



**City of Kingston  
Information Report to Council  
Report Number 24-252**

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**To:** Mayor and Members of Council  
**From:** Jennifer Campbell, Commissioner, Community Services  
**Resource Staff:** Ruth Noordegraaf, Director, Community Development & Well Being and IIDEA  
**Date of Meeting:** November 5, 2024  
**Subject:** Intimate Partner Violence and Gender Based Violence – One Year Update

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**Council Strategic Plan Alignment:**

Theme: 4. Foster a Caring and Inclusive Community

Goal: 4.1 Enhance community safety and well-being.

**Executive Summary:**

On October 17, 2023, Council declared Intimate Partner Violence (IPV) an epidemic in the Kingston community, joining many other municipalities in the province. As of October 2024, close to 100 municipalities and many other groups in Ontario have declared IPV as an epidemic, and Provincial [Bill 173, Intimate Partner Violence Epidemic Act, 2024](#) put forward in March 2024 has had a second reading ordered and has been referred to standing committee.

This report provides Council with additional updates, background on local data, an overview of the work in the Kingston community in the past year, and initiatives and projects that are planned.

**Recommendation:**

This report is for information only.

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**Authorizing Signatures:**

ORIGINAL SIGNED BY COMMISSIONER

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**Jennifer Campbell,  
Commissioner, Community  
Services**

ORIGINAL SIGNED BY CHIEF

ADMINISTRATIVE OFFICER

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**Lanie Hurdle, Chief  
Administrative Officer**

**Consultation with the following Members of the Corporate Management Team:**

Paige Agnew, Commissioner, Growth & Development Services	Not required
Neil Carbone, Commissioner, Corporate Services	Not required
David Fell, President & CEO, Utilities Kingston	Not required
Peter Huigenbos, Commissioner, Major Projects & Strategic Initiatives	Not required
Brad Joyce, Commissioner, Infrastructure, Transportation & Emergency Services	Not required
Desirée Kennedy, Chief Financial Officer & City Treasurer	Not required

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**Options/Discussion:**

On October 17, 2023, Councillor Stephen presented a motion to City Council requesting to declare Intimate Partner Violence (IPV), Gender Based Violence (GBV) and family violence an epidemic. This declaration was unanimously passed and over the past year community partners and staff worked on various initiatives that have been summarized in this report.

**Background**

The following motion moved by Deputy Mayor Stephen and seconded by Mayor Paterson was approved on October 17, 2023:

**Whereas** intimate partner violence (IPV), also known as domestic violence, is a prevalent form of gender-based violence; and

**Whereas** Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam, three women from Renfrew County, were killed by their former partner on the morning of September 22, 2015; and

**Whereas** the resulting Coroner's Inquest verdict included 86 recommendations, the first of which was for the Province of Ontario to formally declare IPV as an epidemic; and

**Whereas** the Mass Casualty Commission was established by the Government of Canada and Province of Nova Scotia to conduct an independent public inquiry into the mass casualty that occurred in Nova Scotia on April 18-19, 2020, resulting in the death of twenty-two people, including one person who was pregnant; and

**Whereas** the Commissioners emphasized that one of the most important lessons from the Nova Scotia mass casualty is the need to urgently prioritize preventing and ending gender-based violence (GBV), IPV, and family violence; and

**Whereas** the 130 recommendations from the Commissioners' report include adopting a public health approach to preventing mass casualty incidents (V.2) and mobilizing a society-wide response (V.14) by (a) declaring GBV, IPV, and family violence to be an epidemic that warrants a meaningful and sustained society-wide response; and

**Whereas** specific legislation on family and domestic violence has been passed by six provinces and three territories, not including Ontario; and

**Whereas** over 30 municipalities have passed a resolution to declare IPV an epidemic and more are in the process; and

**Whereas** the City of Kingston has formally acknowledged housing and homelessness, mental health and addictions/substance misuse as key areas of priority in its Community Safety and Well-Being Plan;

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**Therefore Be It Resolved That** the City of Kingston declare intimate partner violence an epidemic; and

**That** the recommendations from the Renfrew County Coroner's Inquest be referred to staff for consideration and, where appropriate, integrated within the City of Kingston's Community Safety and Well-Being Plan; and

**That** a copy of this motion be sent to The Honourable Doug Ford, Premier of Ontario, The Honourable Sylvia Jones, M.P.P, Minister of Health, The Honourable Michael Parsa, MPP, Minister of Children, Community and Social Services, Ted Hsu, MPP, Kingston & the Islands, and John Jordan, MPP, Lanark-Frontenac-Kingston.

As of October 2024, nearly 100 Ontario Municipalities have declared IPV as an epidemic and other groups such as Boards of Health, the Canadian Federation of University Women, the Association of Municipalities of Ontario (AMO), the Rural Ontario Municipalities Association (ROMA) and the Ontario Association of Chiefs of Police have passed their own resolutions while calling on the province to do the same.

[Bill 173, Intimate Partner Violence Epidemic Act, 2024](#), was introduced to the Ontario Legislative Assembly in March of 2024, passed its second reading in April 2024 and was sent to the standing committee on justice for further review. To date, no further update has been given by the government.

Locally, the Kingston, Frontenac, Lennox & Addington (KFL&A) Board of Health passed the following motion on May 22, 2024:

**THAT** the KFL&A Board of Health endorse the City of Kingston's and Township of Stone Mills' declarations that that intimate partner violence is an epidemic.

**AND THAT** the KFL&A Board of Health urges the Government of Ontario to declare without delay gender-based violence, intimate partner violence, and family violence an epidemic that warrants a meaningful and sustained society-wide response; to encourage municipalities to address gender-based violence, intimate partner violence, and family violence through provincially legislated community safety and well-being plans; to invest in the necessary resources that support a public health approach to addressing violence in Ontario's communities.

The application of a public health approach to violence prevention focuses on maximizing safety and well-being within a population by addressing upstream factors that increase the likelihood of violence occurring and strengthen the factors that promote healthy relationships (source: WHO Violence Prevention Unit).

There are four steps in a public health approach: (1) gather available data to understand the scope and nature of the problem, (2) identify the risk and protective factors, (3) develop and evaluate interventions, and (4) scale up effective interventions.

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To support the understanding of violence in our area, KFL&A Public Health released a report in the spring of 2024 '[An Overview of Violence in the KFL&A Area 2014-2021](#)' (Exhibit A).

The report highlights that GBV, IPV and family violence are prevalent in the KFL&A area beginning early in life and continuing across the life course. Sexual assault and partner violence, for example, are the second and third leading cause of violence-related emergency department visits for females in our region.

This data is laying the foundation for the next steps in this work by identifying risk and protective factors and then developing and scaling up interventions.

**Overview of 2023-2024 Activities and Events**

The table below provides an overview of the activities and events that took place in the last year after Council declared IPV and GBV as an epidemic:

Date	Activity	Description
<b>December 6, 2023</b>	National Day of Remembrance and Action on Violence against Women Memorial	Local candlelight Vigil to honor the 14 women murdered at Polytechnique Montréal on December 6, 1989, as well as the local women who have lost their lives to GBV.  Reaffirmed commitment to ending GBV and to work together to make sure that survivors have the support they need in our Community.
<b>March 7, 2024</b>	Kingston Frontenac Anti Violence Coordinating Committee (KFACC) Roundtable	Attended by the <a href="#">KFACC Signatory Partner agencies</a> , City staff and Public Health.  An overview was provided of various data including the Public Health violence data report, the current Community Safety and Wellbeing Plan (CSWP) and a presentation from the Kingston’s Survivor Advocacy Group (KAVAG), with a Survivor’s perspective presentation.  Breakout groups followed with ideas on what to do in the community as a foundation for the 2025 CSWP review and update.

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<p><b>March 27, 2024</b></p>	<p>Mayors Community Roundtable: Topic IPV/GBV</p>	<p>Discussion with community leaders on the topic of IPV/GBV.</p> <p>KFACC’s Co-Chair shared information with the participants.</p>
<p><b>April 2024 - ongoing</b></p>	<p>Sharing and aligning communication and education resources</p>	<p>Staff from the KFACC admin team, City of Kingston, United Way and Public Health initiated a regular touch point to better coordinate communication and education strategies.</p> <p>Developing shareable resources such as infographics and Public Service Announcements to educate the public on the scope of the issue.</p> <p>2025 and beyond – goal to create a multi-year community-wide campaign.</p>
<p><b>September 2024</b></p>	<p>KFACC Back to School “Healthy Relationships” Youth Campaign</p>	<p>A campaign promoting positive relationships where people feel safe and respected are good for emotional, physical, mental and spiritual health. KFACC created “Teen Healthy Relationships Facts &amp; Stats” <a href="#">infographics</a>.</p>
<p><b>September 16 – 24, 2024</b></p>	<p>Consent Awareness Week (Raise Awareness of the Importance of Consent)</p>	<p>This week was created to raise awareness of the importance of consent in all relationships. It is an opportunity to promote positive social norms that help to prevent sexual violence and intimate partner violence.</p> <p>Kingston City Council joined other municipalities and post-secondary schools in acknowledging this important message.</p> <p>KFACC created and shared an “Understanding Consent” <a href="#">infographic</a>.</p>

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<b>September 25, 2024</b>	IPV Survivors Handbook Launch	An essential digital community wide resource providing a navigational pathway for community resources & safety information was created and is available online on the <a href="#">KFACC's website</a> and Community Partners websites as well.
<b>October 4, 2024</b>	Sisters in Spirit Day (Honours Missing and Murdered Indigenous Women and Girls)	Sisters in Spirit Day honours the lives of missing and murdered Indigenous women, girls and gender-diverse people, supports grieving families and loved ones and creates opportunities for healing. Vigils and community events are organized and held across Canada, locally Kingston Interval House and the Sexual Assault Centre Kingston (both KFACC Signatory Partner Agencies) organize and KFACC helps to fund events.
<b>October 17, 2024</b>		One year anniversary of Kingston City Council's Motion declaring IPV and GBV an epidemic.
<b>November 7, 2024</b>	IPV Community Development Day	<p>KFACC and their member agencies, are holding an IPV Community Development Day to gain insight from expert Pamela Cross on what is being done provincially in other cities and municipalities to address IPV.</p> <p>During facilitated breakout sessions, further discussions will take place on topics such as updating the City of Kingston Community Safety &amp; Well Being Plan to include GBV/IPV and developing a GBV service hub "One Stop Shop". City staff will be attending this session.</p>
<b>November 25, 2024</b>	16 Days of Activism against Gender-Based Violence	An annual international campaign that starts on November 25 <sup>th</sup> (International Day for the Elimination of Violence against Women) and runs until December 10 <sup>th</sup> (Human Rights Day).

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		<p>The December 6<sup>th</sup> National Day of Remembrance and Action on Violence Against Women falls in this timeline.</p> <p>Kingston Interval House and the Sexual Assault Centre Kingston (both KFACC Signatory Partner Agencies) organize and KFACC helps to fund event.</p>
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**Program Activities**

In addition to the activities and events described above, the following programs and initiatives have started over the past year, contributing to better services and supports in the community.

**Establishment of a Dedicated IPV Risk Table**

A new IPV/GBV High Risk Situation Table was initiated and is developing a common consent form as a first step. This table was made possible through a Victim Support grant that Kingston police applied for. This Provincial grant helps address intimate partner violence, human trafficking and child exploitation. Meetings started in late winter of 2024 with the creation of a terms of reference. Currently, the membership is working on developing a common consent form.

**Launch of Safe with Milli Application Pilot**

This Australian based application was launched as a pilot in the spring of 2024 with nine Ontario Victim Services locations, including Kingston, delivering immediate crisis support to those affected by crime, natural disaster and tragic circumstance. In Ontario, 80% of the victims supported by Victim Services are affected by IPV and/or GBV.

The application enables victim-survivors to access support services on their own terms. It allows them to interact with service providers and integrates case management software to enable streamlined communications between case workers and victim-survivors in ways that don't put them at further risk of harm. Often, victimized individuals have multiple service providers such as the police, child welfare workers, victim services workers and caseworkers at shelters. The application can support information sharing across different organizations. The intent of the application is also to help with limiting re-traumatization and re-telling of the victim's story.

**Kingston and Frontenac Care and Connection Centre (KFCCC) Funding Application**

In October of 2024, through the Ontario's Action Plan to End Gender-Based Violence funding opportunity, local partners applied for a three-year grant to establish a Kingston and Frontenac Care and Connection Centre (KFCCC).

Should the application be successful, the KFCCC will help address violence so that survivors can access the resources they need to achieve safety and stability. The establishment of the



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centre will ensure that survivors have immediate and seamless access to the care they need. This centre will bring together key agencies such as Victim Services of Kingston and Frontenac, Kingston Interval House, the Sexual Assault Centre, Resolve Counselling, Kingston Police and more. With the creation of the centre, barriers such as accessing fragmented services, long wait times and transportation difficulties that survivors often face will be reduced. The centre will offer an integrated, collaborative approach, providing wraparound services that include crisis intervention, justice support, counselling, shelter support and Indigenous healing practices.

### **Public Health – Research Grant**

KFL&A Public Health, Thunder Bay and District Health Unit, and Lakehead University have received a grant through Public Health Ontario to develop a guidance document for Local Public Health Agencies (LPHAs) that examines existing national and provincial GBV strategies through the frameworks and approaches used by LPHAs to promote health and prevent illness and injuries (i.e. Wider Determinants of Health, Population Mental Health Framework, etc.).

While GBV is a pressing public health issue, local public health roles and strategies in preventing GBV are not well-defined. This gap hinders the development of consistent, comprehensive and coordinated local public health responses. The project will strengthen Ontario's public health system by defining potential roles, scope and areas of focus for LPHAs in GBV prevention in relation to existing national and provincial GBV strategies. The project will result in evidence-informed guidance and tools that will support the efficiency and effectiveness of LPHAs' prevention programs across the Province and reduce the duplication of this foundational work across LPHAs. The project aims to improve the efficiency and effectiveness of preventative initiatives for GBV across LPHAs; contribute to improved ability of LPHAs to articulate and action their role within multi-sectoral efforts to prevent GBV; and build relationships among LPHAs, community partners, key ministries and academics that can support further efforts to strengthen the capacity of LPHAs to contribute to ongoing efforts to address GBV.

### **Including IPV, GBV and Family Violence in 2025 Review and Update of Community Safety and Wellbeing Plan**

The October 2023 Council motion included a direction to staff to include IPV, GBV and family violence in the Community Safety and Wellbeing Plan (CSWB).

**That** the recommendations from the Renfrew County Coroner's Inquest be referred to staff for consideration and, where appropriate, integrated within the City of Kingston's Community Safety and Well-Being Plan.

The creation of the CSWB became a requirement in 2018 under the *Police Services Act* (sections 248 to 256, now the *Community Safety and Policing Act*). The act states 'Every municipality shall prepare and, by resolution, adopt a community safety and well-being plan.' [Community Safety and Policing Act, 2019, S.O. 2019, c. 1, Sched. 1 \(ontario.ca\)](#). The requirement is to review and update these plans every four years.

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Between 2019 and 2021 the City, in collaboration with community partners and engagement with residents, came together to build the [Community Safety and Well-being Plan](#) for the City of Kingston, focusing on supporting safe and healthy communities to address root causes of complex social issues. The Kingston CSWB was approved by Kingston City Council in 2021.

The vision of the plan is to build a resilient community that can respond and adapt to change in ways that foster cooperation, build capacity, increase connectedness and ensure essential needs are met.

As identified in this report in preparation for the 2025 review and update of the CSWB, staff have been actively working with the KFACC and their members on better understanding the landscape of IPV, GBV and family violence. For the 2025 CSWB update, staff will continue to work closely with KFACC and their members, and utilize the March 2024 roundtable, November 2024 IPV Community Development Day outcomes and the Public Health violence report data. A member of the KFACC administration team will join the CSWB advisory committee that is expected to reconvene in late 2024 to work through the broader CSWB update process.

### **Indigenization, Inclusion, Diversity, Equity & Accessibility (IIDEA) Considerations**

The ongoing work of preventing IPV, GBV and family violence in the Kingston community, and creating better services for victims, aims at reducing and eliminating service barriers for all.

#### **Existing Policy/By-Law:**

2021 Community Safety and Wellbeing Plan

#### **Notice Provisions:**

None

#### **Financial Considerations:**

None

#### **Contacts:**

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#### **Other City of Kingston Staff Consulted:**

None

#### **Exhibits Attached:**

Exhibit A – KFL&A Public Violence Report 2014 to 2021

An overview of  
violence in the  
KFL&A area  
2014 to 2021

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**Reading about violence can be upsetting or disturbing.**

People in the KFL&A area in emotional or mental distress can speak with an experienced professional through the AMHS-KFLA crisis line:

**Kingston & Frontenac - 613.544.4229 or 1.866.616.6005**

**Lennox & Addington - 613.354.7388 or 1.800.267.7877**

Find options for support to end violence at [kflaph.ca/Violence](http://kflaph.ca/Violence).

Call 911 if you or someone you know is in immediate need of help.

# Credits

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# Violence in the KFL&A area

2014 to 2021

## Highlights

**Violence is an urgent public health problem from infants to the elderly.** Violence increases the risk of poor mental health, substance use, chronic diseases, injury, and even death. Its impacts go beyond the people directly involved to impact communities and society as a whole.

Many organizations and individuals in the Kingston, Frontenac and Lennox and Addington (KFL&A) region are working to prevent and respond to violence. This report supports these efforts by bringing together available data to describe the nature and prevalence of violence in the KFL&A area between 2014 and 2021.

### Community violence



Females and males experience **similar rates** of victimization.

People **12 to 24 years of age** experience the **highest rates** of victimization.

**Community violence** occurs at **higher rates** than family and intimate partner violence.

National data indicates that **most perpetrators are someone the victim knows**, such as an acquaintance, friend, or authority figure. Males are more likely than females to experience violence from a stranger.

### Family and intimate partner violence



Females experience **much higher rates of victimization** than males.

People **18 to 44 years of age** experience the **highest rates** of victimization by an **intimate partner**.

People **12 to 44 years of age** experience the **highest rates** of victimization by a **family member**.

Victimization of adolescents **12 to 17 years of age** by an intimate partner is **higher in the Kingston CMA** than in Ontario.



Following the start of the #MeToo movement, the **Kingston CMA experienced the third largest increase in reported sexual assaults in Ontario** and the fourth largest in Canada. The increase was **most noticeable** among people **12 to 17 years of age**.



Some forms of infrequent but concerning violence are increasing, including **hate crime, cybercrime, and human trafficking**.

For the full report, visit [kflaph.ca/Violence](http://kflaph.ca/Violence). For a list of references see page 47 of the Violence in KFL&A 2014 to 2021 Report.



**The KFL&A area has a higher rate of violence-related emergency department (ED) visits than Ontario.**

Violence-related ED visits are **higher**:

- ◆ among **males** than females
- ◆ among people **18 to 29 years of age**

For both males and females, assault by bodily force is the leading cause of violence-related ED visits (three out of four visits).

**The second and third most common reasons differ by sex:**

**Males** assault by **sharp object** and assault by **blunt object**.

**Females** sexual assault by **bodily force** and **maltreatment by a spouse or partner**.

# Introduction

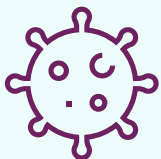
## Why focus on violence?

Everyone has the right to live free from violence.<sup>1</sup> Violence is not *just a private matter*; it impacts our community and society.

Violence increases the likelihood of mental health issues such as depression, anxiety, and post-traumatic stress disorder; diseases and conditions such as cancer and arthritis; risk-taking behaviours related to substance use, sexual activity, and violence; and can result in deaths and disabilities.<sup>2</sup> Violence in childhood negatively impacts child development and increases the likelihood of behavioural problems, lower educational and employment outcomes, and violence in future relationships.<sup>3</sup>

Society incurs many costs from violence in the form of healthcare, the justice system, and social and community services as well as losses for employers and workers, among other costs. Violence cost the Canadian economy \$945 million in 2018, including \$310 million for emergency department visits and \$155 million for hospitalizations.<sup>4</sup>

This report brings together available data to describe the nature and prevalence of interpersonal violence in the Kingston, Frontenac and Lennox & Addington (KFL&A) area between 2014 and 2021. For definitions of terminology used in this report see page 45.



### The COVID-19 pandemic

The pandemic, declared in March 2020, occurred during the time covered by this report. The pandemic and the related mitigation measures had profound impacts on the economy, society, and the healthcare system.<sup>5,6</sup> People spent more time at home, were more isolated from informal and formal supports, and faced increased stress and uncertainty.<sup>5,6</sup> There was ongoing concern about the safety of people living in abusive situations.<sup>5,7</sup>

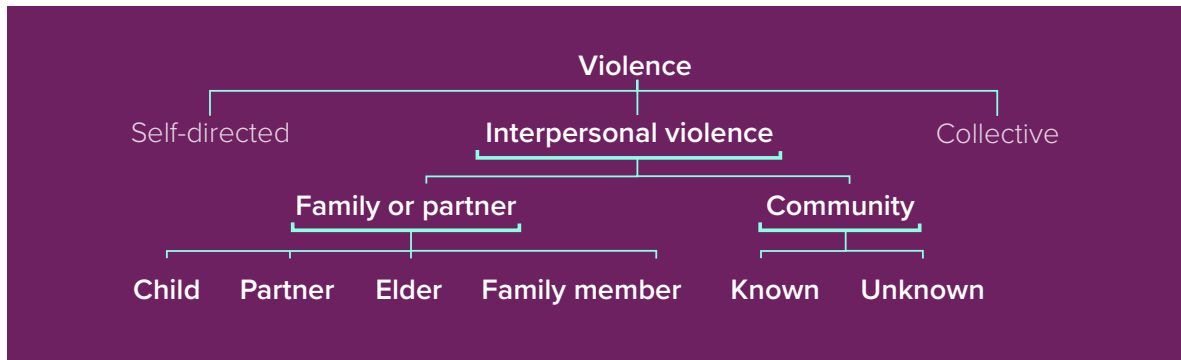
Family violence against children is particularly hard to detect and often relies on reports from adults in the community.

Family violence against children and adolescents was more hidden during the pandemic as many had minimal interactions with people outside their homes – including education workers and healthcare workers.<sup>7</sup>

Statistics Canada uses 2019 data as a baseline to identify changes in police-reported data during the pandemic.<sup>7</sup> Changes identified by Statistics Canada in the national data describing violence during the pandemic (2020 and 2021) are noted throughout the report.

# Defining interpersonal violence

Interpersonal violence is violence that happens between two or more persons. This is one of the three types of violence within the World Health Organization’s typology of violence. Interpersonal violence is further categorized into: (a) violence that happens between family members or intimate partners, and (b) violence that happens in the community – including in workplaces, schools, and other institutions. Community violence happens between strangers as well as people who know each other.<sup>8</sup>



Interpersonal violence can occur in real life and through technology like computers, smart phones, and other devices. Different forms of interpersonal violence include:<sup>2,9</sup>

Emotional	Physical	Sexual	Financial	Neglect
<ul style="list-style-type: none"> <li>• insults, threats, humiliation</li> <li>• monitoring, controlling, isolating</li> <li>• stalking or cyber-stalking</li> </ul>	<ul style="list-style-type: none"> <li>• pushing, hitting, pinching, kicking, shoving, choking</li> <li>• throwing objects</li> <li>• restraining or locking someone in</li> </ul>	<ul style="list-style-type: none"> <li>• any sexual contact with a child under 16 years of age*</li> <li>• unwanted or forced sexual contact (e.g., touching, kissing, intercourse)</li> <li>• sending nude images without consent</li> </ul>	<ul style="list-style-type: none"> <li>• controlling someone’s money</li> <li>• pressure to give money</li> <li>• stealing financial information</li> </ul>	<ul style="list-style-type: none"> <li>• failure to meet a dependent’s basic physical, emotional, education, or medical needs</li> </ul>

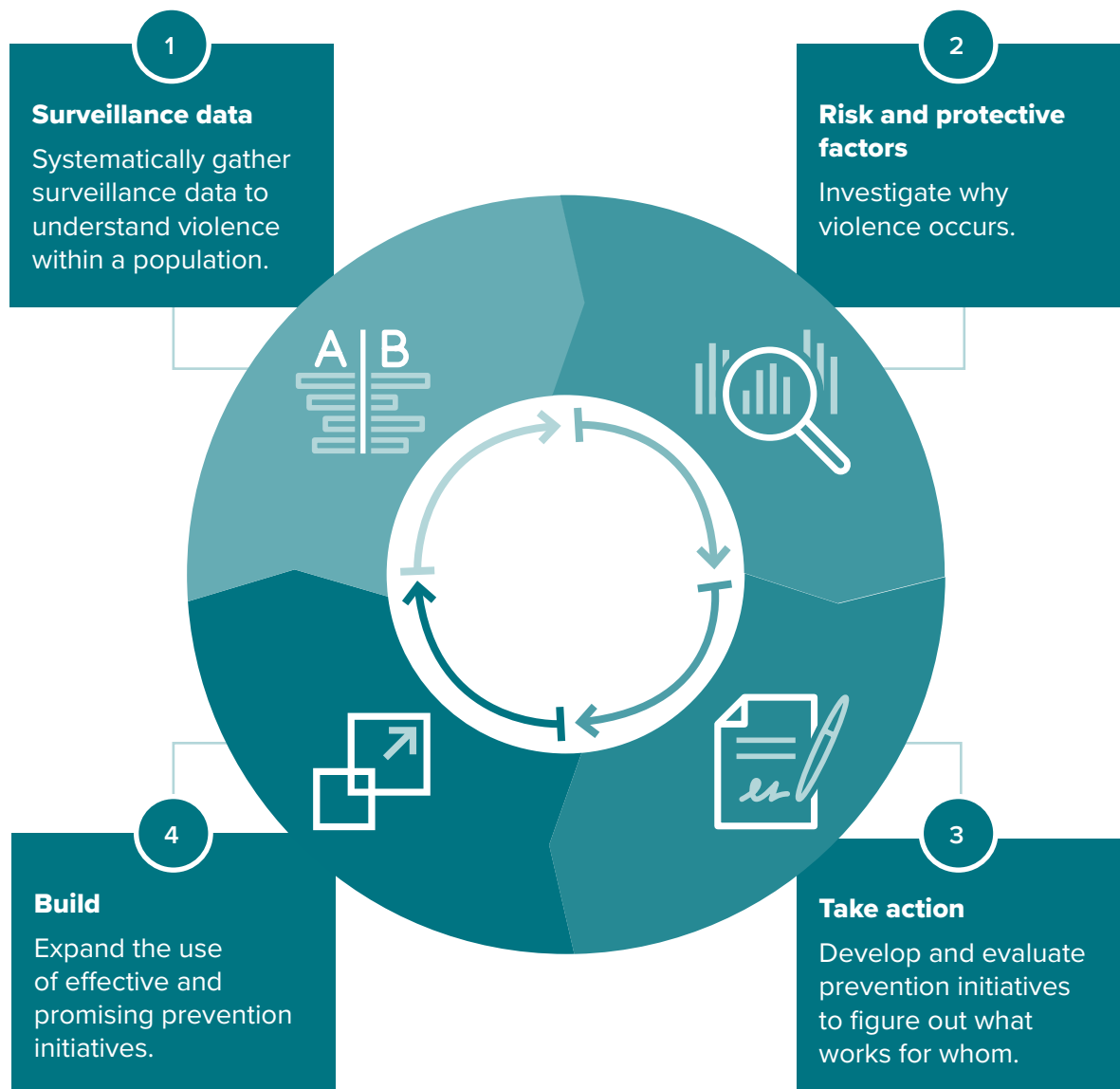
\*There are exceptions for children 12 years of age and older who are close in age.

# A public health approach to violence prevention

Many organizations from different sectors are involved in preventing and responding to violence. A public health approach is a way of understanding violence and how to prevent violence within a population.

A public health approach to violence prevention aims to increase the safety, health, and well-being for everyone by addressing the factors that increase the likelihood a person will experience or use violence.

The steps within a public health approach include<sup>16</sup>:



## Risk and protective factors for interpersonal violence

While interpersonal violence happens between people, factors at the community and societal levels influence people, their relationships, and their behaviours.

Violence can be prevented by influencing factors in these different levels.<sup>2,10</sup>

Examples of protective and risk factors for violence include:<sup>1-3,10-13</sup>



# Data sources

This report includes data about violence that comes to the attention of police and hospitals. Police-reported data is publicly available through Statistics Canada. Health administrative data about emergency department (ED) visits and hospitalizations are available through the Ontario Ministry of Health. The graphs included in this report were created from data extracted from these sources:

- **Uniform Crime Reporting (UCR) Survey, Statistics Canada:** An annual survey completed by police services across Canada that describes the incidence and characteristics of crime that have been reported to the police. Available data includes information about criminal incidents and victims; there can be multiple victims impacted by a criminal incident.
- **National Ambulatory Care Reporting System (NACRS) IntelliHEALTH, Ontario Ministry of Health:** A database of hospital-based and community-based ambulatory care that includes ED visits. The database uses the International Classification of Diseases 10<sup>th</sup> Revision, Canadian version, (ICD-10-CA), codes to diagnose violence-related ED visits.
- **Discharge Abstract Database (DAD), IntelliHEALTH, Ontario Ministry of Health:** A database of administrative, clinical, and demographic information on hospital discharges (including deaths, sign-outs, and transfers). This database also uses ICD-10-CA codes to classify violence-related hospitalizations.

## Data limitations and considerations

The data sources used to create this report provide important insights but have limitations and considerations that result in an incomplete picture of the true scope of violence.

Collecting and interpreting data on interpersonal violence can be challenging for many reasons, including:

- **There are different definitions and classifications for violence.** The police-reported data available through Statistics Canada does not perfectly align with the World Health Organization's typology of violence. For example, Statistics Canada provides data on violence within family and intimate partner relationships but does not specifically report on community violence. The World Health Organization also defines youth violence as violence by people 10 to 29 years of age,<sup>8</sup> while Statistics Canada provides data for people 12 to 17 years of age and 18 to 24 years of age.

- **Violence is difficult to measure.** Hospital and police data only capture violence that comes to their attention. Police data only includes violence that is within the scope of policing.<sup>6</sup> Hospital data provides insights on injuries due to violence. The role of violence in the injury may not be fully disclosed to hospital staff. Hospital data does not provide information on the patient's role in the violence that caused the injury.
- **People are reluctant to report violence to authorities.** National self-report data from the General Social Survey indicates that only one in four (24 per cent) of violent crimes are reported to the police.<sup>14</sup> The rate of reporting varies by type of violence. People are more likely to report a physical assault than a sexual assault (36 per cent vs. six per cent).<sup>14</sup> One in five victims of spousal violence indicated that the violence was reported to police.<sup>5</sup> There are many reasons people do not report violence to police including stigma, fear, dependence on the person using violent behaviours, beliefs that family and partner violence is a personal matter, and concerns about their safety or not being believed.<sup>2</sup>
- **Factors other than changes in violence can influence the violence that comes to the attention of authorities.** The resources and priorities, policies, and procedures of each police service can affect their enforcement practices and, in turn, the data on police-reported crimes.<sup>6</sup> Changes in social and economic factors can also influence both patterns of violence and the reporting of violence to police.<sup>6</sup> For example, there was an increase in sexual assaults reported to the police following the start of the #MeToo movement in October 2017.<sup>15</sup>

### Additional considerations include:

- Health administrative data can be affected by coding errors, lags in transfer of data, and lack of clinical details.
- Most of the local police-reported data available through Statistics Canada is limited to the Kingston census metropolitan area (CMA), which includes Kingston, South Frontenac, Loyalist, and the Frontenac Islands.
- The data from Statistics Canada is extracted from multiple reports published in different years. There may be factors that impact the comparability of data from different reports, such as the population size used for standardization.
- Data to create some graphs was not available from Statistics Canada for the full period of interest (2014 to 2021).
- Statistics Canada does not provide confidence intervals (CIs) for the rates generated through the UCR. The lack of CIs presents a challenge for comparing the police-reported data from different jurisdictions and across years.

# Overview of police-reported violent crime

## Summary

Both the volume and severity of violent crime has increased since 2014.

The volume and severity of violent crime varies across communities within the region.

Community violence occurs at higher rates than family and intimate partner violence.

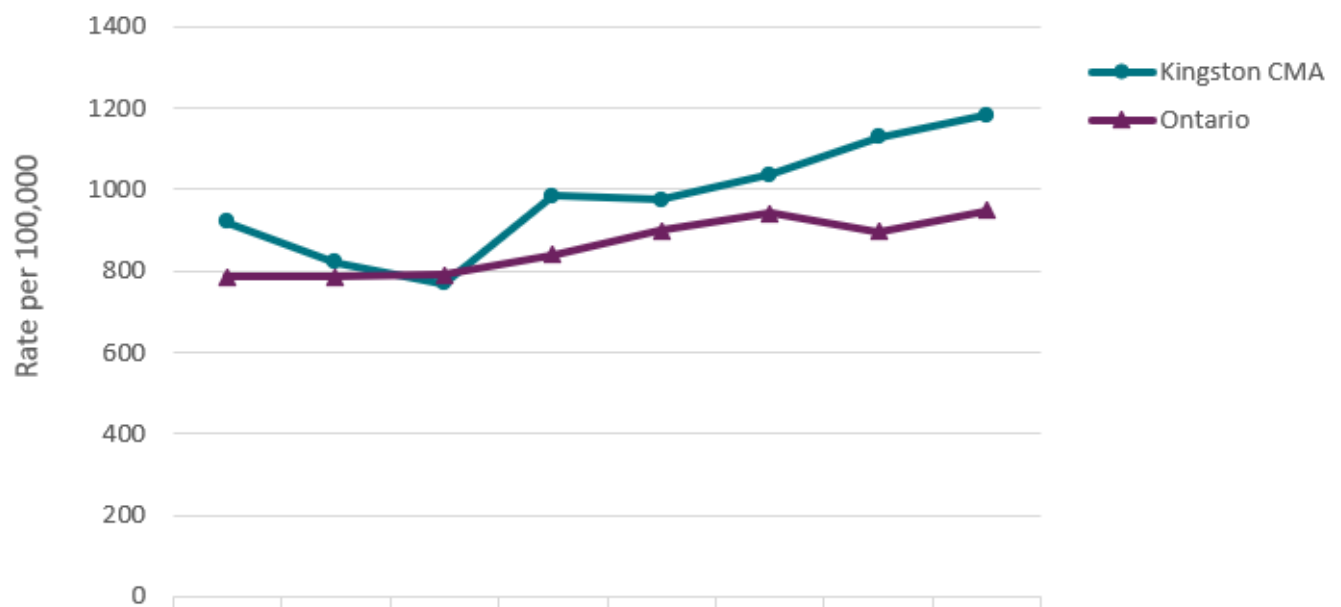
## Violent crime

The violent crime rate (Figure 1) and violent crime severity index (Figure 2) have increased since 2014 in the Kingston CMA and Ontario. This means that both the volume and severity of violent crime have increased since 2014.

Nationally, Statistics Canada reported a three per cent decrease in the violent crime severity index between 2019 and 2020, followed by a five per cent increase between 2020 and 2021. The national violent crime severity index was eight per cent higher in 2021 compared to a decade earlier.<sup>6</sup>

**Figure 1.**

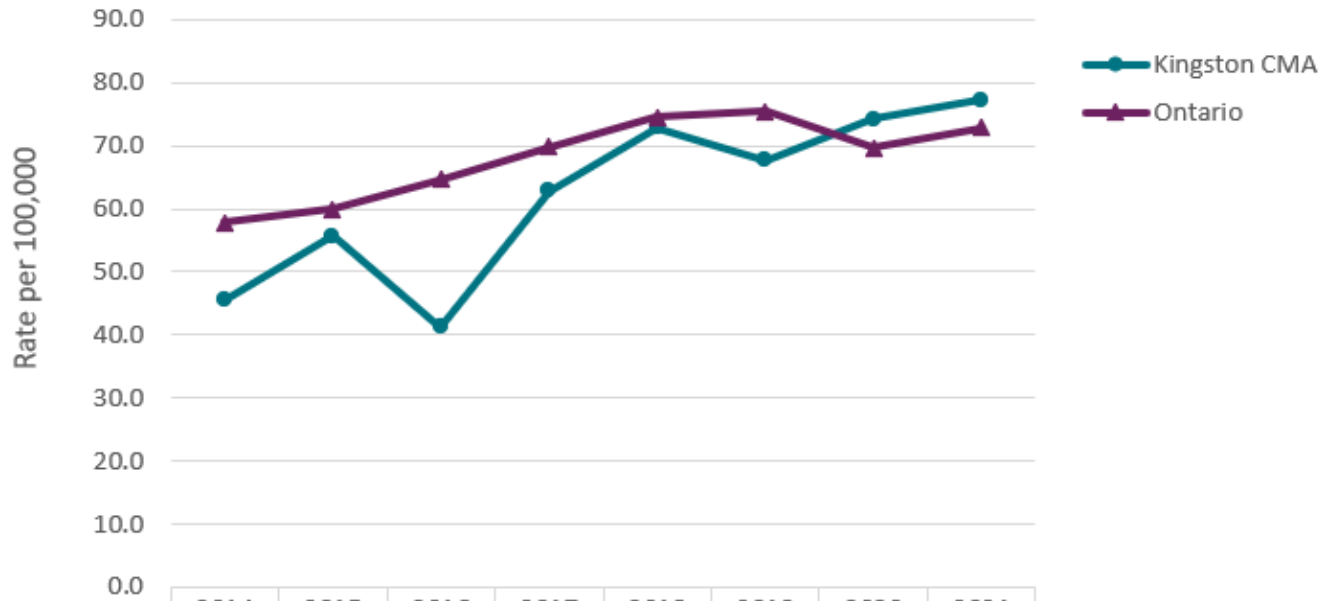
Violent crime rate per 100,000, the Kingston CMA and Ontario, 2014 to 2021 <sup>6,16-22</sup>





**Figure 2.**

Violent crime severity index, the Kingston CMA and Ontario, 2014 to 2021<sup>23</sup>



	2014	2015	2016	2017	2018	2019	2020	2021
Kingston CMA	45.6	55.6	41.3	62.9	72.9	67.8	74.3	77.2
Ontario	57.9	60.0	64.6	69.8	74.5	75.4	69.7	72.9

## Violent crime by geography

The violent crime severity index varies markedly in communities across the KFL&A region (Table 1). It is difficult to discern trends over time in the violent crime severity index in areas with smaller populations. This is because there tends to be more variability in data when an event happens at lower volumes. For example, an infrequent severe violent crime will have more impact on the violent crime severity index in a population with a low volume of crime than in a population with a higher volume of crime.

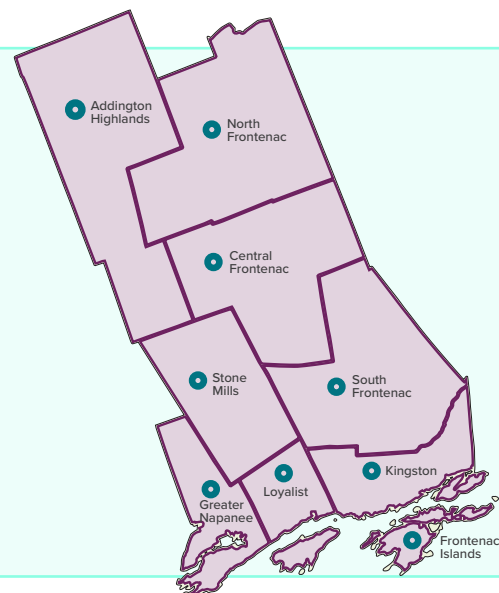
**Table 1.**  
Violent crime severity index, police services within the KFL&A area, 2014 to 2021<sup>24</sup>

		2014	2015	2016	2017	2018	2019	2020	2021
Kingston Police		48.9	57.5	46.6	71.9	80.3	72.4	79.4	87.8
OPP – Leeds County (Brockville) rural		77.5	91.2	89.8	116.2	132.9	136.5	123.2	118.0
OPP – Lennox and Addington (L&A) County	Deseronto	-	-	-	-	146.1	173.5	176.7	180.2
	Greater Napanee	88.1	51.7	53.9	76.5	143.4	86.3	88.6	103.2
	Stone Mills	99.2	19.8	36.5	17.6	24.4	25.3	33.9	35.3
	L&A rural	99.4	71.4	162.2	147.6	88.9	86.0	74.2	66.5
	L&A East (Loyalist)	48.8	80.7	23.9	37.1	42.5	50.5	49.4	46.7
	L&A North (Addington Highlands)	-	-	-	-	56.0	255.2	311.0	145.3
OPP - Frontenac	South Frontenac	19.4	19.7	21.6	26.1	25.5	28.1	38.4	34.3
	Sharbot Lake	-	163.3	67.4	42.1	54.3	82.3	188.7	104.7



### Police services in the KFL&A area

The KFL&A region has multiple police services: Kingston Police, Kingston Military Police, Ontario Provincial Police (OPP) which includes Lennox and Addington OPP, Frontenac OPP and Leeds County OPP (i.e., Wolfe and Howe Islands). Each OPP service has multiple detachments. The jurisdictions of these police services do not correspond to the Statistics Canada’s CMA’s.

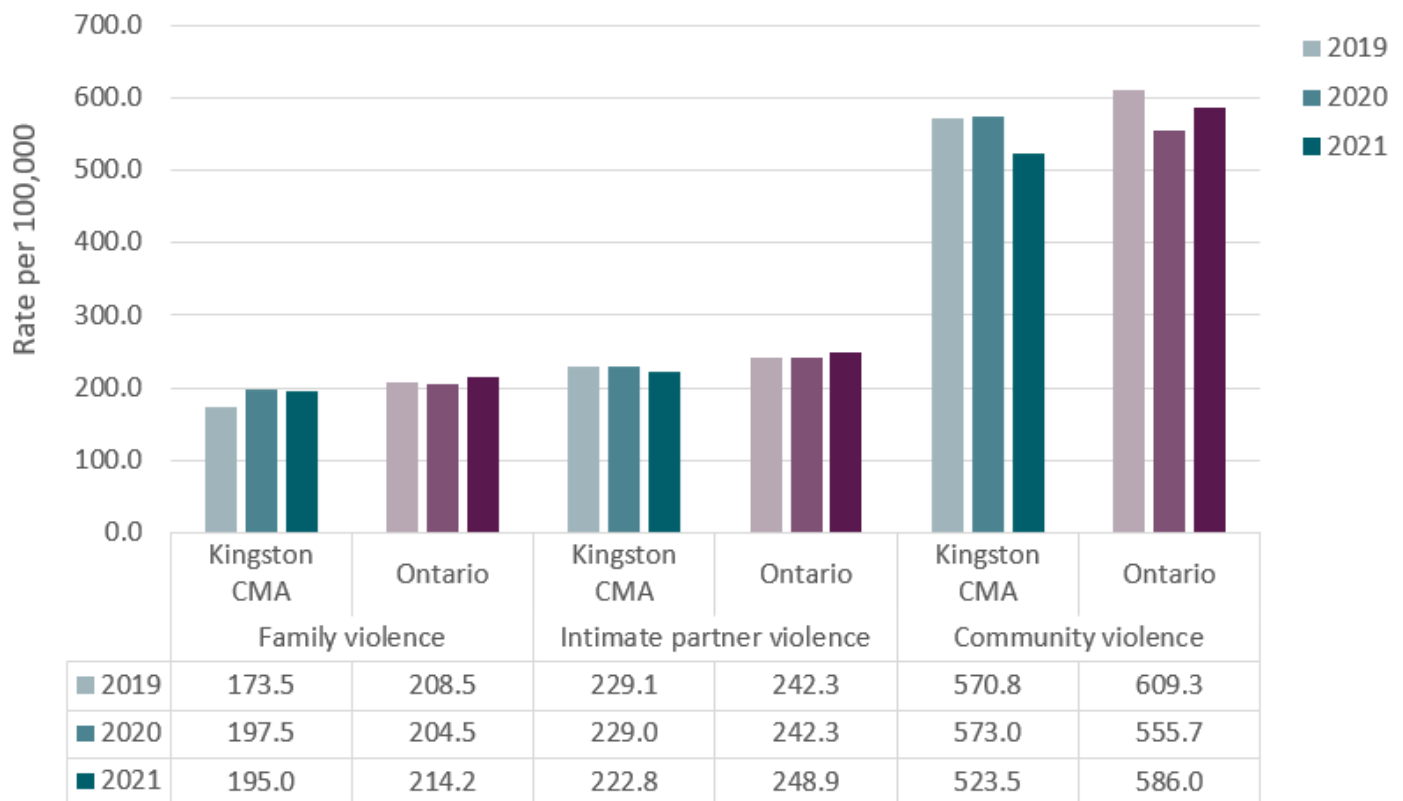


## Violent crime by category of interpersonal violence

The rate of police-reported community violence is higher than the rate of intimate partner and family violence in both Kingston CMA and Ontario (Figure 3). This may reflect people’s willingness to report these forms of violence to the police, rather than the volume at which these forms of violence happen.

**Figure 3.**

Rate of police-reported victims per 100,000, by relationship of the victim to the perpetrator, the Kingston CMA and Ontario, 2019 to 2021 <sup>25,26</sup>



### Data Note

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 their data to describe community violence.

In keeping with the WHO’s typology of violence (see page 08), this report 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). Because Statistics Canada captures “other intimate partners” in the non-family member violence category, this report slightly overestimates community violence rates.

# Community violence

## Summary

Young people 12 to 24 years of age experience the highest rates of community violence.

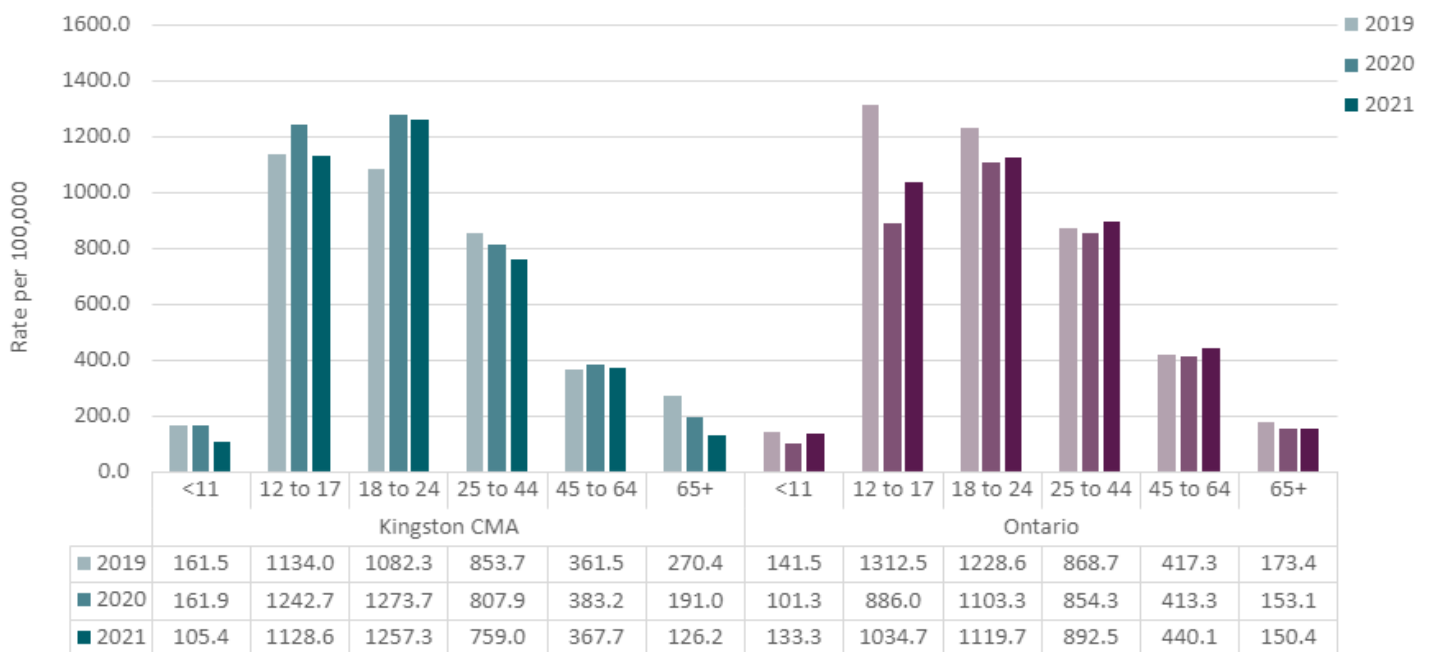
Community violence affects females at similar rates as males.

National data indicates that most community violence happens between people who know each other, such as an acquaintance, friend, or authority figure. Males are more likely to be victimized by a stranger than females.

Young people 12 to 24 years of age experience the highest rates of community violence victimization in the Kingston CMA and Ontario (Figure 4).

**Figure 4.**

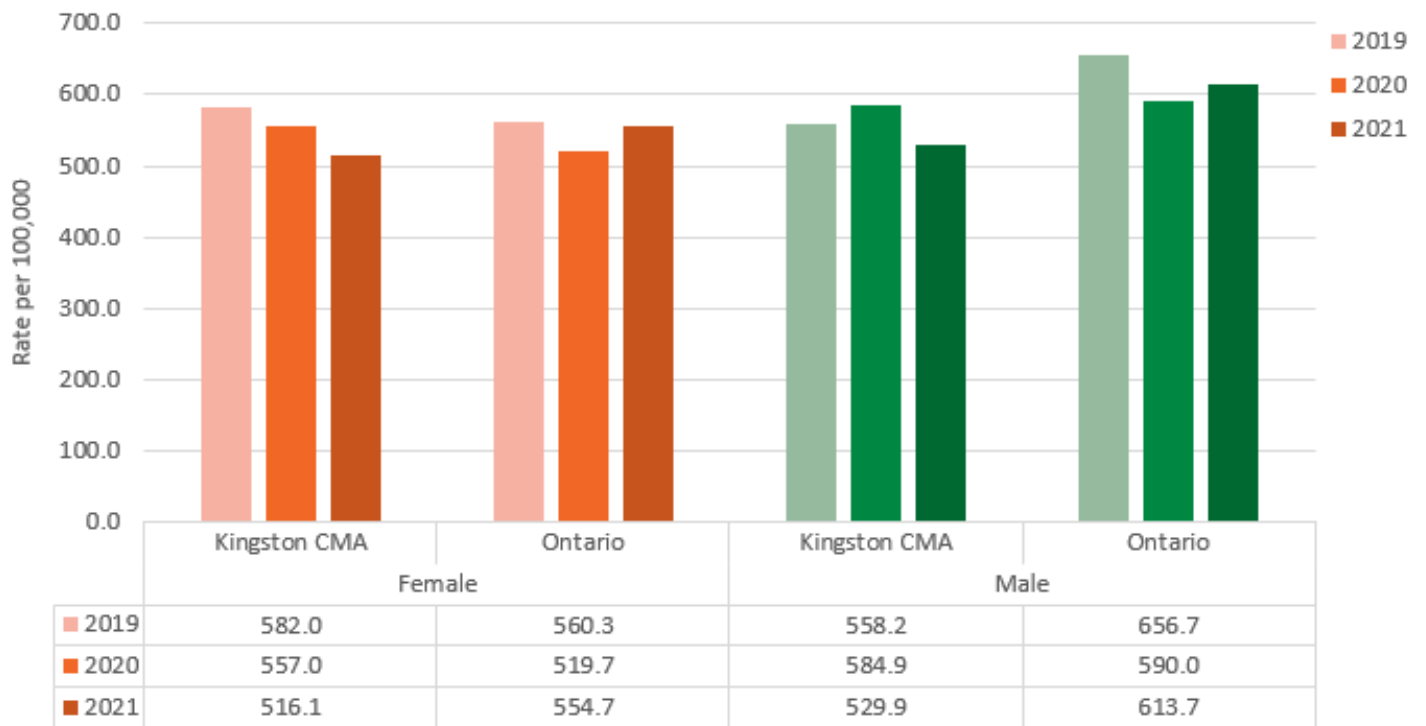
Rate of police-reported victims of community violence per 100,000, by age, the Kingston CMA and Ontario, 2019 to 2021<sup>25</sup>



The rate of community violence victimization is similar among males and females in both the Kingston CMA and Ontario (Figure 5).

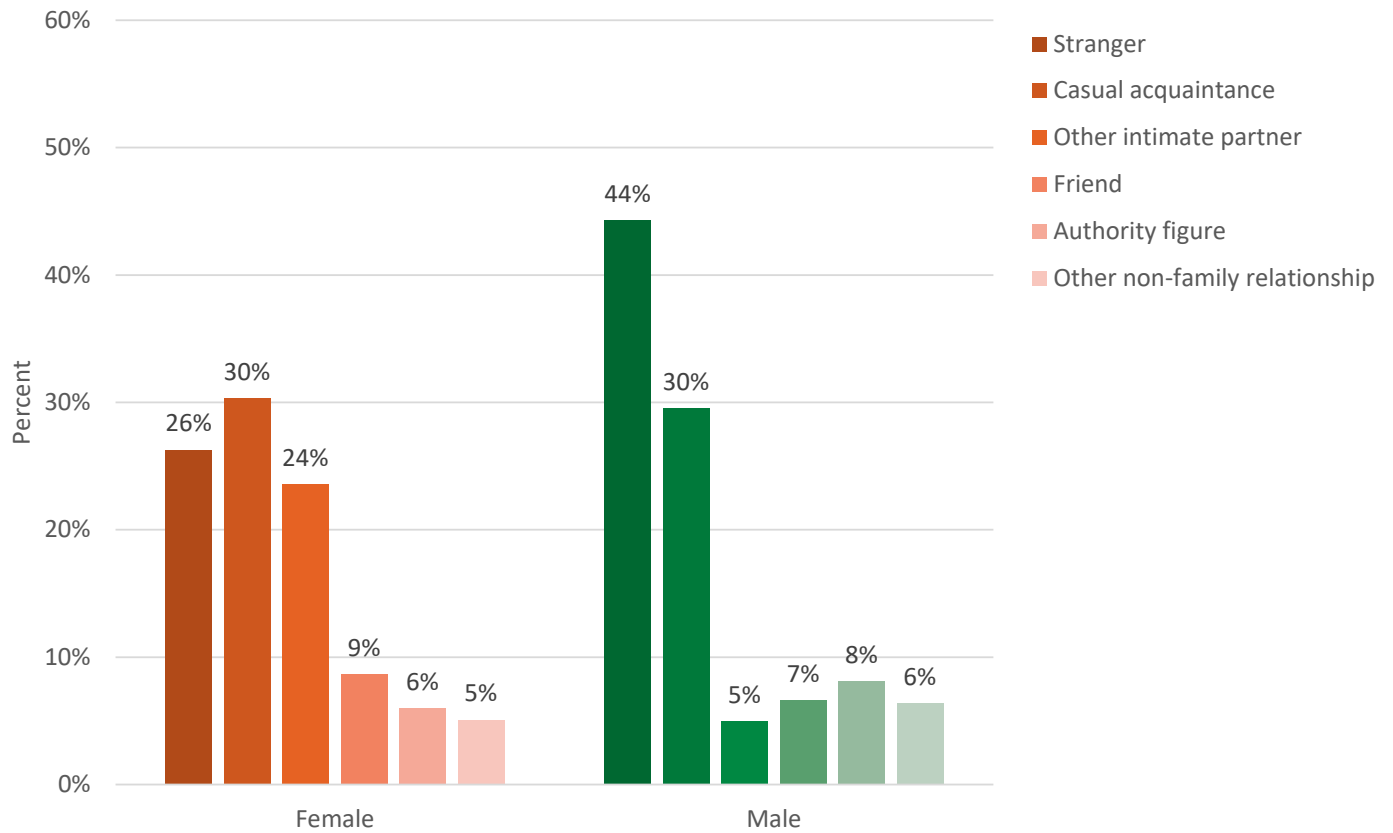
**Figure 5.**

Rate of police-reported victims of community violence per 100,000, by sex, the Kingston CMA and Ontario, 2019 to 2021<sup>25</sup>



National data indicates that community violence most often involves people who know each other (Figure 6); males are more likely to be victimized by a stranger than females.

**Figure 6.** Relationship of the accused to victims of police-reported community violence per 100,000, by sex, Canada, 2019.<sup>27</sup>



# Family and intimate partner violence

## Summary

Victimization by a family member is highest among people 12 to 44 years of age.

Victimization by an intimate partner is highest among people 15 to 44 years of age.

Family and intimate partner violence affects females at much higher rates than males.

National data indicates that the family relationship of the perpetrator to the victim varies by sex and age of the victim:

- Children 17 years of age and younger are most likely to be victimized by a parent, sibling, or extended family member.
- The proportion of violence committed by a child towards their parent is highest among parents 44 years of age and older.
- Spouses and ex-spouses are the most common perpetrator of violence against females 18 to 64 years of age.
- Parents, siblings, and other extended family are responsible for a higher proportion of violence experienced by adult males than adult females.

## Family violence

As part of the Federal Family Violence Initiative, the Canadian Centre for Justice and Community Safety Statistics at Statistics Canada has produced an annual report since 1998 called Family Violence in Canada: A Statistical Profile. These reports provide data on family violence against children under 17 years of age and seniors over 65 years of age, as well as intimate partner violence. Data is available on family violence affecting other age groups for

2019 onwards. Statistics Canada notes that the 2019 data on family and intimate partner violence provides a baseline for future analysis of the impact of COVID-19 pandemic on families in Canada.<sup>7</sup>

Family violence in Canada has been increasing since 2014.<sup>5</sup> The national rate of family violence was four per cent higher in 2021 than in 2019, while the rate of non-family violence was one per cent higher.



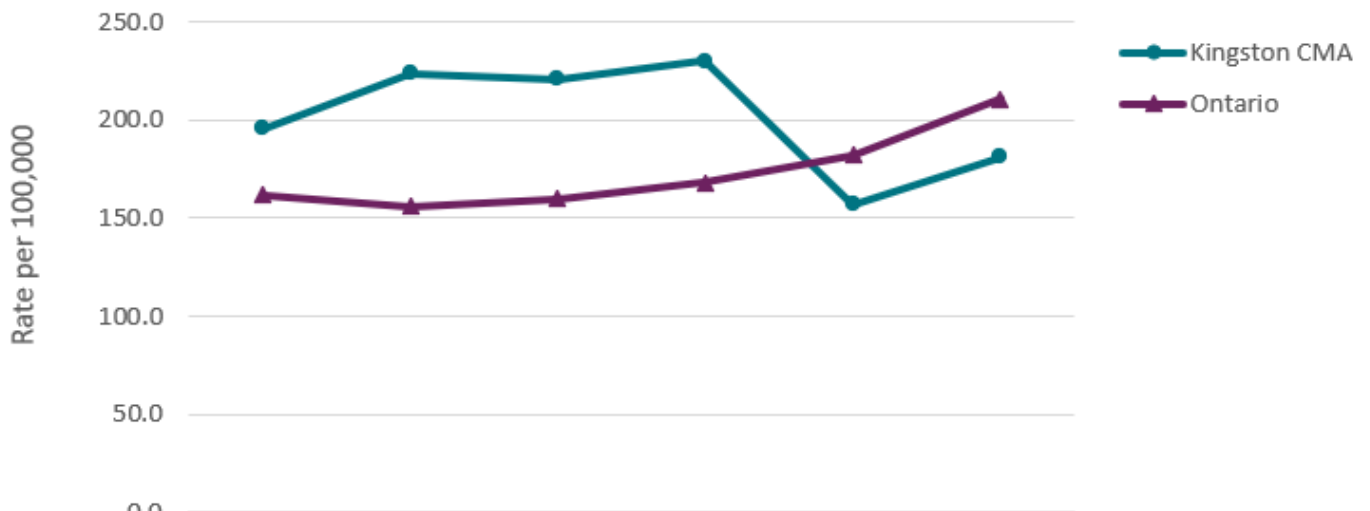
### **Spouses and ex-spouses included in both data on family violence and intimate partner violence**

Intimate partner violence towards people who are aged 15 and older and who live or have lived together (called “spouses” and “ex-spouses” by Statistics Canada) is included by Statistics Canada in their family violence data. These data are also represented in statistics describing intimate partner violence.

Family violence against children 17 years of age and younger gradually increased in the Kingston CMA between 2014 and 2017 (Figure 7). There was a notable decrease in 2018, which may be due to a data anomaly. Family violence against children has been gradually increasing since 2014 in Ontario. The national rate of family violence against children increased by 25 per cent between 2009 and 2021.<sup>5</sup>

**Figure 7.**

Child victims of police-reported family violence per 100,000, the Kingston CMA and Ontario, 2014 to 2019.<sup>7,28-32</sup>



**A note about data on family violence against children under 17 years of age**

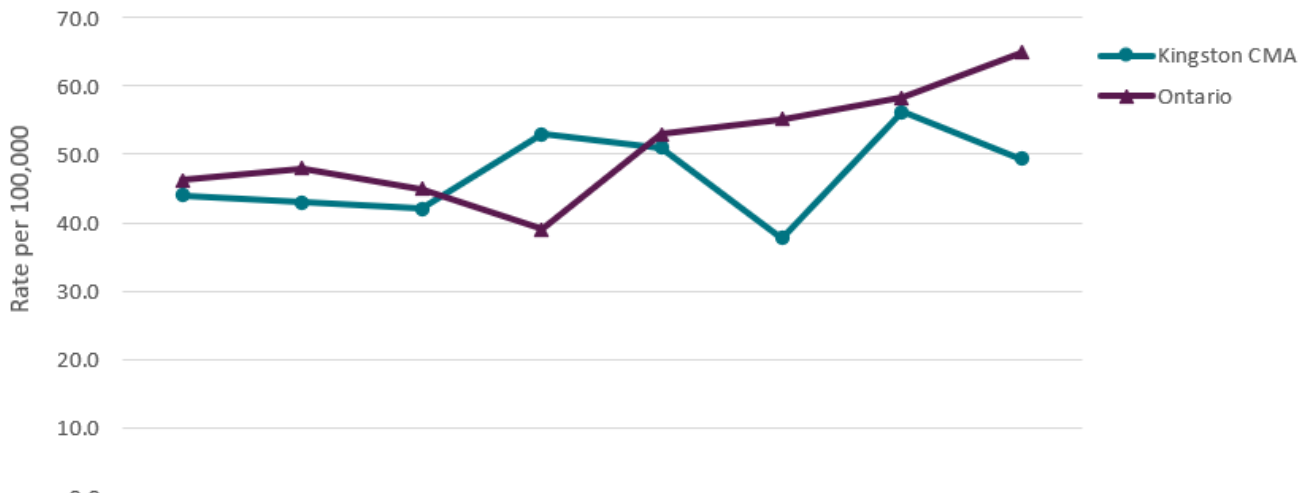
The victimization of children is particularly difficult to detect. Younger victims may not be aware that what is happening is considered violence or neglect, not know how to ask for help, be unable to make a report independently, or may be dependent on the perpetrator.<sup>7</sup>



The trend in family violence against seniors over 64 years of age in the Kingston CMA is not discernible due to the variability of the data (Figure 8). In Ontario, family violence against seniors has been gradually increasing since 2014 (Figure 8). The national rate of family violence against seniors increased by 37 per cent between 2009 and 2021, including a 14 per cent increase between 2019 and 2021.<sup>5</sup>

**Figure 8.**

Senior victims of police-reported family violence per 100,000, the Kingston CMA and Ontario, 2014 to 2021. <sup>25,28-32</sup>

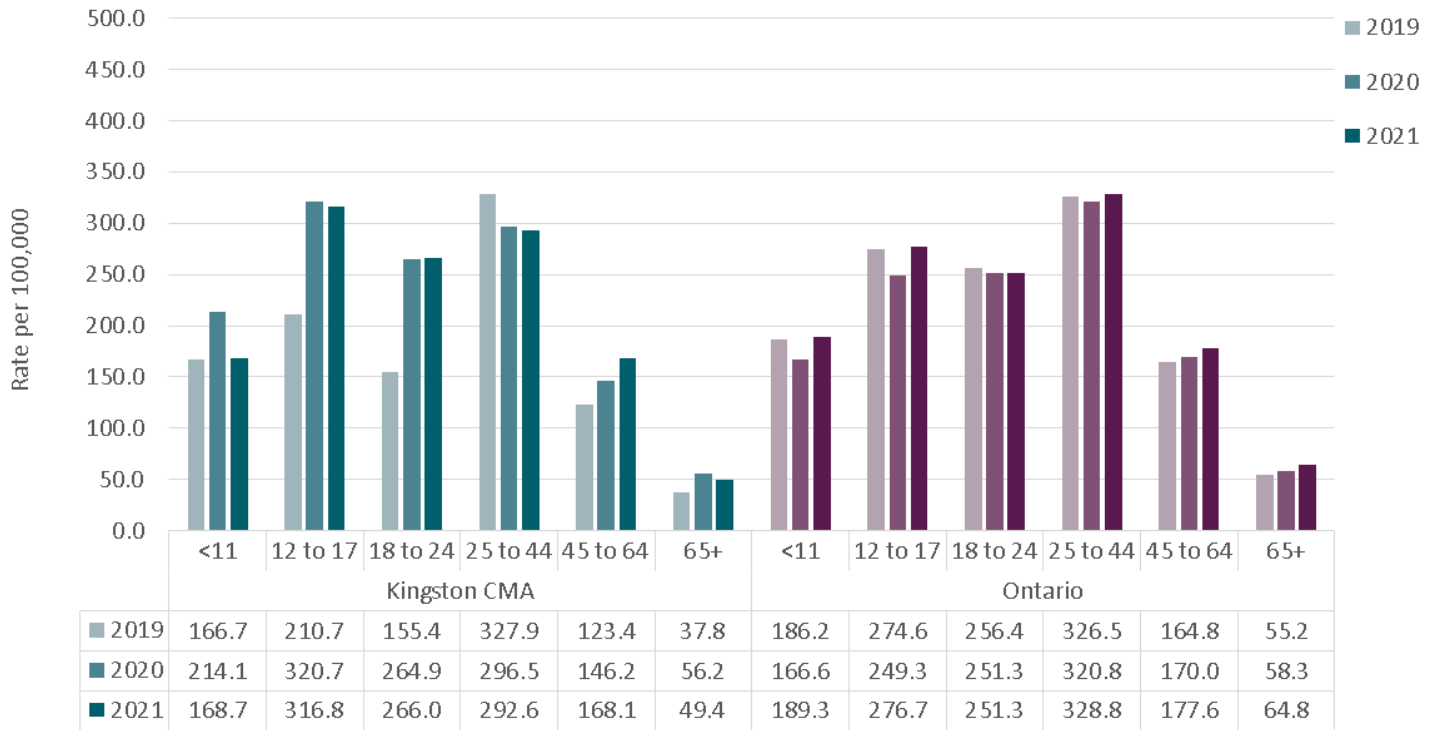


	2014	2015	2016	2017	2018	2019	2020	2021
Kingston CMA	44.0	43.0	42.0	53.0	51.0	37.8	56.2	49.4
Ontario	46.2	48.0	45.0	39.0	53.0	55.2	58.3	64.8

In Ontario and the Kingston CMA, victimization by a family member is highest among people 12 to 44 years of age (Figure 9) and much higher among females than males (Figure 10).

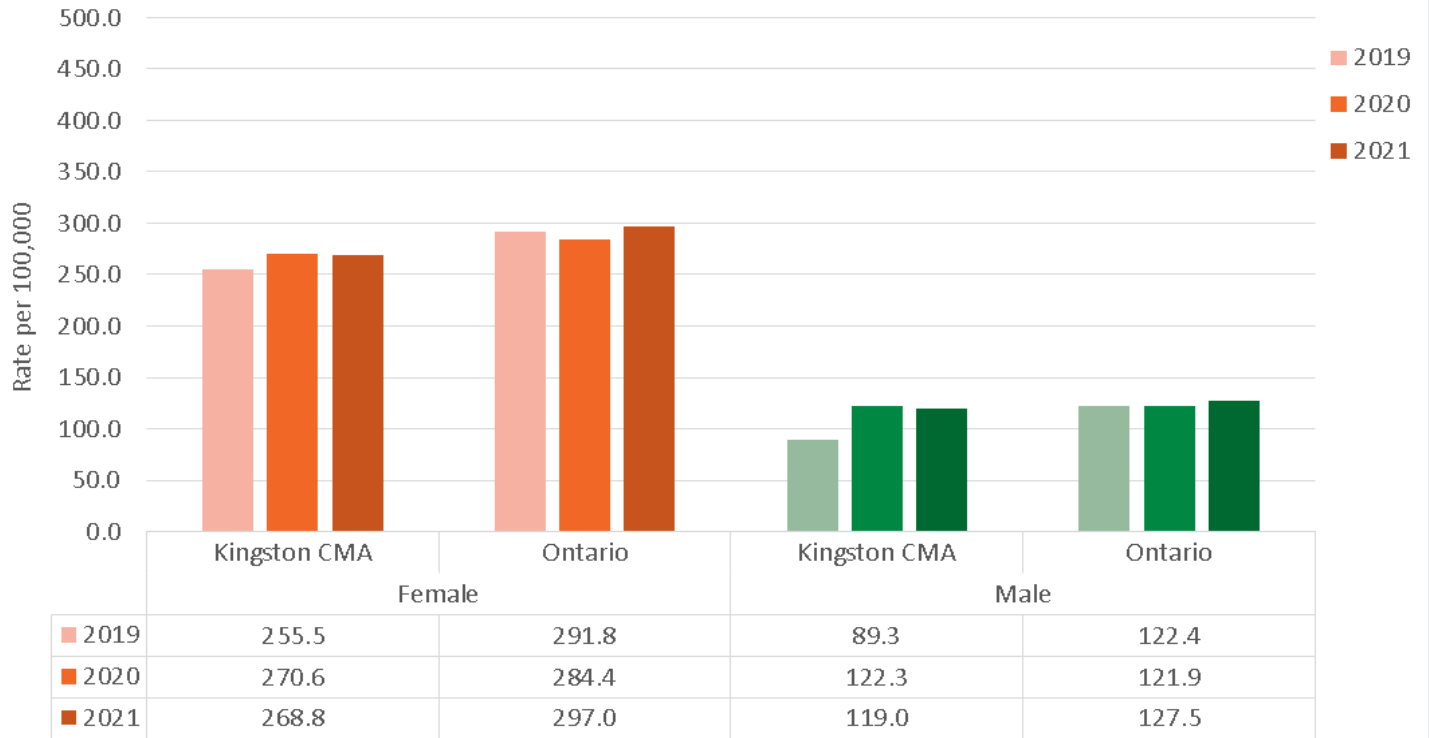
**Figure 9.**

Rate of police-reported victims of family violence per 100,000, by age, the Kingston CMA and Ontario, 2019 to 2021<sup>25</sup>



**Figure 10.**

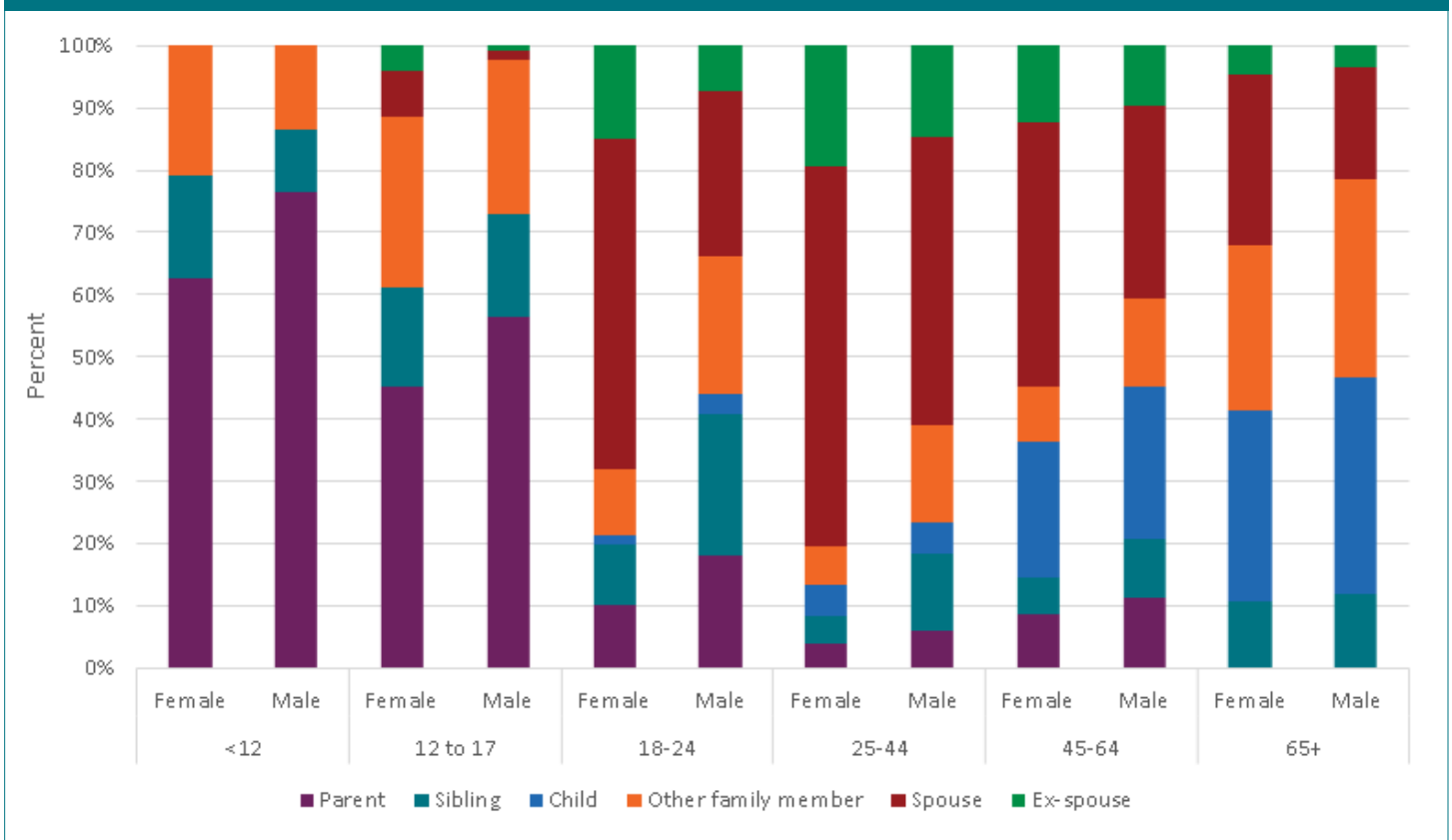
Rate of police-reported victims of family violence per 100,000, by sex, the Kingston CMA and Ontario, 2019 to 2021<sup>25</sup>



National police-reported data indicates that the relationship of the family member responsible for the violence differs by age and sex (Figure 11):

- **Children 17 years of age and younger:** Violence is most likely to be perpetrated by parents, followed by siblings and extended family.
- **Adults 18 to 64 years of age:** Violence is most likely to be perpetrated by a spouse or ex-spouse. Violence from parents, siblings, and extended family is highest in young adulthood. Violence committed by a child towards their parent is highest among parents that are 45 to 64 years of age. Parents, siblings, and other extended family are responsible for a higher proportion of violence experienced by males than by females.
- **Seniors 65 years of age and older:** Violence is most likely to be perpetrated by spouses, their child, and extended family. Violence from siblings and ex-spouses continues to occur at low rates.<sup>5</sup>

**Figure 11.**  
Relationship of accused to the victim in police-reported family violence, by age and sex, Canada, 2019.<sup>27</sup>

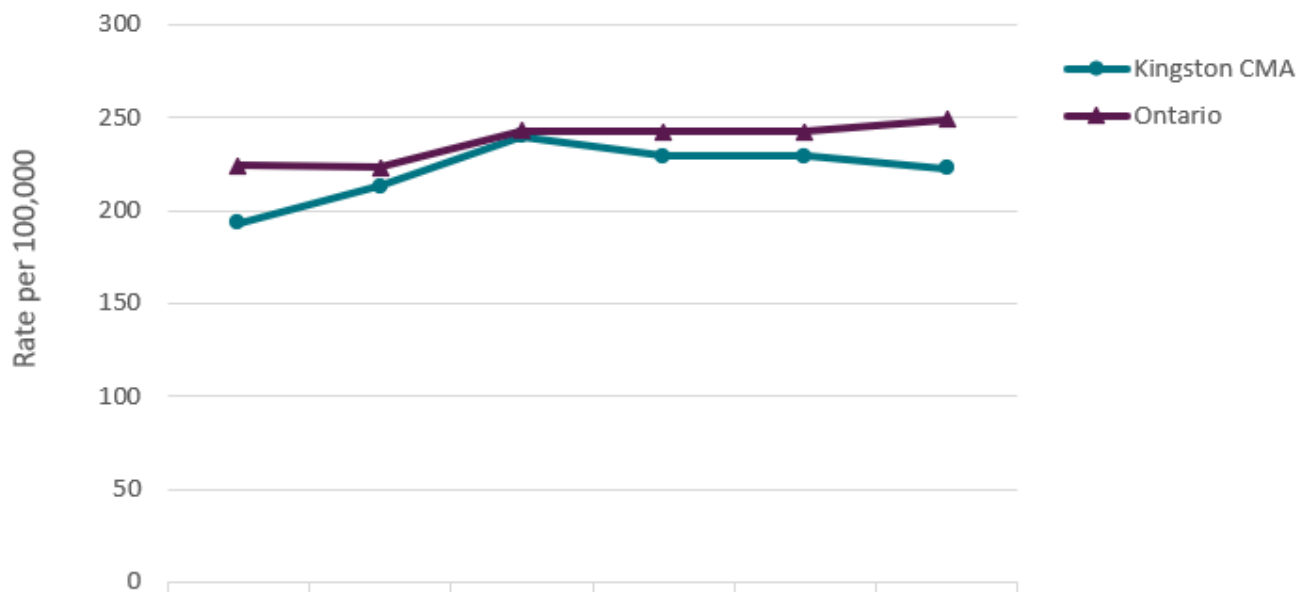


## Intimate partner violence

The rate of intimate partner violence increased slightly in Ontario and the Kingston CMA since 2016 (Figure 12). The national rate of intimate partner violence gradually increased between 2014 and 2021.<sup>5</sup> The national rate for male victims increased by six per cent between 2009 and 2021, but decreased by three per cent for female victims.<sup>5</sup>

**Figure 12.**

Victims of police-reported intimate partner violence per 100,000, the Kingston CMA and Ontario, 2016 to 2021<sup>26,28-31</sup>

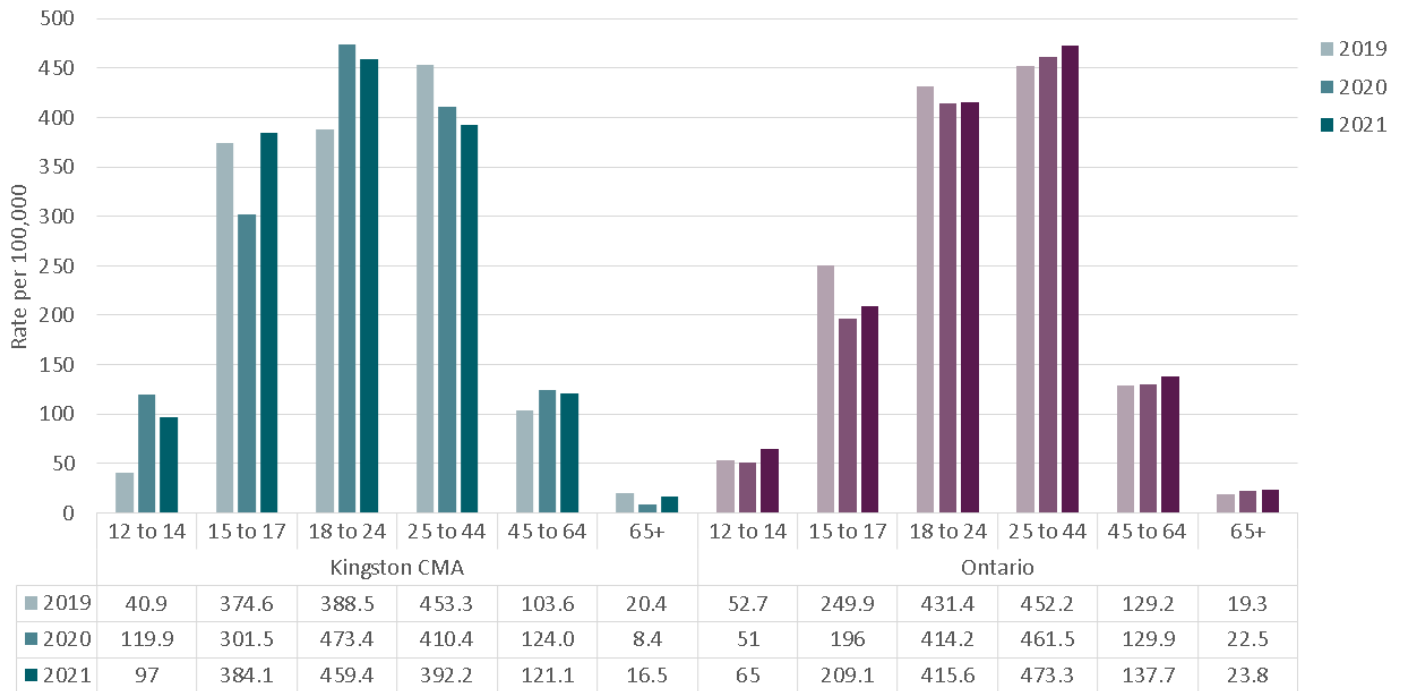


	2016	2017	2018	2019	2020	2021
Kingston CMA	193	213	240	229.1	229.0	222.8
Ontario	224	223	243	242.3	242.3	248.9

In Ontario and the Kingston CMA, victimization by an intimate partner is highest among people 18 to 44 years of age (Figure 13). The rate for those 12 to 14 years of age and 15 to 17 years of age is higher in the Kingston CMA than in Ontario. The rate of victimization by intimate partner (Figure 14) is much higher among females than males in both the Kingston CMA and Ontario.

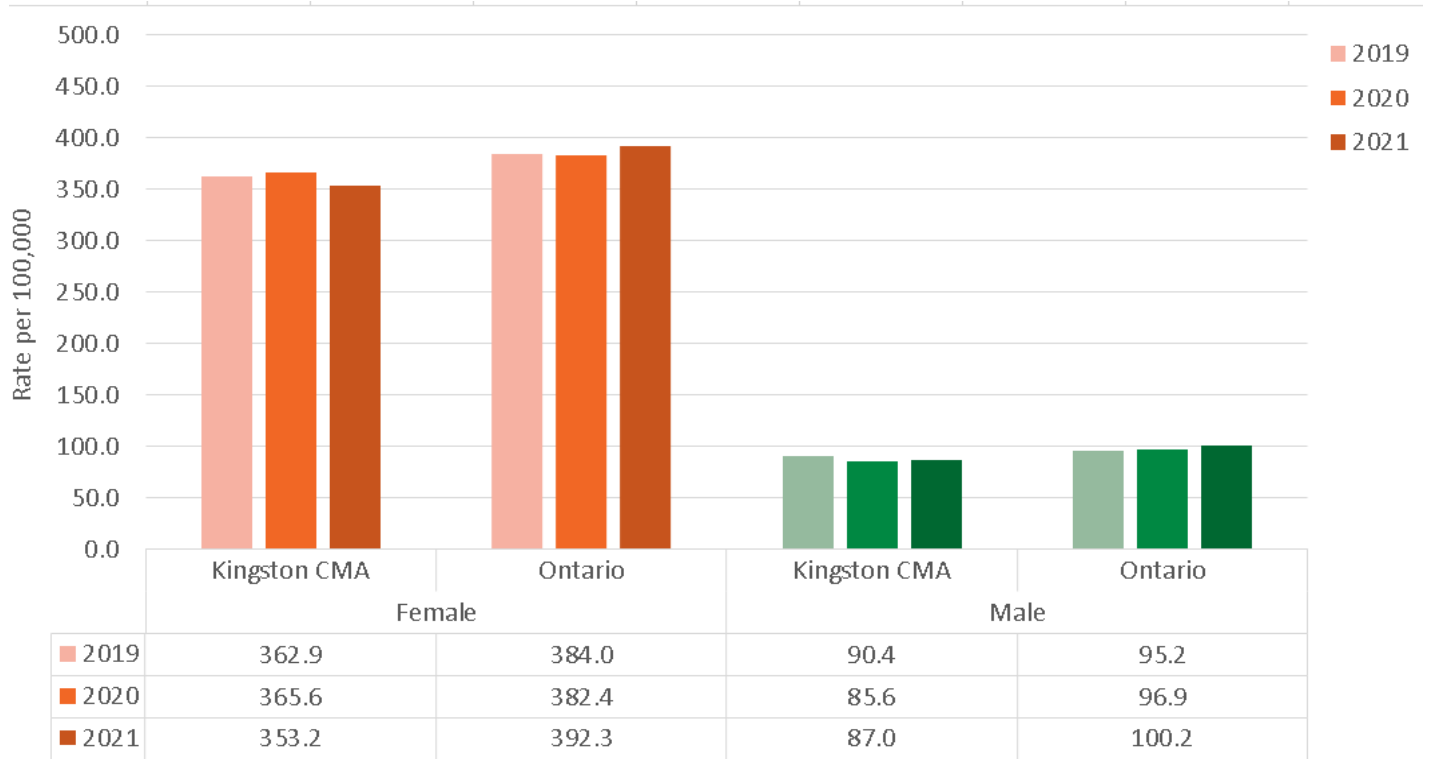
**Figure 13.**

Rate of police-reported victims of intimate partner violence per 100,000, by age, the Kingston CMA and Ontario, 2019 to 2021<sup>26</sup>



**Figure 14.**

Rate of police-reported victims of intimate partner violence per 100,000, by sex, the Kingston CMA and Ontario, 2019 to 2021<sup>26</sup>







# Overview of selected violent crime

## Summary

In the KFL&A CMA, physical assaults have increased slightly since 2014. The rate is highest among people 12 to 44 years of age, peaking among young adults 18 to 24 years of age.

Sexual assaults have increased since 2014. The rate is highest among adolescents 12 to 17 years of age. It is also high among young adults 18 to 24 years of age. There was a sharp increase in the Kingston CMA in 2017 following the #MeToo movement.

Sexual violations against children have slowly increased since 2014.

Human trafficking has increased since 2011.

Hate crimes have increased dramatically since 2014. The increase was more notable in the Kingston CMA than in Ontario.

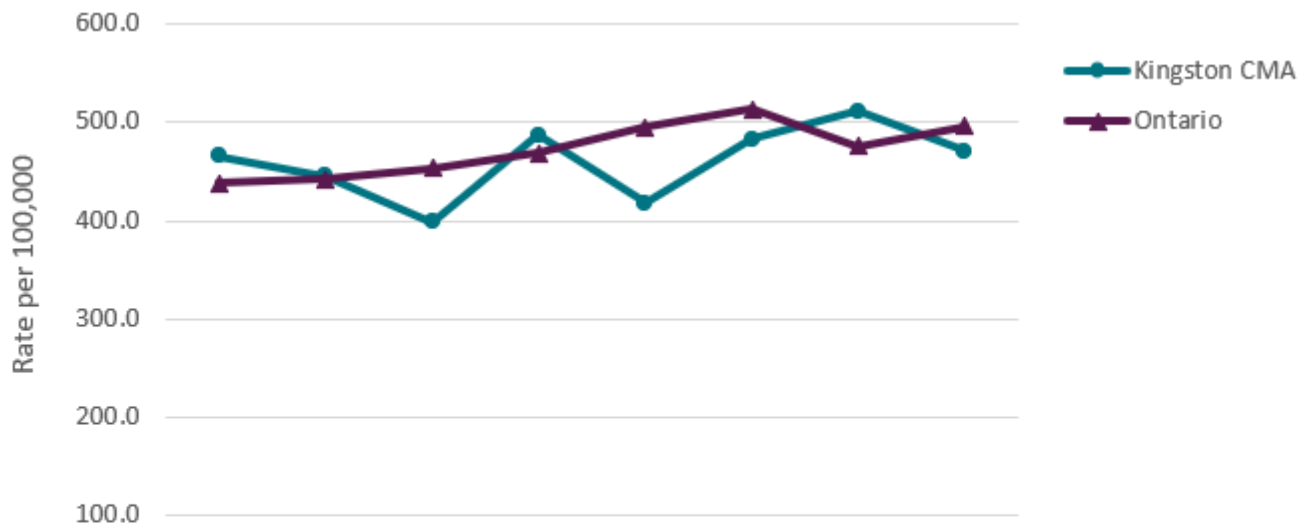
Cybercrime has increased drastically since 2014. The increase was very notable between 2019 and 2021.

## Physical assault

Physical assault is the violent crime most frequently reported to the police.<sup>5</sup> The trend in the Kingston CMA is not discernible due to the variability of the data. In Ontario, the rate of assault has been trending upwards gradually since 2014 (Figure 15). The rate of assault is highest among people 12 to 44 years of age, peaking among young adults 18 to 24 years of age (Figure 16).

**Figure 15.**

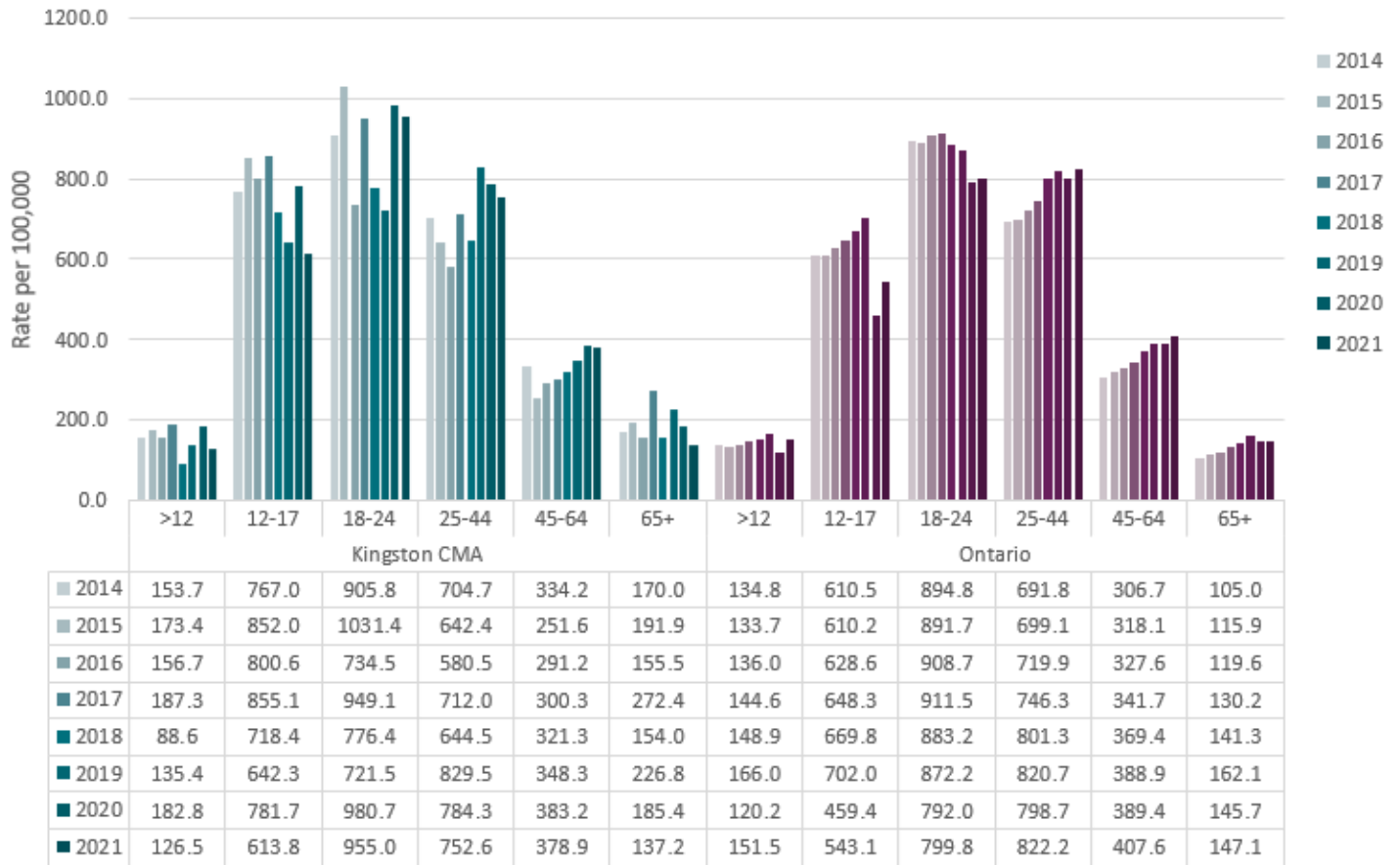
Victims of police-reported assault per 100,000, the Kingston CMA and Ontario, 2014 to 2021<sup>33</sup>



	2014	2015	2016	2017	2018	2019	2020	2021
Kingston CMA	465.5	445.1	398.5	487.0	417.8	483.2	511.6	470.5
Ontario	438.5	442.0	453.5	468.6	494.9	513.6	475.7	496.6

**Figure 16.**

Victims of police-reported assault per 100,000, the Kingston CMA and Ontario, by age group, 2014 to 2021<sup>33</sup>

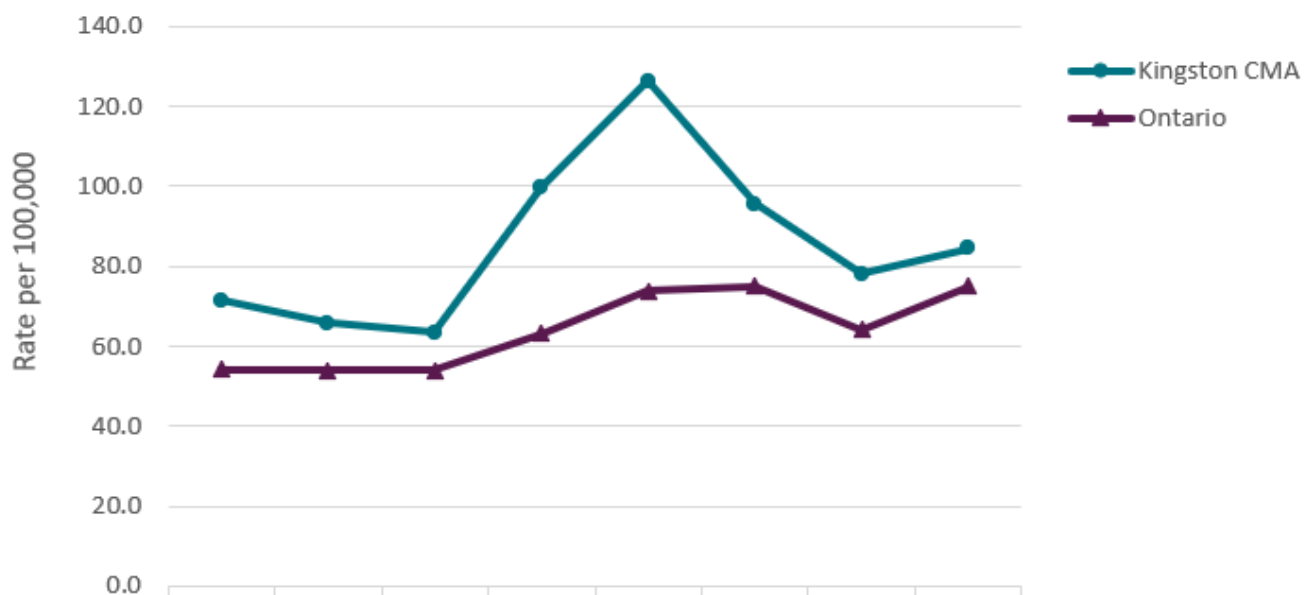


## Sexual assault

The sexual assault rate has increased in the Kingston CMA and Ontario since 2014 (Figure 17). A significant increase in reporting, particularly among victims 12 to 17 years of age, was seen in the Kingston CMA following the start of the #MeToo movement in October 2017. The Kingston CMA experienced the third largest increase in police-reported sexual assaults in Ontario and the fourth largest in Canada between Oct. 1, 2017 and Dec. 31, 2017 compared to the period before #MeToo (e.g., Jan. 1, 2016 to Sept. 30, 2017).<sup>15</sup>

**Figure 17.**

Victims of police-reported sexual assault per 100,000, the Kingston CMA and Ontario, 2014 to 2021<sup>33</sup>



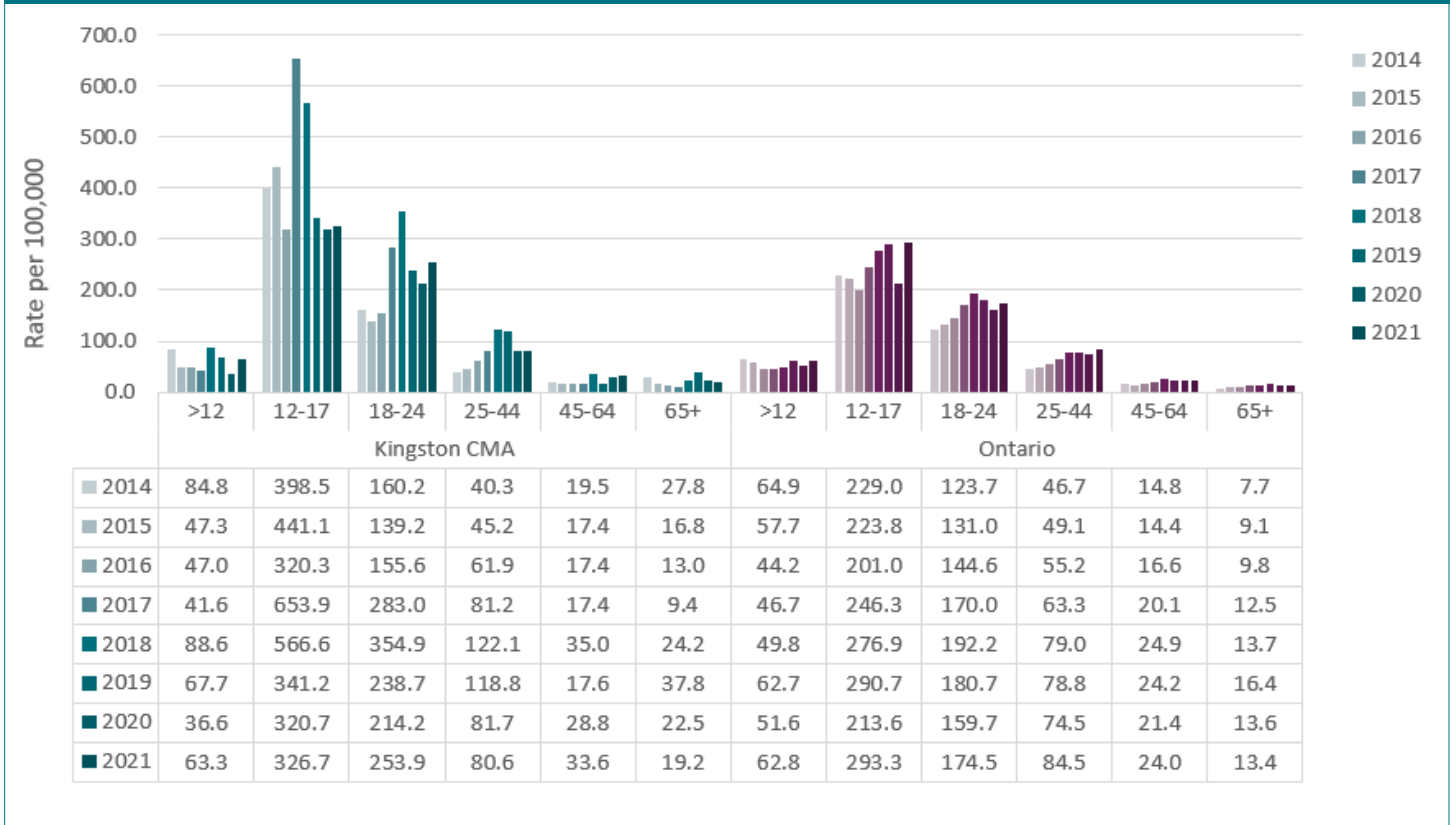
	2014	2015	2016	2017	2018	2019	2020	2021
Kingston CMA	71.5	65.8	63.4	99.9	126.3	95.7	78.1	84.6
Ontario	54.1	53.9	54.0	63.2	73.8	75.1	64.2	75.0

There are three levels of sexual assault in criminal code, with level three being the most severe (i.e., causing an injury or endangering the life of the victim). The national rate of level 1 sexual assault increased 18 per cent between 2020 and 2021. This increase drove the national sexual assault rate to its highest level since 1998: 90 incidents per 100,000 population. The increase in level 1 sexual assaults accounted for 40 per cent of the increase in the national violent crime severity index from 2020 to 2021.<sup>34</sup>

The rate of sexual assault is highest among people 12 to 17 years of age in the Kingston CMA and Ontario (Figure 18) followed by young adults 18 to 24 years of age. The rate for people 12 to 17 years of age was notably higher in the Kingston CMA compared to Ontario prior to 2018 and in 2020.

**Figure 18.**

Victims of police-reported sexual assault per 100,000, the Kingston CMA and Ontario, by age group, 2014 to 2021<sup>33</sup>

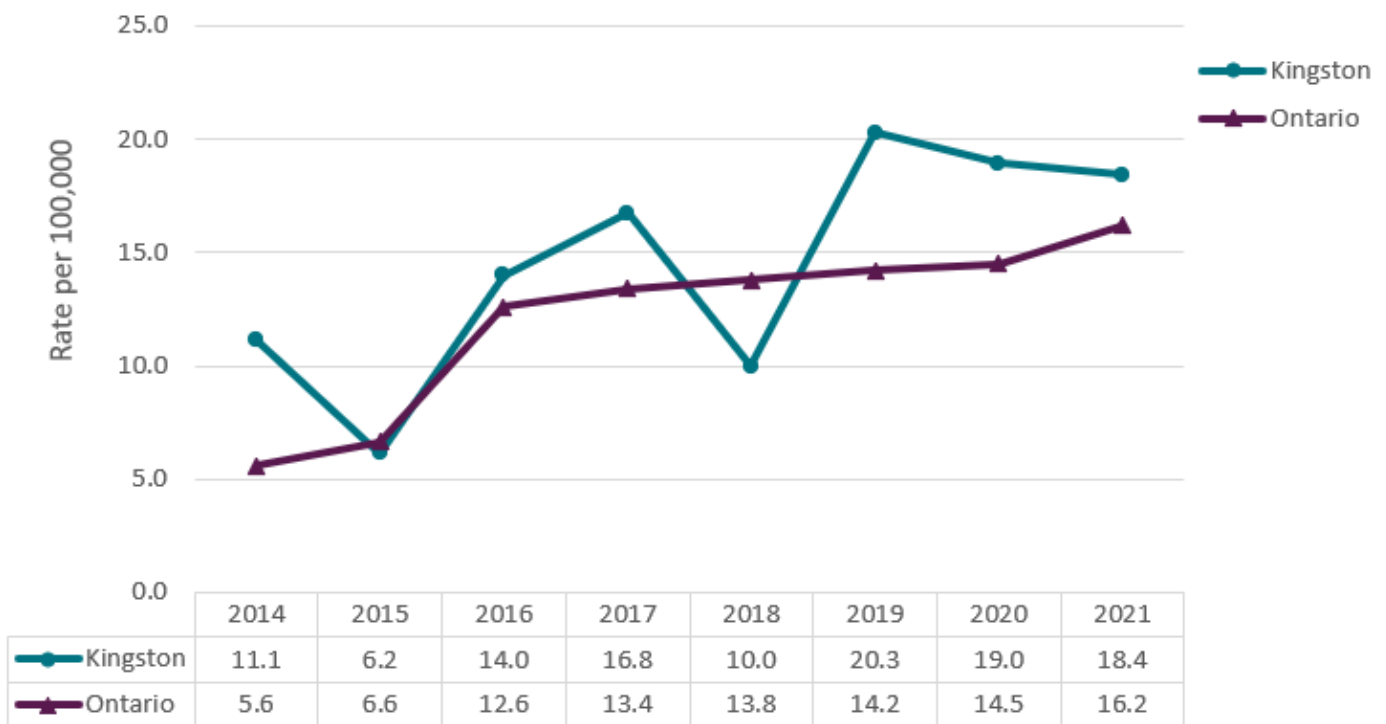


## Sexual violations against children

The rate of police-reported sexual violations against children has slowly increased since 2014 in both the Kingston CMA and Ontario (Figure 19).

**Figure 19.**

Victims of police-reported sexual violations against children per 100,000, the Kingston CMA and Ontario, 2014 to 2021<sup>33</sup>



## Human trafficking

According to Statistics Canada's *Trafficking in persons in Canada, 2021* report, the average annual rate of police-reported incidents of human trafficking in the Kingston CMA was 1.3 per 100,000 between 2011 and 2021.<sup>35</sup> Ontario had one of the highest average annual rates of police-reported incidents of human trafficking in Canada during the same period (1.4 per 100,000). The majority (83 per cent) of incidents of human trafficking reported to police during this time occurred in CMAs as compared to more rural areas.

Further, the number of police-reported human trafficking incidents in Canada increased steadily between 2011 and 2017, followed by a notable increase in 2018 and 2019.

The number of incidents were relatively unchanged during 2020 and 2021. In 2021, almost two in every three incidents of human trafficking cases in Canada were reported in Ontario. The author of the Statistics Canada report suggests that Ontario's high human trafficking rates may be attributable to the concentration of urban areas and access to multiple land border crossings.

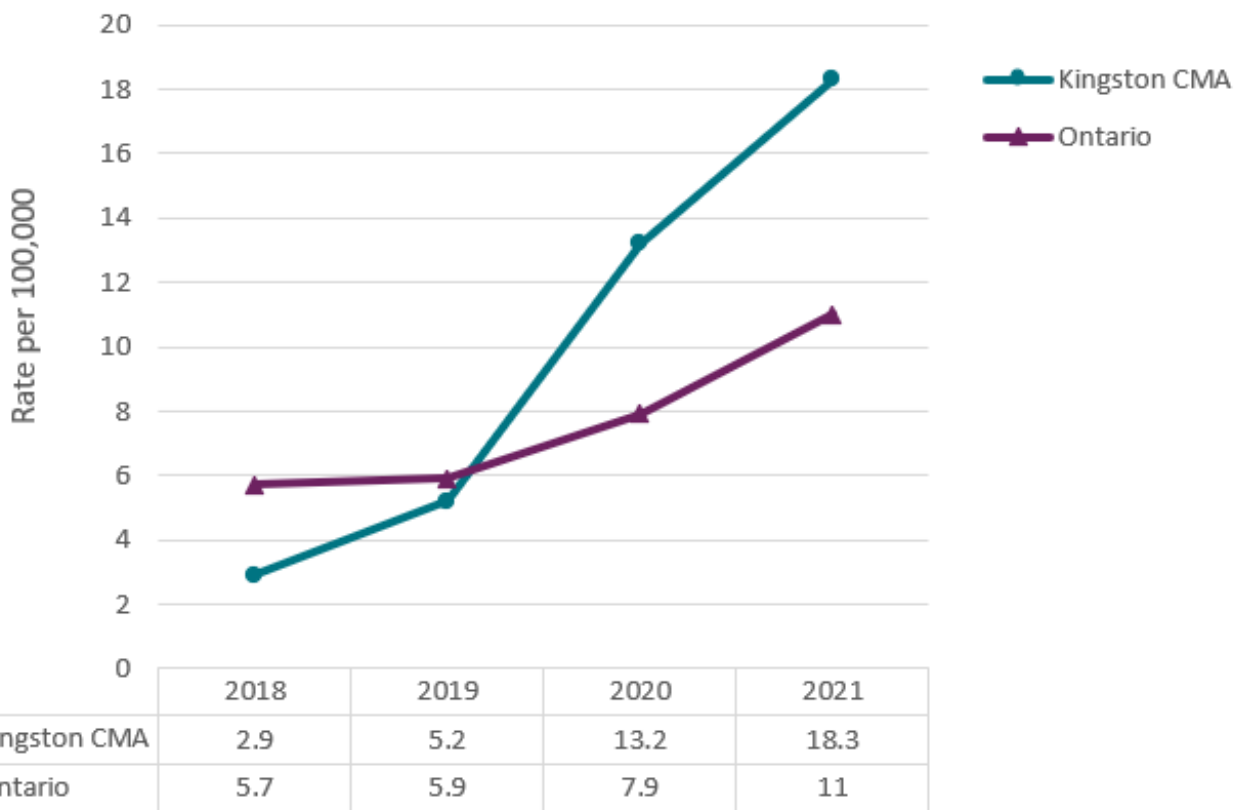
Statistics Canada reports that most victims (96 per cent) of police-reported trafficking in Canada are female. More than six out of ten of those accused of trafficking are males 18 to 34 years of age. Over nine out of ten victims knew their trafficker, and almost one-third were trafficked by an intimate partner.

## Hate crimes

Hate crimes have increased in the Kingston CMA and Ontario since 2014 (Figure 20). The increase was more striking in the Kingston CMA where the rate was 3.2 times higher in 2021 than in 2019. Across Canada the rate of hate crimes rose by 72 per cent between 2019 and 2021<sup>36</sup>.

**Figure 20.**

Incidents of police-reported hate crimes per 100,000, the Kingston CMA and Ontario, 2014 to 2021<sup>36</sup>



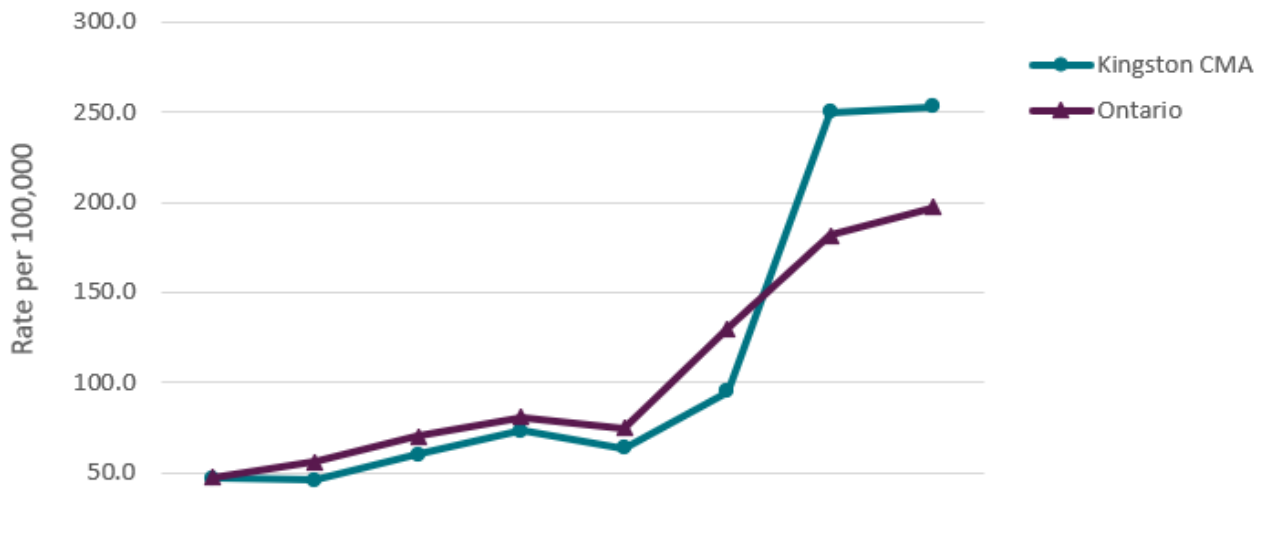
Statistics Canada provides important context around who is most likely to be victimized by hate crimes nationally.<sup>36</sup> Race or ethnicity was the motivation for almost 50 per cent of hate crimes in 2019 and 62 per cent in 2020. Black people are the most frequent target of hate crimes. Religion, primarily towards Jewish and Muslim faiths, was the motivation for approximately one-third of hate crimes in 2019 and 2021, and 20 per cent of hate crimes in 2020. Sexual orientation accounted for approximately 10 per cent of hate crimes.

Males are more likely than females to be the victim of police-reported hate crimes targeting sexual orientation and race or ethnicity. Strangers are responsible for two-thirds of police-reported hate crimes targeting religion and race or ethnicity, and half of crimes targeting sexual orientation. Most people accused of a police-reported hate crime are male.

## Cybercrime

Cybercrime has increased drastically in the Kingston CMA and Ontario since 2014 (Figure 21). There was a very notable increase in the Kingston CMA between 2019 and 2021 (95.1 vs. 252.8 per 100,000, respectively).

**Figure 21.**  
Incidents of police-reported cybercrime per 100,000, the Kingston CMA and Ontario, 2014 to 2021<sup>37</sup>

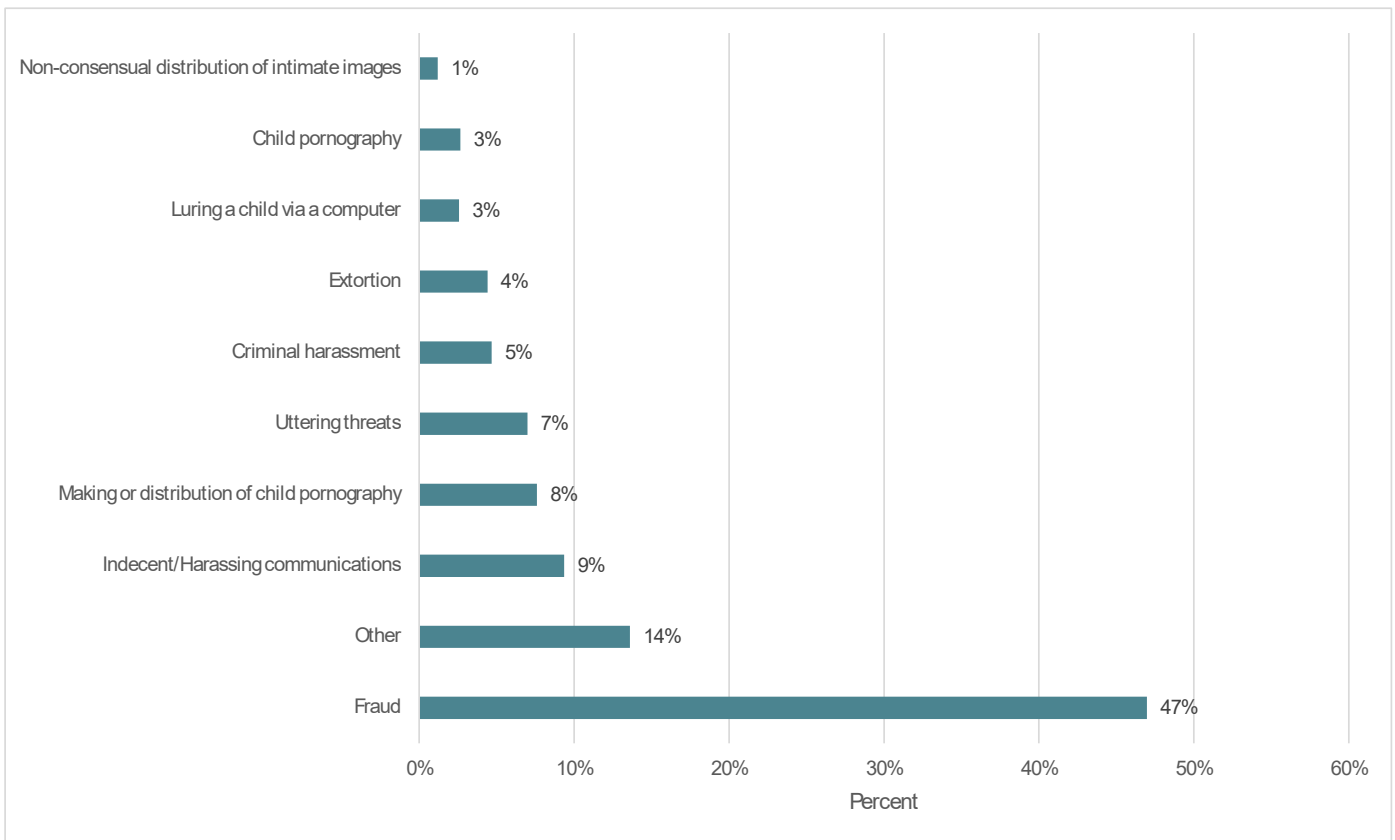


	2014	2015	2016	2017	2018	2019	2020	2021
Kingston CMA	47.0	46.0	60.0	73.0	63.5	95.1	250.0	252.8
Ontario	47.2	56.2	70.0	80.7	74.6	129.7	181.6	197.4



Across Canada, fraud accounted for almost half (47.9 per cent) of cybercrime in 2021 (Figure 22). Uttering threats, criminal harassment, indecent or harassing communication, and various forms of sexual violence accounted for a large portion of the remaining incidents. Nationally, there was a 21 per cent increase between 2019 and 2021 in cybercrime-related harassing and threatening behaviours.<sup>38</sup>

**Figure 22.**  
Percent of total cybercrime violations, Canada, 2021<sup>39</sup>



# Violence-related injuries

## Summary

The KFL&A area has a higher rate of violence-related emergency department (ED) visits than Ontario.

Young adults 18 to 29 years of age have the highest rates of violence-related ED visits.

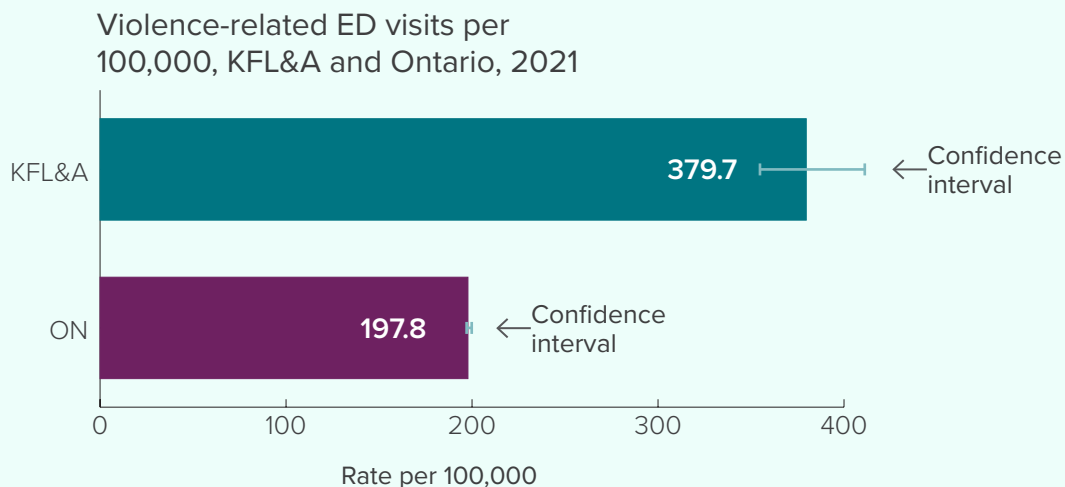
Males are more likely to visit the ED for a violence-related injury than females. Males in the KFL&A area are more likely than males in Ontario to visit the ED for a violence-related injury.

Assault by bodily force is the most common cause of violence-related injuries ED visits for both males and females. The second and third most common reasons differ by sex.



### Understanding confidence intervals

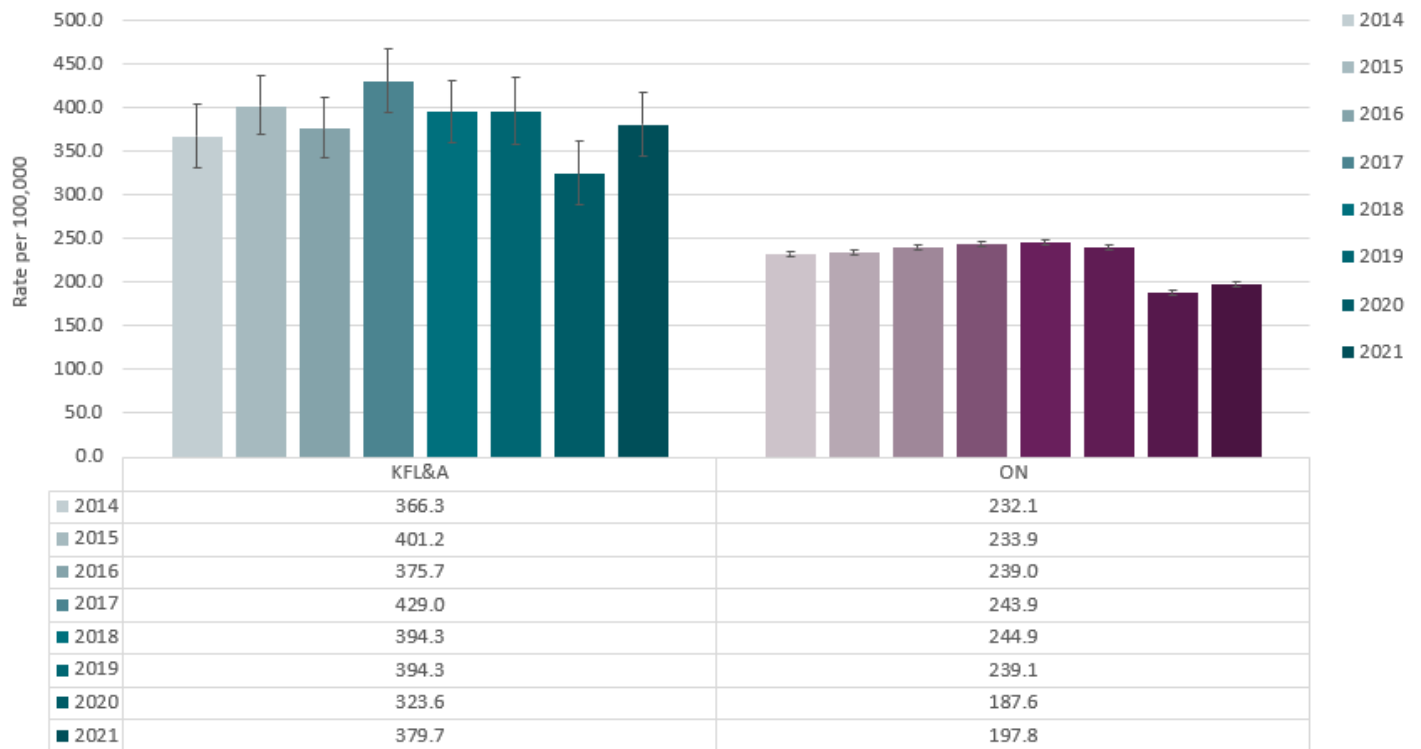
Rates and percentages are used to provide an estimate of the frequency of health issues within a population. Many estimates are presented in the form of percentages with 95 per cent confidence intervals. Confidence intervals provide an estimated interval, within which the true value can be expected to fall. This provides a measure of precision or confidence around the estimate. The wider the confidence interval is, the more variability in the sample or data, and the less precise the point estimate. The confidence intervals for smaller populations tend to be wider due to this variability.



People in the KFL&A area visit the ED for violence-related injuries at a higher rate than in Ontario (Figure 23).

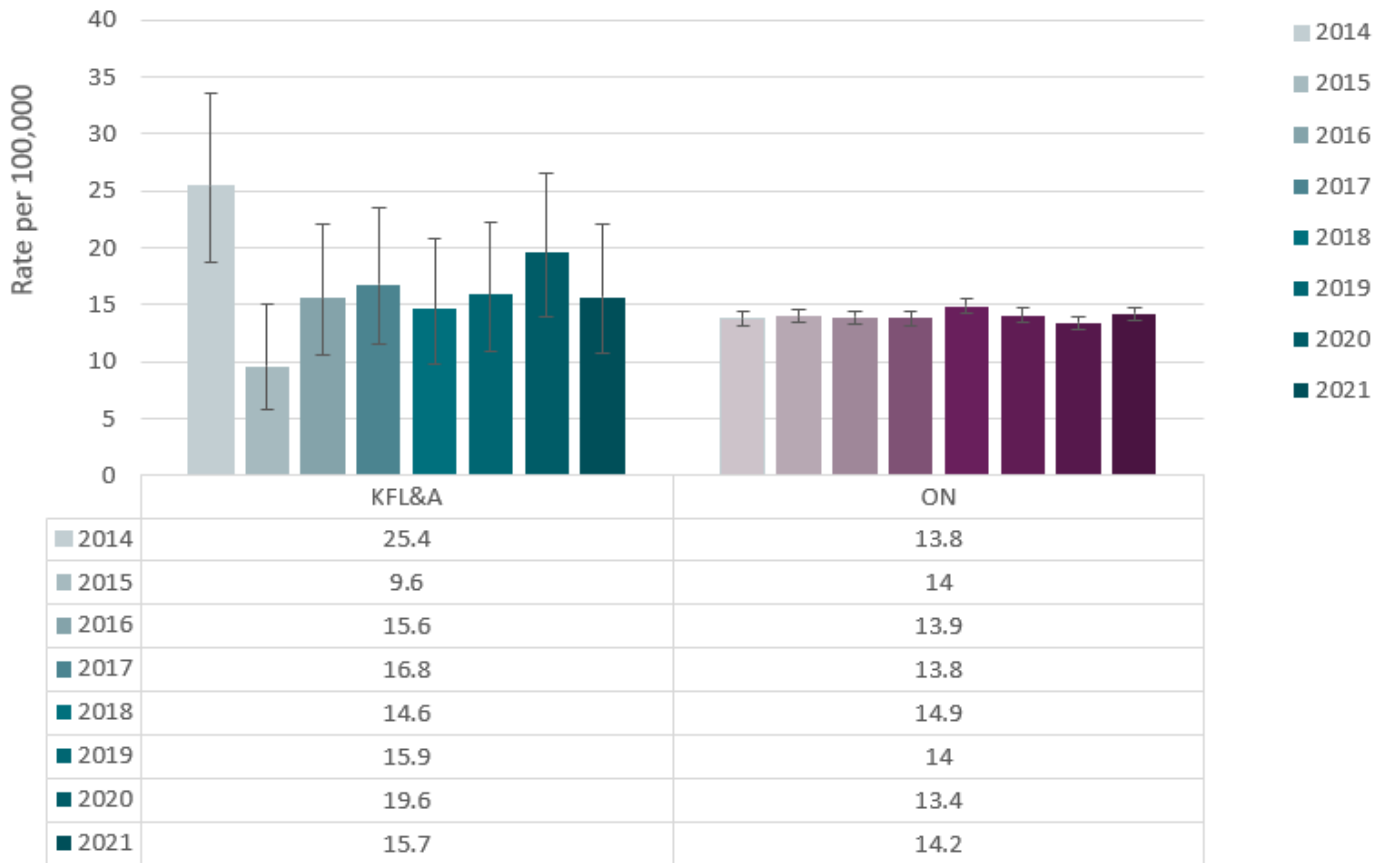
**Figure 23.**

ED visits for violence-related injuries per 100,000, KFL&A area and Ontario, 2014 to 2021<sup>40</sup>



The rate of ED visits remained stable in the KFL&A area during the pandemic compared to 2019 but decreased significantly in Ontario. Approximately six per cent of people who visit the ED were hospitalized in both the KFL&A area and Ontario, resulting in a higher rate of hospitalization in the KFL&A area than in Ontario (Figure 24).

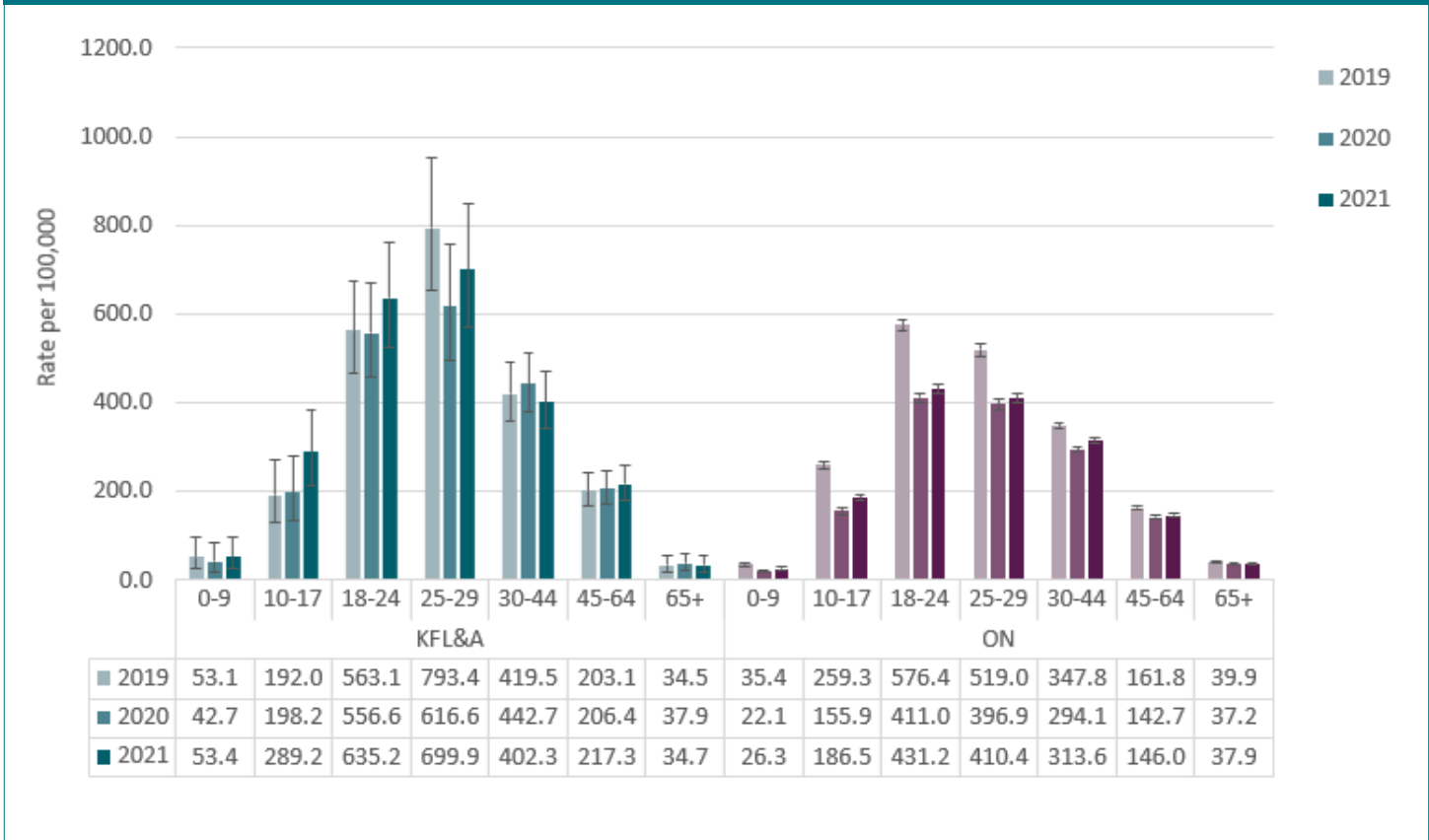
**Figure 24.**  
Hospitalizations for violence-related injuries per 100,000, the KFL&A area and Ontario, 2014 to 2021<sup>40</sup>



ED visits for violence-related injuries are highest among people 18 to 29 years of age years of age in both the KFL&A area and Ontario (Figure 25).

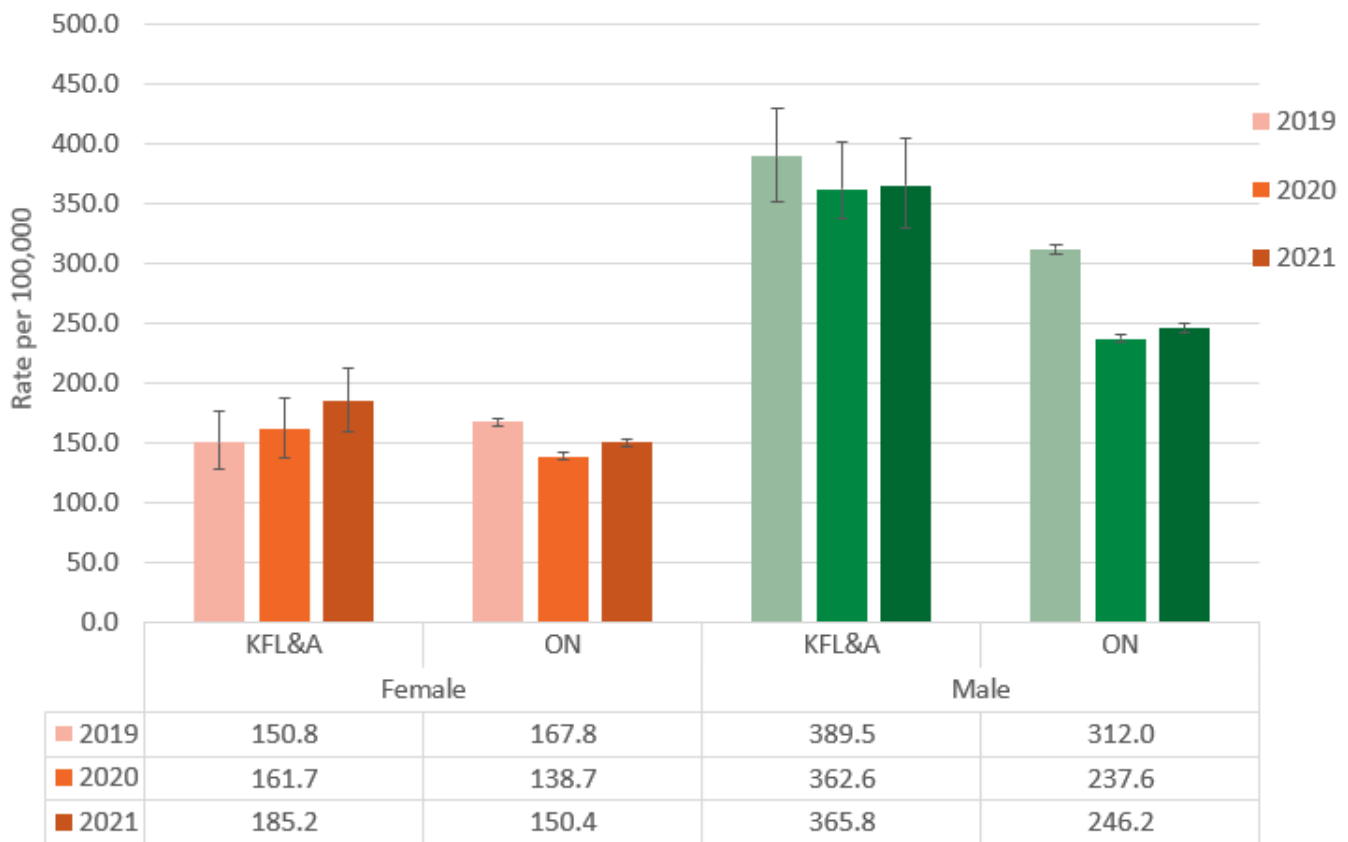
**Figure 25.**

ED visits for violence-related injuries per 100,000, by age, the KFL&A area and Ontario, 2019 to 2021<sup>40</sup>



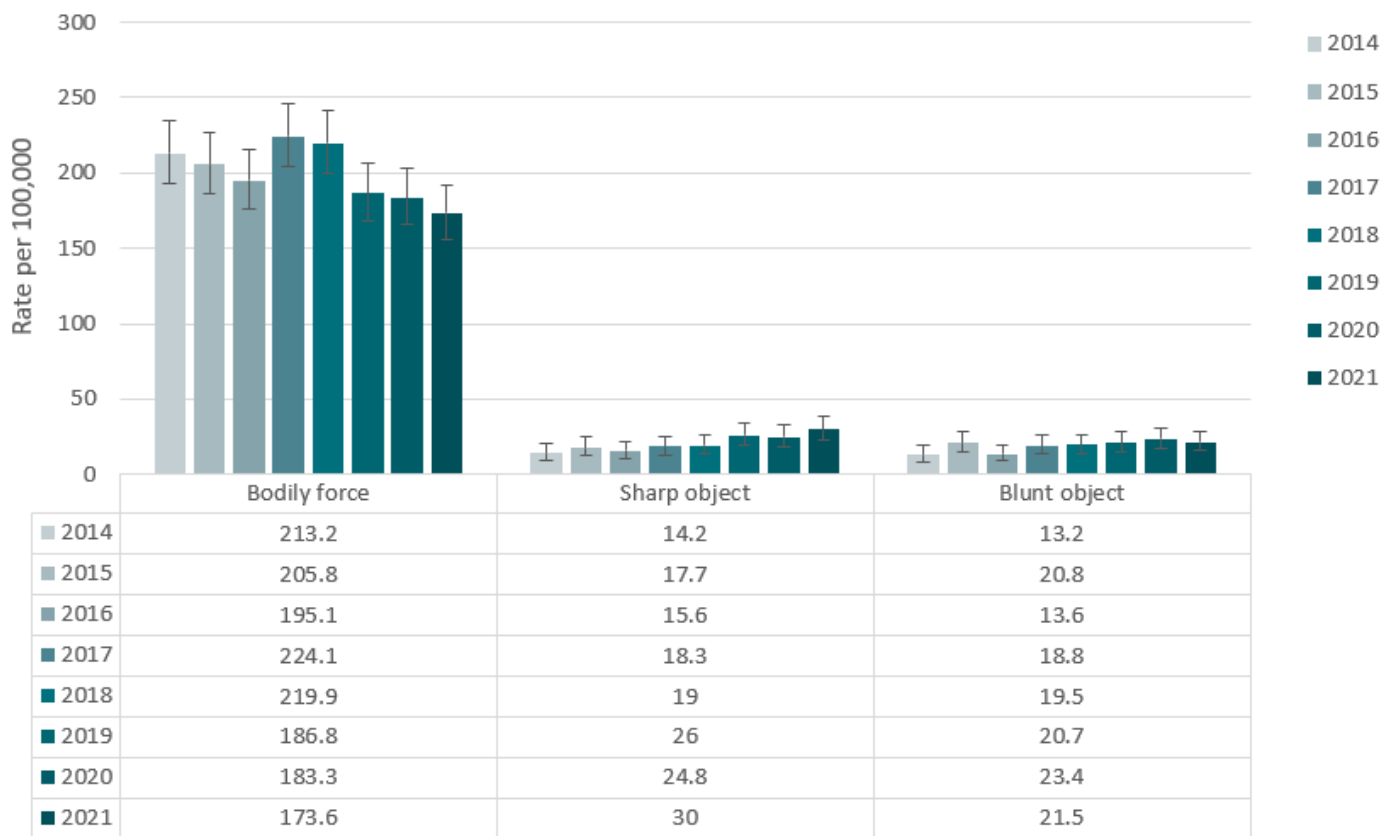
Males have a higher rate of ED visits for violence-related injuries than females in the KFL&A area and Ontario (Figure 26). Males in the KFL&A area have a higher rate of ED visits for violence-related injuries than males in Ontario.

**Figure 26.**  
ED visits for violence-related injuries per 100,000, by sex, the KFL&A area and Ontario, 2019 to 2021<sup>40</sup>



Assault by bodily force was the most common reason for violence-related ED visits in the KFL&A area between 2014 and 2021, accounting for three out of four visits. Assault with a sharp object (e.g., a knife or scissors) and assault with a blunt object (e.g., a pipe, hammer, or bat) were the second and third most common reasons, accounting for seven per cent and six per cent of all violence-related ED visits, respectively. The rate of assault by bodily force has been decreasing since 2014, while the rate of assault by sharp object and blunt object appears to be gradually increasing over time (Figure 27).

**Figure 27.**  
Top three reasons for violence-related ED visits per 100,000, the KFL&A area, 2014 to 2021<sup>40</sup>



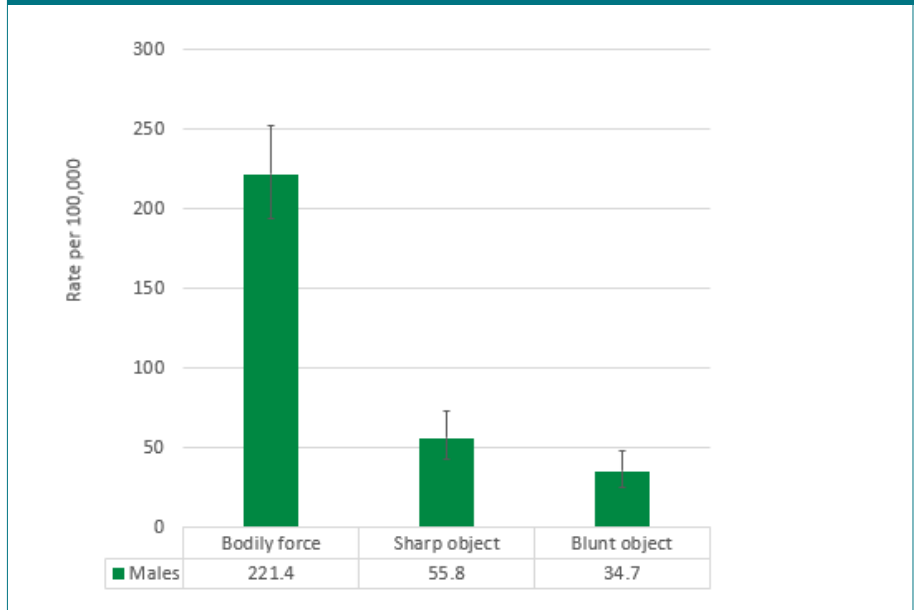
**Data note: understanding ICD-10-CA codes**

Violence-related ED visits are captured using diagnosis codes from the **ICD-10-CA**. A person may receive more than one ICD-10-CA code during an ED visit or hospitalization. Figures 24, 25, 26 display the number of actual ED visits or hospitalizations, whereas Figures 27 and 28 display the counts of all violence-related diagnoses. This means the actual number of ED visits might be slightly lower than the total of all violence-related diagnoses.

For males, the top three reasons for violence-related ED visits were assault by bodily force, assault with a sharp object, and assault with a blunt object (Figure 28a). For females, the top three reasons for violence-related ED visits were assault by bodily harm, sexual assault by bodily force, and other maltreatment by a partner or spouse (Figure 28b).

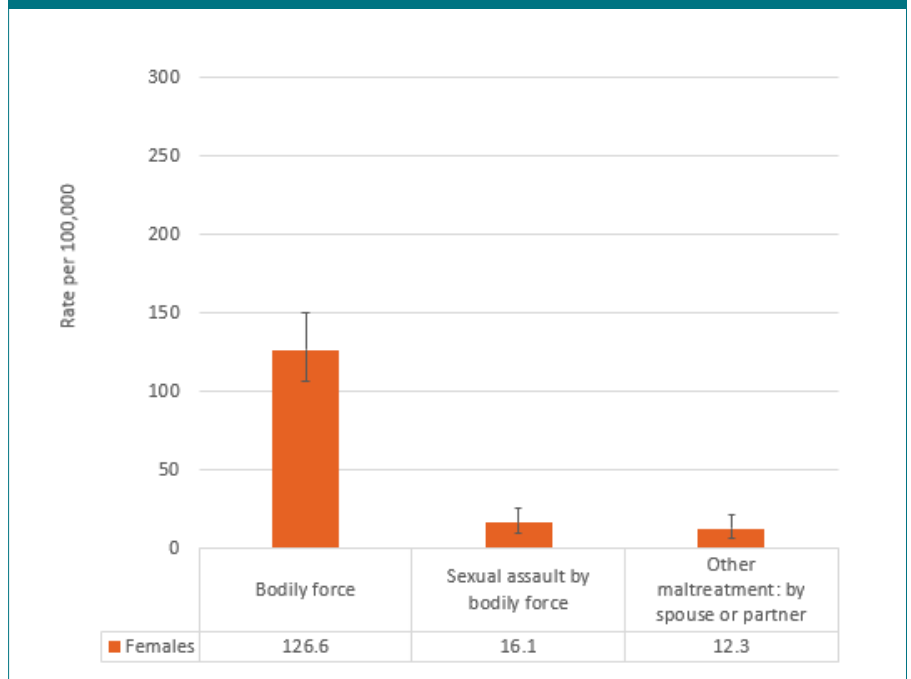
**Figure 28a.**

Top three reasons for violence-related ED visits per 100,000, males, the KFL&A area, 2014 to 2021<sup>40</sup>



**Figure 28b.**

Top three reasons for violence-related ED visits per 100,000, females, the KFL&A area, 2014 to 2021<sup>40</sup>





# Terminology

**Assault** includes common assault (e.g., pushing, slapping, punching, and face-to-face verbal threats), major assault (e.g., the use or threat to use a weapon or causing bodily harm), and other assaults such as criminal negligence causing bodily harm or using a real or imitation firearm when committing a crime.<sup>34</sup>

**Census metropolitan area (CMA)** is defined by Statistics Canada as one or more neighbouring municipalities around a major urban core. A CMA must have a population of at least 100,000 and a core must have at least 50,000 people.<sup>34</sup>

**Community violence** is defined by the WHO as violence that is perpetrated by someone who is not a family member or intimate partner. This type of violence generally takes place outside of the home. It includes youth violence, random acts of violence, and violence in settings such as workplaces, schools, nursing homes, and prisons.<sup>8</sup>

**Crime rate** is a measure of crime that comes to the attention of the police and is founded (e.g., the police investigation determines the incident occurred or was attempted, or there is no credible evidence that the incident did not occur). Each criminal incident can have multiple violations; only the most serious incident is counted in these calculations. The crime rate is further separated into non-violent and violent crimes.<sup>34</sup>

**Crime severity index** is a measure of both the volume and seriousness of crime that comes to the attention of the police and are founded. The index was developed to address limitations of the crime rate where all violations carry equal weight. A high volume of less serious crimes can result in a higher crime rate than a low volume of more serious crimes. The index assigns a weight to each crime, which is determined by the incarceration rate and average length of the prison sentence from the five most recent years of available sentencing data. Crimes with a more serious average sentence have a higher weight, which means that more serious crimes have a greater impact on the crime severity index. The national crime severity index for 2006 is used to standardized the value; this makes it possible to compare the crime severity index from different years and regions.<sup>41</sup>

**Cybercrime** is crime in which the information and communication technology plays a significant role in the commission of the offence. Technology can be the target of some cybercrimes (e.g., phishing) or it can be used to commit the crime (e.g., cyberstalking).<sup>42</sup>

**Family violence** is violence that is committed against someone who is a family member by blood, adoption, fostering, marriage, or common law. Statistics Canada defines family relationships as parents, children, siblings, intimate partners over 15 years of age who currently live or have lived together (called spouses and ex-spouses by Statistics Canada), and other family. Other family includes in-laws and extended family such as grandparents, cousins, and in-laws. Data on violence towards spouses and ex-spouses is also included in the data describing intimate partner violence.<sup>5</sup>

**Hate crimes** target integral and visible parts of a person's identity, such as their race, religion, gender identity, sexual orientation, or ability. While hate crimes may target an individual, they have the potential to affect the wider community. Hate crime incidents can target a person or property. Hate crime rates only reflect incidents that come to the attention of the police and that police determine to be motivated by hatred.<sup>36</sup>

**Human trafficking** is often described as a modern form of slavery, typically for sexual exploitation or forced labour. “It involves the recruiting, transporting, transferring, receiving, holding, concealing or harbouring of a person – or the exercise of control, direction or influence over the movements of a person – in order to exploit them.” Police-reported data on human trafficking is an underestimate of the true scope of this crime.<sup>35</sup>

**ICD-10-CA Codes (the International Classification of Diseases, 10<sup>th</sup> Revision, Canadian version)** are a common language that health-care providers use to describe medical injuries, illnesses, and accidents. They provide a global standard for reporting clinical diagnoses, which makes it possible to compare statistics on the causes of morbidity and mortality over time and between places.

**Interpersonal violence** is violence that happens between two or more persons. This is one of the three types of violence within the WHO’s typology of violence, along with self-directed violence and collective violence. Interpersonal violence is further categorized into (a) family and intimate partner violence and (b) community violence.<sup>8</sup>

**Intimate partner violence** is violence committed by a current or former intimate partner. Statistics Canada considers a variety of sexual or romantic relationships among victims 12 years of age and older as intimate partners, including intimate partners who live together, dating partners, and other brief relationships. Violence against intimate partners who live or have lived together is also captured in the data describing family violence.<sup>5</sup>

**Sexual assault** has three levels in the *Criminal Code*. Level 1 is an assault of a sexual nature that violates the sexual integrity of the victim. Level 2 is a sexual assault that involves a weapon, threats to use a weapon, or causes bodily harm. Level 3 is a sexual assault that causes an injury or endangers the life of the victim.<sup>34</sup>

**Sexual violations against children** *Criminal Code* violations involving people under 18 years of age, such as sexual interference, invitation to sexual touching, sexual exploitation, luring a child via telecommunication, or a parent or guardian encouraging or facilitating sexual activity with a third party that is prohibited by the *Criminal Code*. This category does not include incidents of child pornography or sexual assault.<sup>34</sup>

**Violence-related injuries** are injuries explicitly identified in healthcare administrative data as having been caused by violence.

**Violent crime** is crime in which violence is used or threatened, such as sexual assault, sexual violations against children, assault, homicide, robbery, harassing and threatening behaviours, forcible confinement, and human trafficking.<sup>6</sup>

**Youth violence** is violence by people 10 to 29 years of age. Youth violence is one of the most visible forms of violence in societies around the world. The main victims and perpetrators of youth violence are also adolescents and young adults.<sup>8</sup>

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