An Equity-Focused Population Health Framework for Gender-Based Violence Prevention

November 2025

Lakehead University

Thunder Bay District Health Unit

KFL&A Public Health

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Land acknowledgement

This project was conducted on the Traditional Territories of many Indigenous Peoples across the part of Turtle Island called Ontario by settlers. These lands have been home to Indigenous Nations for thousands of years, long before the arrival of settlers. We acknowledge their enduring relationship with the land and their role as its original stewards. As settlers, we are grateful for being able to work and collaborate across these Traditional Indigenous Territories. We recognize the deep and ongoing impact colonization and persistent colonialism have on Indigenous lands, communities and Peoples, particularly Indigenous women, girls, and 2SLGBTQIA+ and Two-Spirit people who are subject to disproportionately high rates of gender-based violence. This violence is rooted in Canada's colonial foundations, including the Indian Act, the generational harms and injustices of residential schools, the Sixties Scoop, birth alerts, and anti-Indigenous racism. These systems have violated human and Indigenous rights across generations. Taking our cue from advocates and leaders from Indigenous communities, we acknowledge that transformational change is essential to redress these harms. This includes fulfilling the rights of Indigenous Peoples as outlined in the **United Nations Declaration on the Rights of Indigenous Peoples** and acting on the calls from the National Inquiry into Missing and Murdered Indigenous Women and Girls' final report, **Reclaiming Power and Place**; the Truth and Reconciliation Commission of Canada's final report, Honouring the Truth, Reconciling for the Future ; the **Culleton, Kuzyk, and Warmerdam Inquest**; and the final report of the Joint Federal/Provincial Commission into the April 2020 Nova Scotia Mass Casualty, **Turning the Tide Together**.

Acknowledgements

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- Public Health Ontario for supporting this project through the Locally Driven Collaborative Projects program, which brings together local public health agencies — along with academic and community partners — to collaboratively design and implement applied research and program evaluation projects on important public health issues of shared interest;
- Organizations and activists — especially from women's organizations — who have advocated for national and provincial strategies to respond to gender-based violence (GBV), legal and legislative reforms, appropriate service provision and supports for people who have experienced GBV, and interventions to prevent GBV;
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- Nandini Saxena and the National Collaborating Centre for Determinants of Health for their expert support on applying population health and health equity concepts to this pressing public health issue;
- Southeast Public Health (formerly KFL&A Public Health) for their permission to use content from its existing reports and knowledge products for this framework; and
- Individuals and organizations participating in our research processes for sharing the insights that informed this framework.

Pathways to support

We know that reading and thinking about gender-based violence can be difficult. It can bring up circumstances or memories that are upsetting, disturbing, or otherwise difficult to think about. Mental health supports are available at **https://www.ontario.ca/page/find-mental-health-support**. Supports may also be available through your employer.

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About this framework

Who is this framework for?

This framework was developed for Ontario's local public health agencies (LPHAs). Public health professionals in other areas and at other levels, provincial and local civil servants, anti-violence organizations, and others may also find the information relevant.

What is the purpose of this framework?

This framework builds upon existing efforts to address gender-based violence* (GBV) in the Canadian context. It is an initial step towards defining and supporting the increased involvement of LPHAs in GBV prevention. It is referred to as the GBV Prevention Framework.

The GBV Prevention Framework provides an equity-focused population health approach for GBV prevention. This means that the primary focus of the GBV Prevention Framework is on strategies to prevent GBV from occurring in the population. Information about responding to GBV that has already occurred is limited within this document to actions that are within LPHAs' mandate.

The GBV Prevention Framework aims to:

- explicitly build on public health models that address population health and health inequities;
- identify the many opportunities for action at the local level to prevent and respond to GBV as well as to promote healthy, equitable, and safe relationships; and
- highlight the importance of collaborative intersectoral action at all levels.

The GBV Prevention Framework is intended to be used along with the expectations set out in the Ontario Public Health Standards to support LPHAs in their efforts to advance health equity.

A **glossary** is provided to define terms used in the GBV Prevention Framework for common understanding. An asterix (*) is used the first time a term is mentioned to indicate that it can be found in the glossary.

Community Safety and Well-being Plans

Ontario's Community Safety and Well-being Planning Framework provide an avenue for implementing the GBV Prevention Framework. Ontario's municipalities are legislatively mandated to have a Community Safety and Well-being Plan that sets out a collaborative vision on how to make the community safer and healthier. (60) Many municipalities have committed to integrating GBV into their Community Safety and Well-being Plan in their declaration of GBV as an epidemic. This reflects recommendations from the *CKW Inquest(6)* and the *Mass Casualty Commission.(1)*

The GBV Prevention Framework shares many common principles with public health and its population health approach. The Community Safety and Well-being Planning Framework seeks to shift the focus from incidents of crime and violence towards understanding and addressing the reasons behind these incidents. Solutions can then be developed to reduce the underlying determinants of these incidents, thereby improving safety and well-being in the community as a whole. The Community Safety and Well-being Planning framework also requires municipalities to bring together multisectoral community partners to develop and implement their Community Safety and Well-being Plan.

Visit the Association of Municipalities of Ontario's **Gender-based Violence Resources for Municipal Elected Officials**

Why do we need this framework now?

GBV has been called "the world's longest, deadliest pandemic" by United Nations Secretary-General António Guterres.(4) Efforts to address GBV globally and within Canada have grown since the 1970s.(5) Women's rights advocates and organizations have played a critical role in raising awareness of GBV, changing laws, and developing response services such as shelters for women who have experienced GBV[a] and their children.(5)

GBV has been increasingly prioritized on the public agenda in recent years:

- Family violence* was identified as an important public health topic in the Chief Public Health Officer's 2016 Report on the State of Public Health in Canada.(6)
- The #MeToo movement, which went viral in 2017, sparked awareness and dialogue about the ubiquitousness of sexual violence* and other forms of GBV, and strengthened commitments to prevent and respond to GBV.(7)
- The COVID-19 pandemic drew further public attention to GBV. As is common during and after emergencies, there was an increase in the amount and severity of GBV across the population.(8)
- The CKW Inquest led to more than one hundred Ontario municipalities declaring GBV an epidemic.(9)

The Mass Casualty Commission concluded that GBV remains pervasive despite considerable efforts to counter it, and that society has collectively failed to implement solutions to address GBV.(10) It stated, "Collectively we are falling short in our appreciation of the change processes required to prevent and put an end to this significant societal and community problem."(10 p294)

The Commission recommended that all levels of government and non-governmental organizations declare GBV an epidemic, indicating that the purpose of these types of declarations is to elevate GBV to a public health priority requiring an urgent and meaningful society-wide response.

In response to this call, the GBV Prevention Framework applies a public health approach to preventing GBV in the population. It is an evergreen document that will continue to evolve as more is learned about how a population health approach and public health tools can be used to prevent and address GBV.

What is public health?

Public health is an important part of publicly funded health systems across Canada. Public health's overarching purpose is to optimize health and well-being within the population.(11) This includes reducing preventable and unjust differences in health.(12) Public health does this by promoting health and well-being, protecting against infectious diseases and environmental hazards, and preventing diseases and injuries.(13)

There are 29 LPHAs in Ontario. Their work is guided by the Ontario Public Health Standards. This report from the National Collaborating Centre for Healthy Public Policy provides more information about **Ontario's public health system**.

a The language used to talk about the people involved in an incident of GBV is contested. Some prefer to use the term "survivor" for the person who experiences the violence, while others prefer "victim." We have chosen the terms "person who experienced violence" or "person who was exposed to violence" rather than victim or survivor, and the term "perpetrator" for the person who caused the harm. The exception to this is when sharing police-reported violence, which uses the terms victim and victimization. Luke's Place provides further **guidance on language choices** when working with people who have experienced violence.

What is a population health approach to GBV prevention, and why is it useful?

Public health practice across Canada — including Ontario's public health system(13) — is based on a population health approach. (14) When viewed through this lens, GBV is predictable and preventable.

A population health approach focuses attention on how a health issue — such as exposure to GBV — is distributed within a population and seeks to understand the broad range of factors and conditions that shape the health issues within the entire population.(15) It also aims to understand and address inequities in outcomes related to a health issue. For GBV, this means identifying how intersecting inequities influence whether, and to what degree, people are exposed to violence and their ability to respond and recover from exposure to GBV.(15)

This information can be used to identify interventions that influence the determinants within a population, mediate their impact, or a combination of the two.(15)

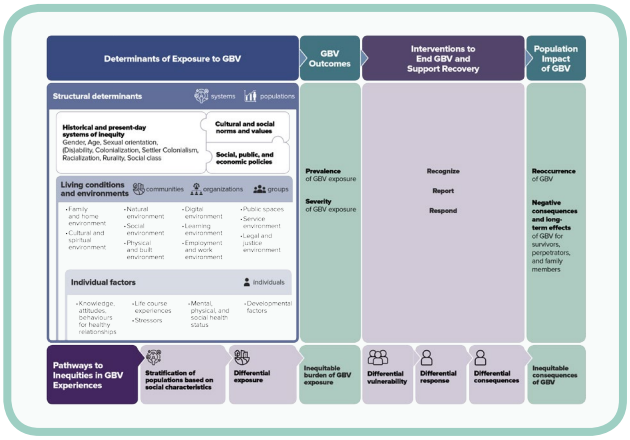
Orientation to the framework

The GBV Prevention Framework applies a population health approach lens to the findings of a review of 82 Canadian government strategies and reports focused on addressing different forms of GBV.(16)

The GBV Prevention Framework is presented visually in two parts. Together, these illustrations act as a map — guiding readers through the document and linking systemic drivers of inequity to actionable strategies for change.

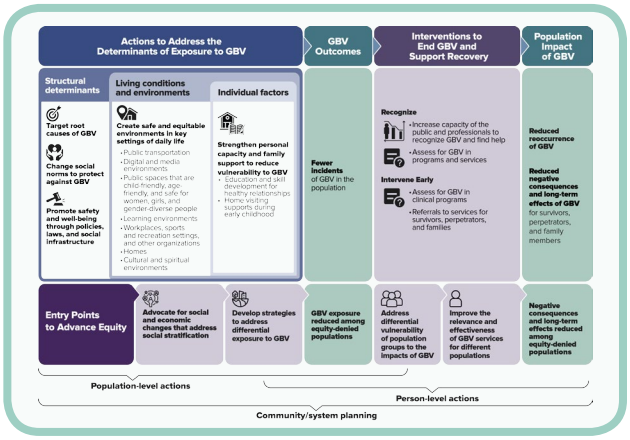
Part 1 shows how determinants of health and systems of disadvantage lead to inequities in GBV exposure and negative consequences within the population.

Section 1.2



Part 2 demonstrates opportunities for improving population health by preventing GBV exposures and consequences, and advancing health equity.

Section 2.2



ABOUT THIS FRAMEWORK

The four sections of this document provide supporting information to understand and apply the GBV Prevention Framework:

1. **Section 1** lays the foundation for a shared understanding of GBV and presents the first part of the GBV Prevention Framework. This section describes key determinants of health that shape the likelihood of exposure to GBV within the population, factors that affect people and their recovery from GBV, and processes that drive inequities in GBV experiences and negative consequences.
2. **Section 2** presents the second part of the GBV Prevention Framework, building on the first part by outlining a wide range of actions to prevent GBV; promote safe, respectful, and equitable relationships; and stop existing GBV and support recovery. It reflects a comprehensive approach to GBV prevention that advances population health and health equity.
3. **Section 3** provides an overview of important contributions LPHAs can make in a comprehensive approach to GBV prevention that align with their mandate, including clarifying roles for LPHAs in GBV prevention at the population-level.
4. **Section 4** identifies key enablers implementing the GBV Prevention Framework. It also offers practical solutions and opportunities across structural, organizational, and community levels. These insights, gathered through a validation survey for the GBV Prevention Framework, can help LPHAs effectively and sustainably apply this approach.

Positionality statement

The GBV Prevention Framework acknowledges that exposure to GBV — as well as inequities in exposure to GBV — is the result of broader systems shaped by history, culture, and power, and that these dynamics have had and continue to have differential impacts on groups within society.

When reading and applying this document, we encourage readers to critically examine how their own positionality — such as social identity, professional role, and lived experiences — may influence their understanding of this document and its recommendations. This critical self-awareness is important for all efforts to advance health equity.

How was this framework developed?

The GBV Prevention Framework is the outcome of a 2024/25 Locally Driven Collaborative Project funded by Public Health Ontario. The project team applied the evidence-informed public health decision-making model to understand the best available evidence from research, context, and practice to clarify potential roles for LPHAs in addressing GBV and to explore how public health thinking can support GBV prevention.(17)

This research process that informed the GBV Prevention Framework built upon a review of eighty-two Canadian government strategies and reports on addressing GBV,(16) combined with five rapid reviews on populations made vulnerable to GBV undertaken for this project and the recommendations from the CKW Inquest(2) and the Mass Casualty Commission.(3)

More detail about the project methodology and findings can be found in the **project's research report.**

Looking ahead: opportunities for continued development

The GBV Prevention Framework represents a foundational step in defining and supporting the expanded role of LPHAs in GBV prevention. We view it as a platform for future collaboration, learning, and action. Key features in this foundational step are highlighted below.

- **A starting point for deeper engagement:** The GBV Prevention Framework marks an important beginning in articulating the role of LPHAs in GBV prevention. We anticipate and encourage future efforts to build on this work by further clarifying and expanding LPHA responsibilities and contributions in this critical area.
- **Focus on primordial and primary prevention:** The GBV Prevention Framework is intentionally centered on preventing GBV before it occurs, which emphasizes population-level actions. While the GBV Prevention Framework touches on responding to GBV that has already happened, we believe that individuals and organizations with lived experience and expertise in response services are better positioned to inform these aspects of a coordinated, comprehensive approach to GBV prevention.
- **Equity-informed, with room for localization:** While the GBV Prevention Framework underscores the importance of systemic inequities in shaping GBV risks and outcomes, it does not delve into all specific systems of inequity* or their local intersections. This creates an opportunity for communities to adapt and apply the GBV Prevention Framework in ways that reflect their unique contexts and equity priorities.
- **Guidance over prescription:** Rather than prescribing specific programs or campaigns, the GBV Prevention Framework offers strategic direction and guiding principles. We envision that local partners will lead the way in designing implementation strategies that are tailored to their strengths, needs, and community voices.

Section 1: Understanding gender-based violence

This section lays the foundation for a shared understanding of GBV. The first part of the GBV Prevention Framework is presented, showing how interrelated determinants at structural, social, and individual levels shape the likelihood of exposure to GBV within the population. Further, this first part explores the risk and protective factors* within these determinants that affect people and their recovery after GBV exposure, processes that drive inequities in GBV experiences and negative consequences, and mitigating interventions. The section concludes with an infographic providing a brief overview of the scope and nature of GBV in Ontario.

1.1 Defining GBV

GBV is defined, by the Government of Ontario, as harmful acts based on someone's gender and unequal power dynamics, including intimate partner violence,* family violence, sexual violence, and human trafficking.(18)

This project adapts the World Health Organization (WHO) typology of violence(19) to help describe GBV (see **Figure 1**). According to the WHO, violence involves the intentional use of physical force or power and has the potential to cause physical or psychological harm, maldevelopment, or deprivation.(19)

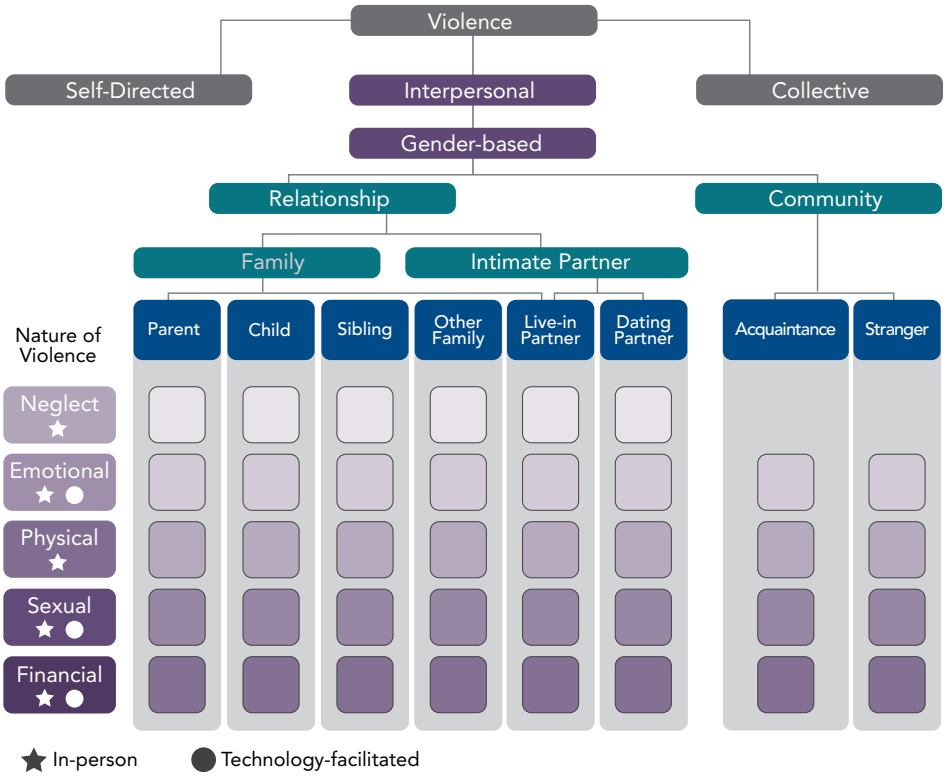
The original typology includes three categories of violence based on the relationship between the perpetrator and person(s) who experienced the violence. Our typology only includes GBV that occurs in the category of interpersonal violence, which is violence that happens between two or more persons.

Interpersonal violence is further categorized into (a) violence that occurs between family members or intimate partners and (b) violence that happens in the community, including in workplaces, schools, and other institutions.(19) Our typology draws on the relationship categories used by Statistics Canada to describe different family and intimate partner relationships in police-reported crime statistics.(20) Community violence[b] occurs between strangers as well as between people who know each other, such as friends, classmates, colleagues, and acquaintances.(21)

Our typology also illustrates that there are many different forms of GBV. Many of these forms of GBV occur both in person and through technology like computers, smart phones, and other devices, which includes using location tracking services for surveillance. GBV happens across the lifespan, although the forms of GBV and the relationship between the perpetrator and person exposed to GBV vary (see **Figure 2**).

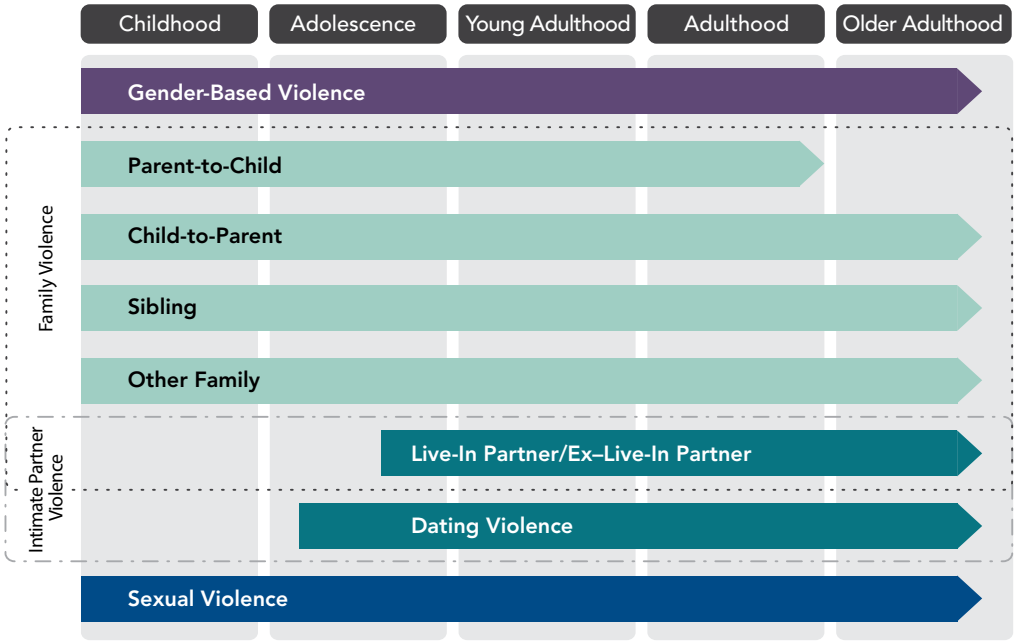
b Violent crime data collected by Statistics Canada are categorized by family relationship (e.g., family member or non-family member) and by intimate partner relationship (e.g., intimate partner or non-intimate partner). Statistics Canada does not explicitly categorize its data to describe community violence. In keeping with the WHO typology of violence, this project uses the Statistics Canada violent victimization data by non-family members as a proxy for community violence (e.g., violence committed by someone who is not a family member or intimate partner).

Figure 1: Typology of interpersonal gender-based violence



Adapted from Krug et al., 2002

Figure 2: Type of gender-based violence by age group affected

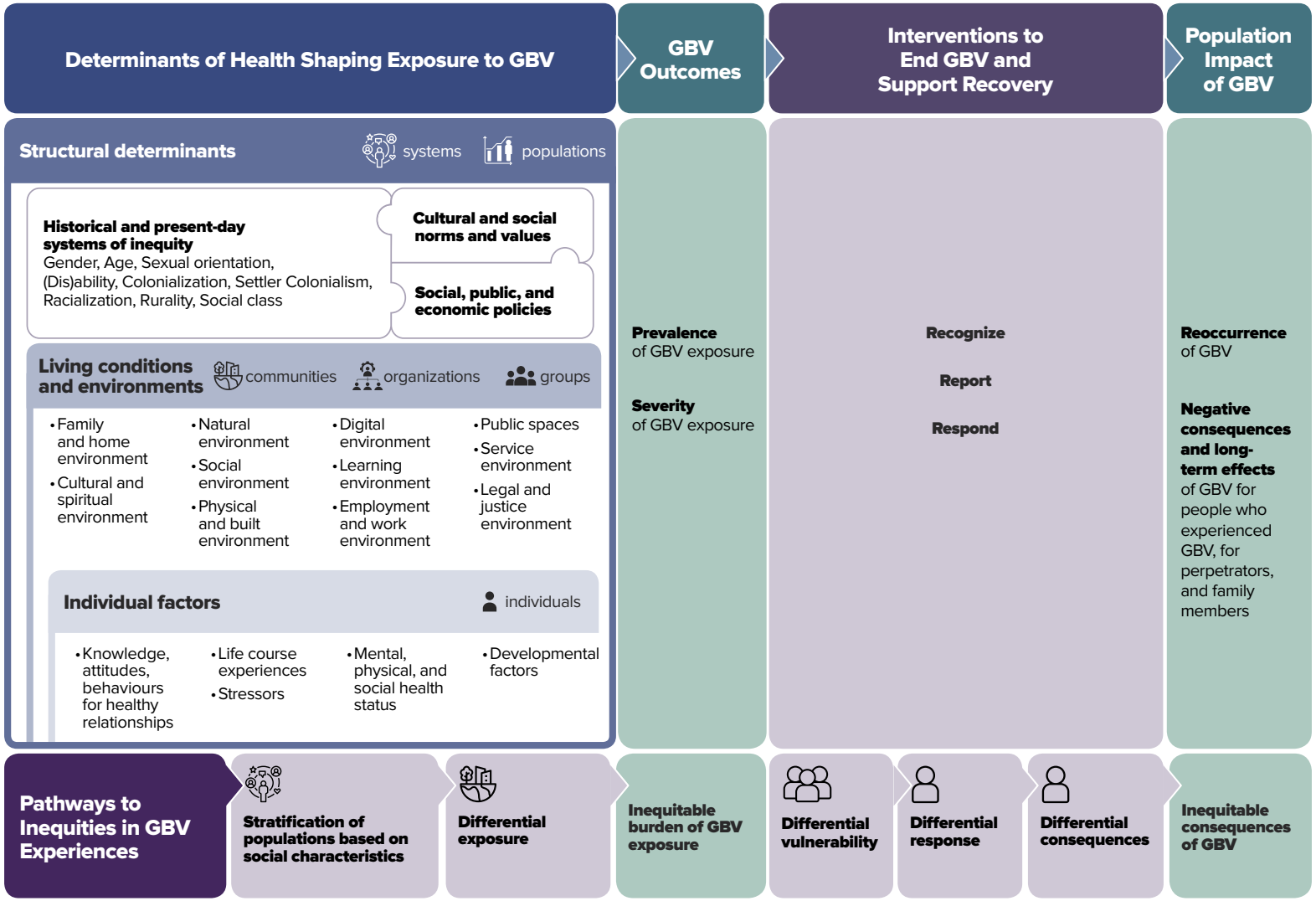


1.2 An equity-focused population health framework for understanding the causes of GBV

The first part of the GBV Prevention Framework (see Figure 3) illustrates that, while GBV happens between individuals, the likelihood of using or being exposed to GBV is shaped by the determinants of health. Determinants of health are the factors that influence the health of individuals, communities, and populations for the better or the worse.(22–24) These determinants are placed at different levels depending on their proximity to the individual.(25,26) The determinants are interrelated and influence each other.

There is a gradient within each determinant that reflects the gradient in health outcomes.(22) Risk and protective factors describe the relative influences within each determinant.(22–24) Risk factors are associated with an increased probability of GBV in the population, while protective factors are associated with a decreased probability. These factors shape the prevalence, severity, and inequities of GBV experiences across the population.

Figure 3: An equity-focused population health framework for understanding gender-based violence (GBV) [Framework Part 1]



1.3 Determinants of GBV exposure and inequities

Structural determinants are the drivers of health inequities within populations. These determinants encompass the broad historic, political, social, and economic contexts that shape the living conditions and natural environments that people experience in their daily lives (i.e., the level representing the social determinants of health).(27)

Structural determinants can be grouped into three broad categories that interact:(27)

- **Historical and present-day systems of inequity:** Every society has written and unwritten rules that result in the systemic and often unearned and unfair distribution of power, prestige, and resources at the societal level among population groups.(29,30) Social stratification* within these systems of inequity — such as gender inequity, racism, colonialism, settler colonialism, ableism, ageism, and classism — results in unjust and preventable differences in people's socioeconomic position and access to the social determinants of health, such as education, employment, and income.(28) These inequities, in turn, shape health inequities. The socioeconomic context within a country, across time and history, shapes the form and steepness of the stratification within these systems of inequities.
- **Public policies, social policies, macroeconomic policies, and governance:** A society's systems of government and its policies, laws, and regulations determine how resources and services are distributed within it.(27)
- **Cultural and social norms and values:** These informal, largely unwritten rules guide the behaviour of people within a society, community, or subgroup by defining what is acceptable and appropriate.(31) Norms and values shape what individuals do, what they believe others do, and what they believe others will approve of or think they should do. People expect to be socially punished or excluded if they do not conform to a norm, and socially accepted or rewarded if they do.

These structural determinants result in differential exposure to risk and protective factors among population groups within a society. Social stratification plays a central role in shaping exposure to risk as people's positions within systems of inequities are inversely related to their exposure to most risk factors, whether material (e.g., housing, working conditions), psychosocial (e.g., household stress), or behavioural.(29,30) People and groups who are historically, persistently, or systemically marginalized* are more likely to be exposed to health hazards such as GBV.

LEARN MORE about how systems of inequities shape health inequities in "**The Coin Model of Privilege and Critical Allyship: Implications for Health.**"

LEARN MORE about the structural determinants of health in **Let's Talk: Determinants of Health** from the National Collaborating Centre for Determinants of Health.

LEARN MORE WHO's Equity, Social Determinants and Public Health Programmes provides further information about pathways of health inequities.

1.4 Risk and protective factors for GBV exposure

Building on the determinants of GBV exposure outlined in **Figure 3** across structural, social, and individual levels, **Table 1** identifies examples of key risk and protective factors associated with each determinant.

Table 1: Protective and risk factors within determinants of gender-based violence (GBV)

Determinants	Protective factors (increased chance of safety from GBV	Risk factors (increased chance of GBV exposure)
Structural determinants		
Historical and present-day systems of inequity	• Respect for human rights	• Gender inequity • Other intersecting social inequities • Colonization and ongoing colonialism, assimilation, and anti- Indigenous racism
Cultural and social norms and values	• Gender norms and expectations that support healthy relationship behaviours • Normalization of safe and equitable relationships	• Normalization of dominance, control, coercion, and aggression in child-rearing and other relationships • Rigid gender norms and expectations
Public policies, social policies, macroeconomic policies, and governance	• A whole-of-government* approach to addressing GBV • Policies and social infrastructure that support women's labour participation (e.g., job-protected maternity and parental leave, affordable childcare, mandatory policies addressing sexual harassment*) • Legislated mandate to address GBV within community safety and well-being plans	• Policies that contribute to inequities in access to education, employment, housing, and health care • Lag in the development of policies and laws to regulate harmful uses of new digital technologies
Living conditions and environments		
Home	• Family-friendly workplace policies • Parent understanding of child development and positive parenting • Active father involvement • Warm response to family members who identify as 2SLGBTQI+	• Household stressors (e.g., income insecurity, inadequate housing, inadequate childcare, caregiver strain) • High degree of gender inequities in household relationships and functioning • Parent(s) or caregiver(s) experiencing mental health or substance use health problems

Determinants	Protective factors (increased chance of safety from GBV	Risk factors (increased chance of GBV exposure)
Cultural and spiritual environment	• Culturally and spiritually relevant information and services to support GBV prevention	• Restrictive norms about gender, marriage, and family relationships within the social group • Dependence on male partner for immigration status and economic well-being
Natural environment	• Gendered perspective to emergency planning, policies, and protocols • Timely access to services and supports to mitigate the impact of emergencies on risk factors and psychosocial stressors	• Increased psychosocial stressors: o emergency event (e.g., pandemic, wildfire) o decreased access to protective factors such as formal and informal social supports o Increased exposure to risk factors such as housing insecurity or income insecurity
Social environment	• Bystanders* who are willing to intervene • High social cohesion	• Tolerance for violence and aggression • Frequent turnover of people living in the neighbourhood
Physical environment	• Improved sight-lines and lighting on streets	• Inaccessible, unaffordable, or unsafe housing • High density of alcohol outlets
Digital and media environments	• Digital literacy and cyber safety education for children, adolescents, parents, teachers, and other trusted adults • Parental controls on apps and computer programs and browsers.	• Harmful messages about sexuality, relationships, and violence • Algorithms that increase exposure to harmful content • Availability of unregulated location tracking in modern technology • Rapid technological change
Public spaces*	• Organizational policies to prevent sexual harassment and violence • Transit policies that promote safety against GBV • Access to communication services such as public Wi-Fi, public phone, or emergency call system	• Social norms that normalize street harassment* • Lack of laws to address street harassment in public spaces
Learning environment	• Institutional policies to promote human rights and discourage GBV	• Student life culture that promotes toxic party culture, rape culture* and unsanctioned street parties

Determinants	Protective factors (increased chance of safety from GBV	Risk factors (increased chance of GBV exposure)
Employment and work environment	• Organizational policies to prevent sexual harassment and violence, and to promote human rights	• Working alone • Working at night • Temporary or insecure employment
Service environment	• Access to services and supports for parent/caregiver mental health, social health, and past trauma • Access to services and supports to address social risk factors (e.g., housing insecurity, unemployment, poverty)	• Lack of access to services and supports for children with exceptionalities • Lack of access to mental health and substance use health care
Legal and justice environment	• Laws that promote gender equity and discourage GBV	• Inconsistent enforcement of laws and policies related to GBV
Individual factors		
Knowledge, attitudes, and behaviours for healthy relationships	• Good social skills (e.g., communication, conflict resolution) • Understanding of consent and bodily autonomy • Awareness of the qualities of healthy and unhealthy relationships • Awareness of Canada's laws and regulations regarding gender equality and GBV	• Internalization of rigid gender norms • Poor emotional regulation skills
Life course experiences	• Positive, warm, and supportive relationships in childhood with parents and extended family members	• Experiencing or witnessing family violence in childhood • Other experiences of GBV such as teen dating violence, other intimate partner violence, and sexual violence • Caregiving burden (e.g., number of children, age, complexity of needs)
Stressors	• Understanding of dependents' needs (e.g., child development, diagnosis) • Adequate income, food, and housing	• Work–life balance pressures • Inequitable division of labour within the household
Mental, social, and physical health status	• Strong emotional regulation and coping skills	• Low social support or social isolation • Mental health concerns • Substance use health concerns • Gambling and other behavioural dependencies • Physical health conditions that impair functioning

1.5 Consequences of GBV and mitigating interventions

GBV has direct and indirect impacts for health and the determinants that influence health. These impacts go beyond the immediate physical and emotional effects of the violent acts themselves and have consequences for individuals, families, and broader society. These include social exclusion and stigma; intergenerational trauma; and impacts on education, employment, finances, and other social outcomes.

Potential long-term consequences of exposure to GBV

1) **Negative impacts on child development:** Adverse childhood experiences — which include witnessing or experiencing violence — have been linked to negative impacts on brain development and immune response.(32) Other negative impacts include delays in growth and development, behavioural problems, and challenges in school, with subsequent long-term social and socioeconomic impacts.(6)
2) **Poor mental and physical health:** Experiences of violence — including in childhood — increase the likelihood of both physical diseases, such as; cancer and arthritis, and mental health challenges, such as; depression, anxiety and post-traumatic stress disorder. Ultimately, these impacts can result in disabilities, deaths, and intergenerational trauma. (6,32,33)
3) **Behaviours that put health at risk:** People who have been exposed to GBV are more likely to engage in actions that increase the risk of harm, injury, or other negative health consequences, including problematic substance use, sexual risk-taking, self-harm, and suicide.(6,33,34)
4) **Greater risk of GBV and other forms of violence:** Child maltreatment is associated with a heightened risk of experiencing or using violence, including in family or intimate partner relationships.(6,33,35) Adolescents who experience dating violence are more likely to experience intimate partner violence in future relationships.(36)
5) **Homelessness:** Family violence and intimate partner violence are key drivers of housing instability. Adults who experienced child maltreatment are at increased risk of experiencing homelessness.(33) In Canada's 2020–2022 Point-in-Time Count, nearly one in three individuals experiencing homelessness (31%) reported having past involvement with child welfare programs.(37) For youth (aged 13–24), reasons for their most recent housing loss included conflict with a parent (30%), abuse by a parent (9%), and conflict with a partner (10%). 2SLGBTQI+ youth were twice as likely to indicate abuse by a parent than non-2SLGBTQI+ youth (15% vs. 7%) and slightly more likely to indicate conflict with a parent or abuse by a partner. In the 2016 Point-in-Time Count, nearly one quarter of women indicated that partner violence was the reason for their most recent housing loss.(38)
6) **Other poor social outcomes:** Experiences of GBV in childhood are associated with lower educational outcomes, employment, and economic status in adulthood.(34) People's ability to form relationships can also be negatively impacted, affecting social health outcomes. (34) Unwanted sexual behaviours in public spaces can trigger reactions that hinder people's movement, participation in society, and social health, such as avoiding places, changing routines, and staying home.(39)

A note about adversity, resilience, and post-traumatic growth

The right supports and resources can reduce and mitigate the impacts of children's exposure to adversity.(40) Trauma-informed and strength-based supports can also help adolescents and adults recover from trauma and experience positive change and growth in how they view relationships, themselves, and their life philosophy. Acceptance from others and access to social support increase the likelihood of experiencing post-traumatic growth. Importantly, post-traumatic growth does not imply that growth comes from trauma but rather emphasizes that recovery and healing is possible and achievable when individuals are able to reach appropriate supports along their journey.

LEARN MORE:

Ontario Early Adversity and Resilience Framework

Manitoba Trauma Information and Education Centre

The same level of exposure to GBV can have different effects on population groups, depending on the conditions of their daily lives and cumulative life course factors.(29) People who are historically, persistently, or systemically marginalized may experience a clustering of unearned and unfair disadvantage (e.g., social exclusion, low income, cramped housing) and health issues (e.g., mental health and substance use challenges). This clustering exacerbates health inequities and intensifies the impact of health hazards such as GBV — a dynamic known as **differential vulnerability**.

The degree to which people experience further negative consequences following exposure to GBV is also influenced by whether they recognize that they have experienced or perpetrated GBV, whether they seek help to end or recover from GBV, and how they experience seeking help from informal supports and in the health care system, social services system, and justice system. The GBV Prevention Framework (see **Figure 3**) identifies three broad interventions to end GBV and support recovery — Recognize, Report, Respond: **Table 2** highlights concrete actions under each that help reduce harm and strengthen recovery.

The GBV Prevention Framework also illustrates how **differential response** and **differential consequences** interact with these interventions to further shape health inequities. People have varying and often inequitable experiences in the health care system, social services system, and justice system depending on their position within broader systems of inequity. When programs and services are culturally, linguistically, or otherwise inappropriate, they are less effective for some population groups compared to others. (29) Some population groups are also less likely to have the resources and support to respond to and recover from experiences of GBV, which can lead to ongoing social and economic consequences.

As reflected in the **pathways to inequities** in the GBV Prevention Framework, the cumulative effect of historical and present-day systems of inequity and differences in exposure, vulnerability, access to support, and social and economic consequences leads to long-term impacts of GBV that are unevenly distributed across individuals and the population groups to which they belong.

People from groups benefitting from unearned privileges are often better protected from these adverse consequences. In contrast, people and groups who are historically, persistently, or systemically marginalized may face compounding unfavourable impacts on their health. This reinforces a vicious cycle of disadvantage affecting people's social position, exposure and vulnerability to harm, and health outcomes over time.

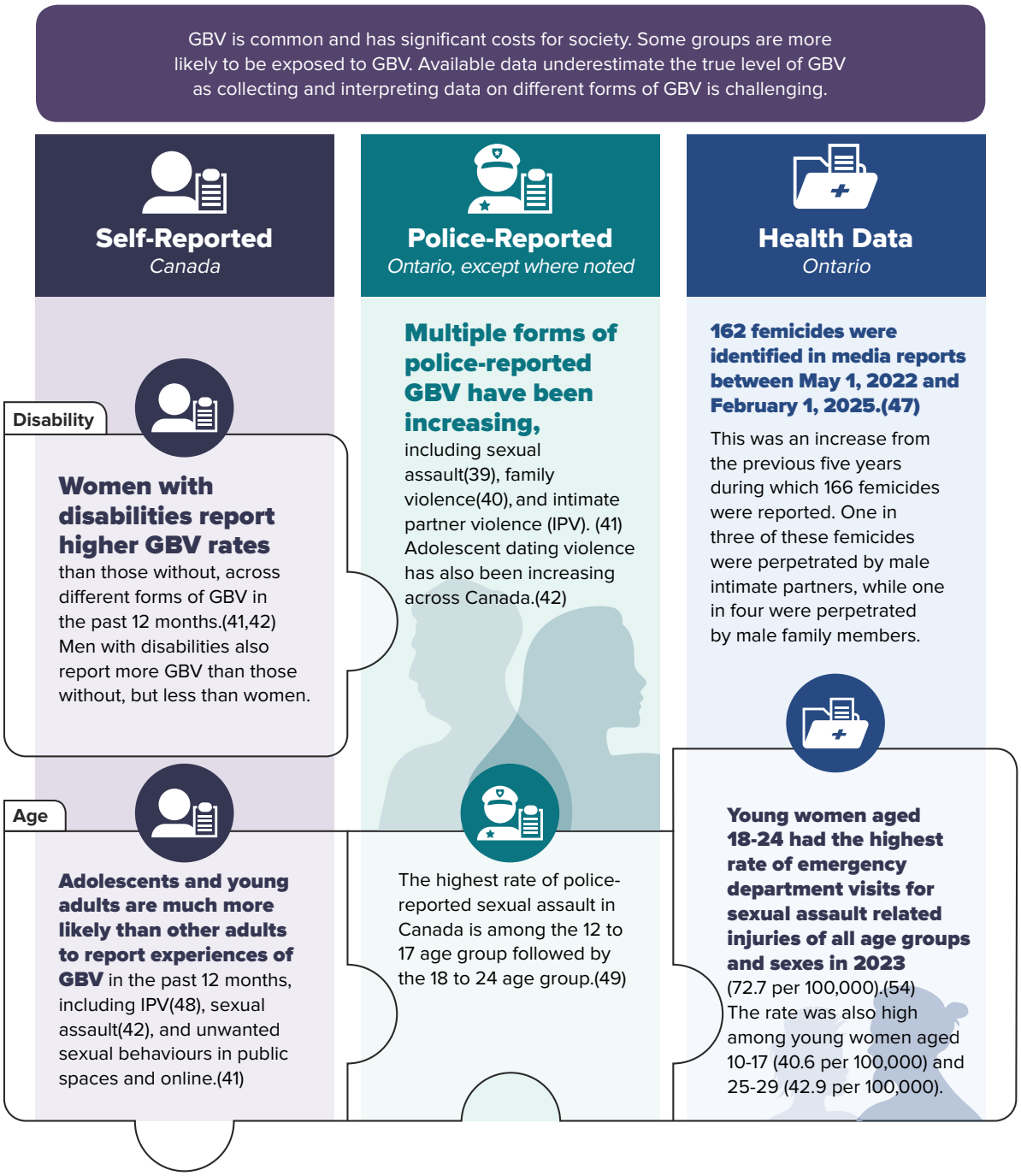
Table 2: Actions to enhance recovery and mitigate negative consequences from gender-based violence (GBV)

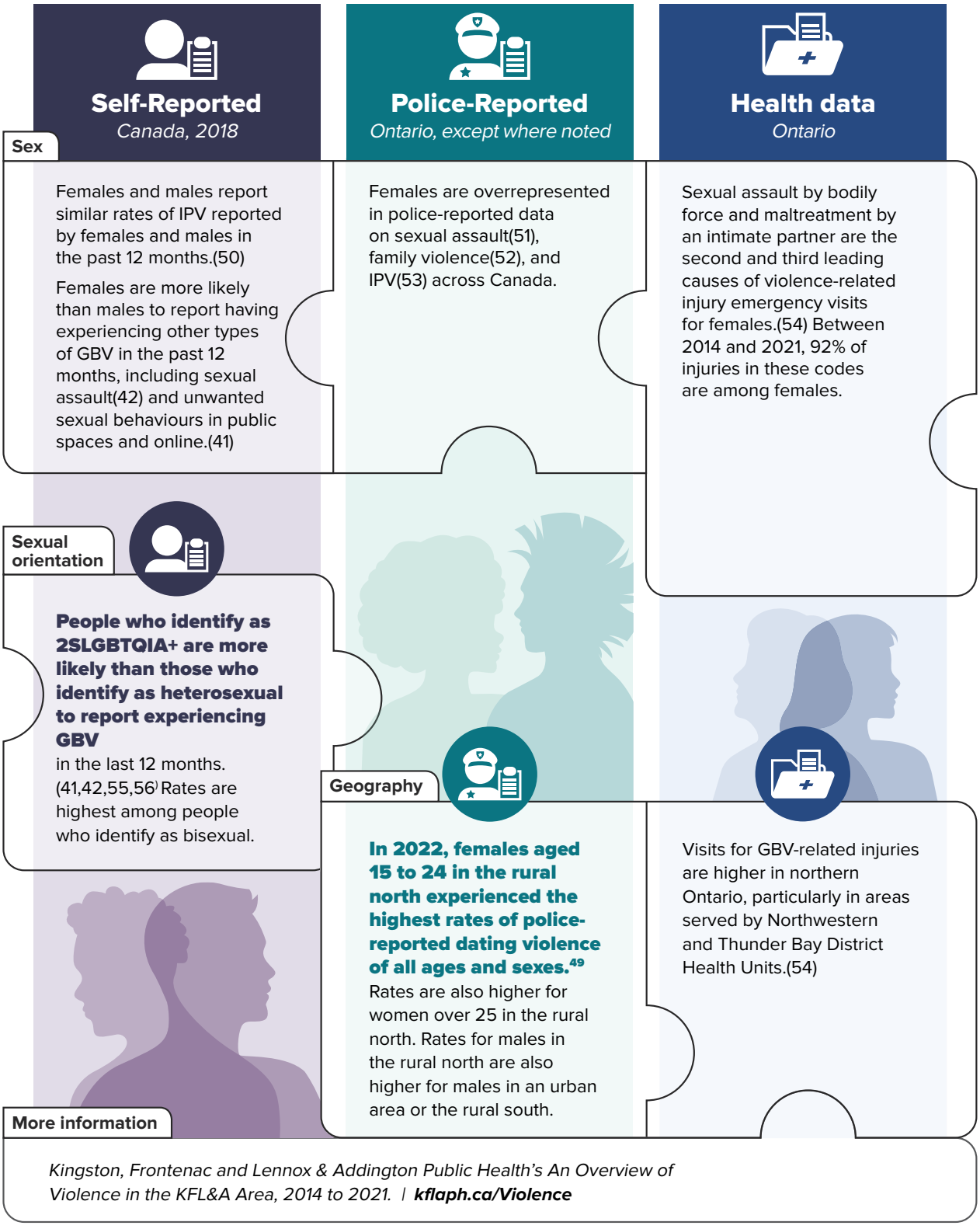
Intervention	Actions
Recognize Ability to identify when the risk of GBV is present or GBV has happened	• Implement awareness campaigns, websites, and helplines to increase public capacity to recognize different forms of GBV, understand their impacts, and find options for accessing help. • Engage primary care providers and social service workers in routine screening for experiences of violence or risk factors for violence. • Train professionals who work with population groups at higher risk of experiencing GBV to better understand, recognize, and respond to GBV, intimate partner violence, and family violence.
Report Formal account or statement to an organization or institution that has the authority to take action to address the incident	• Develop alternative avenues for reporting GBV to enhance community safety, such as anonymous online reporting systems or community agencies that can report key details to police.
Respond Social, health, and justice services for people who have been exposed to or used GBV	• Address human resource challenges in the anti-violence sector (e.g., increased long-term funding, improved working conditions, increased representation of people from equity-denied groups,* increased services in rural and remote areas). • Ensure response services are culturally safe and responsive for groups made vulnerable to GBV. • Increase access to early intervention services to prevent and mitigate the escalation of violence. • Provide trauma-informed trainings for police officers, supervisors of police officers, and other professionals who respond to GBV. • Implement structural changes within police forces to influence the work culture, such as requiring meaningful representation of women and equity-denied groups. • Establish oversight of police services by violence against women advocates to identify systematic challenges and opportunities for improvement, and to ensure GBV responses are consistent with laws and legislation. • Create a specialized court for GBV.

1.6 Overview of GBV in Ontario

This infographic (**Figure 4**) provides a snapshot of GBV in Ontario, compiled from multiple sources and supplemented by national data. It highlights key differences across population groups, disaggregated by disability, age, sex, sexual orientation, and geography.

Figure 4: Scope and nature of gender-based violence (GBV) in Ontario




Self-Reported
Canada, 2018
Police-Reported
Ontario, except where noted
Health data
Ontario
Sex
Females and males report similar rates of IPV reported by females and males in the past 12 months.(50)
Females are more likely than males to report having experiencing other types of GBV in the past 12 months, including sexual assault(42) and unwanted sexual behaviours in public spaces and online.(41)
Females are overrepresented in police-reported data on sexual assault(51), family violence(52), and IPV(53) across Canada.
Sexual assault by bodily force and maltreatment by an intimate partner are the second and third leading causes of violence-related injury emergency visits for females.(54) Between 2014 and 2021, 92% of injuries in these codes are among females.
Sexual orientation
People who identify as 2SLGBTQIA+ are more likely than those who identify as heterosexual to report experiencing GBV in the last 12 months. (41,42,55,56) Rates are highest among people who identify as bisexual.
Geography
In 2022, females aged 15 to 24 in the rural north experienced the highest rates of police-reported dating violence of all ages and sexes.[49] Rates are also higher for women over 25 in the rural north. Rates for males in the rural north are also higher for males in an urban area or the rural south.
Visits for GBV-related injuries are higher in northern Ontario, particularly in areas served by Northwestern and Thunder Bay District Health Units.(54)
More information
Kingston, Frontenac and Lennox & Addington Public Health's An Overview of Violence in the KFL&A Area, 2014 to 2021. | kflaph.ca/Violence

Section 2: Towards a population health approach to GBV prevention

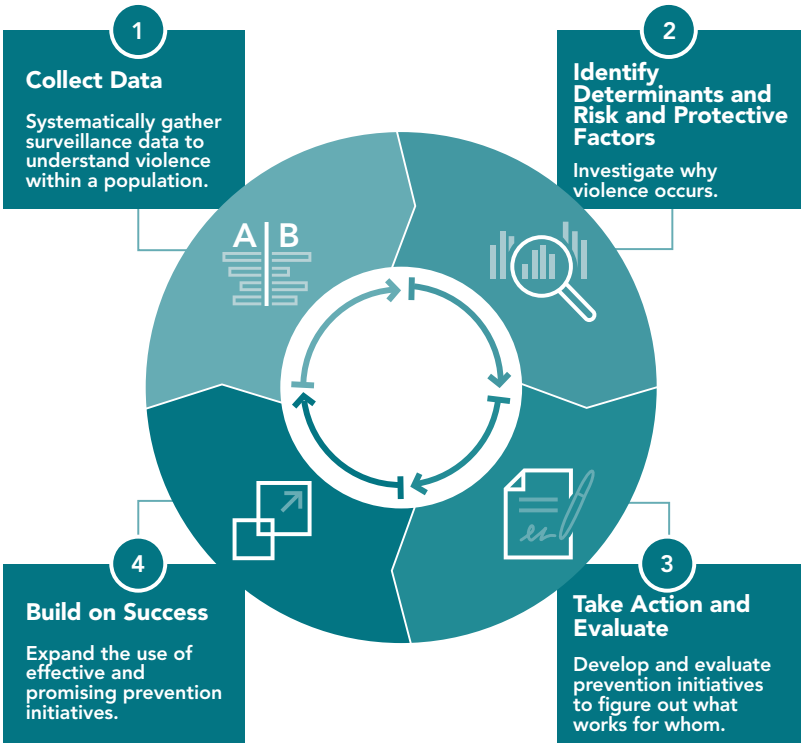
This section presents the second part of the GBV Prevention Framework that focuses on actions to prevent GBV before it occurs; promote safe, respectful, and equitable relationships; and stop existing GBV and support recovery. It reflects a comprehensive population health approach to GBV prevention, integrating a public health approach to violence prevention and coordinated multilevel prevention efforts to advance population health and health equity. The second part of the GBV Prevention Framework also encompasses three sets of actions related to community and system planning, population-level interventions, and person-level interventions, which are discussed further in this section in the context of local public health.

2.1 A public health approach to preventing violence

The GBV Prevention Framework extends what is known as a public health approach to preventing violence. This approach is not limited to public health agencies and professionals. Instead, it draws on public health's core functions and tools to help understand violence within a population and find solutions.(58)

A public health approach to preventing violence involves four steps (see **Figure 5**), each supported by one or more core public health functions: health surveillance, population health assessment, health promotion, disease and injury prevention, emergency preparedness, and health protection.(11) In this approach, the population is the focus, not individuals. Populations can be defined or organized in different ways, including by institution (e.g., school or workplace); geographic area (e.g. neighbourhood, local region, province or territory); or specific demographic group.(11)

Figure 5: Four steps in a public health approach to preventing violence.(19)



Adapted from Krug et al., 2002

2.2 An equity-focused population health framework for preventing GBV

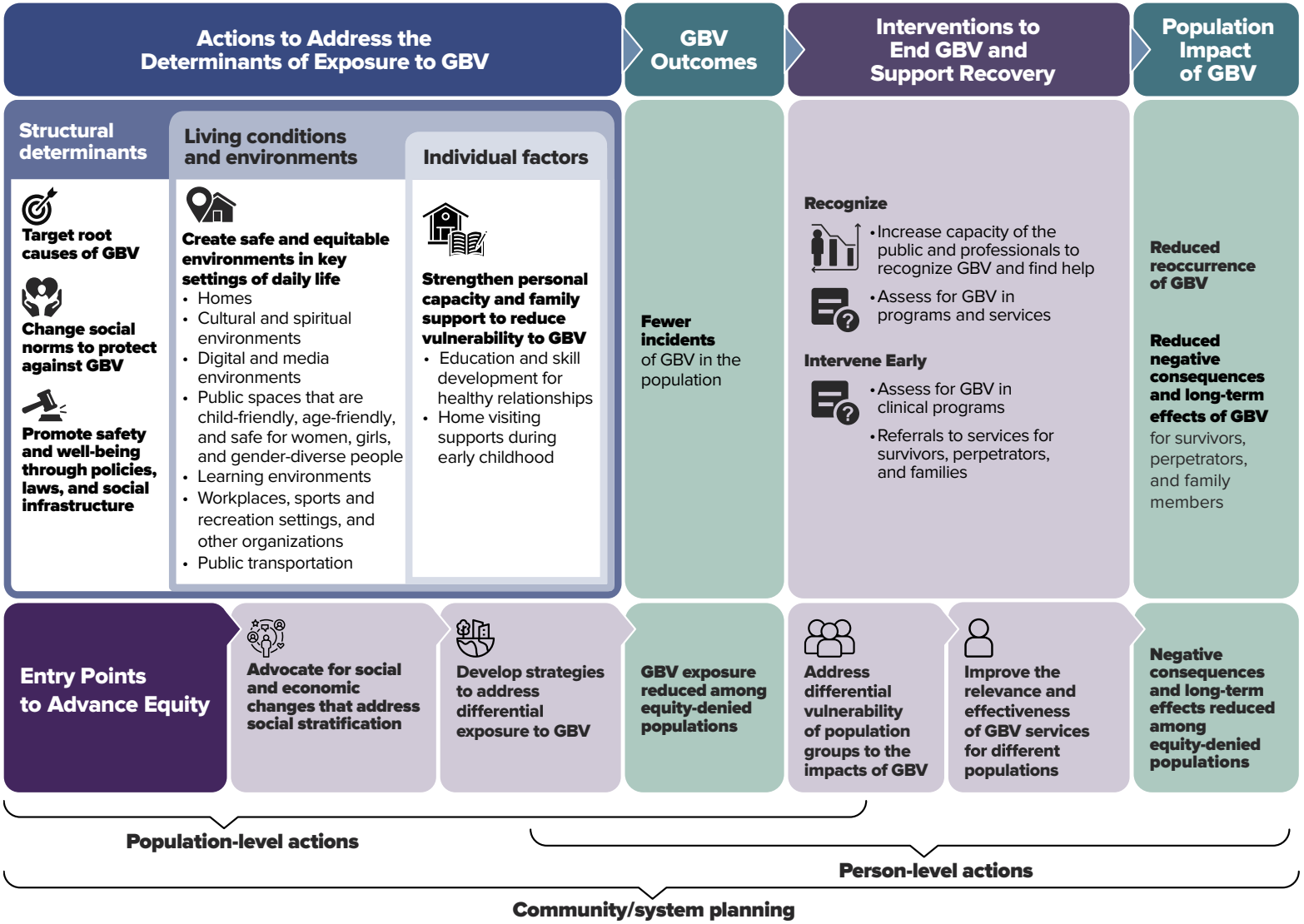
Building on the first part of the GBV Prevention Framework (**Figure 3**), this second part (**Figure 6**) provides an overview of actions to prevent GBV in the population. It includes three sets of actions that need to be coordinated across the four interconnected tiers of GBV prevention - primordial, primary, secondary, and tertiary. The framework also highlights entry points to embed a strong equity focus into efforts to prevent GBV and improve recovery and outcomes following GBV experiences.

1. **Community/system planning** is the foundation for preventing GBV through an equity-focused population health approach. This is because — similar to many issues affecting the safety and well-being of individuals, families, and communities — GBV is a complex social issue that requires whole-of-government and whole-of-society* approaches.(1,10)

2. **Population-level programs and services** are interventions that aim to reach the whole population or specific groups within the whole population.

3. **Person-level programs and services** involve working one-on-one with individuals or families who have been exposed to GBV or are at heightened risk of exposure.

Figure 6: An equity-focused population health framework for preventing gender-based violence (GBV) [Framework Part 2]



2.3 Four tiers of GBV prevention

A comprehensive approach to preventing GBV spans four interconnecting tiers of prevention: primordial, primary, secondary, tertiary.(59–62) These tiers are outlined in **Figure 7** and described in more detail, with examples, in **Table 3**. The work in each tier builds on and supports the other tiers, making coordination across tiers essential. Different sectors and professions are involved in each tier, contributing distinct yet complementary roles in GBV prevention.(60)

Prevention efforts become increasingly intensive and specialized in the secondary and tertiary tiers.(60) Investing more in population-level prevention can reduce the need for more intensive and specialized person-level programs and services.(63)

Figure 7: Coordinated tiers of gender-based violence prevention

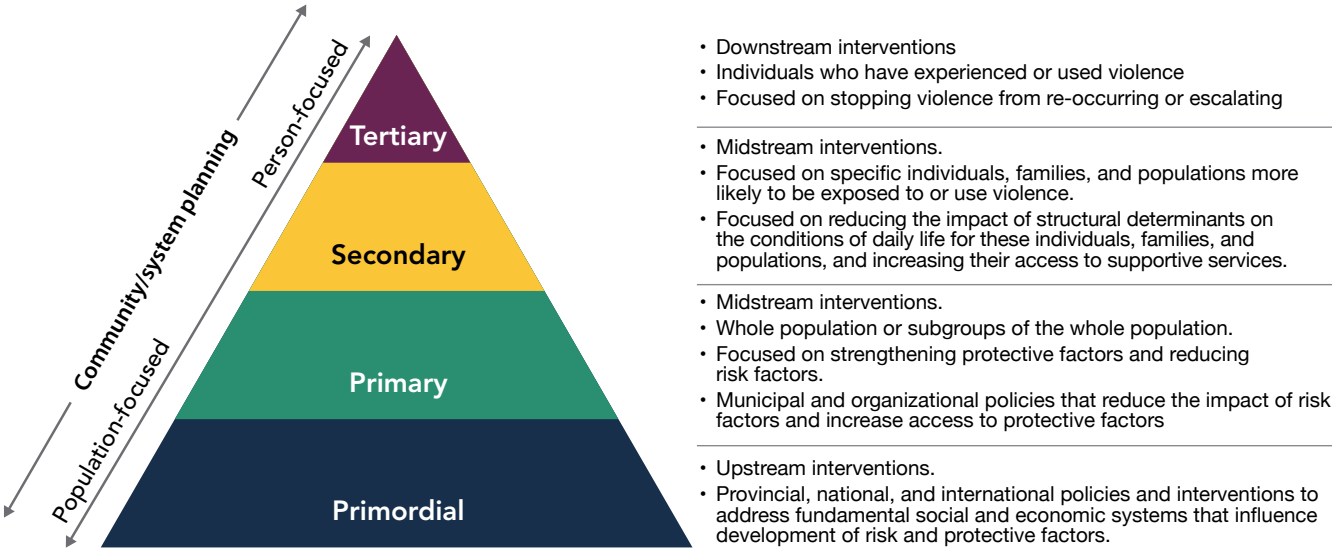


Table 3: Tiers within a comprehensive approach to preventing GBV

	Tier	Goal	Description	Examples
UPSTREAM	**Primordial**	1. Prevent GBV from occurring 2. Create the conditions for healthy, safe, and equitable relationships	• Benefits the whole population, including people already exposed to or using GBV • Addresses the fundamental social and economic systems that influence the development of risk and protective factors within determinants for individuals, families, and communities — i.e., addresses the root causes of GBV and inequities in GBV(24) • Encompasses interventions focusing on policies, laws, and social infrastructure set at provincial, national, and international levels(24) • Promotes health equity through understanding and addressing systems of oppression that shape differential exposure of population groups to risk and protective factors(29,64)	Policies, laws, and social infrastructure to foster women's economic participation, reduce household poverty, and discourage harassment or violence based on gender or sexual orientation
MIDSTREAM	**Primary**	Prevent GBV from occurring Create the conditions for healthy, safe, and equitable relationships	• Benefits the whole population or subgroups of the whole population • Reduces risk factors for GBV and strengthens protective factors against GBV within determinants for individuals, families, and communities, including in the settings of their daily lives • Involves policy interventions at the micro policy level (e.g., municipalities, organizations)(63,64) • Promotes healthy behaviours among a population through communications and education(63,64)	• EarlyOn programs • Community-wide parenting campaigns • Provincial requirements for a sexual violence prevention and response policy at post-secondary institutions • School-based healthy relationship education

	Tier	Goal	Description	Examples
MIDSTREAM	**Secondary**	Preventing GBV among individuals and families with risk factors for GBV	• Focuses on specific individuals and populations who are at higher risk of being exposed to or using violence(61,62,65) • Encompasses interventions to reduce the impact of structural determinants on the conditions of daily life for individuals and families, and to increase their access to supportive social and health services(63,64)	• Home visiting programs (e.g., Healthy Babies, Healthy Children and Nurse – Family Partnership) • Caring Dads™ program • Training programs for people who work with populations made vulnerable to GBV
DOWNSTREAM	**Tertiary**	Reduce the negative outcomes for people who have been exposed to violence, and support perpetrators to stop using violence	• Focuses on people who have been subjected to and/or used violence(61,62,65) • Encompasses interventions to stop violence from reoccurring or escalating, and to support emergency shelters individuals and families with recovery and rebuilding their lives. • Includes immediate incident response responders, hospitals, and healing crisis services • Promotes health equity by ensuring programs and services are responsive to the needs of populations made vulnerable to GBV(64)	• Assessment and early intervention • Access to emergency shelters and transition housing • Supports for healing • Programs that help family members – including perpetrators – increase safety within the home

LEARN MORE about upstream approaches in:

Let's Talk: Moving Upstream from the National Collaborating Centre for Determinants of Health

Upstream Approaches Community of Interest's **primer**

2.4 Principles for preventing GBV in community planning

Prevention of GBV requires thorough planning at community and system levels to build a coordinated, comprehensive approach that (a) aligns activities across the four tiers of prevention and (b) maximizes the effectiveness and efficiency of everyone's efforts. **Table 4** provides key planning principles and practical guidance to help communities develop an equity-focused population health approach to GBV prevention, adapted to their local context.

Table 4: Equity-focused community planning to prevent gender-based violence (GBV)

Principle	Community considerations and actions
Improve population outcomes while advancing health equity	• Some social groups are at higher risk of experiencing or being exposed to GBV, including adolescents and young adults, people with disabilities, those who identify as 2SLGBTQI+, immigrants, and people living in rural and northern communities. • Efforts to address GBV need to be intersectional* and tailored to effectively reach these groups and meet their specific needs. These strategies include culturally safe interventions and inclusive messaging, language, and imagery.
Parallel Indigenous-led plan	• Address violence affecting Indigenous Peoples separately from other equity-denied groups, taking a distinctions-based approach that recognizes the unique cultures, languages, and histories of First Nations, Inuit and Métis Peoples. There are important differences from other equity-denied groups in the factors that make Indigenous people vulnerable to GBV (e.g., colonialism and settler colonialism) and the solutions required to address GBV (e.g., self-governance and reclamation of land, identity, culture, and language).(61,62,66,67) • Support Indigenous leadership in these parallel efforts. • Implement recommendations from existing responses, such as the Truth and Reconciliation Commission's Calls to Action(68) and the National Inquiry into Murdered and Missing Indigenous Women's Calls for Justice.(69)
A comprehensive approach to addressing GBV	• Actions are needed to prevent violence from happening within the population, and to enhance the response to violence when it does happen. • Primordial and primary prevention should comprise a significant portion of efforts to address GBV. These efforts should include both initiatives that aim to foster healthy, safe, and equitable relationships and initiatives that aim to prevent violence from occurring.
Focus on determinants as levers of change	• Consider determinants across different levels, from structural to individual. • Prioritize the determinants that are most impactful and feasible to change. • Include an explicit focus on gender and social equity.

Principle	Community considerations and actions
Address common determinants across types of GBV, while recognizing key differences	• Multiple forms of violence can be addressed at the same time by focusing on the shared determinants and prevention actions. • Additional interventions are required to address specific forms of GBV. For example, sexual violence — particularly sexual harassment — is more likely than intimate partner or family violence to occur in public spaces and to be perpetrated by strangers or acquaintances.
Change environments to change behaviour	• Nudge theory(61) and Frieden's health impact pyramid(70) both suggest that modifying people's environments can be more effective in changing behaviour than efforts that focus directly on getting individuals to change their behaviour (e.g., education, incentives, disincentives). This is because even small changes in the environment can lead people to change their behaviour without actively thinking about it or exerting effort as they adjust to the new environment.(61)
Take an integrated approach to public health priorities	• GBV shares many determinants — particularly structural determinants and living conditions and environments — with other public health priorities, including healthy child development, mental health, substance use health, chronic disease, and sexual health. There is also a bidirectional relationship between GBV and poor outcomes occurring in these public health priorities, and each can make the other worse. • Consider and mitigate the impact of public health programs and policies on the determinants of GBV risk.
Collaborate across sectors and harness collective action	• GBV is a complex social issue. Effective prevention requires coordinated strategies across multiple sectors (e.g., health, education, justice, housing, social services) and levels of government in a whole-of-government and whole-of-society approach.
Enhance data and surveillance to support GBV initiatives	• Data and evidence are needed to improve efforts to prevent and respond to GBV. • Use surveillance of determinants to inform the design, monitoring, and evaluation of plans and interventions. • Track changes in determinants as an indirect measure of GBV prevention impact. • Use disaggregated data to assess whether initiatives effectively reach populations of focus.

Adapted from De Pauw.(16)

2.5 Population-level actions to prevent GBV

The GBV Prevention Framework (see **Figure 6**) includes actions focused on the whole population that aim to:

- transform the conditions that create risk factors for different forms of GBV and increase protective factors that promote healthy, safe, and equitable relationships across society. These primordial and primary prevention actions align with the social development area of Ontario's community safety and well-being planning framework.(1)
- increase the capacity of individuals, professionals, and organizations to recognize GBV and intervene to help end GBV and support recovery. These tertiary prevention actions align with the aims of the risk intervention area of Ontario's community safety and well-being planning framework (i.e., to prevent victimization or harm from occurring in situations of elevated risk.(1)

See **Table 5** for more examples of population-level actions and corresponding strategies across the four tiers of prevention.

Table 5: Examples of population-level actions to prevent GBV in the population

	Area for action	Strategies
Determinants of Exposure to GBV		
Structural determinants		
PRIMORDIAL	**Target root causes of GBV**	• Advocate for whole-of-government and whole-of-society responses to GBV. • Advocate for the development and implementation of strategies to strengthen gender equity and social equity. • Advocate for the Implementation of existing Indigenous strategies. • Support Indigenous-led responses to GBV. • Promote human rights.
	Change social and cultural norms to protect against GBV	• Implement bystander intervention initiatives. • Engage boys and men in in promoting healthy relationships and gender equity, and in preventing violence and aspects of masculinities that support GBV. • Deliver awareness campaigns to challenge social norms, attitudes, and beliefs that support violence (e.g., tolerance of harsh discipline; tolerance of violence, control, coercion, and aggression in relationships; rape culture; beliefs that this violence is private, inevitable, or less harmful). • Deliver awareness campaigns to promote positive social norms, attitudes, and beliefs around human rights, gender, relationships, consent, and digital literacy and citizenship.
	Promote safety and well-being through polices, laws, and social infrastructure	• Apply Gender-based Analysis Plus (GBA+). • Advocate for laws and policies that encourage gender and social equity and discourage violence. • Advocate for policies to increase the availability of affordable housing, employment, public transportation, mental health care, and substance use health care. • Advocate for policies and laws to promote and regulate technological safety. • Advocate for emergency preparedness plans to consider and mitigate increased GBV risk. • Advocate for expanded cell service and high-speed internet in rural and remote areas.

	Area for action	Strategies
Living conditions and environments		
Create safe and equitable environments in key settings of daily life:		
PRIMARY	**Homes**	• Advocate for families to have social and financial resources to create safe, stable, and nurturing home environments. • Encourage father involvement, including through supportive government and workplace policies. • Encourage parents to foster gender equality in their household(s). • Deliver positive parenting guidance to the general population. • Support parents' capacity around topics such as healthy relationships, healthy sexuality, digital/cyber safety, youth dating violence, different manifestations of violence and coercion, violence prevention, link between gender inequity and violence, and human trafficking prevention
	Learning environments (early learning through post-secondary)	• Advocate for a comprehensive healthy settings approach that promotes gender equality; social emotional learning; healthy, respectful relationship skills; digital literacy and health; and early identification and intervention in GBV. • Advocate for learning environments to have a stand-alone GBV prevention and response policy.
	Public spaces and transportation	• Advocate for institutional policies and education on sexual misconduct and violence in settings such as public transit, workplaces, sports leagues, and recreation centres. • Advocate for increased safety while using public transit, taxis, and ride-sharing services through policies, staff training, safety features, and passenger safety tips. • Advocate for physical and social environments that are child-friendly and age-friendly, and that consider the safety of women, girls, and gender-diverse people. • Deliver awareness campaigns to decrease public acceptance of street harassment. • Advocate for alternative reporting mechanisms for harassment in public spaces to target prevention efforts.
	Digital and media environments	• Develop guidelines for media reporting to minimize harmful language and perpetuation of harmful myths and beliefs, and increase public awareness and provide information to people experiencing GBV about these same issues. • Increase awareness of harmful practices within media and digital environments, and implement practices that increase technological safety and decrease harmful uses of technology.

	Area for action	Strategies
	Individual factors	
PRIMARY	**Information and skills to strengthen personal capacity for healthy relationships among children, adolescents, and young adults**	Develop age-appropriate content and delivery for information and skills to: • Promote safe, respectful, and equitable relationships, including social and emotional skills (e.g., emotional regulation, communication, conflict resolution); healthy and equitable relationship skills; bodily autonomy and consent; gender and gender equity (e.g., gender norms, gender identity and expression); human rights, diversity, equity, and social inclusion; sexuality education; and media and digital literacy, citizenship, and safety. • Recognize and respond to violence, including manifestations of violence (e.g., bullying, coercion, controlling behaviours, sexual jealousy, exploitative behaviours, child abuse, dating violence, intimate partner violence, cyberviolence, human trafficking); root causes and drivers of violence (e.g., gender inequity, rape culture, racism); violence prevention skills (e.g., standing up for oneself, resistance training, asking for help from adults, safer partying); and responding to disclosures and supporting people who have been exposed to violence. • Reduce risks for violence, including mental health and well-being, substance use health, and life skills..
	Individual factors	
SECONDARY	**Increase recognition of GBV and the risk of GBV**	• Develop awareness campaigns, websites, and helplines to increase public capacity to recognize forms of GBV, understand their impacts, find options for accessing help for people exposed to violence and perpetrators, and counter victim-blaming and hyper-responsibilization of people exposed to violence.
TERTIARY	**Increase early identification and intervention for GBV**	• Engage primary care providers and social service workers in routine screening for experiences of GBV or risk factors for GBV. • Train professionals (e.g., police, social workers, health care practitioners) and others who work with individuals and groups made vulnerable to GBV to better understand, recognize, and respond to GBV. • Create safe spaces in the community (e.g., businesses, libraries) where people who have been exposed to GBV can access help and information.

Adapted from De Pauw.(16)

2.6 Person-level actions to prevent GBV

Person-level actions aim to support individuals and families who have been exposed or made vulnerable to GBV. These programs and services are an important part of a coordinated and comprehensive approach to GBV prevention, reflecting the secondary and tertiary prevention tiers (see **Table 6**). Prevention actions in these tiers align with the prevention, risk intervention, and crisis response areas in Ontario's community safety and well-being planning framework.(1)

While local public health plays a limited role in person-level GBV prevention, one example of a crucial service it provides is home visiting programs to support families with young children.

Other programs and services provided by local public health where there may be person-level contact include parent resource lines, wellness hubs, and sexual health clinics and contact tracing. These other services also provide opportunities to apply additional strategies identified within the GBV Prevention Framework.

Table 6: Person-level actions and strategies to prevent gender-based violence (GBV)

	Area for action	Strategies
	Determinants of Exposure to GBV	
	Individual factors	
SECONDARY	**Home visiting supports during the early years**	• Provide person-level supports to parents and families to foster warm attachments and healthy growth and development.
	Intervene to End GBV and Support Recovery	
TERTIARY	**Increase early identification and intervention for GBV**	• Assess individuals and families for exposures to GBV or risk factors for GBV when delivering person-level programs and services.

Adapted from De Pauw.(16)

2.7 Entry points to advance equity in safety from GBV

Part 2 of the GBV Prevention Framework identifies key entry points to advance health equity in GBV prevention efforts (see **Figure 6**). These can be used to support and integrate a robust equity focus across diverse public health functions, including population health assessment and surveillance, selecting and tailoring interventions to local contexts, and measuring progress in addressing GBV. **Table 7** offers examples of actions to advance equity across all four tiers of GBV prevention and a range of systems, settings, population groups, and services.

Table 7: Entry points with actions to advance equity in gender-based violence (GBV) prevention

	Inequity pathway	Entry point to advance equity	Strategies
Determinants of Exposure to GBV			
PRIMORDIAL	**Social stratification**	**Advocate for social and economic changes that address stratification of populations based on social characteristics**	Advocate for governments and organizations to: • define, institutionalize, protect, and enforce human rights based on gender and intersecting social inequities • develop and implement public policies and regulations that reduce social inequities by redistributing and regulating power and resources within society (e.g., affordable housing; maternity and parental leave; affordable, high-quality childcare) • enhance and develop healthy urban planning
PRIMARY	**Differential exposure**	**Develop equity-oriented strategies that address differential exposure to GBV within the population**	• Apply health equity approaches – such as proportionate universalism* – to ensure that interventions to create safe and equitable environments in the settings of daily life reach and benefit populations made vulnerable to GBV, and do not widen health disparities.
	Differential vulnerability	**Address differential vulnerability of population groups to the impacts of GBV**	• Implement plans to reduce poverty and its concentration within communities. • Develop strategies to foster greater equity in access to and control over resources at the family level, particularly for women. • Improve targeting and relevance of health education to promote healthy, safe, and equitable relationships and to prevent GBV (e.g., tailoring messaging and imagery to different groups made vulnerable to GBV). • Develop interventions that identify and address social risks for individuals and families made vulnerable to GBV (e.g., housing, food security, access to services such as health care and quality childcare). • Maximize public health resources by addressing the common root causes for populations made vulnerable to GBV and for other public health priorities (e.g., mental health, substance use health, chronic diseases, sexual health).

	Inequity pathway	Entry point to advance equity	Strategies
Intervene to End GBV and Support Recovery			
SECONDARY	**Differential response**	**Improve the relevance and effectiveness of response services**	• Provide response services that are designed specifically for people and groups made vulnerable to GBV. • Educate and sensitize providers to be humble and provide culturally relevant services and resources to people from different groups made vulnerable to GBV. • Partner with community and religious leaders to build support systems, leverage resources, and co-develop anti-oppressive and sustainable interventions. • Make response services accountable to people exposed to GBV and their families, communicate and enforce survivors' rights, and simplify complaint processes. • Incorporate measures to increase equity in service outcomes in funding agreements for response services. • Ensure rural and remote regions have adequate funding for response services.
TERTIARY	**Differential consequences**	**Reduce the negative consequences of GBV for populations made vulnerable to GBV**	• Improve the ability of people exposed to GBV to earn an income and independently meet basic needs for themselves and dependents. • Provide psychosocial support. • Support the resilience of children impacted by GBV.

Adapted from De Pauw(16) and Blas et al.(29)

Section 3: Scope and roles for local public health within a population health approach to GBV prevention

This section provides an overview of important contributions LPHAs can make in a comprehensive approach to GBV prevention that align with their mandate. It also outlines population-level roles for LPHAs and provides examples of concrete actions for each.

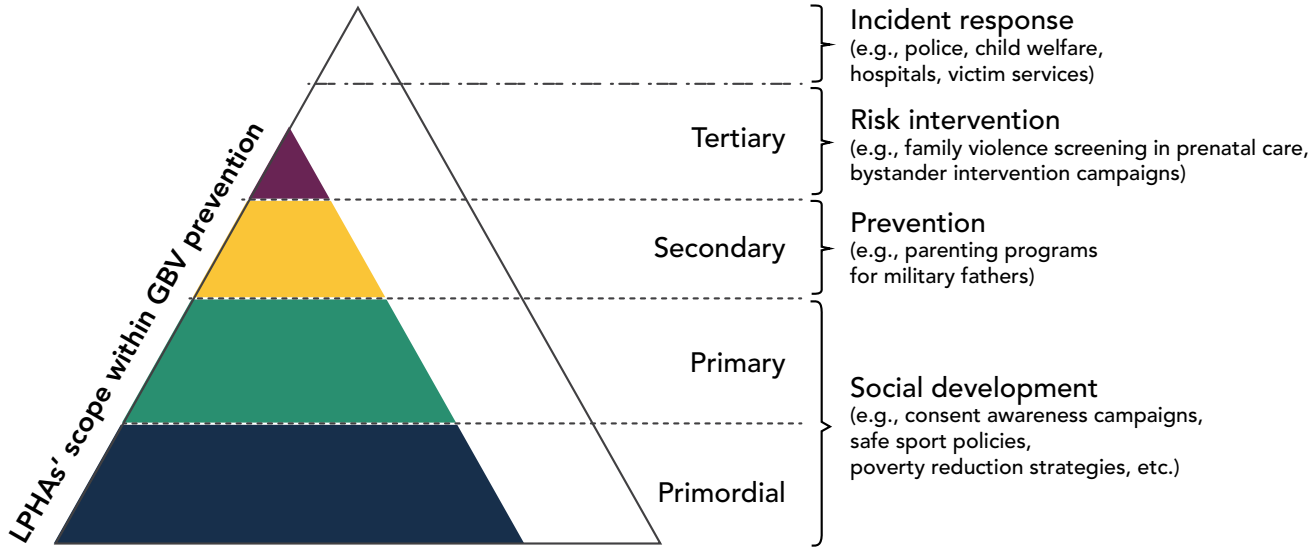
3.1 Scope of LPHAs in addressing GBV

LPHAs have a crucial role in applying comprehensive multilevel prevention approaches to address GBV through their programs and services focused on populations, families and individuals (see **Figure 8**). LPHAs' contributions to addressing GBV are guided by the Ontario Public Health Standards, while also being tailored to reflect local needs, priorities, and surveillance and other population data.

LPHAs can help maximize the reach and impact of a unified response to GBV in their area by applying a population health approach. This involves addressing the determinants of health; promoting evidence-informed, integrative, and innovative interventions and strategies; and fostering and engaging in cross-sectoral and multilevel collaboration to address GBV locally while advancing health equity.

At the person level, LPHAs must be prepared to respond effectively and safely to the needs of individuals and families who are experiencing or have experienced GBV, as well as those who are perpetrating or have perpetrated GBV. This includes recognizing and responding to disclosures in a trauma- and violence-informed manner; conducting risk assessments and safety planning as appropriate; and assessing additional health and social care needs of individuals and families (e.g., through home visiting services to parents of young children). It also involves providing warm handoffs to health, social, and justice services in the local community. For the most part, LPHAs are not involved in responding to people who are in crisis or providing ongoing treatment or therapeutic interventions.

Figure 8: Scope of local public health agencies (LPHAs) within comprehensive approaches to prevent gender-based violence (GBV)

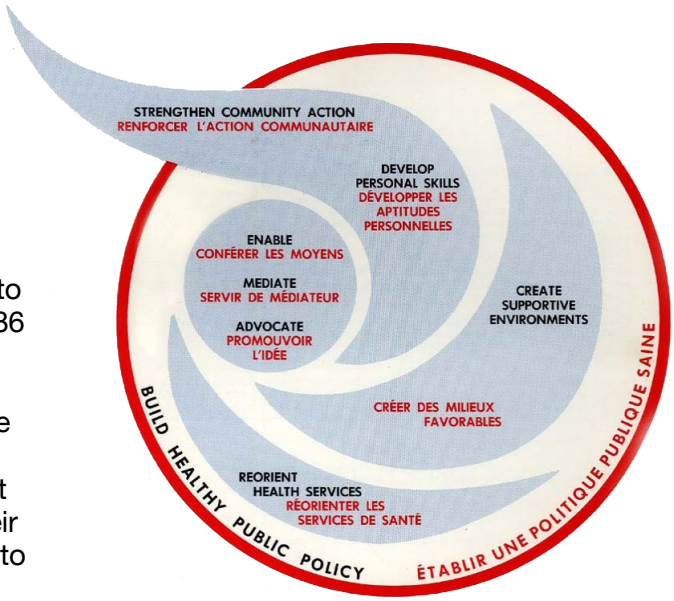


Health promotion

The insights and approaches of health promotion are particularly relevant for primordial and primary prevention of GBV. Health promotion offers a range of strategies for collaborating with individuals, families, and communities to improve health and well-being. The 1986 Ottawa Charter for Health Promotion, widely understood as the foundational document in this field — identifies three primary strategies of health promotion — advocate for conditions that support health, enable all people to achieve their full potential by ensuring equal access to opportunities and resources for health, and mediate between differing interests in society.(71)

These strategies are operationalized through five action areas that work best as part of a comprehensive approach: build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and reorient health services. Practitioners can draw on relevant concepts, applied tools, and evidence-informed interventions to support their efforts to implement initiatives in these action areas.

Healthy public policy, supportive environments, and community action are particularly important for primordial prevention of GBV and addressing inequities in GBV experiences. The development of personal skills is important for primary prevention of GBV. Community action also is relevant for LPHAs' efforts to contribute to local multisectoral collaboration to address GBV.



Notes: Reproduced from World Health Organization, Health and Welfare Canada, and Canadian Public Health Association.(citation#)

LEARN MORE about health promotion by completing Public Health Ontario's **Health Promotion Essentials online course**.

3.2 Population-level roles for LPHAs in addressing GBV

While person-level roles for LPHAs are defined in documents such as the protocols for home visiting programs, population-level roles for LPHAs in addressing GBV require further definition. The potential population-level roles identified here build upon previous work that defines public health roles in advancing health equity(72) and promoting population mental health and wellness.(15,73) Most of these roles will be familiar to local public health professionals as they align with recognized public health functions and core competencies. Examples of actions for each role are provided; these examples were identified through the research process that informed this GBV Prevention Framework.

Role 1: Champion and support a population health approach to addressing GBV(73)

Moving towards a population health approach to addressing GBV requires a paradigm shift, similar to what occurred with the introduction of health promotion in the 1970s and mental health promotion in the past decade. In both cases, the focus shifted and broadened from a medicalized view of preventing illness (pathogenesis) to include improving health (salutogensis) by, for example, influencing the social, economic, political, cultural, and environmental factors that affect health.(73,74)

Similarly, a population health approach to addressing GBV redirects the aim of interventions towards enabling and supporting healthy, respectful, and equitable relationships through social infrastructure, social norms, social and physical environments, and behaviours.(16) This is done by shifting the focus further upstream to reduce risk factors and strengthen protective factors in the conditions of daily life, and to acknowledge and work to address the structural determinants of GBV and the pathways of inequities and equities in health.

LPHAs can support this paradigm shift by advocating; influencing structures, processes, research, and workforce development; and intentionally building capacity in organizations, communities, and networks for a population health approach to addressing GBV in a self-sustaining manner.

A foundational step in fulfilling this role is establishing an explicit mandate for LPHA staff to focus on GBV as a health priority. Intentional capacity building involves fostering an understanding of the determinants of GBV and the range of strategies for reducing GBV in the population. It also involves embedding practices and strengthening skills to support and empower a population health approach to addressing GBV.

What this role looks like in action

- Board of Health endorsement of municipal declarations of GBV as an epidemic, and call for the Province of Ontario to do similar.
- Board of Health advocacy to the Provincial of Ontario to invest in surveillance and evidence-informed strategies to prevent and respond to GBV.
- Development and implementation of an Intimate Partner Violence Action Plan across all municipal divisions – including public health, children's services, police services, and Parks and Recreation – with initiatives across the prevention tiers.
- Development and implementation of a comprehensive health promotion approach to foster a child-friendly city that focuses on promoting children's rights and preventing violence against children such as corporal punishment and harmful traditional practices (e.g., female genital cutting, forced marriage, etc.).
- Cross-program GBV prevention coordination committee to plan and identify priorities to address violence in the community.
- Organizational change initiatives to strengthen capacity for advancing health equity, such as developing an Indigenous engagement strategy and providing opportunities to employees to gain knowledge and skills to support an equity-focused population health approach.

Role 2: Assess and report on GBV

A long-standing role of LPHAs is to collect, assess, analyze, and report on local data to describe the nature, scope, and trends of determinants of health and health issues. This role also includes applying this information to understand the health and determinants of the population as a whole and of specific subpopulations, with the goal of developing and implementing effective programs and interventions and tracking changes over time. This role is foundational for enabling other roles, such as partnering and bridging with other sectors, healthy public policy, and communication for change.

What this role looks like in action

- Report summarizing publicly-available police and hospital administrative data describing interpersonal violence in the LPHA's area.
- Evidence review to inform primary prevention initiatives focused on boys and men, including exploring the evidence related to engaging boys and men in promoting gender equality and healthy relationships, and to understanding the factors that influence male perpetration of violence.
- Internal scan of community violence observations and interactions to inform internal prevention strategy

Role 3: Modify, integrate, and embed a population health approach to addressing GBV within LPHAs(65)

This role involves intentionally embedding and integrating a population health approach to addressing GBV into public health practice and across the full program cycle of assessment, planning, implementation, and evaluation.(73)

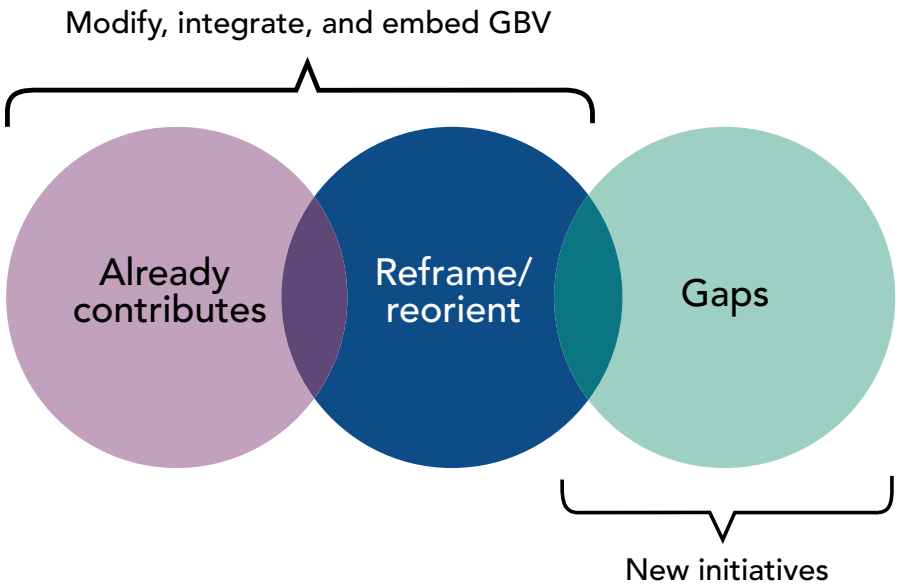
Although GBV may seem like a new area for local public health, many existing public health interventions are relevant for addressing GBV. A key starting point is to identify and recognize existing work that contributes to GBV prevention and formally identify it as such.

Public health topics that LPHAs already address — such as mental health and substance use health — are often associated with GBV exposure risk or share determinants with GBV. By focusing on these shared determinants, LPHAs can maximize their impact on population health and well-being outcomes while avoiding duplication of efforts. In some cases, LPHAs may need to modify and reorient their existing work to strengthen its contributions to GBV prevention.(73) For example, embedding GBV prevention into preparedness planning can help avert a rise in GBV and mitigate health inequities during emergencies. **Figure 9** illustrates how existing public health efforts can be leveraged or expanded to address GBV.

What this role looks like in action

- Integrate a focus on community safety and well-being in the LPHA's COVID-19 response activities.
- Integrate lessons from the COVID-19 pandemic about ensuring the emergency plan for the area includes adequate resources to address psychosocial and mental health needs.

Figure 9: Aligning current public health programs with gender-based violence (GBV) prevention



LEARN MORE about the Government of Canada's approach to **Gender-based Analysis Plus (GBA+)**.

LEARN MORE about integrating GBV prevention into emergency planning:

Centre for Excellence in Women's Health's **Gender and Emergency Management: A Framework for Action**

Public Health Ontario's **Disaster Recovery Frameworks: Common Themes to Inform COVID-19 Recovery Efforts**

Public Health Agency of Canada's **"Actions to apply health promotion to emergency management" in Creating the Conditions for Resilient Communities: A Public Health Approach to Emergencies**

Role 4: Partner and bridge with other sectors for GBV prevention(9,65)

An important role for LPHAs is to collaborate across sectors and harness collective action for a population approach to addressing GBV. GBV is a complex problem. Actions are required from multiple levels of government, sectors, and organizations as well as everyday citizens to address the determinants of GBV. This is similar to the involvement of multiple sectors in responding to violence, including police services, anti-violence organizations, victims' services, and health care. Existing mechanisms for enacting this role include community safety and well-being plans and violence against women coordinating committees.

What this role looks like in action

- Participate in community tables that address GBV, such as the Violence Against Women Coordinating Committee, adverse children experiences and resilience coalition, and community safety and well-being planning committee.
- Collaborate with a local university to undertake a public opinion survey for the Violence Against Women Coordinating Committee to inform public education materials, as per recommendation #24 in the CWK Inquest.
- Collaborate with local post-secondary institution(s) to address issues that impact GBV exposure on campus and in the community (e.g., unsanctioned street parties, consent awareness, etc.)
- Collaborate with transit system to promote safety and prevention GBV in public spaces.
- Collaborate with multiple city divisions on safety coordination teams to create action plans to address violence in local areas.
- Collaborate with faith leaders, community leaders, and local businesses to reach different populations.
- Multi-service hubs that bring together municipal and community partners to deliver health and wellness services in areas that are more accessible to individuals and families facing barriers.

Role 5: Participate in the development of healthy public policy(15)

This role reflects a core action area in the Ottawa Charter for improving population health: build healthy public policy. It is equally important in a population approach to addressing GBV as many of the determinants of GBV are shaped by policies, laws, regulations, and budgetary decisions beyond the direct control of local public health. Healthy public policy can be developed by governments at all levels, school districts, workplaces, sports and recreation organizations, and others.

What this role looks like in action

- Advocate for income security measures, such as a basic income guarantee and reforms to the Canada Child Benefit.
- Annual report to increase awareness of household food insecurity in the local area and to highlight policies solutions at the federal, provincial, and local levels.
- Annual report on living wage to increase awareness of hourly rate of pay at which individuals and families can live.
- Community report on progress to addressing Sustainable Development Goals.
- Encourage school boards to develop policies that specifically address GBV among students, such as teen dating violence and sexual misconduct.

Role 6: Communicate to effect change

Communication is a core public health competency used to achieve a wide range of goals, from strengthening personal skills and influencing behaviour, to creating supportive environments, to informing policy leaders of the best available evidence, including proven strategies to reduce the occurrence of GBV in the population. This role involves tailoring communication strategies to reach diverse internal and external audiences to inspire changes that support GBV prevention.

What this role looks like in action

- Media engagement to promote Board of Health endorsement of GBV as an epidemic, and to increase awareness of GBV as public health priority.
- Integrate content on GBV, healthy relationships, and consent on website content for the public.
- Social media campaigns to increase awareness of GBV-related topics such as teen dating violence, bystander intervention and consent.
- Provide healthy relationships education in schools and community settings.
- Provide information and resources to educators, coaches and youth workers to support them to deliver healthy relationships content in schools and community settings.
- Provide training to service providers on topics related to GBV, including awareness of different cultural views on discipline and family violence.

Section 4: Enabling factors for implementation

This section outlines key factors at the structural level (**Table 8**), organizational level (**Table 9**), and community level (**Table 10**) that support the uptake and implementation of an equity-focused population health approach to GBV. Conversely, the absence of these factors can hinder the uptake and implementation of this approach.

These factors are presented along with opportunities and solutions for advancing these enabling factors. These insights are intended to help LPHAs apply an equity-focused population health approach effectively and sustainably. They are based on responses to a validation survey conducted for this framework. More details about the survey can be found in the **project's research report**.

Table 8: Structural factors in equity-focused gender-based violence (GBV) prevention

Factor	Why this matters	Opportunities/solutions
Provincial paradigm shift	GBV is recognized as a systemic public health issue requiring coordinated population-level actions.	• Advocate for and support interest at the local and regional government levels for the Province of Ontario to declare GBV an epidemic. • Build understanding of GBV as a public health priority and demonstrate the potential of a population health approach for preventing GBV. • Involve provincial and national public health knowledge partners in disseminating information and resources to increase awareness and acceptance of a population health approach to GBV prevention.
Provincially supported mandate for LPHA involvement	Explicit inclusion of GBV prevention within the Ontario Public Health Standards would provide a formal mandate.	• Advocate for the integration of GBV prevention within the Ontario Public Health Standards. • Build awareness of the alignment of GBV prevention with current Ontario Public Health Standards.
Fragmented mandates, policy, and funding	GBV is a political, sensitive, and complex issue, and prevention efforts involve multiple sectors (e.g., health, justice, social services, education, faith-based and cultural organizations) at multiple levels (i.e., local, provincial, national). Funding restrictions and policies present constraints to a sustained, coordinated approach. LPHAs are often new partners in this area and need to build mutual understanding and trust.	• Advocate for and encourage the provincial government to use a whole-of-government and whole-of-society approach to GBV. • Work towards coordination at the local and regional levels: o Collaborate with community partners across sectors and prevention tiers to develop a shared purpose and common plan to address GBV (e.g., by collaborating with the local violence against women coordinating committee to embed a comprehensive approach to GBV in the community safety and well-being plan). o Map mandates and existing programs and services across organizations and divisions/departments. o Ensure the common plan delineates the roles and responsibilities of different partners in its implementation as well as mechanisms for coordination. o Foster open communication about funding opportunities to support the components of the plan. o Learn from the comprehensive approach to GBV used in the post-secondary sector.

Factor	Why this matters	Opportunities/solutions
Data and surveillance data	LPHAs need local data and surveillance tools to evaluate needs and interventions, and to build a case for action.	• Collectively advocate for increased access to population-level GBV data at the LPHA level. • Work with local partners (e.g., police, hospital, GBV response services) to increase data sharing where feasible. • Build research capacity within partner organizations where needed to develop consistent data collection methods across sectors.

Table 9: Organizational factors in equity-focused gender-based violence (GBV) prevention

Factor	Why this matters	Opportunities/solutions
LPHA supported mandate	Organizational leadership explicitly supports LPHA involvement in GBV prevention.	• Advocate for and build support among the Board of Health and senior leaders to respond to GBV as a public health priority. • Demonstrate the potential of a population health approach for preventing GBV. • Connect this approach to the LPHA's existing strategic priorities that have a strong foundation for integrating GBV prevention, including addressing social determinants of health, advancing health equity, and working upstream.
Resource limitations	LPHAs have many competing priorities and shrinking budgets. Smaller LPHAs have fewer employees to respond to the many priorities within the Ontario Public Health Standards.	• Address multiple health topics simultaneously by focusing work further upstream within the primary and primordial prevention tiers. This means focusing on strengthening protective factors and reducing risk factors that are associated with multiple health issues, and advocating for changes to the structural determinants of health and health inequities. • Recognize and build upon existing work that contributes to GBV prevention. • Integrate a population health approach to GBV prevention into assessment and planning activities to help ensure GBV is seen as part of a comprehensive health promotion approach and not an additional or separate health topic to address.
Organizational readiness	GBV is a new topic for many LPHAs. Some individuals or teams may feel uncertain or unprepared to be involved.	• Work with programs, services, teams, and staff who have demonstrated an interest in GBV to champion the potential of a population health approach. • Foster a common understanding of GBV and a population health approach to GBV prevention across the LPHA. • Build internal capacity in: o strategies for advancing health equity, including gender-based analysis and equity competencies; and o trauma- and violence-informed practices and approaches to preventing GBV. • Emphasize the activities that align with the LPHA's scope and roles within a comprehensive approach to GBV prevention, including the connections with other public health priorities at the primordial and primary levels.

Table 10: Community factors in equity-focused gender-based violence (GBV) prevention

Factor	Description	Opportunities
Community partner buy-in	Support from community partners for a population health approach to GBV is essential.	• Build awareness and highlight key strengths of a population health approach to GBV prevention to foster interest among community partners and existing action tables. • Describe the scope and roles for LPHAs in GBV prevention, focusing on the importance of contributions from different sectors. • Build trust with new partners who have no or little experience working with LPHAs.
Community capacity	The GBV sector is underfunded. Small and rural communities have limited and inconsistent programs available for primordial to secondary prevention, and gaps in tertiary prevention programs.	• Collaborate with individuals, groups, and organizations that contribute to preventing and responding to GBV (e.g., faith and cultural organizations, local businesses, public transport, libraries) in addition to organizations with a mandate to address GBV. • Support organizations to use available data to build a case for increased funding.

Closing Comments

Communities and LPHAs across Ontario are increasingly prioritizing GBV as an epidemic that requires an urgent and coordinated response. The GBV Prevention Framework aims to support this groundswell of desire for change with concrete actions that can promote healthy, safe, and equitable relationships and prevent GBV exposures.

The GBV Prevention Framework demonstrates how public health tools and approaches can be leveraged to strengthen and support ongoing efforts to prevent and address GBV. Rooted in an equity-focused population health approach, the GBV Prevention Framework highlights the complex factors that drive GBV exposures in the population and the inequitable burden of GBV for populations made vulnerable by historical and present-day systems of inequity and other structural determinants. The equity-focused GBV Prevention Framework identifies the many opportunities for action and critical need for collaborative and comprehensive strategies to address the determinants of this preventable public health issue that is burdening our communities and families.

Everyone has a role to play in **ending GBV** and fostering **healthy, safe,** and **equitable** relationships

Glossary

This glossary defines some commonly used terms in the document. An asterisk (*) is used in the document to indicate the first occurrence of each term.

For the purpose of this document:

Bystanders are people who are neither directly exposed to GBV nor perpetrators and who could potentially intervene before, during, or after violence occurs.

Commissions — also called inquiries — are guided by the federal Inquiries Act and can be called by all three levels of government, federal, provincial/territorial, or municipal. Commissions focus on issues of serious public concern. Their purpose is to "examine the facts related to an event or issue and to develop public policy recommendations."(5 p5).

Equity-denied/equity-deserving/equity-seeking groups refer to communities and groups who face significant barriers that impact their participation in society and access to opportunities and resources.(66,75)

Family violence encompasses violence committed against someone who is a family member by blood, adoption, fostering, marriage, or common law. According to Statistics Canada, family relationships include parents, children, siblings, intimate partners over 15 years of age who currently live or have lived together (referred to as spouses and ex-spouses), and extended family, such as in-laws, grandparents, and cousins.(8)

Gender-based violence (GBV) is "violence that is committed against someone based on their gender identity, gender expression or perceived gender. Gender-based violence encompasses a range of behaviours, not all of which meet the threshold of criminal behaviour as defined by the Criminal Code of Canada, but nonetheless can have significant and long-lasting negative impact on the victims/survivor[s]."(76 p42).

Historically, persistently, or systemically marginalized recognizes that the social norms and stratifications at the time when institutions were created not only privileged some groups and excluded others at the time, but that historical barriers perpetuate current inequities and compound over time. The policies, practices, cultures, behaviours, and beliefs of an institution continue to maintain these barriers, not through individual intention but systematic processes.(75)

Intimate partner violence is violence committed by a current or former intimate partner. Statistics Canada considers a variety of sexual or romantic relationships involving survivors 12 years of age and older as intimate partner relationships, including intimate partners who live together, dating partners, and other brief relationships.(8)

Intersectionality/intersecting identities: "Intersectionality, in social theory, the interaction and cumulative effects of multiple forms of discrimination affecting the daily lives of individuals, particularly women of color. The term also refers more broadly to an intellectual framework for understanding how various aspects of individual identity—including race, gender, social class and sexuality—interact to create unique experiences of privilege or oppression."(77)

GLOSSARY

Inquests examine the factors that contributed to a particular death, including systemic factors. Inquests are created by provincial/territorial legislation. In Ontario, the Coroners Act mandates inquests in some circumstances (e.g., death in custody), and inquests can be called at the coroner's discretion in others. Recommendations from inquests are non-binding.(5)

Proportionate universalism is an approach to advancing health equity while addressing health issues affecting the whole population. Programs and services are delivered universally while additional strategies are employed to reach subpopulations experiencing disadvantage; these strategies are designed to have an impact proportionate to the level of disadvantage.(24)

Public spaces are areas or places that are open and accessible to the public, including streets, sidewalks, parks, recreational spaces, libraries, and public transit. Public spaces also include places are that privately owned or operated but are accessed by the public, such as workplaces, shops, restaurants, bars and cafes, and taxis and ride-sharing services. Schools and campuses are also public spaces.(76)

Rape culture refers to a social environment in which sexual violence is common and the dominant attitudes, norms, and practices normalize, trivialize, justify, tolerate, condone, or even encourage sexual harassment and violence (78).

Risk and protective factors describe the relative influences within a determinant.(22–24) Risk factors are associated with an increased probability of GBV in the population, while protective factors are associated with a decreased probability. These factors shape the prevalence, severity, and inequities of GBV experiences across the population.

Sexual harassment "includes unwelcome sexual comments, attention, actions, or gestures. As is the case for other forms of sexual violence, a key component to sexual harassment is that someone does these actions without the consent, permission, or agreement of the person or persons they are targeting. Sexual harassment includes non-contact forms such as: sexual comments about a person's body parts or appearance, whistling, catcalling, demands for sexual favors, sexually suggestive staring, following, stalking, and exposing one's sexual organs at someone. Sexual harassment also includes physical contact forms, like someone purposely brushing up against someone else on the street or public transportation, grabbing, pinching, slapping, or rubbing against another person in a sexual way. Some forms of sexual harassment maybe covered within criminal law, while others are not but nonetheless can have significant negative impact on a person."(76 p43)

Sexual violence "is a broad term that describes any violence, physical or psychological, carried out through sexual means or by targeting sexuality. Sexual violence takes different forms and can include: sexual abuse, sexual assault, rape, incest, childhood sexual abuse, rape during armed conflict, sexual harassment, stalking, indecent or sexualized exposure, degrading sexual imagery, voyeurism, cyber harassment, digital violence, trafficking, [and] sexual exploitation."(79).

Social stratification (also called social hierarchies) refers to systemic inequities at the societal level in the distribution of power, prestige, and resources that positively impact some (i.e., people and groups who enjoy more privilege) while negatively impacting others (i.e., people and groups who are historically, persistently, or systemically marginalized on the basis of characteristics such as gender, ability, sexual orientation, and race).(29, 30)

GLOSSARY

Street harassment refers to unwanted comments, gestures, and contact in public spaces from strangers. It includes non-contact forms and contact forms of sexual harassment.(76,78) Examples include whistling, honking, leering, unwanted advances, verbal harassment, unwanted touching, and following.

Systems of inequity — such as gender inequity, racism, colonialism, settler colonialism, ableism, ageism, and classism — result in social stratification and unjust and preventable differences in people's socioeconomic position and conditions of daily life.(28, 29, 30)

Whole-of-government approach or response involves the entire government apparatus in addressing complex societal issues like GBV along with "other actors (departments, governmental and paragovernmental agencies, private sector actors, research groups, civil society, etc.)."(80 p2)

Whole-of-society approach or response recognizes that all members and sectors of society have a role to play in addressing GBV and inequities in GBV exposure.(11, 28)

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