Understanding the Domestic Violence Epidemic

Includes:

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Executive Summary

Background

Domestic violence (DV), also commonly referred to as intimate partner violence (IPV), is victimizing individuals across the globe. For the scope of this research, DV is the selected terminology. In this project, it is defined as "abuse and violence that happens in close relationships, like dating, living together, and marriage. It can include name-calling, hitting, stalking, physical or sexual harm, control, and manipulation". This definition was developed to be accessible and based on the work of many previous scholars in the field (Fonteyne et al., 2024; Furman et al., 2017; and Karlsson et al., 2022). In 2018, it was found that 44% of women aged 15 or older who have been in an intimate relationship, experienced psychological, physical, or sexual abuse in the context of a relationship (Gov. of Canada, 2024).

The most brutal form of DV is femicide, a term developed to describe the gender-based murders of women and girls (UN Women, 2024). In 2023, a woman was murdered by a partner, or family member, every 10 minutes across the globe (UN Women, 2024). This accounts for a minimum of 51,100 women who were only able to escape the cycle of DV through one final and heinous act of violence (UN Women, 2024). In 2022, a Coroner's Inquiry was conducted in response to a triple-femicide in Renfrew County, Ontario, Canada. The Coroner's Jury issued 86 recommendations, and this project was developed to address recommendation #24:

> Complete a yearly annual review of public attitudes through public opinion research, and revise and strengthen public education material based on these reviews, feedback from communities and experts, international best practices, and recommendations from the Domestic Violence Death Review Committee (DVDRC) and other IPV experts (Coroner's Jury, 2022).

This research focused on gathering public opinions about DV from members of Peterborough City and County. This included, but was not limited to, how the community

defines and perceives DV and what educational materials the community wants to see made available. Feedback received from the research will help the Peterborough Domestic Abuse Network (PDAN) revise and strengthen their current education and outreach services.

Methods

Five research questions were proposed by PDAN and were held central in the development and analysis of the survey. This was a public opinion survey that adopted a mixed-methods approach; however, the majority of the data was quantitative. There were 14 demographic questions, and 20 project related questions, one of which was an open-ended question for the participants to share what they wished with the research team. The survey was composed of four sections. The first section gathered demographics, the second examined how common DV is, the third collected perception of DV, and the fourth looked at preventing and addressing DV. Survey data was collected from December 9th, 2024, to January 10th, 2025.

The sample was comprised of 199 people across Peterborough City and County aged 16 or older. Recruitment posters contained a QR code for the survey and they were placed at various libraries, community centers, and municipal offices in Peterborough City and County, and Trent University's Symons Campus. The link to the survey was shared on the Community Counselling Resource Centre's (CCRC) social media accounts. Participation in this survey was voluntary. Participants were required to provide their informed consent and were permitted to opt out of responding to any questions. This study was reviewed and approved by the Research Ethics Board at Trent University, File 29342.

Key Findings

Demographics

- Two thirds of respondents were between the ages of 30-59 years old.

- 92% of respondents resided in Peterborough year-round
- Just over half (53%) of the participants indicated they live in urban areas, while 37% live in a rural area and can see their neighbours, and 10% live in a rural area and cannot see their neighbours.
- 168 identified as a cis-woman, 19 as a cis-man, 4 as non-binary/gender fluid, 2 as transgender, 1 as two-spirited, 1 selected other, and 4 preferred not to say.
- The majority of participants identified their sexual orientation as heterosexual (81%), and 15% identify as 2SLGBTQIA+
- 94% of participants self-identified their race/ethnicity as European/Caucasian
- English was the most frequently spoken language. Nine participants indicated speaking English and an additional language which included Dutch, Finnish, French, Hindi, Portuguese, Punjabi, and Russian.

Defining and Perceiving Domestic Violence

- The Coroner's Jury recommended declaring domestic violence an epidemic, which has been done in Peterborough City and County. Three quarters of participants (75%) strongly agreed with this label and one fifth (20%) somewhat agreed.
- Participants believed sexual assaults happen “more often than people think” in relationships and in Peterborough City and County.
- Members of the Peterborough community understood that DV is multifaceted, and they aligned their definition with the one provided in the project.
- Community members recognized that women are most likely to experience domestic violence, but also acknowledged that anyone, regardless of gender, can experience it. Participants believe DV happens most commonly against women, followed by gender-diverse people, and then men.

Community Education and Outreach

- There was a strong consensus on healthy relationship dynamics. However, there was less of a consensus on what is viewed as unhealthy.
- Participants felt best suited to help a close friend or family member experiencing DV.

- Respondents were most in favour of putting information on healthy and unhealthy relationships in secondary schools, community organizations, libraries, and health care facilities. They were least in favour of veterinary clinics.
- Participants want information on healthy and unhealthy relationships available for youth.

Conclusion

The findings of the survey indicate that participants have a clear understanding of the definition and prevalence of DV. Furthermore, it became apparent that the respondents want to see the rates of DV reduced. However, there is an identified lack of clarity on the role individual citizens can take in these situations. The findings of the research provide a strong foundation for PDAN to revise and strengthen their education and outreach materials tailored to the identified needs of the community.

Acknowledgments

I would like to extend my deepest gratitude to all those who have supported me throughout the course of this research project. This research was made possible thanks to Dr. Stephanie Ehret (Trent University), Sarah Bass (Manager of PDAN), Kara Koteles, RN, PHN (Peterborough Public Health, PDAN member), and Malaura Lucas from the Trent Community Research Centre (TCRC). Working cooperatively with, and learning from, these four women has been an amazing experience both educationally and personally. It was an honour to work with you all.

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Finally, I am extremely appreciative of all those who took the time to participate in the survey. Your voices are heard and appreciated.

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Note on Terminology

Domestic violence (DV), also commonly referred to as intimate partner violence (IPV), is victimizing individuals across the globe. DV has a variety of definitions that have been studied and accumulated to create an accessible definition for people at the grade eight reading level. For the scope of this research, DV is the selected terminology. It is defined as "abuse and violence that happens in close relationships, like dating, living together, and marriage. It can include name-calling, hitting, stalking, physical or sexual harm, control, and manipulation".

Although 'victim' and 'survivor' are sometimes used interchangeably in academic literature, this research has adopted 'survivor' as the primary term. The use of survivor emphasizes the person's resilience and recognizes the severity of DV (Kalisch, 2024). It is additionally noteworthy that the 'criminal justice system' will be referred to as the 'criminal legal system' or the 'legal system'. This terminology challenges the notion that survivors of DV can achieve justice "within a system composed of patriarchal and colonial laws" and highlights that "in sexual violence cases, justice is rarely found within the confines of the law" (Gray, 2024, p.16).

Introduction

DV victimizes people of all genders. However, it is a problem disproportionately impacting women; it is estimated that 80% of survivors identify as women (Gov. of Ontario, 2023). Those with intersectional identities (for example, Indigenous, racially diverse, LGBTQ+ and/or, disabled) are typically overrepresented in DV statistics and face additional complexities due to deeply rooted systemic inequalities. According to the World Health Organization (WHO), it is estimated that across the globe, approximately 27 percent of women aged 15-49 who have been in a relationship experienced some form of physical and/or sexual violence by their intimate partner (WHO, 2024).

A study conducted by Statistics Canada in 2018 showed that 44 percent of women aged 15 or older who have experienced an intimate partner relationship, report having experienced psychological, physical, or sexual abuse in a relationship (Gov. of Canada, 2024). Canada's definition of DV/IPV is broader than the WHO as it includes psychological abuse. The increased statistic indicates the importance of taking all facets of abuse into account when conceptualizing DV. It is additionally noteworthy that despite the national statistics showing almost half (44%) of the women living in Canada have been a victim of DV/IPV, extensive research indicates that many survivors do not report their experience. In Ontario, it is estimated that while 80 percent of survivors tell family or friends, only 30 percent formally report their abuse to the police (Gov. of Ontario, 2023).

The most brutal form of DV is femicide, a term developed to describe the gender-based murders of women and girls (UN Women, 2024). In 2023, the international victimization rate of femicide was so extreme that a woman was murdered by a partner, or family member, every 10 minutes (UN Women, 2024). This accounts for a minimum of 51,100 women who were only

able to escape the cycle of DV through one final and heinous act of violence (UN Women, 2024). While the Canadian femicide statistics are less drastic than the combined global statistics, they remain a contributing factor. On average, a woman in Canada is killed by her intimate partner every six days (OWJN, 2022).

In 2015, three women, Carol Culleton, 66, Anastasia Kuzyk, 36, and Nathalie Warmerdam, 48, were murdered at the hands of Basil Borutski. This extreme act of femicide warranted a formal response by all levels of government in Canada. An inquest was conducted through the Office of the Chief Coroner where the five jurors heard from approximately 30 witnesses and made 86 recommendations to address DV (Laucius, 2023).

The first recommendation made by the Coroner's Jury was for the province of Ontario to "formally declare intimate partner violence as an epidemic" (Coroner's Jury, 2022). Though this has not been adopted on a provincial scale, municipalities have begun taking action. Building a Bigger Wave (2025), highlights that 100 of the province's 444 municipalities have declared DV an epidemic. The first to adopt the recommendation was Lanark County (Laucius, 2023), and in late November 2023, Peterborough City and County, was the 74th to make the declaration (Davis, 2023).

The Peterborough community has aimed to address an additional recommendation provided in the Coroner's Inquest; recommendation 24 is to:

> Complete a yearly annual review of public attitudes through public opinion research, and revise and strengthen public education material based on these reviews, feedback from communities and experts, international best practices, and recommendations from the Domestic Violence Death Review Committee (DVDRC) and other IPV experts (Coroner's Jury, 2022).

The Peterborough Domestic Abuse Network (PDAN) sought to do this through implementing a public opinion survey with the Trent Community Research Centre (TCRC). PDAN agrees with recommendation 24 and believes that the results of public opinion research can be useful to all their member organizations. The results of this survey will assist PDAN in a variety of ways, including, but not limited to, strengthening their education and outreach services, increasing the effectiveness of future projects, providing local data on attitudes and awareness of DV, and ultimately ending all forms of gender-based violence (GBV) in the community.

Literature Review

Conceptualizing Domestic Violence

DV is also commonly referred to as IPV and is a form of gender-based violence that exceeds boundaries of age, race, culture, wealth, ability, and geography (Fonteyne et al., 2024). It is globally recognized by the WHO as a major public health concern and infringement on human rights (WHO, 2024). According to *Section 3: Police-reported intimate partner violence in Canada*, a survey conducted by Statistics Canada in 2019, almost half (45%) of the women who experienced violence were victimized at the hands of an intimate partner (Fonteyne et al., 2024). It is challenging to define the cause of DV as there is an interplay of individual, contextual, and societal factors that have created this epidemic (Karlsson et al., 2022). As a result of its prevalence and global violation of human rights, DV has come to be considered more dangerous than cancer, motor vehicle accidents, war and malaria (Fonteyne et al., 2024).

The European Union (EU) sometimes refers to DV as intimate partner violence against women (IPVAW), to encapsulate its gendered nature (Karlsson et al., 2022). While it is a problem disproportionately impacting women and those with intersectional identities, DV

victimizes people of all genders. Heteronormative ideals have prevailed through the narrative of DV, as it has been characterized in a context with a male perpetrator and a female victim (Furman et al., 2017). This perspective may overlook the experiences of 2SLGBTQIA+ individuals impacted by DV, despite the fact that they are not excluded from the statistics (Furman et al., 2017).

The majority of DV policies and formal or legal definitions do not include children as victims. One of the reasons for this may be the terminology around children's victimization; children are often framed as “exposed to domestic violence” rather than being victims of the abuse who are directly impacted by it (Callaghan et al., 2018). Callaghan et al. (2018), explain that DV which occurs in households with children, explicitly or implicitly co-victimizes the children. Most often, violence, coercive control, and intimidation tactics are directed at both the adult and child(ren). Children may experience direct violence and coercive control, be enrolled in coercive behaviours, and be used as a tool of control; child abuse most commonly co-occurs in cases of coercive control (Callaghan et al., 2018; Giesbrecht, 2024).

Australia has changed their definition of DV to include the impact on other members of the family to incorporate the patterns of abuse that extend beyond the intimate partners (Douglas et al., 2019). As a result, in Australia, DV is typically termed domestic and family violence (DFV) or family domestic violence (FDV) (Douglas et al., 2019; Guthrie & Babic, 2021). Douglas et al. (2019), explain that this allows the definition to incorporate the dynamic and complex patterns of abuse that extend beyond the intimate partners onto other members of the household. However, a shift to recognizing children as direct and equal victims of DV would have key implications. Children who experience abuse and DV must be heard directly and

believed; furthermore, it would allow children to recognize the unique strategies used to respond to abuse and control in their families (Callaghan et al., 2018).

It is additionally noteworthy that including children in the definition of DV may have consequences such as children being taken from or left by their non-abusive parent (Callaghan et al., 2018). Some research refers to this as parental alienation; mothers experiencing abuse who leave the situation are often labelled as alienating mothers (Lapierre et al., 2024). These allegations can heavily impact the mother-child relationships and result in decreased or no contact with their children. Thus, the child might remain in custody of the abusive parent (Lapierre et al., 2024). The fear that this might happen to their child is one of the reasons some women do not report DV or leave an abusive relationship.

There are many direct and indirect costs to DV, some of which impact a victim's ability to work. Extensive research has shown that people who experience DV victimization are reluctant to disclose DV to management (Guthrie & Babic, 2022). Guthrie and Babic (2022), state there is a strong union in Australia pushing for paid FDV leave (referred to as FDVL). By providing paid leave for DV, it is legally recognized as an issue that impacts all facets of an individual's life, including the workplace. This would obligate employers to create policies and procedures that assist their staff who are faced with FDV. If the government does not adopt this, individual organizations can be activists and leaders in providing paid FDVL.

Coercive Control

Coercive control can be physical, emotional, sexual and/or financial abuse that is used to exert power, control and domination over another person (Douglas et al., 2019). DV and coercive control often go hand in hand. Nonetheless, Giesbrecht (2024), highlights that coercive control is a behavioural pattern that consists of many actions and can exist outside of physical and sexual

violence. It is typically many small actions that would not be criminalized on their own that accumulate and manifest as significant harm and danger to someone's life. In the most extreme cases, perpetrators have complete control and domination over all aspects of the victim's life. Giesbrecht (2024), identified the four most common measures of coercive control that were highlighted by the Canadian Femicide Observatory for Justice and Accountability, including: [1] controlling/proprietary behaviour (women as property); [2] psychological abuse; [3] sexual jealousy; and [4] stalking.

Canada is currently considering criminalizing coercive control. The United Kingdom (UK), Scotland, Ireland, Northern Ireland, and New South Wales, Australia, have all implemented "legislation criminalizing coercive controlling behaviour" (Giesbrecht, 2024, p. 33). However, legislation criminalizing coercive and controlling behaviour is not in place in Canada. Giesbrecht (2024), states that Bill C-202, an Act to amend the Criminal Code regarding controlling or coercive conduct, was introduced in 2021, but it did not make it to the second reading. In May 2023, Bill C-322 was introduced for the same purpose and is currently undergoing the second reading. Canada is in a privileged position to learn from other nations that have successfully criminalized DV and coercive control. Additionally, Canada can learn new trauma-informed support services for victims, create educational materials for society, and provide professional training methods for police, medical and justice personnel, etc. Furthermore, Canada can analyze what has yet to work in other nations and make improvements where necessary before implementing new services and regulations.

The literature on this topic is contentious. There are many potential benefits to adding coercive control to the Criminal Code of Canada (CCC) including but not limited to: allowing police response in situations of DV where physical violence is not present; providing increased

training so police can respond appropriately to the type of violence that is occurring; and assessing and managing the risk so that police can hold perpetrators accountable (Giesbrecht, 2024).

There are potential risks associated with criminalizing coercive control. A critical understanding of the criminal legal system highlights its colonial roots and that it is a site of systemic discrimination (Parsa & Hrick, 2024). Criminalization disproportionately impacts marginalized communities such as, Black people, Indigenous peoples, disabled peoples and 2SLGBTQIA+ people. As recognized by the Women's Legal Education and Action Fund (LEAF), it is additionally more likely for these individuals to be victims of crime or experience harm (Parsa & Hrick, 2024). Furthermore, as these identities intersect, the risk of harm and maltreatment from the criminal legal system grows exponentially. This notion must be central in every discussion of responding to DV within the legal system. People already disproportionately impacted and criminalized by the legal system are bound to feel the consequences of implementing a new criminal offence to a larger extent (Parsa & Hrick, 2024). As a result, some scholars and advocates in the field may focus on prevention methods rather than criminalizing coercive control.

An Intersectional Lens

An intersectional lens acknowledges that different factors such as race, gender, sexuality, class, religion, and ability intersect to create one's social position and shape their experiences of discrimination. Specifically, intersectionality examines how multiple forms of discrimination and oppression occur simultaneously. An intersectional perspective is crucial in understanding the reality of the criminal legal system, as someone's social position greatly impacts the treatment

they receive. This plays a determining factor in whether people use the criminal legal system to assist them in responding to a case of DV.

Gender and Sexuality Minority Groups

The experiences of 2SLGBTQIA+ survivors are dismissed in the scope of DV research due to the historical assumption that DV was only committed by men, against women. 2SLGBTQIA+ are not excluded from the statistics, rather it is argued by some scholars and advocates in the field that they are overrepresented. The 2SLGBTQIA+ community is diverse and its members can face many barriers in society based on homophobia, transphobia and sexism. These marginalizing practices function together to stigmatize DV survivors further (Furman et al., 2017). Furman et al. (2017), highlight further marginalizations that 2SLGBTQIA+ members face in relation to DV. 2SLGBTQIA+ victims of DV can experience unique manipulation and coercive control tactics. “Protecting” one’s partner from the detriments of homophobia and transphobia is a manipulation tactic abusive partners use in 2SLGBTQIA+ relationships to make their partner believe that safety and security are found within the confines of the home or private sphere (Furman et al., 2017).

Furman et al. (2017), highlight that trans individuals can be excluded from support and shelter services as many are geared toward cisgender identities. These are key resources for DV survivors; however, DV services must prioritize expanding support for trans people. Moreover, in-depth training is needed to prepare staff to provide person-centred care. Diversified human resources practices must be created to increase visibility and diversity among employees, and organizational policies and procedures must be revised to be more inclusive of 2SLGBTQIA+ victims.

Black Women and Dual Arrest

This section will primarily focus on the experiences of Black women in Canada. It will then transition into looking at Black women as a subset of the immigrant population and immigrant women in general and how this can further impact their decision to leave an abusive relationship. It is noteworthy that not all Black people in Canada are immigrants, and not all immigrants are Black; however, some of the discussed considerations for Black women can additionally apply to Black immigrant women and other subsets of the immigrant population.

In many cases, the experiences of racialized DV survivors are homogenized, specifically within the Canadian context where all racialized minorities are classified as "visible minorities" (Duhaney, 2022). Duhaney (2022), states that Black women who have experienced a long history of victimization, are criminalized for defending themselves which often results in harsh, punitive treatment by the legal system, rather than support and healing services. Moreover, stereotypical images portray Black women as strong, angry, aggressive and violent, which can further complicate their experience and dismiss the assistance they get from the legal system (Duhaney, 2022). Violence and aggression are gendered as a male phenomenon, so when a woman acts in such a way, they fail to conform to conventional female gender roles (Goodmark, 2023). Goodmark (2023), highlights that victimization claims will garner different levels of societal support and different levels of credibility in the criminal legal system. In the context of DV, when a woman acts aggressively toward their abuser, they are not conforming to traditional gender roles even if it is self-defence. These expectations of femininity and stereotypical understandings of Black women coincide to create a reality where many Black women are criminalized for their victimization, a phenomenon referred to as dual-arrest (McCormack & Hirschel, 2021).

Systemic and institutional discrimination is deeply entrenched in the legal system, resulting in Black women being incarcerated at twice the rate of their white counterparts (Goodmark, 2023). This is one of the main reasons Black women do not seek support through the law in the context of DV. Black women have historically been oppressed and socially disadvantaged; therefore, "it is necessary to advance theorizing that unequivocally positions Black women's experiences of IPV at the forefront of the discussion while highlighting how these experiences are complicated by intersecting and overlapping forms of oppression." (Duhaney, 2022, p.2769).

The prevalence of DV is disproportionately high for Black women and men (Duhaney, 2022). Despite this being a relatively known statistic, there are still social, cultural and familial cues, and sexist and racist stereotypes that silence them from sharing their experiences of victimization (Duhaney, 2022). For example, some Black people do not share experiences of DV to protect themselves and their partner from further discrimination in society and from the criminal legal system.

Furthermore, when an individual's immigration status is a factor, it can impact their decision to leave an abusive relationship. In a country with a large immigration population such as Canada, where immigrants comprise over 22% of the population, there is a lack of attention on the unique experiences of DV in immigrant populations (Fonteyne et al., 2024). The reality for immigrant women in Canada is that it places them at a disadvantage within the legal system and in getting assistance for DV victimization. Similar to the cultural differences that impact Black women, Fonteyne et al. (2024), highlight that for immigrant women at large, different cultural pressures and expectations can influence whether someone leaves an abusive relationship. These factors can make disclosing DV much more difficult for immigrants which is

crucial to consider when providing support and creating policies. Canadian immigration policies can force people to rely on their partner in a variety of ways, some being as complex as their ability to stay in the country. Most immigrants come to Canada with the hope of a better life, but unfortunately, this is not the reality for those experiencing DV (Fonteyne et al., 2024). According to the data set analyzed by Fonteyne et al. (2024), 41% of immigrant women are experiencing DV; however, because of the discussed reality for immigrant women, this number is likely underreported.

Technology

The use of technology has become an essential part of everyday life. Though everyone uses it, technology remains gendered, meaning it is typically men who are the most knowledgeable on technology and most commonly assume technological positions in the workforce (Douglas et al., 2019). Douglas et al. (2019), further explain that it is commonly a male responsibility in the household; therefore, it can be an easy way for men to control women. The exponential technological advance that is occurring has become a key means of perpetrating DV but also protecting oneself in the context of DV.

Technology is an extremely powerful tool and can be used for beneficial (for example, staying in communication with people aside from the abuser) and harmful reasons (for example, being a means to perpetrate DV). Douglas et al. (2019), highlight that the participants in their study explain technology was used positively to gather evidence of abusive behaviour, document their responses to allegations from their abuser, save compromising pictures, and protect themselves. Technology was used to protect people from DV by allowing victims to install security cameras and share their location with trusted people. On the contrary, perpetrators may use location-sharing services to excessively monitor or stalk their victims. Other ways

technology can be used negatively in the context of DV include but are not limited to: allowing perpetrators to contact their victims in excess; threatening or abusing them via social media, text or phone calls; and sending intimidating or embarrassing photos and messages. Douglas et al. (2019), found that the prevalence and complexity of abusive behaviours associated with technology make it a key form of perpetuating abuse that deserves more significant attention when studying DV.

The COVID-19 Pandemic

The COVID-19 pandemic had many associated lockdowns and stay-at-home orders. This greatly increased people's (disproportionately women's) vulnerability to DV as they were unable to leave the place where violence was occurring (Michaelsen et al., 2022). Social status and social determinants of health already played a role in someone's vulnerability to being victimized by DV; however, those experiencing intersectional vulnerabilities were increasingly impacted by the pandemic and its associated measures (Michaelsen et al., 2022). In some cases, perpetrators took advantage of confinement measures to an extreme and used them as a method of coercive control (Michaelsen et al., 2022). Michaelsen et al. (2022), highlight that a further implication of the pandemic was a decreased availability of support services. Shelters had to reduce their capacity to ensure social distancing measures were met, resulting in many people being turned away from services. Research has found that this can deter some from ever reaching out for help again as they felt like their situation was neither validated nor severe enough to warrant assistance.

COVID-19 did not create gender-based violence, rather the measures put in place by the government gave perpetrators a context that increased their ability to be violent and to have it go more easily unseen by the public (Michaelsen et al., 2022). The increased confinement to the

home perpetuated patriarchal social norms and gender dynamics that are traditionally expected of specific genders in a household setting. With the closure of daycares and schools, there was an increased expectation that women would assume the childcare role (Michaelsen et al., 2022). This encouraged women to put their children's safety, success and well-being over their own, even if the mother was experiencing harm in the home. They often chose to stay in their homes, instead of leaving their children to seek shelter services and personal safety (Michaelsen et al., 2022). While COVID-19 is no longer a pandemic level illness, public health crises in Ontario have not come to a halt. In 2020, there were 1.8 million Ontarians without a family doctor, and by September 2023, this number reached 2.5 million (Ontario College of Family Physicians, 2024). Family doctors are foundational in the Canadian healthcare system and the number of Ontarians without one continues to grow.

The Role of Health Care Professionals

Activists in the field are urging for DV to be labelled a global public health crisis and epidemic. It is estimated that, on a global scale, a third of women experience DV, and between 38 to 59 percent of women presenting to healthcare professionals (HCPs) have experienced DV (Sprague et al., 2016). Women experiencing DV are more likely to visit their HCPs more frequently; however, they are hesitant to disclose their victimization, specifically when they are not asked about possible victimization. Furthermore, it can be challenging for HCPs to ask patients bluntly about their possible experiences of violence and victimization (Beck et al., 2022). Given the high intersection between DV victims and HCPs, it is evident that this is a crucial site for action to ultimately reduce the prevalence of DV.

The hesitancy to disclose victimization and the fear to ask about victimization coincide to create a reality where the health care system is not currently equipped to provide appropriate

support to victims of DV. Sprague et al. (2016), analyzed various DV identification programs implemented in a variety of healthcare settings such as gynecology, emergency and obstetrics departments, family medicine, and community health centres. The majority of DV screening and disclosure programs received positive evaluations. However, given the complexity of DV, it is unlikely that identification programs alone will reduce the severity or prevalence of DV. The ability to improve DV victims' circumstances is reliant on the interventions and support services provided upon disclosure, or following an HCP identifying DV. Upon receiving a DV disclosure, HCPs can provide a resource list, risk assessment, statement about the unacceptability of violence and referrals to different supports (Sprague et al., 2016).

The Role of Veterinary Professionals

Increasing amounts of research are showing that animal abuse frequently co-occurs with DV. Research has shown that those who are abusive to animals demonstrate a higher tendency to use controlling behaviours and commit sexual violence (Paterson et al., 2024). A relationship with a pet is often sacred and a source of comfort, especially in the context of DV. This makes veterinary clinics a potentially high touchpoint for survivors of DV; however, many veterinary professionals do not feel equipped to act on suspicions or disclosures of DV (Paterson et al., 2024). To fill this gap, the Vet-3R's training program (Recognize-Respond-Refer) was developed in Melbourne, Australia by the organization Free From Family Violence. Paterson et al. (2024), explain that the Vet-3R's training program consisted of a two-and-a-half-hour slide presentation and informal discussion that challenged commonly held myths of DV and emphasized the strong link between animal abuse and DV. This was followed by training on how to recognize DV and thus safely and appropriately respond and refer human victims to support. More information on the training provided is available here.

Paterson et al. (2024), discuss that in pre-training and post-training surveys, participants were asked to reflect on six different statements and mark their level of understanding or ability to relate on a scale of 1-100, with 1 indicating a low understanding or ability, and 100 indicating a high understanding or ability: [1] my understanding of the strength of the link between animal abuse and DV; [2] my understanding of the gendered nature of DV; [3] my ability to recognize signs of DV; [4] my capacity to respond appropriately if I suspect DV; [5] my capacity to respond appropriately to disclosures of DV; and [6] my capacity to refer appropriately, following disclosures of DV. Pre-training scores indicated that most veterinary professionals are aware of the link between animal abuse and DV and the gendered nature of DV, but most did not feel as though they could respond to DV. Following the Vet-3R's training program, they felt better equipped to assist clients they suspected may be experiencing DV, or who disclosed that they are. This suggests that the Vet-3R program can be an effective training tool for veterinary professionals to safely assist clients experiencing DV.

Summary

DV remains a prevalent form of violence that is disproportionately impacting already marginalized groups in society. Through analysis of academic sources covering a wide variety of topics concerning DV, it has become evident that social context and the impact of patriarchal structures are key determinants in an individual's perception of the severity of DV. In Canada, the social context and patriarchal influence have allowed scholars and activists to push for DV to be labelled as an epidemic. Nationally or globally recognizing DV as an epidemic would highlight its prevalence and the consequences associated with victimization. Though DV has been globally recognized as a severe problem (UN Women, 2024), there has been a lack of attention placed on reducing its prevalence. Labelling DV an epidemic would bring more social

awareness to the problem but additionally solidify that it is a public health concern warranting the need for significant change. Furthermore, it would allow for more training programs such as the 3R's to be implemented, thus educating more working professionals on providing support and referring victims to appropriate services. Finally, current academic literature underscores the urgency for tailored public opinion surveys in different communities across the globe. These survey results are instrumental for GBV specialists to effectively comprehend and address this critical topic in a community-specific manner.

Research Questions

The research questions were developed by PDAN and Dr. Ehret with the aim of understanding how Peterborough City and County perceives and defines DV. This will allow PDAN to revise and tailor their education and outreach services to be better situated with the identified needs of the community. With guidance from PDAN and its member organizations, this survey aims to address the following research questions: [1] How do members of Peterborough City/County community describe DV? [2] How is DV perceived by the members of Peterborough City/County? Is it perceived as an important issue?[3] Are people able to identify a service or source of information to help someone who is experiencing DV? [4] What educational materials or supports related to DV have members of Peterborough City/County been made aware of in the past year? Where and what? [5] Do the members of Peterborough City/County believe that enough is being done to prevent or address DV? If not, what do they believe should be changed? These questions guided all phases of developing the project.

Methods

Sarah Bass from PDAN, first proposed the idea of running a public opinion survey on DV in Peterborough City and County in the spring of 2023. The concept arose from discussions

at PDAN surrounding their outreach and educational efforts. Furthermore, completing the needs assessment locally would not only address one of the recommendations, but additionally afford PDAN the opportunity to address the identified needs of the community. After Sarah reviewed the Renfrew Inquest, she felt compelled to work toward making a social change and begin addressing the jury's recommendations; however, PDAN was reluctant to implement change without conducting a needs assessment in the community. This survey was created to identify gaps in community knowledge, and it will allow PDAN to orient their outreach and educational materials to the identified needs of the community.

The initial proposal during internal discussion at PDAN was met with some reluctancy, not regarding the idea itself, but rather the logistics of facilitating this project. In response to this, Sarah brought the idea to the TCRC in the summer of 2023. Further conversations with the TCRC and Dr. Joel Cahn were instrumental in determining logistical aspects of the project, including: the type of survey to run; the benefit of a community-based research project student; and the need for a professor to supervise the project.

Dr. Ehret felt passionately about the project and met with Sarah several times to work through the details. This took place throughout the spring of 2024. As these details were being refined, Brooke Ambury approached Dr. Ehret to inquire about a research assistant position and was brought on board as a student researcher. When the revised project proposal was brought to the member organizations of PDAN in summer 2024, their initial concerns regarding logistical aspects had been resolved. At this time, Kara Koteles (RN, PHN) from Peterborough Public Health was brought on as an additional community partner. A formal request for the project to be conducted was submitted to the TCRC in early 2024.

The survey was developed with the aim of addressing the five research questions developed through extensive discussions that occurred in summer 2024 between Dr. Ehret (Trent University), Sarah Bass (PDAN) and other individuals of PDAN's member organizations. This allowed for the research questions to be developed in a manner that meet the needs of many community organizations in Peterborough City and County. The expertise of PDAN members was utilized in the development of the research questions which have been only slightly reworded for ease of accessibility. PDAN organizations are well-respected and connected in the Peterborough community; therefore, they are well-positioned to guide this research.

This project was developed as a public opinion survey, meaning that the survey was developed to gather a more informed understanding on how the members of Peterborough City and County view DV. It was not a victimization survey, which would have gathered data on individuals' lived experiences of DV in the Peterborough area. Throughout the development process, Dr. Ehret proposed that this be a longitudinal study that is implemented annually. It is highly probable that the survey will be modified slightly each year based on the learnings from previous years. This would make the research a tool that PDAN can use to evaluate their outreach and education programs and ultimately record if the knowledge mobilization aspects of this project alter the way the Peterborough community views DV.

It is predicted that there will be growing political interest in the findings of this research as it is a longitudinal study. Information about the survey was shared with elected representatives from both the city and county of Peterborough as part of delegations to both municipal councils. Representatives asked if they could have copies of the recruitment posters. Peterborough City and County have declared gender-based violence an epidemic. This political interest in the current research project highlights that municipal representatives want to begin addressing the

issues of DV. Hearing from the community is important in informing the next steps, which is one of the aims of this study. Statistics have shown that DV is a problem impacting people across the globe. Peterborough City and County is not exempt; therefore, timely action is imperative.

The survey development and ethics application were primarily done by Dr. Ehret throughout August and September of 2024. This study was reviewed and approved by the Research Ethics Board at Trent University, File 29342. The survey was housed on Qualtrics on the Trent University system. The Qualtrics research portal is only accessible by Dr. Ehret and student researcher, Brooke Ambury. Paper copies of the survey were shredded after their responses were inputted into Qualtrics.

Each participant was required to provide their informed consent in order to access the survey. In addition to providing their informed consent, participants were required to be at least 16 years old and living in Peterborough for at least part of the year. The consent sheet informed individuals on the purpose of the study, as well as the risks and benefits of participation. Furthermore, it was stressed that their participation in the survey was voluntary, that they were under no obligation to complete the study and that they could remove themselves from the study at any time with no repercussions. See Appendix 1 or click here for the full consent sheet. At the end of the consent sheet, participants had to provide their informed consent to continue through the survey.

The survey was composed of four sections. The first section was made up of demographic questions. Understanding the demographics is important for determining future recruitment and for generalizing the findings of public opinion research. The second section aimed to determine whether members of Peterborough City and County understand the prevalence of DV. Questions examined how severe people believe DV is against different groups

of individuals. The third section was developed to gather people's thoughts and perceptions of DV. The questions presented a series of commonly heard statements about DV and asked participants to what extent they agreed or disagreed with the statements. This section additionally included a short series of relationship dynamics with a rating scale where 1= very unhealthy and 10= very healthy. The fourth section provided a series of questions on how to prevent DV and how to provide information on healthy and unhealthy intimate relationships to the public. This section will play a key role in PDAN achieving their goals of the research project. The final question of the survey was an open-ended question for the participants to share any further information with the research team and PDAN. In the discussion section, the responses to this question will be critically analyzed and contextualized within the content of the literature review.

Data collection took place over a period of one month (December 9th, 2024 - January 10th, 2025). Participants were recruited through self-selection and snowball sampling. Recruitment posters (Appendix 2), that contained a QR code to a digital copy of the survey, were put up at various libraries, community centers, and municipal offices in Peterborough City and County, and Trent University's Symons Campus. Furthermore, the survey poster and URL were shared on the CCRC's social media accounts. The language from the consent sheet in the survey was used in the poster to ensure that it did not make individuals feel forced to participate and reduce the chances of re-traumatization or triggering individuals at the sight of the poster. There was the potential that snowball sampling additionally played a role as people were permitted to share the survey with others living in the area. For future renditions of this research, it is recommended to include a question about how they heard of the survey to aid survey recruitment.

Given the depth, severity and rates of victimization of DV, it can be a difficult or distressing topic for some individuals. To mitigate this risk, the researchers were cautious of

what wording was used in the recruitment poster and the survey. Furthermore, a list of support resources and emergency/crisis lines was provided at the end of the survey. The organizations included were PDAN, YWCA Peterborough Haliburton, Kawartha Sexual Assault Centre (KSAC), Hope for Wellness Helpline, Assaulted Women's Helpline and FEM'AIDE (for service in French). The extensive list including phone numbers and websites is included as Appendix 3, or you may click here to download a docx. copy of the sheet. These steps were taken to approach a heavy topic gently and to reduce the chance that participants will experience feelings of re-traumatization.

The dissemination process of this research includes a poster presentation at Trent University, an online presentation to the PDAN member organizations, a final report with an executive summary, and an infographic of the key findings, all of which will be delivered to Dr. Ehret, Sarah Bass, PDAN and the TCRC. The executive summary and infographic will be made available on the PDAN website. This will allow for the findings to be presented in a way that is more readily accessible. These steps will promote knowledge mobilization, which is the process of putting research findings into action with the goal of maximizing the impact the research can have (University of Calgary, 2024). The infographic will be presented in language that is accessible. These will be vital resources for sharing information with members of the public, for strengthening future iterations of this project, for implementing new projects, and for PDAN to use while evaluating their educational materials and outreach services.

Participants

A total of 199 participants (n=199) completed the survey online, or on a paper copy. Through the data cleaning process, those who did not consent to participate, did not live in Peterborough City and County, or did not answer beyond the demographic section, were not used

in the sample. Participants were required to be at least 16 years old and currently residing in Peterborough City and County at a full or part-time rate. Given the nature of the research topic and ethical considerations, the minimum age requirement was selected to align with Canada's national age of consent.

Section 1- Demographics

The first section of the survey was developed to gather demographic information of the participants, the full questions are included in Appendix 4. All percentages were rounded to the nearest whole number, which may result in total percentages not equaling to 100%. An additional reason percentages may total to more than 100% for some questions is that participants were allowed to "select all that apply". The age group with the most respondents was 40-49 years old composing 25% of the sample, followed by 30-39 (22%) and 50-59 (20%). This shows that just over two-thirds of the respondents (67%) are between the ages of 30-59. The inclusion criteria specified that this survey was for members of the Peterborough City and County; 92% of respondents reside here year-round, and the remaining 8% is comprised of those living in Peterborough City and County for part of the year. Just over half of the participants (53%) live in urban areas, while 37% live in a rural area and can see their neighbours and 10% live in a rural area and cannot see their neighbours.

Participants were asked to report how they most commonly travel around the Peterborough area, with the option to select multiple responses. The majority of participants (88%) indicated access to their own vehicle; other common means of travel included ridesharing with friends or family (15%), walking or using a wheelchair (14%), and using public transportation (8%). Over half of the participants (60%) are living with someone with whom they are in an intimate relationship (including married). A significant portion of the respondents

(86%) have completed or are currently completing a post-secondary college diploma or university degree. Most individuals' main source of income is formal work (69%), followed by saving/investments (18%), partner/spouse (16%). When asked to describe household income, approximately half (47%) of individuals reported that there is enough money for some luxuries. Over a quarter (29%) reported there is enough money to buy the things they need but not luxuries, 13% indicated there is not enough money to buy the things they need, and only 9% identified having enough money for luxuries.

Participants were given the opportunity to self-identify any physical, emotional, or mental health conditions or disabilities. More than half (56%) said none of the list applied to them, but 27% identified an emotional, psychological or mental health disability, 14% identified as neurodivergent or as having a developmental or learning disability, and 8% identified as having a physical disability. Of the 199 participants, 84% identified as a (cis)woman, 10% identified as a (cis)man, 2% identified as non-binary/gender fluid, 1% identified as transgender, 1% identified as two-spirit, 1% selected other, and 2% preferred not to say. The majority of participants identified their sexual orientation as heterosexual (81%), and 15% identified as 2SLGBTQIA+.

A vast majority of participants self-identified their race/ethnicity as European/Caucasian (94%), 4% identified as Indigenous First Nations and the remaining 2% was composed of a variety of ethnicities and mixed identities. Participants were asked to write out what language they speak most with friends and family. English was the most frequent. Nine participants indicated speaking an additional language, including Dutch, Finnish, French, Hindi, Punjabi, and Russian. Two participants did not indicate speaking English; their indicated languages were Hindi and Portuguese. Almost half of the participants (46%) stated they were not religious, and

10% identified as atheist/agnostic. Approximately 24% of participants identified as Christian, 20% identified as Spiritual, and 11% of participants identified following other creeds or faith communities such as Indigenous Spirituality, Buddhism and Judaism.

Results

The results are presented by section of the survey, covering sections 2-4. The questions within each section are ordered to highlight similarities and differences in responses. This format provides a smoother transition into the discussion section where the results are interpreted and contextualized. Similar to the previous section, all percentages were rounded for clarity and accessibility, meaning they may have a sum greater or less than 100%.

Section 2- How Common is Domestic Violence?

Section 2 was developed with the aim of addressing the second research question: how is DV perceived by the members of Peterborough City/County, and is it perceived as an important issue? The first question in this section examined whether people think DV prevalence varies across gender groups. Participants were asked to rate on a scale of 1-10 whether DV is common against specific groups (1 = it is **not common** at all; 10= it is **very common**). Gender was divided into three categories (male, female, and gender-diverse people). The full section of the survey is available in Appendix 5.

Based on the average score provided for each gender group, members of the Peterborough area believed DV is most prevalent against women, followed by gender-diverse people and then men. The average for women and gender-diverse people scored just over a seven, indicating the members of the community perceived it as a fairly common issue and understood the gendered nature of DV.

Figure 1

How Common is Domestic Violence Against the Following Groups of People in Peterborough?

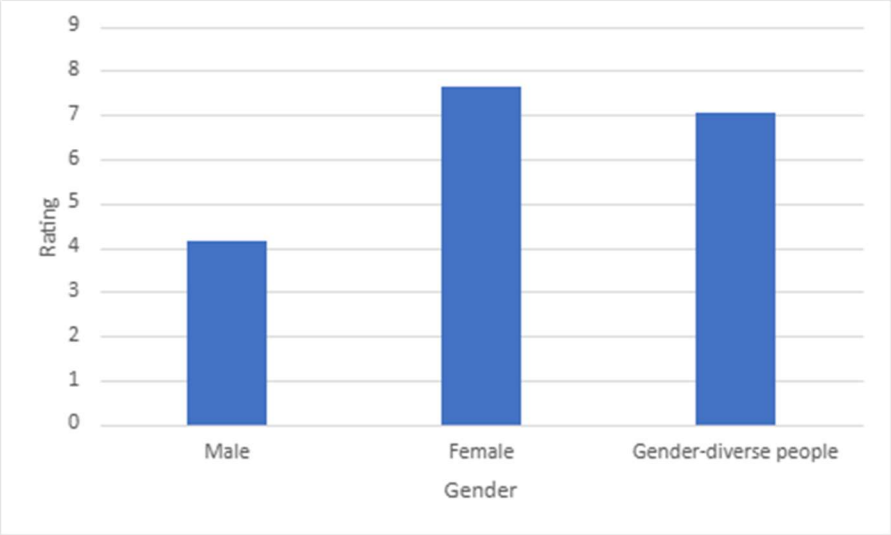

Figure 1: How Common is Domestic Violence Against the Following Groups of People in Peterborough?

Note. Questions were provided on a rating scale whereby 1 = it is **not common** at all; 10 = it is **very common**. The average/mean score was calculated for each gender: male (4.17), female (7.64), and gender-diverse people (7.05).

The following two questions in this section were presented as matrix questions with the response options of [1] more often than people think, [2] about as often as people think, [3] less often than people think. On Microsoft Excel, each of the possible written answers were reassigned to their corresponding number. This allowed for a frequency distribution to be run and the percentage of respondents per answer to be calculated. The full frequency distribution is provided in Appendix 5. Question 2 asked, "In your opinion, do sexual assaults happen in relationships (dating, living together, marital)?" The majority of participants (95%) believed that sexual assaults happen "more often than people think" in relationships. Similarly, Question 3 asked "In your opinion, do sexual assaults happen in the Peterborough area?" Most participants

(93%) believed that sexual assaults happen “more often than people think” in the Peterborough area. These questions were similar but approached the issue from different angles to target different groups of people. The responses indicated that members of the community view DV as an important issue and understood its prevalence in the Peterborough area.

Section 3- Perceptions of Domestic Violence

Section 3 presented a series of opinion-based statements that are commonly expressed in society about DV. Participants were asked if they [1] strongly agree, [2] somewhat agree, [3] somewhat disagree, or [4] strongly disagree. This section of the survey assisted in providing a scope of how members of the Peterborough area define and view DV, as well as determining if it is perceived as an important issue. The responses from this section are used primarily to address the first and second research question. All questions and their responses are included in Appendix 6.

Questions in this section allowed the researchers to determine if members of the Peterborough area define DV similarly to the definition provided in the survey. Question 1 found that just over three quarters (79%) of the participants strongly agree that it is a form of DV when a person denies their partner access to money. This highlights that most people understand DV can be financial. Furthermore, in Question 2, the vast majority of participants (94%) strongly disagree that it is not DV unless there is physical or sexual harm happening. There is a strong understanding that the scope of DV extends beyond physical and sexual harm between the members of Peterborough City and County. This is consistent with the definition of DV provided in the survey.

Question 3 examines whether participants believe bystanders should report DV to the police. Over half of the participants (60%) strongly agree and over a quarter (28%) somewhat

agree that people who see, or hear, domestic violence should report it to the police. Most participants believe that bystanders should report DV to the police; this begins to provide a scope for analyzing the third research question which examines if people are able to identify a service, or source of information, to help someone experiencing DV.

The final statement in this series asked if a little violent behaviour that does not physically hurt the other person is permissible to relieve tension when a person feels like they cannot take it anymore. The majority of participants (92%) strongly disagree or somewhat disagree (7%) that this is acceptable behaviour. If this behaviour is a pattern between partners, it would be considered a form of DV. Based on the provided responses, the members of the Peterborough area identified that this is not permissible behaviour and can be included in the conceptualization of DV.

The other question in this series (Questions 4-9), provided a variety of gendered statements. The fourth question asked if people believe most women could leave a violent relationship if they really wanted to; 54% of participants strongly disagree and 36% of participants somewhat disagree with this statement. The fifth question states “whatever people say, men have a certain natural superiority over women”. The responses to this question were more varied than others with 61% of participants that strongly disagree, 19% that somewhat agree, 11% that strongly agree and 9% that somewhat disagree.

Question 6 examined if participants believe men are more likely to be abusive than women in heterosexual relationships. Most people either strongly agree (39%) or somewhat agree (42%). Question 7 was similar; however, it is approached from a different angle, asking if men and women are equally likely to be abusive in heterosexual relationships. Unlike Question 6

where most participants agree, in Question 7, 40% of participants somewhat disagree and 27% somewhat agree to the statement provided.

In Question 8, the vast majority of participants (98%) strongly disagree that "in a heterosexual relationship where both partners are working, it is not right for the woman to earn more than the man". Furthermore, most participants (96%) strongly disagree that the man of the house should have the final say about financial matters.

The final question in Section 3 provided seven statements of healthy and unhealthy behaviours in a relationship. Participants were asked to rate how healthy or unhealthy they viewed each statement on a scale of 1-10 whereby 1 = **very unhealthy** in a relationship, and 10 = **very healthy** in a relationship. While analyzing the data, each statement was shortened into one-word related to the main message of the statement. This allowed for the one-word identification codes to be used when producing graphs to make them clearer and more accessible. The statements and their designated codes are provided below in Table 1 and also in Appendix 6.

Table 1

Section 3: Question 11- Statements Shortened

Statement	Shortened Code
They trust each other and feel secure	TRUST
They maintain own interests & friendships	INDIVIDUAL
They manage the other person's daily activities	MANAGE
They give the silent treatment when angry	SILENT
They regularly make decisions together	DECISION
They support and encourage each other	SUPPORT
They shower the other person with gifts and attention after a fight	GIFT

Table 1: Section 3: Question 11- Statements Shortened

Note. Each statement was shortened into a one-word identifying code to produce graphs.

Figure 2

The Average Score of how Unhealthy (1) or Healthy (10) the Following are in a Relationship

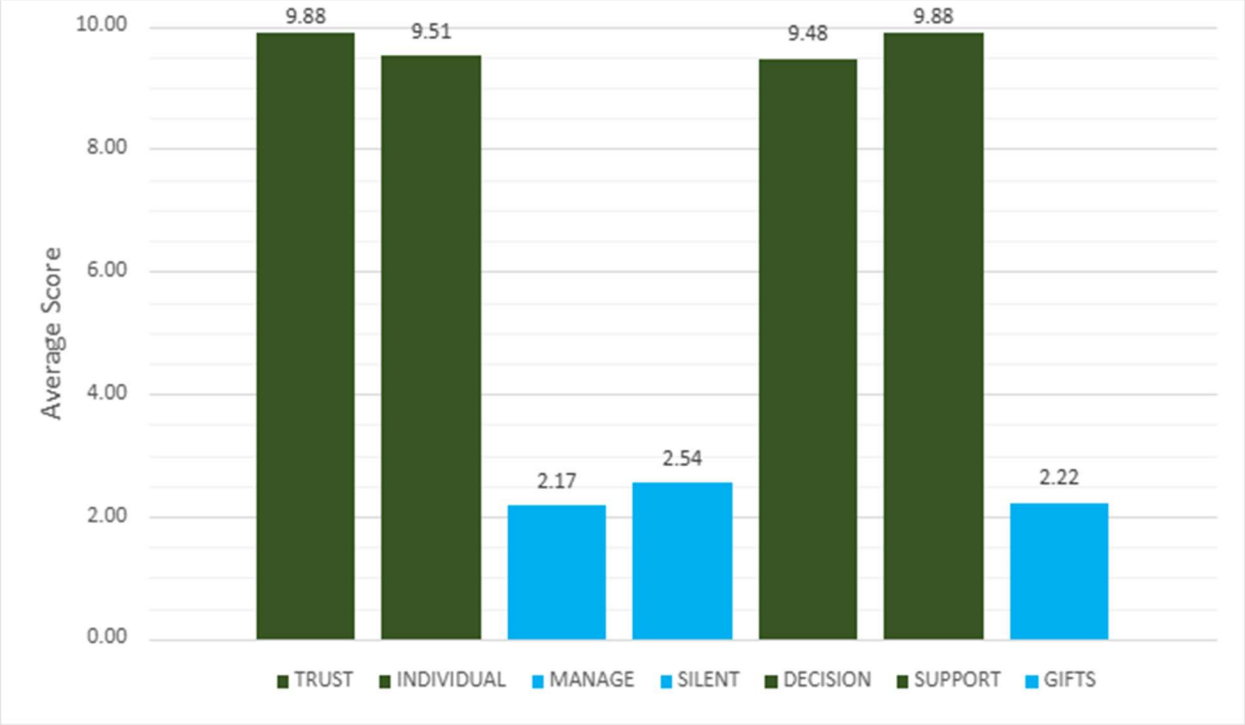

Figure 2: The Average Score of how Unhealthy (1) or Healthy (10) the Following are in a Relationship

Note. Questions were provided on a rating scale whereby 1 = **very unhealthy** in a relationship; 10 = **very healthy** in a relationship. The average score of each question was calculated and is presented in a bar graph. Items the researchers intended to be viewed as very unhealthy are presented in blue and as very healthy in green. The legend is clarified in Table 1 and in Appendix 6, where each question was coded with a one-word identifier for clarity on graphs.

The average score for four of the categories (TRUST, INDIVIDUAL, DECISION, SUPPORT), received average scores of 9.48-9.88. The scores being close to the maximum score of 10 that individuals could provide, indicated there is a strong sense of what is viewed as healthy in a relationship among members of Peterborough City and County. The average scores

for the other three categories (MANAGE, SILENT, GIFTS), were between 2.17 and 2.54. These scores being further from the minimum score of 1 indicated that there was less consensus in the responses for relationship aspects that the research team intended to be viewed as very unhealthy.

Figure 3

Frequency of Participant Rating for Very Healthy Relationship Aspects

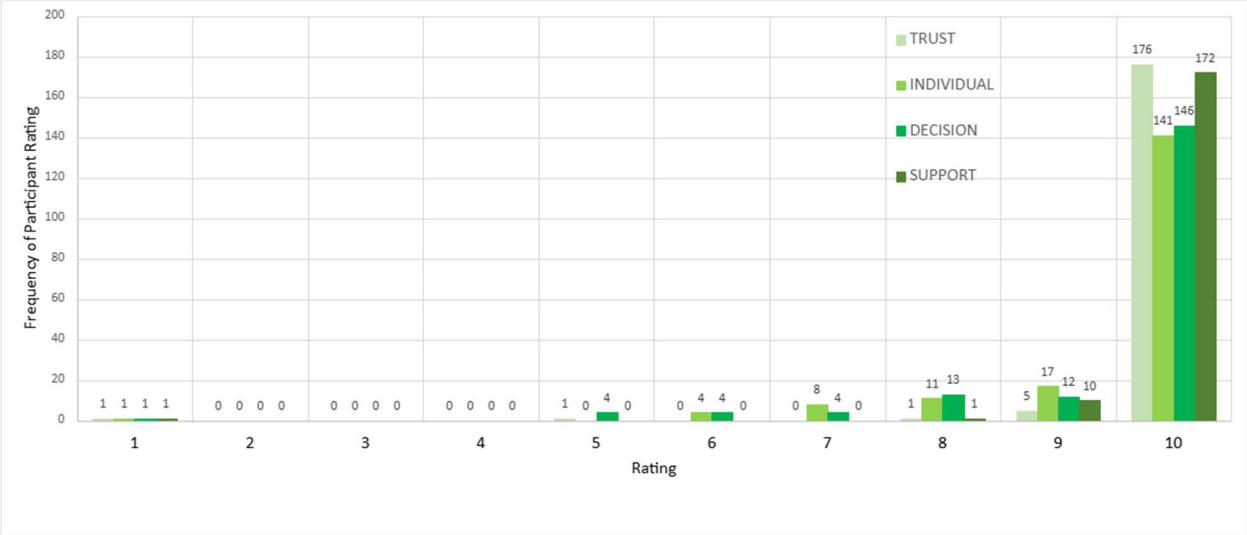

Figure 3: Frequency of Participant Rating for Very Healthy Relationship Aspects

Note. Questions were provided on a rating scale whereby 1 = **very unhealthy** in a relationship; 10 = **very healthy** in a relationship. A frequency distribution was conducted on the provided data. The number of participants and their subsequent rating for the **very healthy** relationship aspects were then put into this clustered column graph. The legend is expanded on in Table 1 and Appendix 6, where each question was coded with a one-word identifier for clarity on graphs.

The statements codified as TRUST, INDIVIDUAL, DECISION, and SUPPORT, were developed by the researchers with the aim that members of Peterborough City and County were able to identify what constitutes a very healthy relationship. Attaining this perspective is beneficial in contextualizing and analyzing how members of the community describe and define

DV. As seen by the average rating provided in Figure 2, this frequency distribution (Figure 3) supports that there was a strong consensus amongst the participants on what aspects of a relationship are very healthy.

Figure 4

Frequency of Participant Rating for Very Unhealthy Relationship Aspects

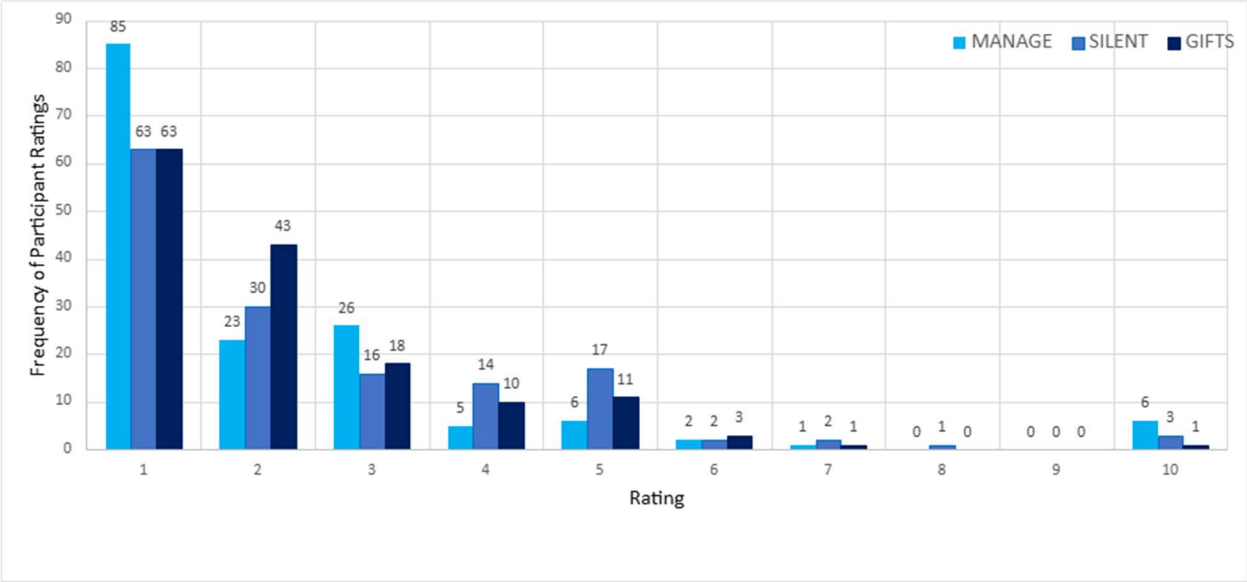

Figure 4: Frequency of Participant Rating for Very Unhealthy Relationship Aspects

Note. Questions were provided on a rating scale whereby 1 = **very unhealthy** in a relationship; 10 = **very healthy** in a relationship. A frequency distribution was conducted on the provided data. The number of participants and their subsequent rating for the **very unhealthy** relationship aspects were then put into this clustered column graph. The legend is expanded on in Table 1 and Appendix 6, where each question was coded with a one-word identifier for clarity on graphs.

The statements codified as MANAGE, SILENT, and GIFTS, were developed by the researchers with the aim of determining if members of the community were able to identify unhealthy relationship aspects. While there was an evident trend toward the lower half of the rating scale, the results are more distributed than the responses for healthy relationship aspects.

As seen in the average ratings provided in Figure 2 and supported by this frequency distribution (Figure 4), most participants can identify what is considered unhealthy in a relationship; however, there is less consensus in these responses.

Section 4- Preventing and Addressing Domestic Violence

The fourth and final section of the survey was developed to gather insights on preventing and addressing DV in Peterborough City and County. Furthermore, it provided a series of questions on where and how to provide information on healthy and unhealthy intimate relationships to members of the public. The full questions are included in Appendix 7. This section was developed primarily to address the third and fourth research questions.

Table 2

Domestic Violence is an Epidemic

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
75%	20%	4%	1%

Table 2: Domestic Violence is an Epidemic

Note. Percentages were rounded to the nearest whole number for accessibility and clarity.

The first question of section four explained that Peterborough City and County declared DV an epidemic to show that it is a public health crisis and public policy issue that must be addressed and then asked if participants agreed with this declaration. The vast majority of participants (95%) either strongly or somewhat agree (75% and 20% respectively) that DV should be labelled as an epidemic.

Question two aimed to understand who the public sees as responsible for teaching youth about healthy relationships according to members of the Peterborough area. This will be beneficial for PDAN to determine target audiences to whom to tailor their revised educational and outreach services. Participants were allowed to select as many options as they wished and

the list included parents/guardians, schools/educators, community organizations, religious/faith communities, healthcare professionals, peer mentors/older siblings, media/the entertainment industry, government agencies, youth themselves through self-education, social workers/counselors, or all of the above. The most frequently selected response was “all of the above” with just over two thirds (67%) of respondents selecting this answer. Of those who did not select “all of the above”, the most selected response was parents/guardians (60%), and the least selected responses were the media/the entertainment industry (37%) and youth themselves through self-education (37%). Percentages do not equal to 100% as they were calculated per category by dividing the number of participants to select that category by the number of participants to answer the whole question (184).

The most favourable locations for making healthy and unhealthy relationship information available are those with the lowest average score. Secondary schools, community organizations, libraries, and healthcare facilities all received an average score of 1.02 indicating these locations should be a priority for making relationship information available and will likely receive the least societal backlash. Veterinary clinics received the highest average of 1.25, with the next highest being other workplaces (1.09). It is possible that putting relationship information in veterinary clinics will be met with some reluctancy from society.

Table 3

Where Should Information on Healthy/Unhealthy Intimate Relationships be Available

Establishment	Relationship information should be available (# of participants)	Relationship information should not be available (# of participants)	Participant Count	Average Available=1 Not Available=2
Elementary schools	173	10	183	1.05
Secondary schools	181	3	184	1.02
Municipal buildings	170	11	181	1.06
Community organizations	180	4	184	1.02
Libraries	179	3	182	1.02
Healthcare facilities	179	4	183	1.02
Veterinary clinics	130	44	174	1.25
Media (social and news)	173	9	182	1.05
Religious/ faith communities	170	12	182	1.07
Other workplaces	164	17	181	1.09

Table 3: Where Should Information on Healthy/Unhealthy Intimate Relationships be Available

Note. The average was calculated by re-assigning "relationship information should be available" with a value of 1, and "relationship information should not be available" with a value of 2.

Question 4 inquired whether participants were asked about experiencing harm in an intimate relationship the last time they visited their HCP. Of the 183 participants to respond to this question, only six (3%) of them were asked. 172 of the participants (94%) were not asked

and five (3%) do not remember if they were asked or not. One of the participants who indicated not being asked also stated in the final open ended response question “I walked into my doctor's office with a huge bruise on my face from something that was NOT IPV but was expecting to have to explain. No one even asked me what happened” (Participant 35).

Figure 5

Were Participants Asked about Harm in Close Relationships at their Last Appointment with a Health Care Provider

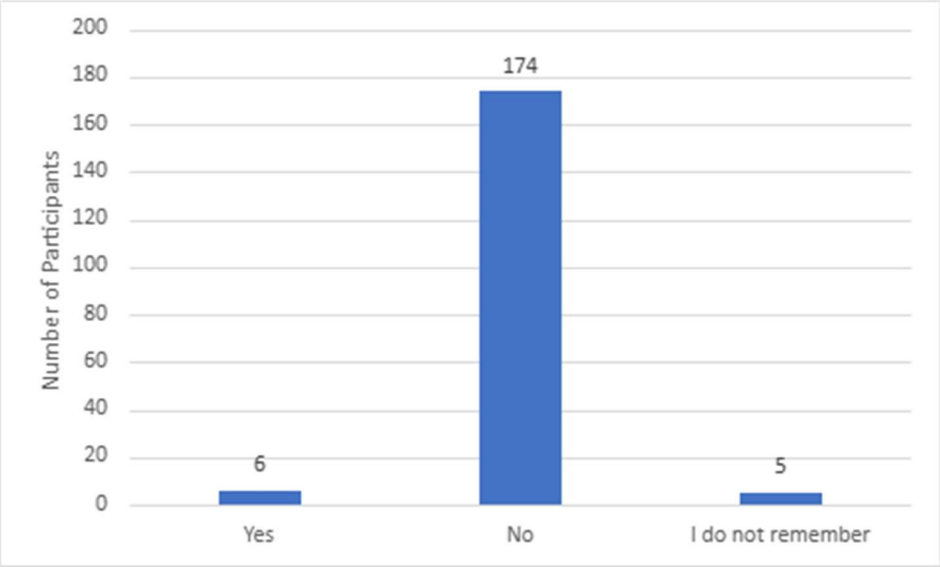

Figure 5: Were Participants Asked about Harm in Close Relationships at their Last Appointment with a Health Care Provider

Note. The number of participants to provide each response was taken from Qualtrics to produce the graph on Microsoft Excel.

Question 5 asked: “Depending on your relationship with someone who is experiencing DV, would you know how to help them?” Casual friend, close friend, family member, co-worker/classmate, and stranger in public were the provided relationship types. A rating scale whereby 1 = I would **not know** how to help at all and 10 = I would **definitely know** how to help was provided. A cluster column graph was chosen to present the data of this question as it

highlights that participants' responses were highly variable. Further, a bar graph was used to show the average scores of how well-positioned participants felt about whether they could help someone in the groups of people provided. The average scores indicated that people felt they could best help a close friend or family member (both average scores = 7.93), followed by a co-worker (6.53), then a casual friend (6.45), and finally a stranger in public (5.28). While the answers were highly varied in the frequency distribution, the average scores indicated that the more the participants knew the person experiencing harm (ex. close friend or family member), the more well-suited they felt to help.

Figure 6

Do Participants Know How to Help Someone Experiencing DV

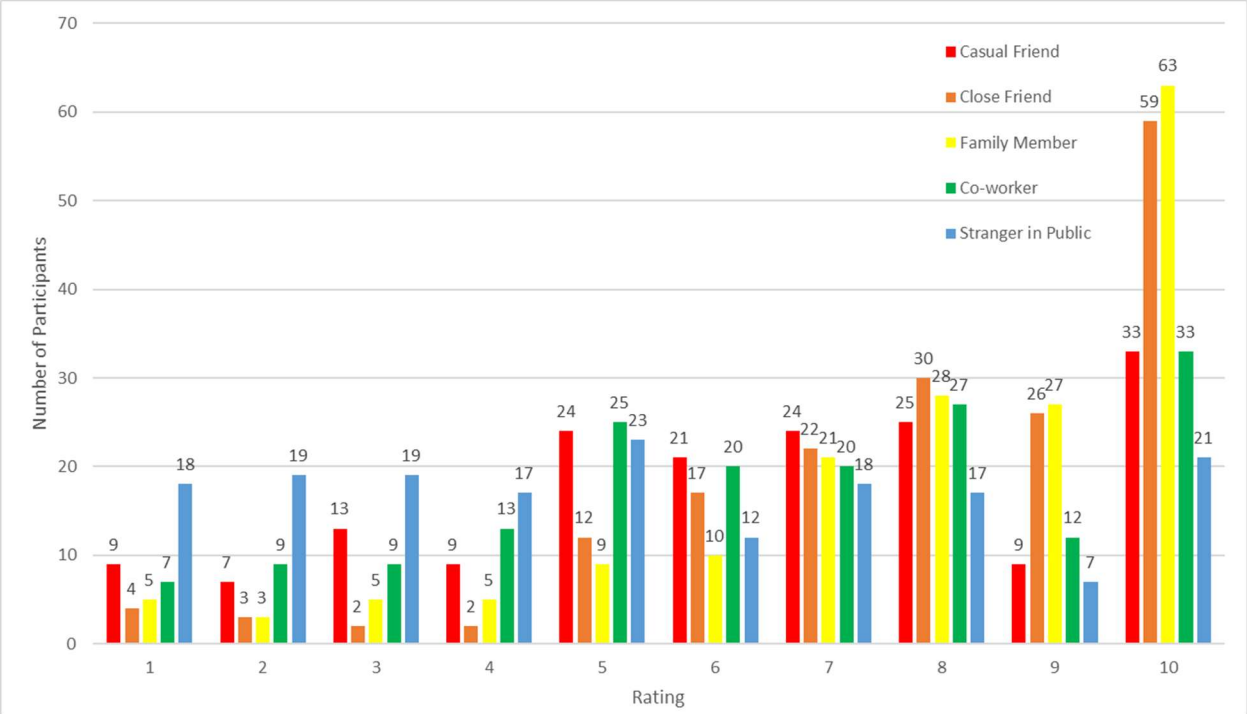

Figure 6: Do Participants Know How to Help Someone Experiencing DV

Note. Questions were provided on a rating scale whereby 1 = I would **not know** how to help at all; 10 = I would **definitely know** how to help. A frequency distribution was conducted on the provided data. The number of participants to provide each response was then put into this clustered column graph.

Figure 7

The Average Score of Whether People Would Know How to Help Someone Experiencing Domestic Violence

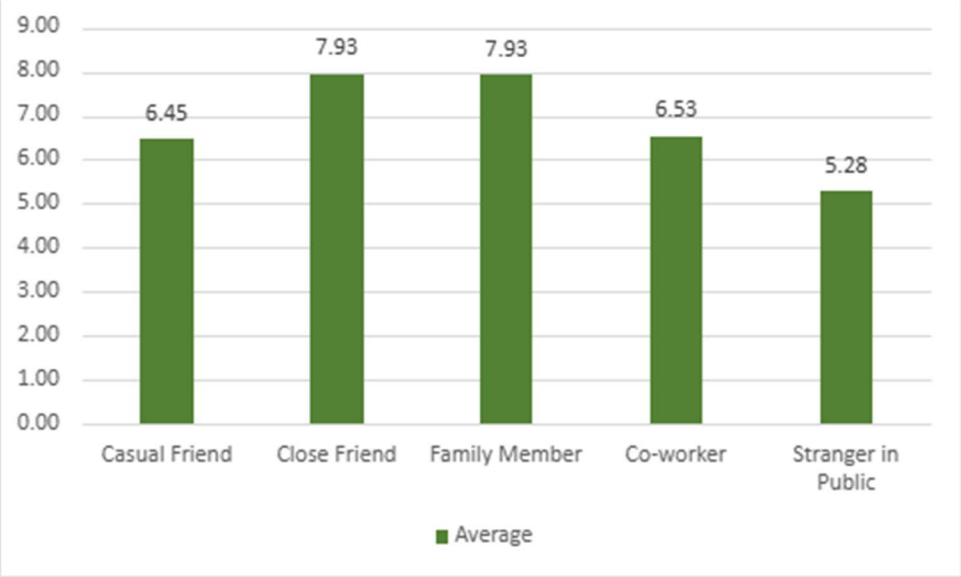

Figure 7:The Average Score of Whether People Would Know How to Help Someone Experiencing Domestic Violence

Note. Questions were provided on a rating scale whereby 1 = I would **not know** how to help at all; 10 = I would **definitely know** how to help. The average score of each question was calculated and is presented in a bar graph.

Discussion

This project sought to respond to the 24th recommendation provided by the jury in a Coroner's Inquest that addressed the Renfrew County triple homicide. The recommendation and survey were geared toward gathering the public's opinions, attitudes and perceptions of DV. The results revealed that the members of Peterborough City and County have a good understanding of the complex, multifaceted, and severe nature of DV. Furthermore, the results are a strong foundation for PDAN to revise and target their education and outreach services to be aligned

with the community's current position on DV and with their identified needs and gaps in knowledge.

Statistics accumulated through various victimization surveys have shown that DV is a prevalent problem across the globe. Though this was a public opinion survey, meaning it was not aimed at gathering victimization statistics or the lived experiences of members from Peterborough City and County, eleven participants (6%) declared personal or bystander experiences of DV in the final question of the survey. This exemplifies that Peterborough has not escaped the DV epidemic. Moreover, this rate of disclosure shows there are community members eager to share their stories. Some participants indicated they wanted to share their stories with the researchers as they are grateful for the work being done and the opportunity to be heard safely.

Although it was not the target audience of this research, the survey mostly attracted those who identify as (cis)women (84%). The increased attraction to respond to this survey for women is likely rooted in the gender disparities evident in the previously discussed victimization statistics. As an array of statistics have shown, women experience DV at much higher rates than men. Furthermore, with 84% of the sample identifying as women, this statistic is close to those provided by the Government of Ontario (2023), whereby it is estimated that 80% of DV victims identify as women and Duhaney (2022), who found that women made up 79% of DV victims. However, without greater participation across genders, it is difficult to generalize these findings to the Peterborough community at large.

The following sections aim to answer the research question developed by PDAN and Dr. Ehret, with the responses acquired in the survey. Moreover, they will be contextualized within the literature review when applicable to highlight connections to previous research. Please note

that all participant responses to the open-ended question were taken word for word and not edited for grammar and spelling.

Research Theme 1: Defining Domestic Violence

Research Question 1: How do members of Peterborough City/County community describe DV?

Through examination of the survey results, the participants of the survey defined DV relatively consistently with the definition provided in the survey. As seen through the first question in Section 2, members of the community understood that people of all genders are victimized by DV, but that it happens most to women. Later survey questions approached a similar topic from different angles. When asked if men are more likely than women to be abusive in heterosexual relationships, 39% strongly agreed and 42% somewhat agreed; when asked if men and women are equally as likely to be abusive in heterosexual relationships, 40% somewhat disagreed and 27% somewhat agreed. These questions further supported that members of the community understand the gendered nature of DV, while additionally highlighting that they understand that people of all genders can also be perpetrators of DV.

Additionally, the results indicated that members of the community comprehend that DV encompasses more than physical and sexual harm. Questions 8 and 9 from Section 3, highlighted that participants understand that financial control and a lack of communication surrounding big financial decisions constitute a form of DV. These different findings imply that members of the Peterborough area recognize the multifaceted nature of DV.

The tenth question in Section 3 indicated that 92% of participants strongly disagreed that a little violent behaviour that does not physically hurt the other person is permitted to relieve tension. This indicated that this behaviour would be included in participants understanding of

DV. Moreover, results from question 11 in section three indicated that participants have a strong understanding of what is considered healthy in a relationship.

In contrast, as seen in Figure 2 and Figure 4, consensus was weaker around what was viewed as unhealthy in question 11 of Section 3. This could be a gap in the community's definition, a result of unique relationship circumstances, or of the survey language being unintentionally ambiguous. Each statement provided in Table 1 was relatively short to keep the survey clear and accessible. "They give the silent treatment when angry" received the highest average score (2.54) of the relationship dynamics researchers intended to be viewed as unhealthy. This statement could have been misinterpreted because a definition of the silent treatment was not provided. The researchers intended for the silent treatment to be understood as one partner not verbally engaging with the other for an extended period, typically to the point where it increases tension, and is done out of anger and resentment. It is not unhealthy to take some time after an argument to calm down and collect your thoughts; however, it is unhealthy not to communicate this need to your partner and remain spitefully silent about the topic for an extended period of time.

Moreover, "They manage the other person's daily activities" could be interpreted as a healthy aspect of a relationship in specific situations, for example, if one partner struggles with time management and seeks this support in their partner. "They shower the other person with gifts and attention after a fight" was the final statement intended to be viewed as unhealthy. The word "shower" was chosen with the aim of it exemplifying an excess amount, but this was not specified and potentially could have been misunderstood. This indicates that the language used should be revised for future research and these examples should be included in educational materials PDAN creates. Despite this critical analysis of each statement, it does not dismiss the

strong understanding of DV that the community has; rather, it provides the research team with areas of the survey to strengthen and provides PDAN with a potential gap in knowledge that can be targeted when creating educational materials for the public.

Finally, the most amount of people believing that relationship information should not be available at veterinary clinics, might indicate an additional gap in knowledge of what DV may encompass or of its warning signs. As exemplified by Paterson et al. (2024), there are increasing amounts of research that highlight a connection between animal abuse and DV. As a result of this correlation, veterinary clinics are a high touch point for people experiencing harm in a relationship; however, veterinarians are not equipped to support their clients. It is a potential gap in knowledge that must be addressed for members of the community to understand the depth and complexity of DV. Therefore, providing veterinarians with the requisite tools is promptly needed. The Vet-3R's training program that was reviewed by Paterson et al. (2024), found that veterinarians felt better equipped to help patients experiencing DV after they received the Vet-3R's training.

Research Theme 2: Perceptions of Domestic Violence

Research Question 2: How is DV perceived by the members of Peterborough City/County? Is it perceived as an important issue?

The majority of participants believed that sexual assaults happen "more often than people think" in relationships (95%) and in the Peterborough area (93%). This highlighted that members of the community believe it is a prevalent problem. DV being perceived as an important issue by the members of the community was further exemplified by comments left by participants in the open-ended section. "Too many people victim blame and don't understand the power dynamics

at play in these issues. The law does not treat it seriously and there is not enough help for those who are trying to escape" (Participant 48). Another participant shared "The system is so broken & change is needed" (Participant 148). These participants highlighted that the systems that should be protecting individuals from violence are not. Highlighting these systemic failures can indicate that they perceive DV as an important issue and understand the need for systemic change.

There is a common myth that most women could leave a violent relationship if they really wanted to. Most participants either strongly disagreed (54%) or somewhat disagreed (36%) with this myth. This indicated that the severity and complexity of DV are understood by members of the community. There is a myriad of factors that can influence why someone may stay in an abusive relationship, and it is additionally noteworthy that someone physically removing themselves from an abusive situation does not always end the abuse (Yamawaki et al., 2012).

The label of an epidemic is only given to a crisis that is perceived as an important issue. Peterborough City and County politically declared DV an epidemic; therefore, the survey asked participants if they were in agreeance with the declaration. The results indicated that three-quarters (75%) of participants strongly agreed, and one-fifth (20%) somewhat agreed. The understanding of DV prevalence and the agreement of an epidemic label indicated that it is perceived as an important issue by members of the community. In the open-ended question, one participant shared "the word epidemic implies a time crisis, this has and will go on forever. People would have more faith to report domestic violence if they were assured that the legal system would back them up" (Participant 196). This further illustrated that the community

supports recognizing DV as an epidemic and some members acknowledged that the very system designed to protect society is failing them.

Research Theme 3: Helping People Experiencing Domestic Violence

Research Question 3: Are people able to identify a service or source of information to help someone who is experiencing DV?

As seen in the responses to Section 3 of the survey, the participants were aware of the severity of DV and that it happens "more often than people think". However, there was not a strong consensus on whether members of the community strongly agreed (60%) that they should report DV to the police if they see or hear it. This is likely rooted in lack of understanding of reporting procedures, worry that reporting it to the police could do more harm to the survivor, and/or concern about level of personal involvement. One participant shared an experience of reporting DV to the police and stated:

> I have lived in several different houses in the Peterborough city area... and I have had to call police for at least one case of what really seemed to be domestic violence almost every year and while a couple of those were likely repeat situations unfortunately, I've never seen that many in my life. I know it can be daunting to call authorities as a bystander to domestic violence. The biggest source of doubt I think is trying to figure out if that screaming and shouting you're hearing down the street is cause for concern or not and not wanting to waste police time. Otherwise I think people also have the concern of whether they will stay anonymous or not if they reach out to authorities about domestic violence they have witnessed, because the parties involved could get upset with them and

> cause them problems. I think addressing those points will give people the confidence to report abuse they witness. (Participant 153).

While this participant knew how to respond to the situation, it is probable that some people do not know how or are not comfortable reporting a bystander experience of DV to the police. This uncertainty about reporting to the police underscores the urgency for teaching alternative methods to support someone experiencing DV while protecting themselves from possible harm. This could include referring the survivor to the support services provided in Appendix 3, assisting the survivor in making a safety plan, and/or offering to accompany or take them to the hospital, the police station, or a shelter.

One of the last survey questions asked participants: "Depending on your relationship with someone who is experiencing DV, would you know how to help them?" Figure 6 provided a frequency distribution of these results in a cluster column graph and Figure 7 provided the average scores of these results. The frequency distribution was added to exemplify that participant responses were widely dispersed. Alternatively, the average scores provided a more concise number that indicated participants felt better suited to help someone with whom they are in a close relationship (close friend or family member). Interestingly, participants felt better suited to help a co-worker than a casual friend. This could be a result of workplace procedures that exist; Ontario has laws in place that require employers to create policies that address workplace violence and DV outside of the workplace (Guthrie & Babic, 2021).

Finally, it was not surprising that participants felt least fit to help a stranger experiencing DV. As pointed out by Participant 153, there is an array of concerns that members of the public may experience when deciding whether to call the police or not. These include but are not limited to: doubting if what you are seeing is DV, not wanting to waste police time or become a

witness, reporter anonymity, and/or putting themselves at risk of harm. These concerns could be a deterrent especially when they do not have a relationship with the person experiencing harm. Educating the public on how to assist someone experiencing DV while protecting themselves demands urgent action.

Research Theme 4: Educational Materials Related to Domestic Violence

Research Question 4: What educational materials or supports related to DV have members of Peterborough City/County been made aware of in the past year? Where and what?

This research opted to focus on the role of the healthcare institution, as it is a frequently visited setting by DV survivors. Despite not targeting the role that workplaces could play, one participant identified they were able to find support at their workplace. They shared "I'm very happy to see that you are doing a study on this and want to get information out there. I suffered many years ago and help was very hard to find. I was happy to find information at my workplace" (Participant 108). This response highlighted that when a survivor finds appropriate support, they are likely to use it.

A main area of interest for PDAN is the role HCPs can play. HCPs could be a key site of action for identifying DV as it has been found that women experiencing DV are more likely to visit their HCPs frequently (Sprague et al., 2016). The results of this study highlighted that only 3% of participants were asked if they were experiencing harm in a close relationship the last time they visited their HCP. This does not mean that there was not information on DV related supports in healthcare settings but exemplifies that HCPs as a site of action are not being utilized to their full potential.

Sprague et al. (2016), analyzed DV screening and disclosure programs that were implemented in a variety of healthcare settings. While the majority of programs they analyzed received positive evaluations, it remains unknown whether future abuse was prevented. Implementing identification programs in conjunction with providing a safe location and other support services for people experiencing harm to access if they wish, is crucial to reducing the prevalence rates after HCP identification.

HCPs are not currently equipped with the tools they need to help people (Sprague et al., 2016). Disclosures of harm can be complicated, especially if the doctor knows there is a child in the home. It is possible that the person experiencing harm would not have sought out legal support due to a fear the Children's Aid Society (CAS) would respond in a manner not aligned with their goals.

The College of Physicians and Surgeons of Ontario (2024), provides a strong and detailed guide on reporting requirements for HCPs and how to support patients, and a plethora of legal considerations. The Information and Privacy Commissioner of Ontario (2024), additionally provides a clear resource for sharing disclosures of DV. This is a framework that offers guidance to different sectors of employment on how to follow and balance Ontario's privacy laws and disclosure laws. Identifying harm could be done by asking patients if they feel safe in their intimate relationship. It is a simple question that allows the patient to share what they feel comfortable disclosing. If they do not feel safe, the physician should provide them with a list of resources to seek safety and support. It is common for physicians to ask a patient if they are sexually active. Yet, there is rarely a follow up on whether this is being done safely or consensually (Ryan et al., 2018); this could act as an opportunity to follow up with clients to ensure their relationships are safe and consensual as it impacts their overall health.

There is a complicated reality where it is difficult to share experiences of victimization without being asked which coincides with the reality that it is difficult to ask bluntly if someone is being victimized (Sprague et al., 2016). As noted, Participant 35 shared:

> I walked into my doctor's office with a huge bruise on my face from something that was NOT IPV but was expecting to have to explain. No one even asked me what happened. Very Sad! I think there should be more training for health care providers on how to ask the question and then what to do with it when they do get the answer that scares them.

Despite this not being a case of DV, it brings up the question of how many people have gone to their HCPs with evident bruising or other physical injuries that are from DV and have not been given help or even asked if they are okay. Furthermore, it exemplifies that HCPs can be a key site of action that are not being utilized to their full potential.

Research Theme 5: Addressing and Preventing Domestic Violence

Research Question 5: Do the members of Peterborough City/County believe that enough is being done to prevent or address DV? If not, what do they believe should be changed?

The results indicated that members of the community do not believe that enough is being done to prevent or address DV. The final question on the survey was open-ended and allowed participants to share whatever they wished with the research team. Participants provided an array of suggestions on what they would like to see to prevent or address DV in the community. Multiple participants indicated wanting to see more educational materials. Specifically, for those in vocations equipped to help (Participant 48), and for police and the court system (Participant 72). By equipping the professionals in society who are well-positioned to help, there is an

increased probability that an educational ripple effect will be experienced throughout the community.

An ultimate goal of the knowledge mobilization process of this research is to make everyone feel as though they are well-positioned to help someone experiencing DV. Therefore, the creation of accessible educational materials is crucial. Participants provided insight into what members of the community would like to learn. Participant 53 highlighted that information on what is healthy and appropriate when ending a relationship is needed. This could include a section on how to leave an abusive relationship. Furthermore, it became evident that a guide on how to support someone experiencing DV demands urgent action. This could include what questions to ask and how to help a person feel safe/no shame (Participant 191). Finally, it is important that the public is taught how to safely report personal and bystander experiences of DV to the police while keeping themselves safe (Participant 153). By adopting these recommendations and the ones provided in the implications section of this paper, the community will see evidence that their voices were heard in this research and that more is being done to prevent and address DV.

Limitations

This survey was limited due to some groups of people being underrepresented in our sample. As a result of majority groups shining through (ex. women 84%, and European/Caucasian 94%), demographic statistics were not consistent with the demographic statistics of Peterborough City and County. It is difficult to generalize research results of this public opinion survey because of the sample size and the sample demographics not being representative of the greater population. Furthermore, there may be personal bias behind a participant's motivation to partake in the study. Random sampling was also not used to account

for this, which ultimately decreases generalizability. For these reasons it is difficult to apply the findings of the research to all members of the greater population of the Peterborough area. However, it has shown the research team where more recruitment can be done to widen the scope of participants. Despite this limitation, the data and information gathered are still of value.

A second limitation to this research was the length of time the survey was open. The data collection period took place over one month. An extended data collection period would potentially allow for a higher number of respondents and a wider range of variability in the data. Furthermore, it would provide the researchers with more time to recruit participants and broaden the recruitment locations. Although this limitation played a role in the number of participants that were recruited, the data provided by the respondents is strong and meaningful.

These limitations are in part reflective of the research team not targeting specific audiences in the recruitment process. The goal was for the recruitment to be open to anyone living in the community, but as it is the first rendition in a longitudinal study, the research team has learnt areas to improve that will strengthen future versions. Posters were placed at the Trent University Symons Campus, but the research team was unable to get to the Trent University Trail Campus or Sir Sandford Fleming College. This would vastly expand the recruitment and diversify the age of respondents. Moreover, there was no targeted recruitment for men, seniors, different faith communities, newcomers to Canada, members of the 2SLGBTQIA+, or people experiencing homelessness. A broader sample could diversify and strengthen the results of this research; however, the findings are still highly valuable.

Implications

The findings of this research will be used by PDAN to revise their current educational and outreach services. Using findings gathered through public opinion research will allow for

these services to be tailored to the current needs of the community. Moreover, it will allow for the implementation of new resources and services. Based on the findings provided in Table 3, PDAN can begin the implementation of new resources at the locations identified most favourably (high schools, community organizations, libraries, and health care facilities). A further knowledge mobilization recommendation is to create a guide for the public on how to support someone experiencing DV. This could include potential signs, questions to ask, ways to be of support, and resources to suggest to the person experiencing harm.

With the aim of implementing an annual survey on DV, this study was approved by the Trent Research Ethics Board as a longitudinal project. The findings from each year of the public opinion survey and the lessons learned by the research team will be used to strengthen future years of this survey. For the most part, the questions in the survey will remain the same to allow for comparisons over the years; however, questions may be added, or the wording of current questions may be changed to reflect the learnings.

Furthermore, it is probable that there will be growing political interest in the findings of this research as Peterborough City and County have declared gender-based violence an epidemic. This political declaration highlights that the elected municipal officials want to begin addressing the issues of DV. Hearing from the community is important in informing the next steps.

Finally, this research addresses the 24th jury recommendation from the Renfrew County Coroner's Inquest. The recommendations provided by the jury are not legally binding; however, if they are implemented, the intent is to begin preventing future related deaths. In 2023, across the globe, there was a daily average of 140 women killed by a family member or intimate partner (UN Women, 2024). UN Women (2024), states that 2023 recorded the highest number of femicides, which indicates that the world is failing to protect and support women. Responding to

jury recommendations related to femicide cases is imperative in saving the lives of thousands of women.

Suggestions for Community Education

Aligned with the jury recommendation, the information gathered in this survey will be used toward the development and implementation of new education and outreach materials and services. Based on the findings of the research, the following five recommendations are provided:

1. Create educational materials on healthy and unhealthy relationships. High schools, community organizations, libraries, and health care facilities are a top priority for implementing these materials. Furthermore, the educational materials should be tailored to each institution.
2. Create educational materials on healthy and unhealthy relationships for youth. Different materials should be created and appropriately tailored to different ages of youth.
3. Create educational materials for those in vocations equipped to help based on their role in society. For example, police, firefighters, paramedics, legal personnel, and gender-based violence service providers.
4. Create a support guide for members of the public to teach them ways to help someone experiencing DV. A section on what to do if you suspect someone is experiencing DV should be included.
5. Create a DV guide for HCPs. This should include identifying DV, responding to disclosures, and referring patients to appropriate support services.

Suggestions for Future Research

As this is public opinion research, the findings become more generalizable to the community with more participants from different demographic groups. As discussed in the limitations, this survey had a large percentage of female respondents. For future research, it is suggested that recruitment posters be placed in locations frequently and stereotypically visited by men (for example, golf courses, gyms, technology stores, and hardware/automotive shops). An additional recruitment method that could be used is putting posters in all of the PDAN member organization offices. With 34 community organizations that make up PDAN, there is a potential to recruit a lot more individuals.

To address some of the research questions better, it is recommended that more questions are added to the survey regarding what educational materials or supports related to DV, members of the community know exist. One of the responses to the revised survey could include materials implemented in the knowledge mobilization process of this research. Another question that could be asked is: "Have you been made aware of the Ask for Angela campaign?", with a follow up to assess its efficacy. By being made aware of what and where these educational materials or supports are available, PDAN can go to these locations and work collaboratively revising and strengthening their materials.

Another recommendation is having the data collection period take place over the summer months. There are a large number of seasonal dwellings in Peterborough County that are not frequently visited or accessible in the winter. By conducting the research in the months of August and September, future researchers would be able to gather more voices of cottagers, without limiting the ability to hear students' voices who may live elsewhere in the summer. Only 8% of participants lived in Peterborough part-time; however, it can be assumed that this number

would be a lot larger if it was conducted in August and September. This could also impact other demographic statistics such as gender or household income. With more part-time dwellers, statistical analyses could be run to determine if they answer the questions differently than full time dwellers.

If future researchers would like to expand the methodology of this research, it is suggested that interviews and/or focus groups are conducted with HCPs, police, justice workers, and other related service providers. Participants from the general public could also be given the option of being randomly selected for an interview if they provide the minimum amount of information necessary to contact them at the end of the survey. Finally, a fifth optional section could be added to the survey that would allow participants to share their experiences. Some participants chose to share their personal experiences despite this being a public opinion survey, and one participant shared: "I would love to be able to tell my story and how it has affected me and my child. First hand accounts would help the research that's being done" (Participant 112). All of these changes would require careful planning and ethical revision but could greatly strengthen the research findings.

Finally, to address the 24th recommendation provided in the Renfrew County Coroner's Inquest in full, this research should be run on a provincial scale. A first step can be expanding the research to different municipalities or health regions. This would create research teams across the province, ultimately making the execution of a provincial survey more feasible. This research is an extremely strong foundation for addressing the 24th recommendation; however, it would be greatly strengthened and better aligned with the recommendation if voices from across the province are heard.

Conclusion

The goal of this research was to address the 24th recommendation provided by the Coroner's Jury in response to a triple homicide that occurred in Renfrew County, Ontario. The findings of this research are a strong foundation for PDAN to use while revising and tailoring their educational and outreach materials. This survey made it evident that the participants know what DV is and want a significant reduction in prevalence; however, there is a lack of clarity on the role individual citizens can play. The results of the survey and the needs indicated by members of the community were carefully considered to develop the suggestions for community education. Despite the limitations of this study, such as the demographic statistics, this research contributes to the societal understanding of DV and highlights the importance of expanding this research provincially. This research underscores the critical need to expand educational and outreach services addressing DV, with the intention of reducing its prevalence significantly and empowering survivors.

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Appendix

Appendix 1: Consent Form

Public Opinion Survey on Domestic Violence in Peterborough City and County

Welcome! You are invited to participate in this public opinion survey about domestic violence in Peterborough City and County. It is being conducted by the **Peterborough Domestic Abuse Network (PDAN)** and the **Trent Community Research Centre (TCRC)** at Trent University. The survey is being overseen by Dr. Stephanie Ehret, a Criminologist and Assistant Professor in the Department of Sociology.

What is the survey about? We are collecting people's thoughts about domestic violence. Domestic violence means abuse and violence that happens in close relationships, like dating, living together, and marriage. It can include name-calling, hitting, stalking, physical or sexual harm, control, and manipulation. Sometimes it's called intimate partner violence. This survey aims to find out how people in Peterborough City and County understand domestic violence and what can be done to address it and stop it. **Even if you haven't experienced domestic violence, we still want to know your opinions about it.**

Who is eligible? To participate in the survey, **you must live in Peterborough City or County at least some of the year**, and you **must be at least 16 years old**.

What to expect? The survey is divided into 4 sections, and it is estimated to take 1**0 to 15 minutes** to complete.

What are the benefits of participating? Taking this survey gives you a chance to share your thoughts about domestic violence in Peterborough City and County and the help available for

people who experience it here. The results will help local groups see how well current education and outreach programs are working and identify what needs to be improved for future efforts.

What are the risks of participating? Taking part in this study means sharing your opinions about domestic violence. This might make you feel uncomfortable or upset. We have tried to reduce these risks, but you can choose not to answer any questions or stop at any time. There is a list of help resources at the end of the survey if you need support. The survey will be open until **January 10, 2025**.

Confidentiality and anonymity: The information you share in this survey will be kept **strictly confidential** and used only for research. We will keep your information safe and only a few people will see it: Dr. Ehret, a student researcher at Trent University, and staff from the Peterborough Domestic Abuse Network. **You will remain anonymous** because you won't be asked for any identifying information. Anything that might identify you will not be shown in any reports or publications, such as information shared on the PDAN website or with other anti-violence organizations, or in research articles. We will use fake names or participant numbers when referring to specific answers.

Conservation of data: The survey will be deleted from Dr. Ehret's Trent University Qualtrics account after 2 years. The data collected through this survey will be kept safe using the accounts of two members of the Research Team: Dr. Ehret's account with Trent University and Sarah Bass' account with PDAN. The survey data will be destroyed after 7 years. If you choose to fill out a paper copy of the survey, the information will be entered into a digital format by the research team, and then the paper copies will be shredded and destroyed.

Voluntary Participation: You do not have to take part in this survey. If you choose to participate, you can stop at any time and skip any questions without any problems. **If you do the survey online, once you start, your answers cannot be removed because the survey is anonymous.** This means if you only do some of the survey, that part will still be recorded. If you have any questions about the study, you may contact the Principal Researcher, Dr. Stephanie Ehret, at stephanieehret@trentu.ca.

This study has been approved by the Research Ethics Board (REB) at Trent University. It is REB File # 29342. If you have any questions regarding the ethical conduct of this study, you may contact Anna Kisiala, the Coordinator of Research Conduct and Reporting in the Office of Research and Innovation at annakisiala@trentu.ca.

Acceptance: I agree to participate in the above research study conducted by Dr. Stephanie Ehret who is in the Department of Sociology at Trent University, and the Peterborough Domestic Abuse Network.

Consent to Participate in this Survey: I have read, or have had read to me, the information in this agreement. I have asked any questions I have about the study and can request a copy of this agreement should I wish to do so. I acknowledge that my participation is voluntary, and my responses will be recorded. I acknowledge that I am under no obligation to participate, and I can change my mind and stop at any time. I also acknowledge that due to my responses being anonymous, any information that I provide cannot be removed or deleted from the study. I am not giving up any legal rights by consenting to this agreement.

If you do not wish to participate, we thank you for your interest and we wish you all the best.

*** Please note: If you wish to reach out for support, please click on the following link: help resources and emergency crisis lines.** This link is also provided at the end of this survey.

To access a copy of this consent form, please click here: Survey Consent Form. *

- ☐ I agree to participate in this survey. If I wish to take a break, I can return and complete the survey any time before it closes on January 10, 2025.
- ☐ I do not agree to participate in this survey. We thank you for your interest and we wish you all the best.

Appendix 2: Recruitment Poster

Appendix 3: Help Resources and Emergency/Crisis Lines

Peterborough Domestic Abuse Network (PDAN)
PDAN lists many services and resources in the following areas.
Please go to their website for further details:

- Emergency Crisis Lines
- Medical Services
- Housing and Housing Help
- Justice and Legal Help
- Counselling, Support and Referrals
- Services for Parents and Children

Phone: 705-743-2272 (CCRC) or 1-800-274-1611 (Toll Free)
Website: https://www.ccrc-ptbo.com/pdan/help-available/

YWCA Peterborough Haliburton
Region: Peterborough City & County, Haliburton
Phone: 1-800-461-7656
Text: 705-991-0110
Website: https://ywcapeterborough.org

Kawartha Sexual Assault Centre (KSAC)
Serving: Those 16+ affected by sexual violence and harm
Region: Peterborough City & County, Haliburton County, Kawartha Lakes, Northumberland County
Crisis Line: (705) 741-0260
Office Phone: (705) 748-5901
Website: http://kawarthasexualassaultcentre.com/

Hope for Wellness Helpline
Offers immediate help to all Indigenous people across Canada.
Available 24 hours a day, 7 days a week to offer immediate support and crisis intervention.
Toll-Free Helpline: 1-855-242-3310
Online chat at: www.hopeforwellness.ca.

Assaulted Women's Helpline
GTA: 416-863-0511
Toll-Free: 1-866-863-0511
Toll-Free TTY: 1-866-863-7868
#SAFE (#7233): On your Bell, Rogers, Fido or Telus mobile phone
Website: https://www.awhl.org/home

Pour les services en français, veuillez appeler FEM'AIDE:
FEM'AIDE (Ligne de soutien pour femmes violentées)
1-877-336-2433
1-866-860-7082 (ATS)
www.femaide.ca

Appendix 4: Section 1 of Survey

In this first section, we would like to learn about you. There are 14 questions.

1. Do you live in Peterborough City or Peterborough County? If you answer "No", STOP HERE. We thank you for your interest. However, this survey is only for people who live in Peterborough City and County.
    a. Yes, I live here all year
    b. Yes, I have a cottage/ trailer/ seasonal dwelling/ attend school and I live here some of the year
    c. No, I do not live in the area
2. Please indicate in which of the following age categories you belong. Please note: To participate in the survey, **you must be at least 16 years old. If you are under 16, STOP HERE.**
    a. I am under 16 years old
    b. 16 to 19
    c. 20 to 24
    d. 25 to 29
    e. 30 to 39
    f. 40 to 49
    g. 50 to 59
    h. 60 to 64
    i. 65 to 69
    j. 70 to 74
    k. 75 to 59

l. 80 to 89

m. 90 and over

3. How would you describe the area in which you live?

    a. Urban

    b. Rural, I can see my neighbours

    c. Rural, I can't see my neighbours

4. How do you most commonly travel in your day-to-day life in the Peterborough area? For example, if you were going to an appointment, how would you get there? **Select all that apply**.

    a. Using my own vehicle

    b. Riding with friends / family

    c. Taxi / ride sharing (such as Y Drive)

    d. Bus

    e. Walking or wheelchair

    f. Bicycle or Scooter

    g. Other

5. Which of the following best describes your living situation?

    a. Single and living on my own

    b. Living with others, in intimate relationship (including married)

    c. Living with others, with friends / family

    d. Living with others, in a group setting such as a group home or residential facility

    e. Homeless, includes 'couch-surfing'

6. What is your main source of income? **Select all that apply.**

a. Formal work

b. Informal work (such as yard work, babysitting, panhandling, sex work)

c. Partner / Spouse

d. Savings / investments / pension(s)

e. Insurance payments

f. Financial assistance from friends and/or family

g. Government assistance (such as ODSP, Ontario Works, OSAP)

h. Other financial assistance (such as from a charity / non-profit organisation, etc.)

7. How would you describe your household income?

a. There is **not enough** money to buy the things we need

b. There is enough money to buy the things we need, but **not for luxuries**

c. There is enough money for **some luxuries**

d. There is enough money for **luxuries**

e. Prefer not to say

8. Do you identify as a person with any of the following? **Select all that apply.**

a. Physical disability

b. Developmental or learning disability, neurodivergent

c. Emotional, psychological or mental health disability

d. Other

e. None of the above applies to me

f. Prefer not to say

9. What gender do you identify as?

a. Male

b. Female

c. Non-binary/ gender-fluid

d. Transgender

e. Two-spirit

f. Other

g. Prefer not to say

10. What is your sexual orientation?

a. Heterosexual (straight)

b. 2SLGBTQIA+

c. Other

d. Prefer not to say

11. How do you identify your race/ethnicity? Select all that apply.

a. African/Black (including African-American, African-Canadian, Caribbean)

b. East Asian (such as Chinese, Taiwanese, Japanese, Korean)

c. European/White

d. Indo-Caribbean, Indo-African, Indo-Fijian, West-Indian

e. Latin, South or Central American

f. Polynesian (such as Samoans, Tongan, Niuean, Cook Island Māori, Tahitian Maaohi, Hawaiian Ma'oli, Marquesan, New Zealand Māori)

g. South Asian (such as Afghan, Nepali, Tamil, Bangladeshi, Pakistani, Indian, Sri Lankan, Punjabi)

h. Southeast Asian (such as Vietnamese, Thai, Cambodian, Malaysian, Filipino/a, Laotian, Singaporean, Indonesian)

i. West Asian (such as Iraqi, Jordanian, Palestinian, Saudi, Syrian, Yemeni, Armenian, Iranian, Israeli, Turkish)
j. Indigenous, First Nations
k. Indigenous, Métis
l. Indigenous, Inuit
m. Prefer not to answer
n. Prefer to self identify my race / ethnicity (please write your response in the box below) _____

12. What is your creed or faith community?

a. Buddhist
b. Christian
c. Hindu
d. Jewish
e. Muslim
f. Sikh
g. Indigenous Spirituality
h. Atheist / Agnostic
i. Spiritual
j. I am not religious
k. Other

13. Education. Select all that apply

a. Grade 8
b. Secondary School (Grade 12/13)

c. Post-secondary (trade school/apprenticeship in progress or complete)

d. Post-secondary (college/university in progress or complete)

14. What language do you speak most with friends/family? Please write your response in the box below) _____

Appendix 5: Section 2 of Survey

Section 2: How common is domestic violence in the Peterborough area?

If any of the questions are too sensitive or uncomfortable for you to answer, please feel free to skip to the next one. **There are 3 questions.**

1. In your opinion, how common is domestic violence against the following groups in the Peterborough area?

1 = it is **not common** at all; 10 = it is **very common**

	1-10
Men	
Women	
Gender-diverse people	

2. In your opinion, do sexual assaults happen in relationships (dating, living together, marital)?

- More often than people think
- About as often as people think
- Less often than people think

3. In your opinion, do sexual assaults happen in the Peterborough area …?

- More often than people think
- About as often as people think
- Less often than people think

Section 2 Question 2 and 3 Frequency Distribution

	Question 2		Question 3	
Response	Frequency	Percent	Frequency	Percent
1- More often than people think	187	95%	182	93%
2- About as often as people think	7	4%	9	5%
3- Less often than people think	3	2%	8	3%

Note. Percentages were rounded to the nearest whole number for accessibility and clarity

Appendix 6: Section 3 of Survey

Section 3: Your thoughts on domestic violence

As previously noted, domestic violence means abuse and violence that happens in close relationships, like dating, living together, and marriage. It can include name-calling, hitting, stalking, physical or sexual harm, control, and manipulation. Sometimes it's called intimate partner violence. **Following is a series of opinions we commonly hear expressed**. Please answer according to what you think or do personally, disregarding what other members of your household or friends might think.

If any of the questions are too sensitive or uncomfortable for you to answer, please skip to the next one. There are 11 questions. 1. It is a form of domestic violence when a person denies their partner access to money.

Note. Percentages were rounded to the nearest whole number for accessibility and clarity.

1. It is a form of domestic violence when a person denies their partner access to money.

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
79%	14%	5%	3%

2. It is **not** domestic violence unless there is physical or sexual harm happening.

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1%	2%	3%	94%

3. Friends and neighbours who see or hear domestic violence **should report** it to the police.

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
60%	28%	10%	2%

4. Most women **could leave** a violent relationship if they really wanted to.

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
2%	9%	36%	54%

5. Whatever people say, men have a certain natural superiority over women

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
11%	19%	10%	61%

6. In heterosexual relationships, men are **more likely** than women to be abusive

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
39%	42%	15%	4%

7. In heterosexual relationships, men and women are **equally likely** to be abusive

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
9%	27%	40%	23%

8. In a heterosexual relationship where both partners are working, it is **not right** for the woman to earn more than the man.

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1%	1%	1%	98%

9. The man of the house should have the final say about household matters.

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1%	1%	2%	96%

10. When a person can't take it anymore and feels like they are about to explode, a little violent behaviour can relieve the tension. If not one is physically hurt, it's no big deal.

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1%	1%	7%	92%

Question 11. In your view, how **unhealthy or healthy** are the following items in a relationship?

1 = **very unhealthy** in a relationship; 10= **very healthy** in a relationship

Statement	**1-10**	**Shortened Code**
They trust each other and feel secure		TRUST
They maintain own interests & friendships		INDIVIDUAL
They manage the other person's daily activities		MANAGE
They give the silent treatment when angry		SILENT
They regularly make decisions together		DECISION
They support and encourage each other		SUPPORT
They shower the other person with gifts and attention after a fight		GIFT

Appendix 7: Section 4 of Survey

Section 4: Preventing and addressing domestic violence

Following is a series of questions on how to prevent domestic violence, and how to provide information on healthy and unhealthy intimate relationships to members of the public. **This section contains 5 questions.**

1. In December 2023, Peterborough City and County declared domestic violence **an epidemic** to show that it is a public health crisis and public policy issue. Do you agree domestic violence is an epidemic?
    a. Strongly agree
    b. Somewhat agree
    c. Somewhat disagree
    d. Strongly disagree
2. 2. In your view, whose responsibility is it to teach youth about healthy relationships? **Select all that apply**

- ▫ Parents or guardians
- ▫ Schools and educators
- ▫ Community organizations
- ▫ Religious / Faith communities
- ▫ Healthcare professionals
- ▫ Peer mentors or older siblings
- ▫ Media and the entertainment industry
- ▫ Government agencies
- ▫ Youth themselves through self-education

- Social workers and counselors
- All of the above

3. In the table below, please tell us if you want information about healthy or unhealthy relationships to be available at the listed locations

Establishment	Relationship information should be available (# of participants)	Relationship information should not be available (# of participants)
Elementary schools	171	10
Secondary schools	179	3
Municipal buildings	168	11
Community organizations	178	4
Libraries	177	3
Healthcare facilities	177	4
Veterinary clinics	128	44
Media (social and news)	171	9
Religious/ faith communities	168	12
Other workplaces	162	17

4. The last time you had an appointment with a healthcare worker (such as a dentist, family doctor, or walk-in clinic), did they ask whether you have experienced any harm in a close relationship?
    a. Yes
    b. No
    c. I do not remember
5. Depending on your relationship with someone who is experiencing domestic violence, would you know how to help them?

    1= I would **not know** how to help at all; 10= I would **definitely know** how to help

	1-10
Casual friend	
Close friend	
Family member	

Co-worker, classmate
Stranger in public

Thank you for taking part in this survey. If you have anything else you would like to tell the researchers about domestic violence, please feel free to write it in the space below.

When you are finished, please click "submit".

If you wish to reach out for support, please click on the following link to access a list of **help resources**: help resources and emergency crisis lines