes starts with figuring out how to prevent it from happening in the first place!

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Disclaimer: This document is a working draft. While it highlights the increased risk of violence in the home during and after the COVID-19 pandemic, additional information including ways to transition/adapt programs to be delivered virtually and align with social distancing restrictions will need to be added as recommendations are identified.

INTRODUCTION

This document has been developed as a practical resource for decision-makers, municipal stakeholders, and organizations to better understand the increased risk of family violence during COVID-19, highlight the potential long-term effects of violence, and identify approaches and programs that can help prevent violence in homes.¹

Research shows that violence in humans is not intrinsic, meaning that it is created and influenced by external factors, and it can therefore be prevented. There is ample evidence illustrating that several inequities drive violence, many of which are based on structural and historical injustices. These root causes² of violence include colonial violence, poverty, substandard education, inadequate housing, lack of opportunity, as well as shame and isolation. Actions, attitudes, and choices are shaped by individuals' environments and lived experiences. In order to create a more positive experience for those around us, it is imperative to address those foundational systems that shape experiences of well-being:³

Direct and indirect violence impacts children and youth disproportionately. Experiencing violence and other forms of maltreatment during childhood development are considered Adverse Childhood Experiences (ACEs) which, depending on the number of ACEs and their level of protective factors and resilience, can put children at a greater risk of behavioral, emotional, social, cognitive, and physical difficulties; abuse and/or neglect; mental health challenges; criminalization; and can lead to difficulties with interpersonal relationships later in life. It also makes children more likely to engage in interpersonal violence themselves, further contributing to the cycle of violence.ⁱⁱⁱ For more information on ACEs, refer to Appendix 2.

SCOPE OF THIS FRAMEWORK

While many governments, organizations, and national associations have increased their focus on families that are at the highest risk of experiencing abuse and violence at home during COVID-19 (i.e., homes where violence has already occurred in the past), less attention is being focused on ensuring those at lower levels of risk are able to prevent current tensions and conflicts at home from escalating into violence. COVID-19 is creating additional short-term and long-term challenges for families which can lead to increased tensions. These include (but are not limited to):

1. confinement (i.e., stay-at-home orders and lockdowns);
2. increased stress (due to loss of jobs, financial strain, fear of contracting the virus, etc.);
3. negative coping mechanisms (i.e., alcohol); and
4. lack of, or reduced access to formal (due to reduced hours and/or closures of services as a result of the pandemic) and informal supports (e.g., friends and family).

¹For additional information on COVID-19 and violence, see: <http://www.vawlearningnetwork.ca/our-work/covid19products/english/index.html>

²Root Causes refer to more general family, community, and societal conditions that can result in particular individuals being more likely to experience risk factors.

This guide focuses on those homes that have increased risk (due to poverty, trauma, and adverse childhood experiences, for example) but have been (relatively) stable due to sufficient resilience and protective factors. Furthermore, although there are potential risk factors for violence, it is important to acknowledge that families who have not previously been identified as at-risk on a scale of risk factors may also be on a trajectory leading them into a path of violence, particularly during COVID-19. In other words, families who may not have

experienced heightened systemic or individual vulnerabilities are not exempt from in-home violence. It is our opinion that COVID-19 is threatening this stability and could result in a surge of domestic violence in households that have not seen violence prior to COVID-19. As a result, while this guide provides an overview of violence in general, it focuses specifically on violence in the home and the potential risk factors, effects, and prevention recommendations associated with it.

AUDIENCE

This document is intended to serve as a guide for municipal stakeholders and decision-makers to better understand the different forms of violence in the home, the root causes of violence, the impacts of COVID-19 on vulnerabilities that may lead to increases in domestic violence, and preventative approaches and programs that can be implemented at the local level to help maintain peaceful homes in the current context.

Given the substantial and potentially long-lasting negative impacts that violence can have on individuals, families, and communities, effective approaches to prevent violence in the first place are essential. As discussed above, the factors that lead to violence are complex and span multiple levels and therefore, any approach

to violence prevention should reflect this. This means expanding the approach beyond the justice system and police to incorporate other sectors in prevention efforts.

The purpose of this document is to guide communities in the development of effective approaches to address violence in the home, particularly as a result of COVID-19. Based on a review of research, best practice, and the support of national experts, this guide provides a list of general recommendations, including the need for systemic change, **AND programs/initiatives that have been identified as having the most potential to effectively prevent home conflict during the pandemic from escalating, ultimately preventing further negative outcomes and saving lives.**

The programs/initiatives include (but are not limited to):

The Abuse Assessment	This is an abuse assessment tool for medical staff to aid in the detection and referral of abuse (from a partner, strangers, or others) in pregnant women.
Bringing in the Bystander	This program seeks to increase prosocial attitudes and behaviors toward and awareness of risky behaviors and precursors to sexual victimization among potential bystanders and third-person witnesses.
Change a Life	A free, interactive online program for adults designed to educate the public about the effects of childhood exposure to domestic violence (DV) and improve adults' self-efficacy in helping children exposed to DV.
Intervention Différentielle en Partenariat (IDP)	The program is centered on conflict resolution; counselling and social work; family therapy; parent training; peer counselling and mediation; school-based strategies; skills training; and social emotional learning.
Neighbours, Friends, and Families	Neighbours, Friends, and Families is a public education campaign to raise awareness of the signs of violence against women so that those close to an at-risk woman or an abusive man can help.
Peer Support	Peer support can be an important resource for DV agencies, whether it takes the form of independent peer-run programs, self-help and mutual support groups, or services delivered by peers working within mental health organizations.
REACH Immigration and Refugee Initiative	The intention of this project was to reduce risk factors, strengthen protective factors with the overall goal of reducing precursors to family violence.
Real Talk	REAL Talk is a guide to help us understand and talk openly about domestic violence in Alberta.
Sh!ft – The Project to End Domestic Violence	The purpose of Shift is to empower others to create the social conditions that will stop violence before it starts.
Triple P	By enhancing parenting practices, the program seeks to reduce family risk factors for child maltreatment and children's behavioral and emotional problems.
Walking the Path Together	The Walking the Path Together (WTPT) project helped develop culturally relevant program resources for child residents of on-reserve shelters that were previously lacking and established a model for service delivery based on a long-term, intensive, and flexible approach and principles of strength-based intervention, matched to the context and needs of the children.

If you are concerned about potential or actual increases in violence as a result of factors related to COVID-19 in your community, please refer to the section on the role of communities in preventing violence in the home during COVID-19, general recommendations for violence prevention, as well as the full list of programs that can be implemented at the local level to prevent conflicts in homes from escalating to violence.

VIOLENCE IN HOMES DURING COVID-19

The causes of violence are numerous and complex. With the COVID-19 pandemic and resulting prevention measures (i.e., stay-at-home orders), these vulnerabilities and risk factors are likely to be exacerbated.^{iv} Not only can this increase the severity of existing violence in households, but it can also result in violence occurring in homes where it previously was not present. While risk factors may have been present prior to the COVID-19 pandemic, in some cases the increased stress as a result of additional pandemic-related restrictions, isolation, financial struggles, and/or employment interruptions³ may be enough to result in the escalation of conflict or tension into instances of violence.^{vi}

Christiane Sadeler, M.A. Community Psychology, Consultant, highlights how the pandemic creates an urgent need to flatten the violence curve:

"Preventing the spread of a virus drove people into their homes. Preventing the violence that can emerge from that very isolation is the next challenge. The research linking pandemics to violence in the home is very clear. Quarantine and physical isolation – the very measures that prevent COVID-19 – provide ideal conditions for violence by eliminating opportunities to temporarily escape an abusive partner. Economic insecurity caused by job losses and financial uncertainty create added stress as people struggle to pay their bills and put food on the table. Even in the most resilient homes, new stressors, close quarters, and uncertainty can be precursors to conflict and violence. Not only are families subjected to new or more intense stressors, they have lost vital mechanisms to help de-escalate stress: a visit with a friend, physical activity, a change of pace and location. In homes where stress is escalating, it can be a spark. In homes where violence is already present, it's a powder keg."

In other words, the lockdowns expose what many of us have always known: the most intimate spaces – homes – are not always safe places. Research by the UN Population Fund (UNFPA) predicts that there will be at least 15 million more cases of domestic violence around the world for every three months that lockdowns are extended. Moreover, studies indicate domestic violence has increased by upwards of 25% in numerous countries as a result of shelter-in-place measures.^{vii}

³ Studies have examined the relationships between adverse labour market conditions and women's experiences of abusive behavior following the Great Recession. Results indicate that unemployment and economic hardship at the household level were positively related to violence. Further, rapid increases in the unemployment rate increased men's controlling behaviour toward romantic partners. This demonstrates that the uncertainty and anticipatory anxiety that go along with sudden macroeconomic downturns haven negative effects on relationship quality (Schneider, Harknett, and McLanahan, 2016).

VIOLENCE AGAINST WOMEN DURING COVID-19

Of particular concern amid the COVID-19 pandemic is an increase of violence against women and children in the home.⁴ As discussed above, the effects of violence in the home are broad and can have long-lasting effects on women and children. With the impacts of the pandemic increasing the likelihood of its occurrence, there is an even greater need to take immediate action to prevent pandemic-induced violence. Specifically, it can affect women in the following ways:

1. It can serve as a **catalyst for violence** as a result of increased levels of stress and uncertainty.
2. Changes in the availability of **resources and services** may limit or delay individuals' access to supports or services in response to violence.
3. **Marginalized individuals and families** may experience stigma, racism, or disproportionate enforcement of restrictions, increasing their risk of violence.
4. Physical distancing measures **increase isolation which can escalate conditions for violence** and limit opportunities to escape and limit peoples' access to support systems including friends, co-workers, and extended family.
5. Restrictions and efforts to prevent the spread of infection may **further marginalize certain groups** in the

population (e.g., those with access to limited resources like food, shelter, medicine, or drugs may exploit others for sex, money, or labour).

6. **Gender and class differences** in the field of healthcare disproportionately leave women exposed to direct (illness) and indirect (trauma, violence, stress) harms related to COVID-19.
7. Individuals working in **precarious and low-paying positions** (often disproportionately women) face increased challenges as they may feel pressure to engage in unsafe work to avoid termination.⁵

Many of these issues are echoed in the UN Women (2020) publication *Prevention: Violence against women & girls and COVID-19*, which also highlights the potential for increased stress, tension, and mental health challenges as a result of quarantine and related issues including job-loss and financial strain. Additionally, the document emphasizes the challenges with reduced access and availability of services and pro-social organizations as well as the increased risk of exploitation as more time is spent online.^{viii} Indeed, the shift toward the virtual space – including for those who are exploring online dating/sexuality – can create heightened risks related to gender-based violence, such as leaking photos or phishing.

⁴For more resources on Violence Against Women, UN Women has published several resources, available at: <https://www.unwomen.org/en/digital-library/publications>

⁵For a full description of each step, please visit: <http://www.vawlearningnetwork.ca/docs/COVID-gbv-canada-recommendations.pdf>

VIOLENCE AGAINST CHILDREN DURING COVID-19

With respect to children, the VAW Learning Network emphasizes that pandemic restrictions have also increased their risk for violence in the home due to several factors:

1. **Fewer interactions with adults** who can support them due to closures of school, childcare centres, playgrounds, recreation centres, and other locations.
2. Closures of, or limited access to **government and community services** may reduce accessibility to supports, including family counselling or programming.
3. **Financial stressors** in the home, including parental job loss.
4. Dealing with **illness and separation of family members** may result in increased contact with those who engage in violent behaviour.
5. Risks associated with increased **time spent on the Internet** (e.g., inappropriate content, cyberbullying, cyber predators).
6. Hesitation to report safety concerns amid fear that **removal from the home** may put children at risk of COVID-19.
7. Others (friends, family, neighbours) have reduced opportunity to **detect and respond** to concerns for children's safety.
8. Parents working in essential jobs may be gone more often **leaving siblings alone without supervision** for extended periods of time.
9. Older siblings may be expected to take on **additional responsibilities** which could overwhelm them.
10. Parents may feel **increased stress juggling multiple roles**, particularly in the case of families that already face poverty and marginalization.^{ix}

These statements highlight the need for approaches to address the increased stress experienced as a result of COVID-19 to prevent pandemic-induced violence, particularly in light of a second wave which could result in additional restrictions, and resultantly, more violence. They also shed light on another issue that must be considered: how to detect violence in these unprecedented times.

SELF-INFLICTED VIOLENCE DURING COVID-19

Since the beginning of the pandemic, many individuals have reported feeling fear and anxiety related to the spread of infection. Excessive fear and apprehension of spread of infection can lead to acute stress, anxiety, and higher levels of depression in vulnerable individuals. Mental health service providers and organizations are already attempting to raise awareness about the potential

increase in suicide and self-harm behavior as a result of the societal impact of the ongoing pandemic. Possible risk factors, such as prolonged periods of social isolation, fear of unemployment, economic loss due to lockdown, as well as death of family members and significant others, have been proposed to precipitate self-harm behaviors during this pandemic.^x

DETECTING VIOLENCE IN THE HOME DURING COVID-19

Alongside increasing levels of violence in the home during the pandemic, another related concern is ways to detect it. While typically domestic violence can be identified through a variety of agents – e.g., by teachers when children go to school, extended family during visits with loved ones, colleagues at work, or victims reporting to others – the closures and/or limited access to these ‘safe’ places has made detection and reporting more difficult. These also tend to be places of reprieve, and thus, the pandemic has also resulted in greater challenges for victims seeking support and opportunities to escape violence. Additionally, the increasing number of people staying at home has created greater opportunities for perpetrators to restrict and monitor the use of social media, the Internet, and cell phones by others. As a result, this may drastically limit the opportunity for victims to seek help via these methods.^{xi}

In response to these challenges, additional methods for detection must be established. For example, the *Keep Families Safe* campaign^{xii} provides information on domestic violence as well as ways to detect and respond to violence in the home if an individual is experiencing it or becomes aware of it. They highlight the importance of reaching out to others, asking if they feel safe, and becoming familiar with the signs of domestic violence. In addition, they share a [video](#) with a domestic abuse hand signal that can be used during virtual meetings or chats. These recommendations emphasize the important role that bystanders play in these

unprecedented times where typical methods of detection may not be available. As Campbell (2020) suggests, while the people who generally report violence may no longer be able to, other individuals including mail carriers, garbage collectors, food delivery drivers, and home repair workers may still have the opportunity to detect and report it.

In addition to interpersonal violence, the increased risk for self-inflicted harm during the COVID-19 pandemic highlights the need for greater emphasis on detection measures. This means checking in on individuals, particularly those living alone, and being aware of warning signs, which include the following:

- Talking or writing about suicide, hopelessness, no reason to live, being a burden on others, feeling trapped, and/or unbearable pain.
- Behaviours including increased use of alcohol or drugs, withdrawal from usual activities, searching for way to end life, isolating from family or friends, and/or highly worrisome changes in behaviour.
- Mood: depression, anxiety, loss of interest, irritability, humiliation/shame, agitation/anger, and/or relief/sudden improvement.^{xiii}

As discussed above, COVID-19 can exacerbate many of these issues, increasing the potential for self-harm, and emphasizing the importance of additional detection efforts during these unprecedented times.

THE ROLE OF COMMUNITIES IN PREVENTING VIOLENCE IN THE HOME DURING COVID-19

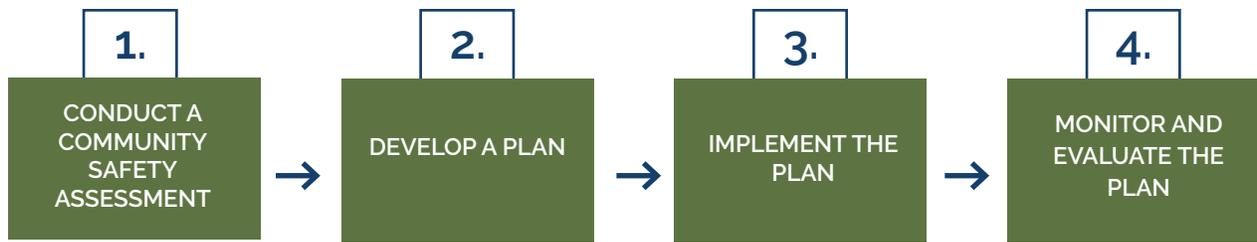
As mentioned previously, this report aims to provide municipal stakeholders and local agencies with information and recommendations to prevent violence in the home amidst the COVID-19 pandemic. Municipalities represent the order of government which is best suited to identify local issues and problems, as well as the conditions that contribute to these problems. Therefore, decision makers in Canadian communities can use effective violence prevention strategies to reduce harms significantly – thus saving lives, stopping pain and suffering, and reducing taxes.

While no community is immune to violence, it is crucial to recognize the causes and impacts of violence, the needs of victims and survivors, as well as the available services and supports vary from one location to another. For instance, the context, needs, and responses to violence in the home in urban communities likely differ from those in rural areas. Similarly, communities with diverse demographics require a wide range of culturally-adapted services for people experiencing violence in that community. Because of the unique context of each community, local governments can play a key role in addressing the context and social norms that foster violence, they can advocate to the Provincial/Territorial and Federal government, and they can focus on identifying local priorities and needs in order to implement preventative approaches that are adapted to the community's context. In other words, municipal stakeholders, leaders, and service providers can work to increase

resilience at the individual, family, and neighbourhood level and empower residents to address violence within their homes.

Communities can focus on the prevention of violence in the home during COVID-19 by rolling out coordinated, multi-sectoral efforts. Specifically, the prevention of violence in the home can be incorporated as a key priority to a larger Community Safety and Well-Being Plan, or a specific strategy on domestic violence prevention during COVID-19 could be implemented. This includes creating a local advisory committee to oversee the planning process (including partners from various relevant sectors, such as health services, social services, victim services, etc.), conducting an assessment to identify local risks/priorities related to violence in the home, identifying priorities locally, and implementing appropriate evidence-based strategies and actions to address them.

⁶For more information on the planning process, consult CMNCP's Practitioner Guide on Community Safety and Well-Being Planning (2021). <http://safercities.ca/evidence-on-crime-prevention/#sectionpractice>



CONDUCT AN ASSESSMENT OF THE ISSUE LOCALLY

This step is best completed by the local community and involves assessing current issues related to violence, their causes, locations, risk factors, and consequences at the local level. This process can be proactive (working with the community to identify priorities) or reactive (identifying priorities in advance and working with the community to identify solutions). It involves five steps: developing an assessment

advisory committee, collecting and analyzing quantitative data, asset mapping, collecting and analyzing qualitative data through community consultations, and creating a report that includes the results which should then be presented to community stakeholders. These steps are vital to identifying key issues at the local level and the main challenges that the plan will address.

DEVELOP A PLAN

The plan should outline the most effective approach(es) to respond to the problems and priority areas identified in the community safety assessment. Interventions should be adapted based on the specific local context

and needs of the community. This process should involve collaboration between multiple sectors to develop a comprehensive response to violence in the home.

IMPLEMENT THE PLAN

Once a plan has been developed, it will need to be implemented in the community. This process involves organizing, training, and

monitoring to ensure that interventions are delivered in a way that is efficient, effective, and sustained.

MONITOR AND EVALUATE THE PLAN

Finally, it is crucial to monitor and evaluate the outcome of efforts with qualitative information and measured results. Ideally, this process should be overseen by a leadership group that is a network of stakeholders that drive the process and make strategic decisions. While the municipality should identify a body responsible for accountability

and moving things forward, the leadership group, comprised of external experts and practitioners, can analyze results from the assessment, identify priorities, and select evidence-based programs to include in the plan, and report back to the municipality to propose strategic direction.

GENERAL RECOMMENDATIONS

The above discussion highlights the complex nature of violence and the need to take action to prevent it. With the experience of the COVID-19 pandemic and the increased levels of stress people are experiencing as a result of restrictions and uncertainty surrounding it, the need for effective responses to prevent family violence has never been higher.

While upstream prevention⁷ is the ideal method of preventing violence before it begins, it is beyond the scope of the recommendations for this report. This document focuses on preventing violence within families that are currently experiencing some risk factors, which have the potential to boil over and result in violence due to increased stressors related to the COVID-19 pandemic. As a result, the recommendations provided reflect primary and secondary prevention approaches designed to address higher risk situations (on the verge of becoming violent) with more short-term results (preventing escalation). Given the current circumstances, consideration must

also be given to the delivery methods of these approaches, as current physical distancing protocols emphasize the need for alternative delivery methods, such as over the phone or the Internet.

Additionally, accessibility will need to be considered as some individuals may not have access to the Internet or a cell phone. Thus, alternative options should be made available, if at all possible.

Based on the discussion above, the following actions are recommended to reduce violence in the home during the COVID-19 pandemic.

SYSTEMIC CHANGE

While a number of programmatic approaches can be implemented to address violence, it is also important to focus on systemic change by empowering communities to create the social conditions that will stop violence before it starts. Communities can work to advance gender equality and equity, promote healthy masculinities, address the intersections of racism, heterosexism, and

oppression, and build healthy relationship competencies to stop the perpetration of domestic violence.^{xiv} Municipalities can hold an advocacy position and help inform and influence decision makers to take action and implement programs, policies, and practices that prevent domestic violence.

⁷For more information on upstream prevention, watch the Waterloo Region Crime Prevention Council Upstream Video: <https://www.youtube.com/watch?v=YbFXxgk6NI>

AWARENESS AND EDUCATION

Informing the community of risk factors and warning signs of violence in the home, as well as the importance of reporting and where and how to do it will be an essential part of prevention. This can be done through various methods including social media campaigns, television and radio advertising, and posters/infographics. As UN Women (2020) highlights, “media in the current context have a larger audience than ever before”^{xv} and as a result, should be used to reiterate that the effects of the pandemic are

exacerbating the risk factors for violence in the home making it more likely to occur.

Additionally, information on coping mechanisms, violence prevention, and supports can be shared through a variety of sources including the school system (in-class or virtually), social services, hospitals and places of employment, etc.^{xvi} These, alongside more long-term prevention efforts, can help prevent violence in the home during the pandemic as well as in the future.

RECOMMENDATIONS FOR PREVENTING VIOLENCE AGAINST WOMEN

Based on the effects of COVID-19 discussed above, the VAW Network also offers several suggestions for preventing violence against women:

- Collect data to allow for an identification of sources of increased vulnerability to violence as well as an understanding of the broad range of impacts that COVID-19 has had on individuals and the community.
- Implement programs and strategies for addressing violence that include multiple sectors and are gender informed.
- Assess local needs to ensure that programs and services are able to meet the needs of the immediate community.
- Ensure that those responding to pandemic-related issues reflect the communities they serve (i.e., they represent diverse groups of people and understand their needs).
- Incorporate strategies to address gender-based violence into future plans and other disaster response frameworks.^{xvii}

RECOMMENDATIONS FOR PREVENTING VIOLENCE AGAINST CHILDREN

- Communicate with children about COVID-19 and the resulting changes in a way that they can understand. This also includes ensuring them that they can speak up about problems at home without putting themselves at risk.
- Communities should conduct ongoing risk assessments⁸, particularly with vulnerable families experiencing risk factors associated with violence, to address issues as they arise and prevent the escalation of issues in the home.
- Work with families to address their needs and connect them with supports to mitigate risk factors and promote resiliency.

⁸ Effective risk assessment tools may need to be identified or developed.

- Support children's mental health and well-being through social interaction with trusted adults (via letters, phone calls, or video chats) who can encourage them and support their emotions.
- Agencies/organizations that work with children should connect with them and their families on a regular basis to assess whether or not changes are occurring in the home and if they require attention.
- Educate children on Internet safety and potential dangers that exist online.^{xviii}

The discussion above highlights the complexities of violence and the ways in which the pandemic has and will continue to exacerbate the risk factors associated with it. This will likely increase violence in homes around the world. As a result, taking steps to mitigate these effects is essential to prevent already unacceptable rates of violence from becoming worse.

EVIDENCE-BASED PROGRAMS TO PREVENT VIOLENCE IN THE HOME DURING AND AFTER COVID-19

In anticipation of future waves of COVID-19 or other situations leading to potential lockdowns, communities can also take action and implement programs to mitigate risk factors for violence in the home during and after the pandemic. While the previous section outlines general recommendations (including addressing social norms, policy change, and educational approaches) for violence prevention based on evidence and best practice, this section includes a list of programs that can address the aforementioned recommendations and have been identified as having the highest level of probability to have a positive impact based on evidence and expert review. If a community is developing a comprehensive plan or strategy to address violence in the home, these could potentially be of interest from a programmatic approach. That being said, the relevance of programs should be assessed based on the community's needs (including cultural relevance, feasibility from a resource, and capacity perspective).

Something worth noting is that given the restrictions that have been implemented in light of the first wave of COVID-19, which will likely continue during the second wave and potentially in other similar events/situations, it is important to make the programs accessible via virtual options. Current physical distancing restrictions may limit peoples' ability to seek help and thus, must be taken into consideration when programs are being implemented.

Please see Appendix 1 for additional violence prevention programs that are **potentially in scope** for addressing violence in the home during COVID-19.

TARGET AUDIENCE: Youth (11-18)

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
REACH Immigration and Refugee Initiative	Primary, Secondary	Culturally sensitive information, services, and support; Works to address root causes and risk factors for family violence in a way that is culturally relevant for new immigrant families.	N/A	SROI = \$1.40 per \$1 spent	N/A

TARGET AUDIENCE: Post-Secondary Students

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
Bringing in the Bystander	Primary, Secondary	In-class and online session options to increase awareness of behaviours and precursors to sexual violence and/or intimate partner violence.	N/A	N/A	Promising

TARGET AUDIENCE: Adults

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
Change a Life	Primary, Secondary	Interactive, online program that seeks to educate adults about childhood exposure to DV and how to help children with these experiences.	N/A	N/A	Promising
The Abuse Assessment	Primary, Secondary, Tertiary	Pre-natal questionnaire administered to all pregnant women during their first clinic or emergency room visit.	N/A	N/A	Promising
Neighbours, Friends, and Families	Primary, Secondary	Online resources and training for identifying signs of domestic violence and how to report it.	N/A	N/A	N/A

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
Real Talk	Primary, Secondary	Training and support for informal supporters who are providing support to friends and family who have been impacted by violence (either as victims or perpetrators). Includes workshops, support groups for informal supports and system navigation and support for informal supporters and awareness raising. Program has been adapted to be delivered online.	N/A	N/A	N/A
Peer Support	Secondary, Tertiary	Individual and group support for victims of domestic violence. Support is offered by volunteers who are survivors of domestic violence. Volunteers are trained on a curriculum and clinically supported to deliver the curriculum. Program has been adapted to be delivered online.	N/A	SROI= \$7 per \$1 spent	N/A
Caring Dads	Secondary, Tertiary	17 group and individual sessions with online and telephone-based sessions as needed due to COVID. Focus is on increasing child safety by ending fathers' use of violence in the home, improving his respectful co-parenting and increasing his child-centeredness.	N/A	ROI = \$2.36 for every \$1 spent	N/A
HELPP (Health, Education on Safety, and Legal Support and Resources in IPV Participant Preferred)	Primary, Secondary	<i>HELPP</i> intervention is comprised of six modules delivered by e-mail once a week for 6 weeks and focus on education on safety, self-reflection, and self-evaluation of risk for mental health distress.	N/A	N/A	N/A
I-DECIDE	Primary, Secondary	<i>I-DECIDE</i> aims to help women self-inform, self-reflect, and self-manage, and focuses more on healthy relationships, rather than only safety decisions.	N/A	N/A	N/A

TARGET AUDIENCE: Families

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
Intervention Différentielle en Partenariat (IDP)	Secondary, Tertiary	Assessment/evaluation of children's needs, personalized intervention, partnership with youth, families, and community-based services.	N/A	N/A	Effective
Triple P	Primary	This is a comprehensive parent-training program designed to enhance parental competence and prevent or alter dysfunctional parenting practices. It includes consultations, public seminars, group courses, and online sessions.	\$143	\$722	Effective
Walking the Path Together	Secondary, Tertiary	Indigenous families assessed, services tailored to their specific circumstances, individual and family counselling, talking circles with elders for spiritual guidance; educational, spiritual, and recreational activities for children and their families.	N/A	SROI = \$5.42 per \$1 spent	Effective
Sh!ft - The Project to End Domestic Violence	Primary	Sh!ft's goal is to significantly reduce domestic violence in Alberta using a primary prevention approach to stop first time victimization and perpetration.	N/A	N/A	N/A

SUPPORTING INFORMATION

In addition to discussing the impacts that the COVID-19 pandemic has had on violence in the home, it is important to provide some supporting information to ensure that there is a general understanding of the definition and type of violence that is being referred to in the document as well as offer context and justification for the recommendations included in the report. As such, the subsequent sections will outline this information, including the types of violence, the root causes of violence and the impacts of violence, as well as approaches to preventing it.

DEFINING VIOLENCE

The World Health Organization (WHO) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in

or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”^{xix}

TYPES OF VIOLENCE

In addition to the general definition above, the World Health Organization’s (2002) *World Report on Violence and Health*^{xx}, outlines three general categories of violence:

- 1. Self-Directed Violence:** Refers to violence inflicted upon oneself and is divided into sub-categories of suicidal behavior (e.g., suicidal thoughts and attempted suicide) and self-abuse (e.g., self-mutilation).
- 2. Interpersonal Violence:** Refers to violence that occurs between individuals and is divided into sub-categories of family and intimate partner violence (largely occurring between individuals who are related) and community violence (between individuals who are unrelated).

- 3. Collective Violence:** Refers to group violence and is divided into sub-categories of social (e.g., hate crimes or terrorism), political (e.g., war and state violence), and economic violence (motivated by economic gain e.g., denying access to essential services).

Note: This document focuses exclusively on interpersonal violence that occurs in the home – or domestic violence – which is discussed in greater detail below.

DOMESTIC VIOLENCE

Domestic violence is violence committed by someone in the victim's domestic circle. This includes partners and ex-partners, immediate family members, other relatives, and family friends. The term 'domestic violence' is used when there is a close relationship between those involved and usually involves a form of controlling and coercive behaviour. Domestic violence⁹ can take the form of physical, sexual, financial, or psychological abuse. It can include intimate partner violence, elder abuse, violence against children, animal abuse, and/or self-harm. It is important to note that these forms of violence frequently occur simultaneously in a home.

Intimate Partner Violence (IPV) describes physical violence, sexual violence, stalking or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or mixed-orientation relationships and does not require sexual intimacy. According to Statistics Canada, most police-reported victims of intimate partner violence are victimized by a current partner and the escalation of an argument is the most common motive for intimate partner violence.^{xxi} Furthermore, studies have shown that more than 50% of women experiencing intimate partner violence reported that their pets had been threatened, harmed, or killed by their partners.^{xxii}

Cities across the world are reporting that intimate partner violence is exacerbated by movement restrictions aimed to stop the spread of coronavirus.^{xxiii} As discussed in greater detail earlier on in the document, the increasing number of individuals staying at home, in addition to higher levels of stress and strain due to loss of employment,

financial pressure, and other pandemic-related issues can increase the impacts of risk factors for violence in the home potentially resulting in higher rates of intimate partner violence.

Elder Abuse is any action, behavior, or failure to act that causes or risks causing harm to an older adult. Elder abuse includes physical, sexual, or emotional harm, as well as damage to or loss of property or assets. It covers a whole range of behaviors including hurtful comments, controlling an older adult's activities, unduly pressuring older adults to sign legal documents that they do not fully understand, not providing appropriate medical attention, and any form of physical abuse. In addition to economic difficulties and poverty, there can be serious psychological and physical implications for victims, such as anxiety, depression, isolation, stroke, heart attack, over-medicating, and death. As the senior population in Canada continues to expand, elder abuse has emerged as an increasingly important issue: while an estimated 4% to 10% of seniors experience abuse, only 20% of incidents are reported to someone who is able to help.^{xxiv} Physical assault is the most common form of police-reported family violence against seniors, and the violence is most often perpetrated by an extended family member or grown child. Before the pandemic, it was estimated that 10% of older adults were affected by some form of abuse. Since the outbreak of COVID-19, it is believed that elder abuse has been on the rise as those providing support have seen an increase in the number of individuals seeking help.

⁹The current guide focuses primarily on domestic violence that is committed "in the home" because the sanitary measures imposed during COVID-19 have forced individuals to practice social distancing and confinement within their home.

Child Abuse and Neglect includes physical, sexual, and emotional abuse, which are all forms of Adverse Childhood Experiences (ACEs).¹⁰ This also includes neglect and any violence that children see or hear in their families. According to self-reported data from the General Social Survey on Victimization (GSS), 33% of Canadians aged 15 and older experienced some form of maltreatment during childhood.^{xxv} Furthermore, children who witness family violence are at risk for both short- and long-term harm. About 10% of Canadians who witnessed violence as a child also reported that they had been the victim of childhood physical and/or sexual abuse. It is important to note that even if they do not see or hear the violence, children can be affected by hearing or seeing the results of the violence. This can lead to emotional, behavioural, and developmental challenges. According to the World Health Organization, it is estimated that globally, over half of all children aged 2-17 have experienced some form of emotional, physical, or sexual violence in the past 12 months.^{xxvi} Despite how often it occurs, much of this violence goes unreported. In fact, research suggests that rates of sexual and physical abuse are substantially higher (30 times and 75 times, respectively) than reports indicate. The impacts of violence against children are substantial and detrimental.

Effects include health consequences (e.g., impaired brain development, mental health problems, delayed cognitive development), social consequences (e.g., poor school performance, early pregnancy, intergenerational violence), and economic consequences (e.g., costs associated with health consequences, social services, justice system, etc.). For more information on Adverse Childhood Experiences, see Appendix 2.

Self-Harm: *The World Report on Violence and Health* (2002) is explicit that violence can be other-directed as well as self-directed. Based on this inclusion, it is estimated that 50% of all deaths due to violence are self-inflicted. Self-harm, also known as self-injury, is defined by the World Health Organization (WHO) as "an act with non-fatal outcome, in which an individual deliberately initiates a non-habitual behavior that, without intervention from others, will cause self-harm".^{xxvii} Self-harm can be a way of managing strong emotions, self-punishment, a way of communicating internal distress, a symbolic weapon for punishing others, a way to feel a sense of empowerment and control, or a desire for death. Self-harm is a response to psychosocio-economic adversity and trauma and is usually associated with mental health challenges.

INTERSECTIONALITY AND DOMESTIC VIOLENCE

While it is necessary to recognize that legal definitions of domestic violence cannot be universally applied to individuals of all backgrounds, domestic violence's pervasive nature across cultures makes it a largely gendered issue.^{xxix} It is crucial to understand that domestic violence manifests in various ways in different class and cultural contexts

and that victims' experiences are shaped by their intersectional identities and locations. Specifically, research shows that certain people, who are located at the intersection of numerous structural inequalities, face additional issues and pressures that impact their experiences of domestic violence.^{xxx} In Canada and across the world, there is no

¹⁰ACEs are traumatic experiences that occur in an individual's life before the age of eighteen and have lasting effects into adulthood (see Appendix 2 for a detailed discussion of ACEs).

universal experience of domestic violence, and it is therefore crucial to frame the issue through an intersectional lens.

Half of all women in Canada have experienced at least one incident of physical or sexual violence since the age of 16. However, certain populations experience disproportionate rates of violence:

- Self-reported intimate partner violence of Indigenous women is three times higher than non-Indigenous women.^{xxxii}
- Women account for 60% of senior survivors of family violence.
- Persons with disabilities are between 50% and 100% more likely than those without disabilities to have experienced violence by a spouse.^{xxxiii}

- Female children and youth are more often victims of police-reported family violence than their male counterparts (rates of 280 and 188 per 100,000 population, respectively).
- Women living in the territories are victimized at a rate eight times higher than those living in the provinces. Furthermore, remote and isolated communities face particular challenges related to access and availability of supports.

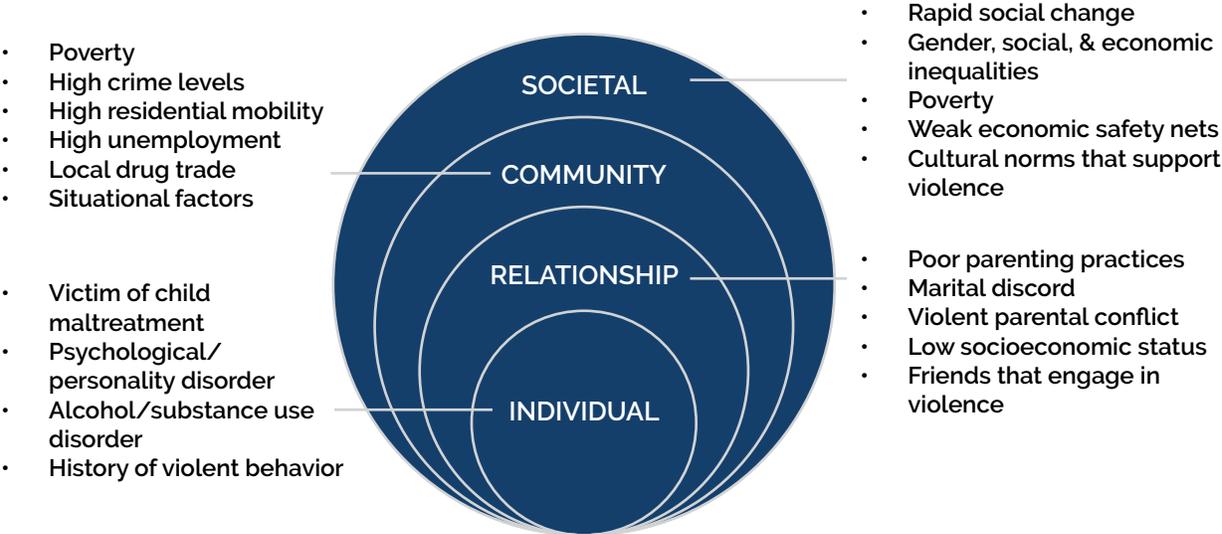
Not only are these groups disproportionately impacted by violence, they also tend not to have access to culturally-adapted services/ supports and are less likely to be taken seriously if they choose to report their victimization.

ROOT CAUSES AND RISK FACTORS

NOBODY IS BORN VIOLENT

Research shows that violence in humans is not intrinsic, meaning that violence is created and influenced by external factors and that it can therefore be prevented. There is ample evidence illustrating that several inequities drive violence, many of which are based on structural and historical injustices. These root causes¹¹ of violence include colonial violence, poverty, substandard education, inadequate housing, lack of opportunity, as well as shame and isolation. Actions, attitudes, and choices are shaped by individuals' environment and lived experiences. In order to create a more positive experience for those around us, it is imperative to address those foundational systems and relationships that play a critical role in shaping the environment and experience of well-being.^{xxxiii}

The World Health Organization also indicates that violence is the outcome of interaction among many factors at four levels – the individual, the relationship, the community, and the societal (see figure below). This is referred to as the 'Ecological Framework', which "treats the interaction between factors at the different levels with equal importance to the influence of factors within a single level".^{xxiv} The Ecological Framework is also useful to identify and cluster prevention strategies based on the ecological level in which they act as well as the risk factors¹² they address.



¹¹Root causes refer to more general family, community, and societal conditions that can result in particular individuals being more likely to experience risk factors.
¹²Risk factors refer to negative influences within the community or the lives of individuals that make them more likely to engage in crime or experience victimization, such as substance misuse and having friends who engage in criminal behaviour.

Societal Factors

Societal factors exist at the highest level and affect whether violence is encouraged or inhibited in society. They include economic and social policies that maintain socioeconomic inequalities between people, rapid social change, poverty, and social and/or cultural norms that endorse violence as an acceptable conflict resolution method, among others. They also include systems of oppression such as racism, colonialism, classism, patriarchy, and ableism (See Appendix 3 for more information).

Community Factors

Community factors are those which are present in locations where social relationships occur, including schools, neighbourhoods, and workplaces. Examples of the types of risk factors that fall under this category include poverty, unemployment, crime levels, and other situational factors.

Relationship Factors

Relationships factors are those that occur as a result of relationships with others (family, friends, intimate partners, peers, etc.) and can make individuals more likely to engage in violence (or other criminal activity). Risk factors include poor parental practices (abuse, neglect), low socioeconomic status, and having friends that engage in violent activities, among others.

Individual Factors

Individual factors refer to things like a person's history or biological make-up which affect the way they act and can increase their chances of engaging in violence or falling victim to it. Examples of individual risk factors include being a victim of child maltreatment, experiencing psychological or personality disorders, engaging in alcohol or substance misuse, and having a history of behaving aggressively.

IMPACTS OF VIOLENCE

Violent victimization has serious impacts on the well-being of victims, their families and friends, their community, and on society as a whole.^{xxxv} Impacts can be both direct and indirect and can be financial, physical, psychological, as well as emotional. Furthermore, violence often impacts a community's sense of well-being and can result in heightened costs for policing, victim services, and additional reactionary services adopted by businesses and communities. In 2014, approximately one in five Canadians aged 15 and older (about 5.6 million people) reported that they or their household had been a victim of at least one of the eight types of crimes measured by the General Social Survey (GSS) in the 12 months preceding the survey. Moreover, over 2.2 million violent incidents were reported by Canadians in 2014, for a rate of 76 violent incidents per 1,000 people aged 15 years and older. The trauma experienced by families as a result of violence is immeasurable. Nevertheless, we know that economically, this translates to at least \$55 billion in harm to victims. Additionally, violence not only costs billions of dollars, but it also ruins lives and creates fear and feelings of insecurity among communities and individuals – particularly those who are most marginalized. Scarce research on this topic shows that women, especially young women, feel less safe than men.

CYCLE OF VIOLENCE

In addition to the drivers of violence, which are rooted in systemic barriers and inequities¹³, violence in itself can also be the result of violence. Specifically, exposure to violence during childhood, in addition to other adverse childhood experiences (ACEs)¹⁴ increases the likelihood that a person will become a future perpetrator and exposure to community violence (e.g., gang violence) increases one's chances of committing community violence. Furthermore, experiencing or witnessing community violence increases the likelihood for family violence in the future (including intimate partners, children, and self). This effectively

means that most people who commit violence are also survivors of violence (this can also include being a survivor of systemic violence, such as racism or colonialism) and most of those individuals have not had the necessary formal supports to address their experiences of violence. In other words, many of the perpetrators were children at some point with no or little intention to commit violence but who were exposed to violence (either through visual observation or direct victimization) and often were not provided the supports and tools to address their experiences. Therefore, to effectively address and prevent violence, recognizing that

¹³ For more information on systemic barriers and systems of oppression, see Appendix 3.

¹⁴ For a more detailed discussion of ACEs please see Appendix 1.

many perpetrators were previously victims is necessary in order to break the cycle. Sered (2019) indicates that "just as it would be wrong to excuse people's actions simply because they were previously victimized, it is also wrong to ignore someone's victimization because the person previously broke the law or committed harm".^{xxxvii}

While most people who commit violence are also survivors of violence, it is important to acknowledge that **not everyone who has been victimized will commit violence in the future**. In fact, most survivors of violence experience incredible resilience and are able to develop patterns and processes to towards healing and survival.

VIOLENCE PREVENTION

Given the substantial and potentially long-lasting negative impacts that violence can have on individuals, families, and communities, effective approaches to prevent violence in the first place are essential. As discussed above, the factors that lead to violence are complex and span multiple levels and therefore, **any approach to violence prevention should reflect this complex and multi-level reality**. This means expanding the approach beyond the justice system and police to incorporate other sectors in prevention efforts.

Indeed, while Canada continues to increase investment in policing as a means to foster community safety, more attention and funding should be directed toward sectors that can effectively prevent violence and increase the safety of local communities: education, eradication of poverty, social norms, affordable and adequate housing, and increased opportunities. Furthermore,

in 2015, Canada committed to achieving the United Nations' 17 Sustainable Development Goals by 2030, which include reducing and preventing violence (homicides and violence against women and girls, etc.) and promoting peaceful and inclusive societies. As a result, any prevention efforts should be informed by the SDGs and the best way to do this is through upstream prevention.

VIOLENCE AS A PUBLIC HEALTH ISSUE

There is an increasing consensus internationally that violence should be deemed a public health crisis, that public health approaches have been proven effective in reducing violence, and that a comprehensive system is needed to prevent the loss of lives and countless traumas each year. There is a growing body of evidence of the profoundly harmful effects of violence on child development (i.e., ACEs), the long-term health of affected populations, and the economic development of entire communities. It is recognized that the current fragmented approach that leans heavily on the criminal legal system should be updated to an integrated one that supports extensive cross-sectoral collaboration with an emphasis on health and well-being.

In addition to being treated as a public health issue, violence is also a contagious disease. Indeed, it meets the definitions

of a disease and of being contagious – meaning that violence is spread from one person to another.^{xxxvii} Recognizing violence as a public health issue and defining it as a contagious disease allows for a different path to reduce and prevent it. Rather than focusing on criminalization and punishment, this approach adopts the public health and epidemiology perspectives using an infectious disease framework. It involves looking for the pathogenic processes of violence and how to interrupt them both in the short-term and long-term. Successfully developing a path to reducing/eliminating violence will require identifying and tackling the root causes and risk factors. In this regard, In this regard, Slutkin (2013) explains that just like epidemics such as leprosy or plague, violence has been diagnosed wrongly in a “moralistic diagnoses [which] usually lead to ineffective and even decades or even counterproductive treatments and control strategies.”^{xxxix}

CRIMINAL LEGAL SYSTEM, INCARCERATION, AND VIOLENCE

Being reactive in nature, criminal legal system responses, including incarceration, do not prevent harm from occurring in the first place. These incredibly expensive responses to violence do not spare victims or mitigate the risk factors for violence. Instead, they tend to make them worse. This highlights the importance of shifting our focus to a proactive approach of preventing violence from happening in the first place, therefore saving substantial amounts of taxpayer money each year, in addition to sparing millions of individuals and families the experience of being victimized.^{xi}

When it comes to preventing violence, multiple complex social situations must be considered. As mentioned previously, there are life experiences that predispose certain individuals to crime and there are systemic inequities that come into play. Violence is a complex and delicate problem that warrants complex and delicate solutions which must not be limited to incarceration and reacting after the fact. Rather than addressing the underlying root causes of

violence, the imprisonment of people further exacerbates the drivers of violence that lead individuals to end up behind bars in the first place. Many incarcerated persons do not obtain support for substance use disorders and/or mental illnesses, and do not have access to counselling.^{xii} Instead, they are simply warehoused with other individuals, many of whom face similar challenges. It is important to note that Indigenous Peoples, Black People, and other minorities are disproportionately impacted by the negative effects of the criminal legal system, largely due to systemic racism and other forms of discrimination. Furthermore, incarceration interrupts people's employment and/or education, forces many into homelessness upon exiting the prison system, limits their ability to find employment, and destroys their social fabric due to stigma. For children of people who are incarcerated, research shows that they are more likely to experience depression and poverty. Equally important is the fact that a much higher number of those children will also end up being incarcerated during their lifetime.^{xiii}

APPENDIX 1: VIOLENCE PREVENTION PROGRAMS POTENTIALLY IN SCOPE

TARGET AUDIENCE: Children (0-12)

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
Nurse-Family Partnership	Secondary	Home-visitation services from public health nurses (during and after pregnancy); improving maternal, prenatal, and early childhood health and well-being.	\$9,600	\$13,181	Effective
Concerns/Challenges			Opportunities		
Only in scope if can be provided through virtual visits. Confidentiality & accessibility concerns. Research adaptations of this program for DV populations.			Hybrid model (in-person following sanitary measures).		

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
Life Skills Training	Primary	Taught in the classroom by teachers.	\$34	\$1,256	Effective
Concerns/Challenges			Opportunities		
Primary prevention (not adapted to target population for project).			Include in online teaching.		

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
PATHS	Primary	30 minute in-school sessions delivered twice a week.	N/A	N/A	Effective
Concerns/Challenges			Opportunities		
Primary prevention (not adapted to target population for project).			Include in online teaching.		

TARGET AUDIENCE: Adolescents (11-18)

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
Dating Matters	Secondary	School-based program	N/A	N/A	N/A
		Concerns/Challenges	Opportunities		
		Need to offer virtually. Confidentiality & accessibility concerns.	Include in online teaching.		

TARGET AUDIENCE: Adults

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
Unsafe at Home Ottawa	Secondary, Tertiary	Unsafe at Home Ottawa is a secure text and online chat service for women and members of LGBTQ2S+ communities in Ottawa and Lanark County who may be living through increased violence and abuse at home during the COVID-19 pandemic.	N/A	N/A	N/A
		Concerns/Challenges	Opportunities		
		Potentially more tertiary than secondary.	N/A		

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
iCAN Plan 4 Safety	Secondary, Tertiary	iCAN Plan 4 Safety is a new, online support tool for Canadian women who are experiencing abuse from a current or ex-partner. This tool will help women to think about their situation, weigh their risk, and learn more about their options.	N/A	N/A	N/A
		Concerns/Challenges	Opportunities		
		N/A	N/A		

TARGET AUDIENCE: Adults

Name	Prevention Level	Description	Cost	Net Benefit	Evidence Rating
Alternatives for Families: Behavioural Therapy	Secondary, Tertiary	Individual and family therapy sessions; 3 phases of treatment and 18 session components.	N/A	N/A	Promising
Concerns/Challenges			Opportunities		
Need to offer virtually.			N/A		

APPENDIX 2: ADVERSE CHILDHOOD EXPERIENCES

WHAT IS AN ADVERSE CHILDHOOD EXPERIENCE?

An Adverse Childhood Experience (ACE) refers to a traumatic experience that occurs in an individual's life before the age of eighteen and has a lasting effect as an adult.^{xliii}

There are several different types of ACEs that fall under three distinct categories. The first is **neglect**, which can be physical and/or emotional. The second category is **household dysfunction**, which includes household members experiencing mental illness, incarceration, problematic drinking and/or substance misuse, as well the divorce or separation of a parent, and domestic violence toward a parent. Finally, the third category is **abuse**, which can be physical, emotional, or sexual. Each of these are examples of childhood traumatic experiences which can have lasting effects on an individual.

WHAT ARE THE IMPACTS OF ADVERSE CHILDHOOD EXPERIENCES?

Childhood is an important developmental stage in life and as a result, traumatic experiences that occur during this phase can have long-lasting, detrimental effects on an individual. Research consistently finds a strong correlation between traumatic childhood experiences and later issues in adulthood, including mental health challenges (depression, anxiety, suicidal tendencies, bipolar disorder, etc.), substance (mis)use, as well as violence victimization and perpetration.^{xliv}

Studies also highlight that the risk of long-term effects from ACEs is exacerbated by two factors: the age at which they occur and the number of ACEs experienced. For example, Aas et al. (2016) reviewed multiple studies examining the impact of ACEs on mental health issues and found that earlier exposure to adverse childhood experiences resulted in an increased likelihood of substance misuse, suicidal tendencies, and bipolar disorder. Thus, the younger the age at which a child is exposed to ACEs, the greater the risk that they will experience long-lasting effects from them.

Additionally, research indicates that children exposed to multiple ACEs (as opposed to one) are not only at a greater risk of experiencing challenges in adulthood but are also more likely to have more severe symptoms of various challenges. For example, Anda et al. (2002) examined the relationship between ACEs and depression in adulthood and found that while experiencing one ACE increased an individual's risk of depression later in life, those who dealt with four ACEs were three times more likely to become depressed as an adult. Additionally, Carbone and colleagues (2019) found that among their study participants, those who experienced the greatest number of ACEs exhibited the most severe symptoms of bipolar disorder and schizophrenia, compared to those with lower levels of ACEs.

Some studies also indicate that the prevalence and type of ACEs may differ across the population. For example, LGBTQ+ individuals and those from lower SES communities have been found to have a higher likelihood of experiencing ACEs during childhood^{xlv} and girls are more likely to experience sexual abuse than boys.^{xlvi}

MITIGATING THE IMPACTS OF ADVERSE CHILDHOOD EXPERIENCES

Despite the wide range of long-term negative effects that ACEs can have, research does suggest that it is possible to mitigate many of their impacts on children with proper intervention strategies. It is recommended that early interventions are used to address the issues that contribute to ACEs in the household, ultimately reducing the number of ACEs a child experiences and limiting their cumulative effect.^{xlvii} This includes targeting parental issues that result in neglect, family dysfunction, and abuse as mentioned above. More specifically, interventions should focus on providing supports for mental health challenges, alcohol and/or substance use/misuse, the development of positive coping mechanisms for stress and anger (among other emotions) and promoting resilience among children through pro-social activities and positive relationships.

Finally, it is particularly important to avoid stigmatizing individuals who have high ACEs scores. Doing so requires meaningful partnerships with communities of interest and asset-based interventions/programs that help to balance the weight of ACEs on those individuals. The scientific literature indicates that caring, connected relationships, in both personal and professional spheres, along with evidence-based prevention and interventions make a difference.

APPENDIX 3: SOCIETAL LEVEL FACTORS

STRUCTURAL INEQUITIES AND SYSTEMS OF OPPRESSION

Systems of oppression are discriminatory institutions, structures, and norms that are embedded in the fabric of our society. In the context of social justice, oppression is discrimination against a social group that is backed by institutional power (i.e., culture, government, education, etc.).^{xlviii} Policies that foster inequities at all levels are critical drivers for structural inequities which impact key determinants such as access to food, housing, education, and safe neighborhoods. Systemic oppression and inequities are root causes of social issues that can lead to violence.

Systemic racism is the normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage whites while producing cumulative adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by white supremacy.^{xlix} In Canada, Indigenous and Black people are more likely to be victims of violent crime. They are also overrepresented in the criminal legal system and disproportionately targeted by police.^l

Colonialism is the practice of a country seeking to extend or retain its authority over other people or territories, generally with the aim of economic dominance.^{li} In the process of colonization, colonizers may impose their religion, economics, and other cultural practices on Indigenous peoples. The foreign administrators rule the territory in pursuit of their interests, seeking to benefit from the colonized region's people and resources. In Canada, Indigenous peoples suffer much higher rates of violence than non-Indigenous peoples, which can be explained in part by intergenerational trauma and negative life experiences that are the legacy left by residential schools and colonization.

Classism is differential treatment based on social class or perceived social class. It is the systematic oppression of subordinated class groups to advantage and strengthen the dominant class groups.^{lii} It is the systematic assignment of characteristics of worth and ability based on social class. Classist attitudes in public policy can lead to hunger, poverty, disease, homelessness, violence, and other forms of deprivation.

Patriarchy is a system that focuses on gender, where men (i.e., cisgender men) maintain power over women and gender-diverse people in a hierarchy of domination through social systems. The perpetuation of patriarchy happens both ideologically and structurally: social systems and institutions exhibit and reinforce patriarchal attitudes, perpetuating gender inequalities throughout society.^{liii} Many researchers agree that there is a relationship between gender attitudes and domestic violence, as men that have internalized gender role attitudes

(that are negative towards women) are more likely to commit domestic violence. Using knowledge of gender role prescriptions, it makes sense that patriarchal gender role beliefs support acts of male dominance. Patriarchal beliefs do not cause men to commit domestic violence, but they do play a role in its perpetration by creating a culture in which gender norms perpetuate expectations of male dominance and female subordination.^{liv}

Ableism is the discrimination or prejudice against people who have disabilities. Ableism can take the form of ideas and assumptions, stereotypes, attitudes and practices, physical barriers in the environment, or larger scale oppression. In Canada, people living with disabilities are about twice as likely to experience violence as their able-bodied peers, with greater instances of victimization taking place at every stage of life.^{lv}

Ageism is the stereotyping and discrimination against individuals or groups on the basis of their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.^{lvi} Ageism has harmful effects on the health of older adults and can underlie elder abuse and violence.

Sexism means discrimination based on sex or gender. It includes attitudes or ideology, such as beliefs, theories, and ideas that hold one group (usually male) as deservedly superior to the other (usually female), and that justify oppressing members of the other group on the basis of their sex or gender. Sexist discrimination against girls and women is a means of maintaining male domination and power. The oppression or discrimination can be economic, political, social, or cultural.^{lvii}

Homophobia is the fear, hatred, discomfort with, or mistrust of people who are gay, lesbian, or bisexual. Homophobia can take many different forms, including negative attitudes and beliefs about, aversion to, or prejudice against bisexual, lesbian, and gay people.

HARMFUL MASCULINITY AND VIOLENCE

Western culture defines specific characteristics to fit the patriarchal ideal masculine construct. The socialization of masculine ideals and gender roles starts at a young age and defines ideal masculinity as related to toughness, stoicism, heterosexism, self-sufficient attitudes, and lack of emotional sensitivity.^{lviii} Looking at the development of aggression throughout childhood, "we know that not only do aggressive behaviors emerge at an early age, they also tend to persist over time, without early intervention".^{lix} The possibility of negative effects of harmful masculinity occurs when negative masculine ideals are upheld. Primary gender role socialization aims to uphold patriarchal codes by requiring men to achieve dominant and aggressive behaviors.^{lx}

In early childhood, violence and aggression are used to express emotions and distress. Over time, aggression in males shifts to asserting power over another, particularly when masculinity is threatened.^{lxi} Masculine ideals, such as the restriction of emotional expression and the pressure to conform to expectations of dominance and aggression, may heighten the potential for boys to engage in general acts of violence including, but not limited to, bullying, assault, and/or physical and verbal aggression.^{lxii} Moreover, ideas of manhood that are perpetuated throughout the media often equate masculinity with wealth and violence.^{lxiii} As a result, if wealth is not attainable within certain communities, violence may become the option of choice. According to Baugher & Gazmararian (2015), intimate partner violence reflects the feelings of distress males experience in situations that threaten their idealized masculine identity.

The connections between negative male socialization and violence demonstrate the need for preventative strategies that counter the problematic normative pressures boys face, recognize gender-related norms, and seek to change the way men view and express themselves resulting in a shift of gendered practices, including the use of violence. The World Health Organization (2009) reinforces the importance of changing cultural and social norms that support violence. In fact, social norms are the main underlying risk factor for violence against women and girls.^{lxiv} Violence against women and girls is particularly common in cultures where males have more power in intimate relationships. Additionally, men who were raised in families where they witnessed intimate partner violence are more likely to reproduce the same type of violence in their future relationships.^{lxv}

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