



TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer

DATE: 2023 November 16

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## INTIMATE PARTNER VIOLENCE

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 74-23 re: “Intimate Partner Violence” for information.*

#### **Key Points**

- Intimate Partner Violence (IPV) is associated with significant health consequences.
- While both females and males report being victims of IPV, rates are higher among female victims, particularly those 12-24 years of age.
- Police calls for domestic disturbances, domestic disputes and IPV represented a substantial community burden in the City of London during the COVID-19 pandemic and in 2022 as a whole.
- While Emergency Department (ED) visits due to IPV were reported among both female and male residents of Middlesex-London, rates were higher among females, and among those 0-19 and 20-44 years of age.
- The MLHU delivers evidence-based interventions to prevent and address IPV as part of the requirements outlined in the Ontario Public Health Standards.

### **Background**

Intimate Partner Violence (IPV) refers to a pattern of behaviours that are aimed at establishing control by one person over another, and perpetrated by someone who is, or was, involved in an intimate or dating relationship. Behaviours may include physical injury or violence, emotional or psychological abuse, sexual harassment or violence, economic abuse, progressive social isolation, stalking, deprivation, intimidation and threats. IPV can happen in many forms of relationships, including within a marriage, common-law or dating relationship; regardless of the gender and sexual orientation of the partners; at any time during a relationship and even after it has ended; and whether or not partners live together or are sexually intimate with one another.

IPV is associated with significant health consequences, including physical health symptoms (e.g., injuries, chronic pain), mental health symptoms (e.g., depression, anxiety, Post Traumatic Stress Disorder), and reproductive health symptoms (e.g., sexually transmitted infections, prenatal complications), and can also lead to death. Violence affects health through injury, health risk behaviors initiated or escalated to manage violence-related emotions or stress, and cumulative burden from the chronic stress of violence that causes physiological changes implicated in the development of chronic diseases.

On July 20, 2023, the City of London Strategic Priorities and Policy Committee unanimously endorsed that intimate partner violence and femicide be declared an epidemic. This declaration is aligned with the recommendations of a 2022 [Coroner's Inquest](#).

## **The Burden of Domestic and Intimate Partner Violence in Canada, Ontario and Middlesex-London Region**

While both females and males report being victims of IPV, rates are higher among female victims. Statistics Canada crime reporting data indicated that between 2017 and 2021, in Canada, rates of police-reported IPV were highest among female victims between 12-24 years (773 to 805 per 100,000 females), followed by female victims 25-64 years old (541 to 654 per 100,000 females). The rate of police-reported IPV was higher for female victims compared to males regardless of age category, ranging from 6.5 to 7.0 times greater among victims in the 12-24 year old age group, to approximately 3.3 times greater among victims ages 25-64 years, and 1.5 to 1.7 times greater among victims 65 years and over.

Police calls for domestic disturbances, domestic disputes and IPV represented a substantial community burden in the City of London during the COVID-19 pandemic and in 2022, as a whole. Between March 2019 and May 2022, calls related to domestic disturbances and disputes were the second most common category reported by London Police Services (LPS), responding to an average of 635 such calls each month. Further, data recently shared by the City of London indicated LPS received more than 6,500 calls related IPV in 2022.

While Emergency Department (ED) visits due to IPV were reported among both female and male residents of Middlesex-London, in the most recent five years, rates were higher among females, and among those 0-19 and 20-44 years of age. Over the past 10 years, the rate of ED visits due to IPV among Middlesex-London residents has been lower than or comparable to the Ontario rate. From 2017 to 2022, the rates of ED visits due to IPV were highest among Middlesex-London residents ages 20-44, followed by those ages 0-19. The local rate among females was three to ten times higher than the rate among males, depending on the year.

According to the Canadian Femicide Observatory for Justice and Accountability (CFOJA), there were 59 Ontario women and girls killed by violence involving male accused in 2022, with a corresponding rate of 0.77 deaths per 100,000 females.

### **Interventions**

The MLHU delivers evidence-based interventions to prevent and address IPV as part of the requirements outlined in the Ontario Public Health Standards. Primary Prevention interventions are focused on preventing violence before it occurs. The Healthy Babies Healthy Children and Nurse-Family Partnership programs are examples of interventions that address risk factors associated with IPV including reducing childhood exposure to IPV. Secondary Prevention interventions are focused on more immediate responses (short-term consequences) to violence after violence has occurred. In alignment with current evidence, this is achieved through the implementation of case finding and selective screening, and appropriate response to disclosures of IPV in client facing services. This approach includes the development of supportive internal policies and procedures and staff education specific to IPV and Trauma and Violence Informed Care. Tertiary Prevention interventions are focused on long-term responses to violence (e.g., lessen the impacts of trauma). The Intervention for Health Enhancement and Living (iHEAL) is an example of a tertiary prevention intervention being implemented in a research context at MLHU in collaboration with Western University and funded by the Public Health Agency of Canada. iHEAL is a health promotion intervention delivered by nurses working in partnership with women who are separating (or taking steps to separate) from an abusive partner, with demonstrated positive effects on women's quality of life, mental health (including PTSD and depression) and self-efficacy.

## Next Steps

The MLHU will continue to collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to IPV; and deliver effective public health interventions that meet the needs of Middlesex-London.

This report was submitted by the Public Health Foundations Division, the Healthy Living Division, and the Healthy Start Division.



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