

# TAKING COUNT & TAKING ACTION: 2020-2021 FEMICIDE IN ONTARIO REPORT

---

A REPORT BY THE ONTARIO ASSOCIATION OF  
INTERVAL & TRANSITION HOUSES

**Man, woman found dead in Scarborough home,  
Toronto police say**

**Niagara cops bust beau in  
shooting death of woman, 22**

**Whitby man charged with second-degree  
murder following disappearances of mother,  
grandmother**

**Police charge Windsor man with  
first-degree murder**

**Woman dead, three people, including two children, in hospital after stabbing in  
East Gwillimbury; suspect killed**

**Neighbours desperate for information on fatal  
shooting in north London**

**Family of Cileana Taylor wants charges against  
boyfriend upgraded**

**Homicide victim recently  
expressed concerns for her safety,  
friend says**

**Son-in-law charged with 1st-degree murder, 5  
counts of attempted murder after Brampton house  
fire**

**Ramara Township man accused in mother's death  
charged with murder**

**Foothill Road incident a suspected  
murder suicide: Sault Police**

**17-year-old victim in assault case in  
Mishkeegogamang First Nation dies, now  
considered homicide**

**Elderly man accused of murdering his  
wife in Wallaceburg**

**Prepared by Lauren Hancock, OAITH Policy and Research Coordinator,  
March 2022**

**Cover Artwork By: Rachel Gillespie. In Memory of Tania Cowell**

# **EXECUTIVE SUMMARY**

## **Purpose**

The 2020-2021 Annual Femicide Report analyzes ongoing femicide trends in Ontario and expands on the media analysis of femicide reporting in Ontario. These findings provide valuable insight to new and continuing femicide trends, as well as highlight potential risk factors and areas for future study.

## **Media Reporting on Femicide**

The media has limited the use of some negative media frames, such as victim blaming and racialization when reporting of cases of femicide. There is a need for journalists to contextualize these killings as lethal forms of GBV or femicide and to include local help information for those who are consuming media stories. The media has the opportunity to improve safety outcomes by identifying abuse and connecting survivors to local and provincial supports.

## **Femicide Trends in Ontario**

Recent femicide trends have highlighted that older women, ages 55 and older, continue to face high rates of femicide from multiple relationship categories. Older women face unique barriers when escaping violence partners and family members and face many age-related challenges when accessing traditional mainstream GBV services.

Ontario femicides are most commonly perpetrated by a current/former intimate partner or a family member. Further research on the victims and perpetrators of family femicides is needed to better understand motivations and risk factors for these types of femicides.

Femicides in Ontario continue to be perpetrated by young men, ages 18-35, highlighting the need for preventative measures such as early education on consent, power, control, and healthy relationships, and masculinity. Services must also engage male perpetrators of gender-based violence to address the root causes of violent behaviour and prevent future violence from occurring.

This report has highlighted the disproportionate rates of femicides among racialized populations and the need to examine barriers that may be preventing survivors from accessing services, such as systemic racism and colonialism.

The Covid-19 pandemic has intensified and exacerbated existing social inequities and systemic issues. The lessons of the pandemic must be used to inform future emergency planning to ensure public safety even in times of national emergencies. Planning must consider barriers to accessing services such as closures and transportation limitations. It must also consider the impacts of public health responses for survivor safety, such as stay at home measures and criminal justice responses including early release orders and expediting court processes that have eliminated risk management planning ultimately leading to lethal consequences.

## **Acknowledgements**

We are grateful to Dr. Mavis Morton, Associate Professor, Department of Sociology and Anthropology, University of Guelph for her helpful comments on an earlier draft of this report.

# BACKGROUND

Since 1990, OAITH has tracked over 900 media reported femicides across Ontario to bring awareness about gendered violence and killings. Definitions of femicide evolve as we examine the continuum and non-binary definitions of gender and relationships between victims and perpetrators. Previous research has identified the need to collect data on five gender dimensions of violence including, sex of the victim, sex of the perpetrator, their relationship, sexual aspects to the violence, and gender motivations (Walby et al., 2017). Currently OAITH's definition of femicide refers to killings in which cisgender<sup>1</sup> men have been charged or deemed responsible in the death of a woman, child or gender-diverse individual.

A femicide could be perpetrated by a current or former husband or boyfriend. It could be a son or a nephew. It can also be perpetrated by a man who is a coworker, friend or acquaintance. At times, relationships may be unknown but violent gendered crimes including sexual violence may have occurred prior to the murder. At times, there may have been no known relationship but they were targeted specifically because of their gender.

Based on the available information we have, Indigenous, Black and Racialized women are overrepresented on the 2020-2021 femicide list.

## Purpose

This report uses data collected from the 2020-2021 Annual Femicide List to analyze ongoing femicide trends in Ontario and expand the media analysis of femicide reporting in Ontario that illustrates the impacts of negative media framing on public awareness, understanding and conceptualization of gender-based violence (GBV), and specifically femicide. This report will also examine a number of factors associated with femicide victims, perpetrators and the victims' relationship with the perpetrator. These factors provide valuable insight to new and continuing femicide trends, as well as highlight potential risk factors and areas for future study.

The femicide lists that OAITH creates are only partial. The two most common sources of information used to identify the number of femicides that occur in a given year are coroner's data or media reports. OAITH uses local, regional and national media reports (i.e. newspapers and television) to track, analyze and produce an annual femicide list and media analysis.

<sup>1</sup> Cisgender: A person whose gender identity corresponds with the sex the person had or was identified as having at birth (White Ribbon, 2021)

## Limitations of Femicide Reporting

A limitation of OAITH's femicide work is the reliance on media-reported femicide data. Media reporting often relies on police reported data and information, which is limited. This can be due to a range of issues including pending investigations, ongoing court proceedings, publication bans or requests from the victim's family to not report information. This can create omissions and errors within the collected data which can lead to many gaps in the available femicide data. Due to the fluid nature of this data set, OAITH continues to monitor the media for emerging details surrounding femicide cases and continues to track and revise newly confirmed femicides in Ontario.

In April 2021, the Toronto Star reported on a femicide case from December 2019 that was not publicly released by Toronto Police and was only discovered after the accused had died in custody due to Covid-19 (Hasham, 2021). Media reports have indicated the victim was Zohra Derouiche, a 75 year old woman from Scarborough who was killed by her husband in her home in December 2019. In a police statement made to CP24 News, a spokesperson for the police department indicated that the investigating officer did not request a publication of this case and provided no specific reason as to why this was not announced to the public at the time of her death (Wilson, 2021). This case highlights the challenges and limitations with relying on publicly accessible media reports as their information is reliant on police disclosure which can at times be limited or as this case has highlighted, even non-existent. This can have a number of implications for research and ultimately public awareness as the true extent of gender-based killings is not reported and crucial risk factors, such as the relationship between the victim and perpetrator are being omitted from public disclosure (Wilson, 2021). The omissions that exist due to a reliance on police and media reported femicide cases continue to be one of the limitations of the OAITH femicide data set.

Currently, femicide data is not tracked by the criminal justice system, as femicide is not defined as a unique and distinct criminal charge within the Criminal Code of Canada. As a result, OAITH's femicide research relies on media reported femicide cases and details to identify current femicide trends in the province. This dataset, while incredibly useful in supporting OAITH's femicide advocacy and education, often contains gaps and omissions as media sources face a number of limitations and constraints within their own data collection and reporting. As the current femicide rates may be under-reported, due to limitations within media coverage, it is important for police departments to be transparent and forthcoming about femicides that are occurring throughout the province. Failure to publish press releases about gender-based killings contributes to the underestimation of femicide rates and also reinforces the narrative that GBV is a matter of private concern and not public safety. Furthermore, the inaction of the Toronto Police Services to report on the death of Zohra Derouiche, has furthered the invisibility of violence against older women, who are often unaccounted for and/or overlooked within GBV research (Dawson, 2021).

## Gendered-Islamophobia

Included in the 2020-2021 Annual Femicide List were the three women who were killed in a targeted and hate-motivated attack in London, Ontario. On June 6, 2021, a 20 year old man intentionally ran over a Muslim family, ultimately killing four out of the five family members and injuring the couple's young son. Of the family members who were killed, three of the victims were women (Lupton & Dubinski, 2021). While this case was not overtly gendered in nature, the female victims of this hate-motivated attack have been included in the annual femicide list in recognition of the intersectional and compounding experiences of violence that Muslim women face. Research on hate crimes committed in the UK found that the majority of hate crimes examined targeted those of the Muslim faith and approximately 80% of the perpetrators reviewed in the study were men, highlighting a gendered nature to these hate crimes (Hopkins, 2016). Additional research on the victims of hate crimes found that often times victims were distinguishable as being Muslim, whether through physical appearance or traditional clothing and were often women (Ahmad, 2018). Early media reports of the hate-motivated killing in London, Ontario described the accused as having a history of being "combative and argumentative" and often angry with his mother, as indicated by family court divorce documents. These documents also indicated that there was an order to prevent the accused from spending time alone with his siblings, over concerns for their safety (Gillis, 2021). Violent hate crimes, whether overtly gendered or racist in nature, are rooted in colonial and patriarchal systems that perpetuate male superiority, power and control (Hopkins, 2016). These crimes highlight the continued need to address colonial and patriarchal systems that continue to exacerbate the oppression of marginalized populations and continue to result in GBV, more specifically femicide.

## Media Analysis

The media has an integral role to play in shaping public awareness and perception of societal issues (Gillespie et al., 2013). Through the dissemination of information related to crimes, such as femicides and the details surrounding these cases, the media has an opportunity to improve the public's understanding of prevalent and serious social and political issues, such as GBV, and to connect survivors all across the province with local supports. Previous research has examined the ways in which media sources frame news stories reporting on cases of femicide and has identified a number of ways in which these incidents are both negatively and positively framed, often through the source of the information, the content within the news story and the language used to describe the events and/or the victim (Gillespie et al., 2013). The media frames that have been identified in previous academic research that have been used for the OAITH Femicide Media Analysis are as follows:

## Positive Frames:

**Victim Humanized:** Describing and remembering the woman positively and acknowledging how she impacted the lives of others.

**Picture of Victim:** A positive or neutral picture of the woman in the news report.

**Gendered Social Problem:** Contextualizing femicide as a social and/or political problem rooted in gender inequality.

**Labelled a Femicide:** Labelling the murder as a femicide or specifically as violence against women.

**Violence Against Women (VAW) Help Information:** Information about women's shelters or other violence against women resources and supports.

## Negative Frames:

**Victim Blaming:** Attributing blame to the victim directly or indirectly by emphasizing her role in the femicide, or indirectly by excusing/justifying the perpetrator.

**Individualized:** Portraying the femicide as an individual aberration, isolated or seemingly random event and not connected to larger societal issues.

**Voice of Authority:** Relying on traditional voices of authority, such as law enforcement and government officials to be cited over or instead of the voices of friends, family or violence against women experts.

**Violence against women (VAW) History Undocumented:** Failing to address any history of power and control, abuse and/or violence by the perpetrator. This is particularly relevant, as research suggests that history of violence is the most significant risk-factor for femicide.

**Racialization:** Misrepresentation or stereotyping of people into groups by reference to their skin colour or physical features, or race/ethnicity.

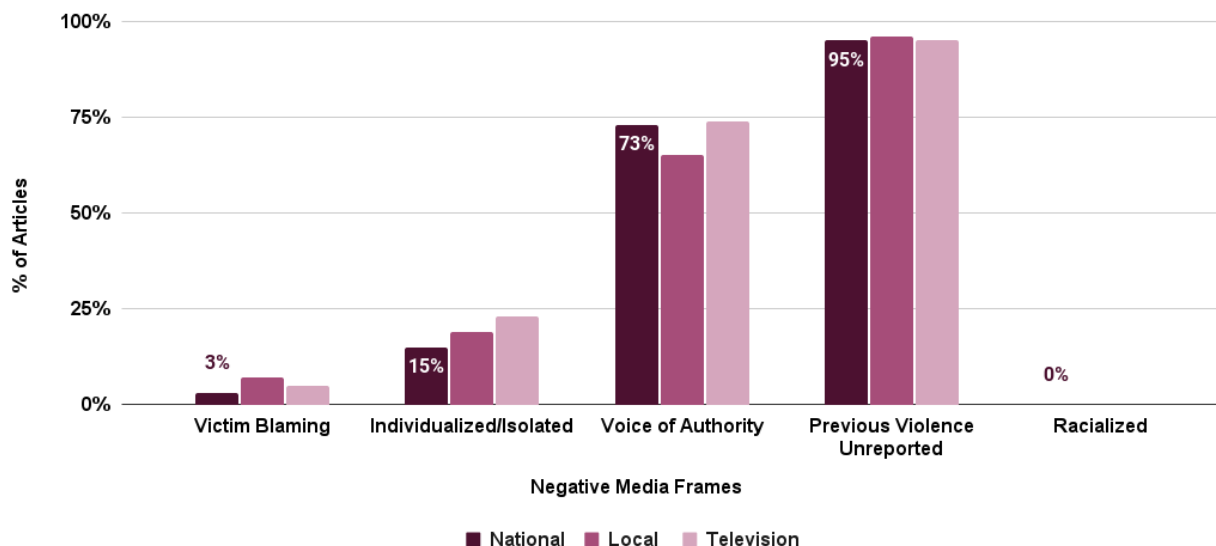
The OAITH Femicide Media analysis involves the collection and analysis of national, local and television media sources. National news sources can include newspaper articles from the highest circulation including the *Toronto Star*, the *Globe and Mail* and the *National Post*. Local news sources are selected based on the source that is the closest geographical proximity to the city or town in which the femicide occurred. Television sources include news reports that have been broadcast and/or published on CBC News, CTV News and Global News. As a part of the OAITH 2020-2021 Femicide Media Analysis, a total of 154 articles and media sources were reviewed, coded and analyzed based on the media frames and corresponding criteria noted above. This analysis was done in partnership with Dr. Mavis Morton, Department of Sociology and Anthropology, University of Guelph and Emma Kelly, Master of Arts, Criminology and Criminal Justice Policy, University of Guelph.

When examining the use of negative media frames across all media sources, national news sources did the best job by using the least amount of negative frames across their articles, however, this difference was very minimal and there was little variation between

**Figure 1**  
*Comparison of Negative Media Frames Among all Media Sources*



**National Newspapers Negatively Framed Femicide Victims Less than Local or TV Sources**  
2020-2021 Annual Femicide List



the three media categories. When compared to last year’s media coverage, there has been an increase in the number of media sources that framed the article in a way that laid blame on the victim. While this often does not occur in an overt or obvious way it can impact the way in which GBV is understood as the blame rests on the individual victim which can decontextualize this killing as a form of GBV and in some way excuse the killing (Lloyd & Ramon, 2016). It is important that media sources continue to broaden their understanding of GBV and the impact that language has, to ensure that the media works to improve public perception and understanding by framing these reports in a way that contextualizes this violence as a form of GBV that exists as a part of a broader gendered social and political problem.

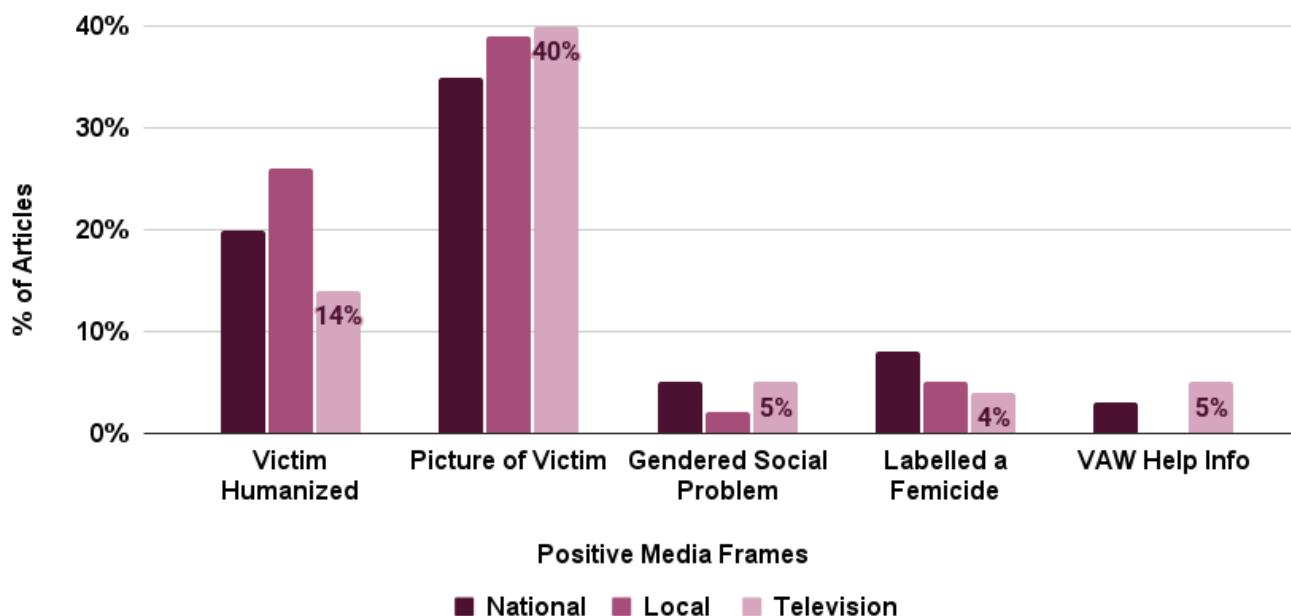
When examining the use of positive media frames across all media sources, local sources were the most likely to humanize the victim and provide details about the victim’s life. Local sources however did not include any help information for GBV services and supports. Television sources were the most likely to include a positive picture of the victim and to include some form of helpline or connection to a GBV service. Due to the wide reach of the media, and the many mediums in which media reports can be disseminated, this presents a key opportunity to widely broadcast resources and help information for survivors of GBV through the inclusion of help information in articles reporting on incidents of GBV and femicide.

**Figure 2**

*Comparison of Positive Media Frames Among all Media Sources*

**TV Most Likely to Include Positive Picture of the Femicide Victim & Help Information**

2020-2021 Annual Femicide List



As highlighted in Figure 3, the most common frame identified was the absence of details pertaining to previous violence against women. According to research on intimate partner femicides, in the majority of cases there has been a history of violence between the victim and the perpetrator (Domestic Violence Death Review Committee [DVDRC], 2019). While this history is often not included within media reports, it is an important detail to provide as it identifies a crucial risk factor and

predictor of lethal violence. If this information is not disclosed through police press releases, it is recommended that journalists request this information from police and confirm if there was a prior history of violence towards the victim, or towards women in general (“Femicide Reporting Recommendations”, 2021). Due to the ability of the media to widely disseminate information this is a key opportunity to increase public awareness about femicide and the predictors of femicide which can work to prevent future violence. As can be seen in Figure 2, very few sources contained help information for survivors or information about services that are available in local communities. As noted in OAITH’s Femicide Reporting Recommendations, it is valuable to include local GBV services within media articles reporting on femicide to ensure that survivors in the community, who are experiencing violence and are at risk of experiencing lethal violence, can be easily connected to supports in their community.

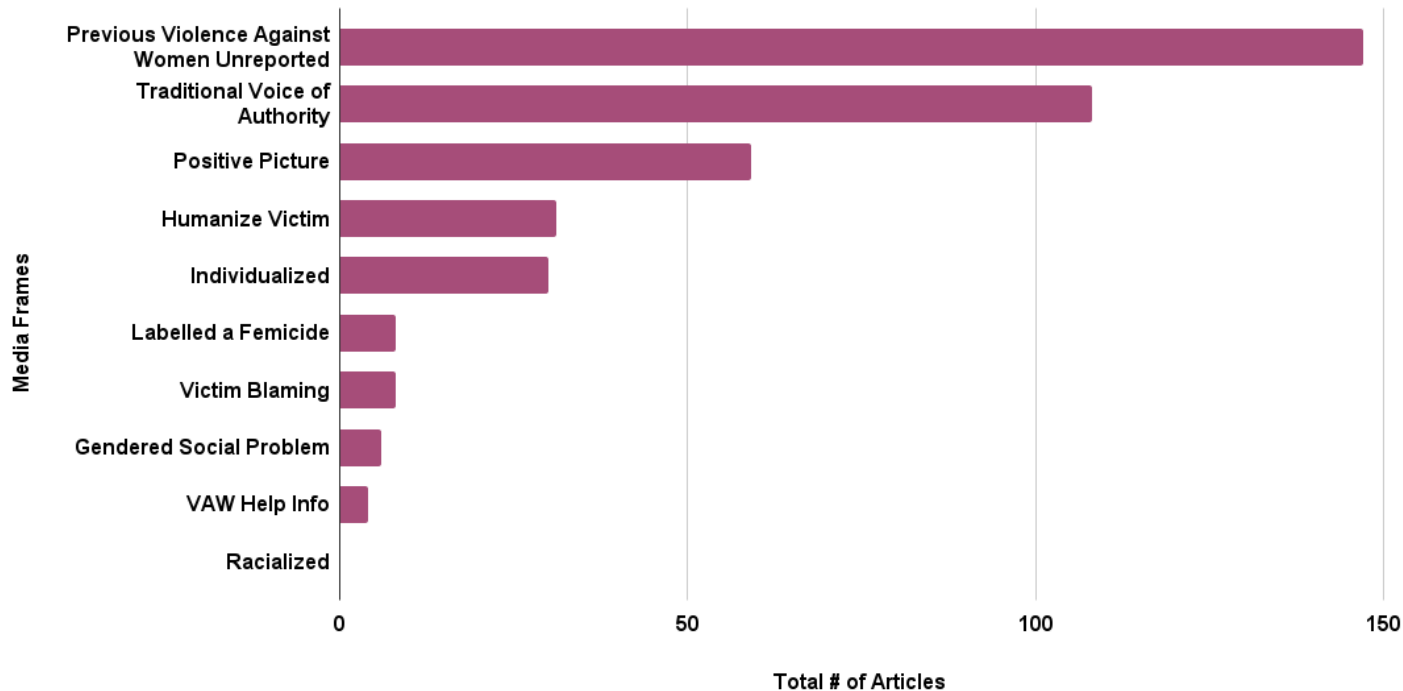
**Figure 3**

*Comparison of Media Frames Among all Media Sources*

**Previous Violence Against Women Unreported Was the Most Common Media Frame Across all 154 Media Sources**



2020-2021 Annual Femicide List



As illustrated in Figure 3, there is an absence of the use of the racialization frame. Out of 154 media articles analyzed, zero media sources depicted the victim in a way that would link their death to their race or perpetuate harmful racial stereotypes. This is an extremely positive finding from the recent media analysis, as this frame can create a negative perception of the victim, inadvertently placing blame on the victim and can perpetuate harmful stereotypes of specific racial and ethnic populations within society (Foreman et al., 2016). It will be important for media outlets to continue to understand the role they can play in improving public awareness and survivor safety, as well as the potential unintended consequences of reinforcing stereotypes and myths when reporting on femicide cases.

**Table 1**

*Use of Media Frames*

*Among all Media*

*Sources*

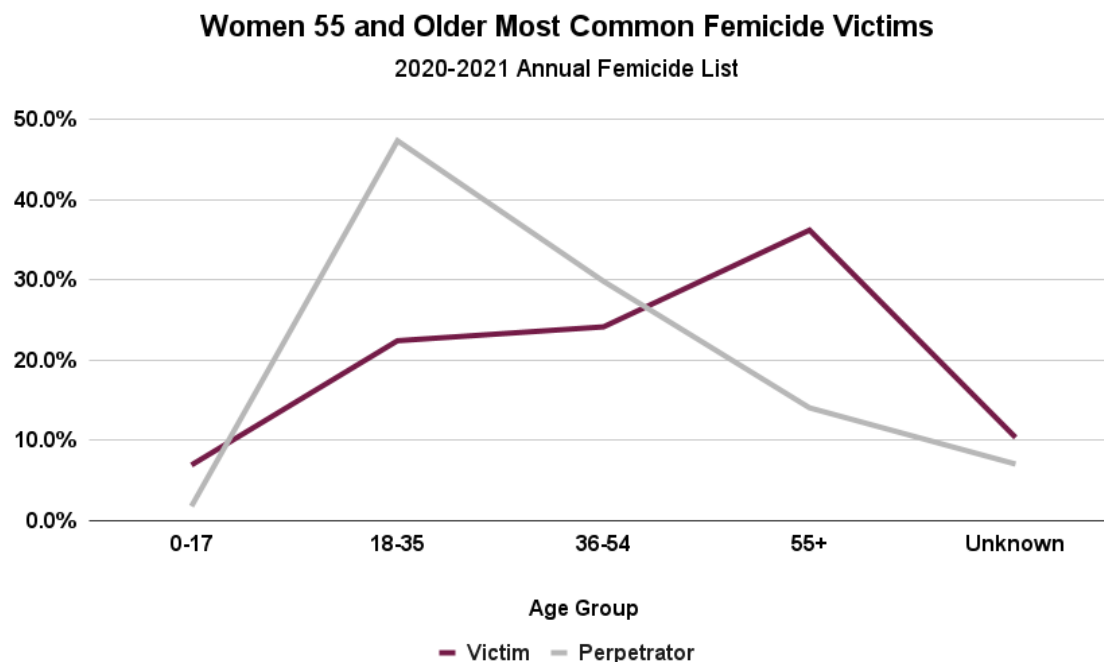


<b>Media Frame</b>	<b>Yes</b>	<b>No</b>
<b>Victim Humanized</b>	<b>20%</b>	<b>80%</b>
<b>Picture of Victim</b>	<b>38%</b>	<b>62%</b>
<b>Gendered Social Problem</b>	<b>4%</b>	<b>96%</b>
<b>Labelled a Femicide</b>	<b>5%</b>	<b>95%</b>
<b>VAW Help Info</b>	<b>3%</b>	<b>97%</b>
<b>Victim Blaming</b>	<b>5%</b>	<b>95%</b>
<b>Individualized/Isolated</b>	<b>19%</b>	<b>81%</b>
<b>Voice of Authority</b>	<b>70%</b>	<b>30%</b>
<b>Previous Violence Unreported</b>	<b>95%</b>	<b>5%</b>
<b>Racialized</b>	<b>0%</b>	<b>100%</b>

## Victim and Perpetrator Age Comparison

Similarly to last year, femicide victims included in the 2020-2021 Annual Femicide List were most commonly older women, ages 55 and older. As illustrated in the victim and perpetrator age comparison graphs, 36.2% of all femicide victims were 55 years of age and older. Nearly one quarter, or 24.1%, of femicide victims this year were between the ages of 36-54 and 22.4% of all victims were between the ages of 18-35. Young girls between the ages of 0-17 accounted for 6.9% of all femicides. An important distinction from last year's data is the number of victims included in the unknown age category. In over ten percent (10.3%) of femicide cases, the victims' ages were not disclosed by police or reported in the media. This can be as the result of court ordered publication bans and at times at the request of the family to protect the privacy of surviving loved ones, such as children. This, at times, can be a limitation of sourcing femicide data from media reporting as it can create challenges in accurately determining the rates of femicide among various age groups.

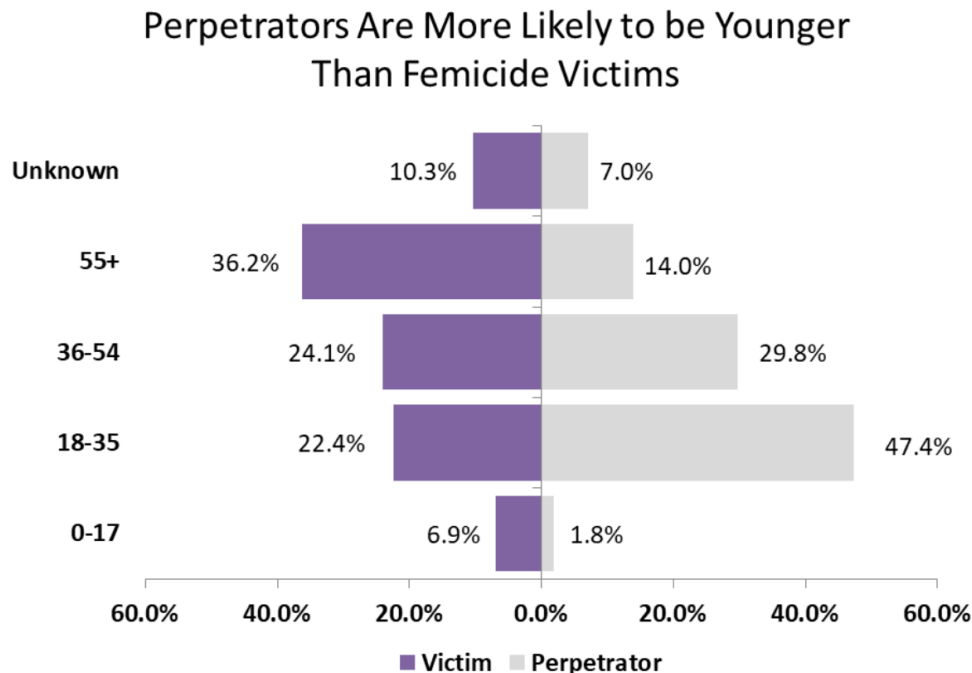
**Figure 4**  
*Comparison of Victim and Perpetrator Ages*



As older women continue to experience high rates of GBV and more specifically femicide it will be necessary to evaluate existing GBV systems and services to ensure they can be adapted to fit the needs of older women. Previous research conducted through the [Aging Without Violence](#) project highlighted a number of unique barriers and challenges to accessing GBV services for older women. Some of these barriers include mobility issues and lack of accessible shelters and/or services as well as transportation limitations, complex health/medical needs as well as economic dependence (“Aging Without Violence Final Report”, 2019). As the number of older women being killed by their intimate partners and family members remains high,

it will be imperative to reduce barriers and increase access to GBV resources and services for older women. Increased outreach referrals from non-traditional GBV organizations such as medical offices, retirement homes and other community groups for older populations could improve access to support for older women who may not be aware of the services available or who may experience barriers to accessing these services (Baker, 2016). Increased training from GBV organizations and experts to other services and systems can enhance these systems' capacity to identify violence amongst this age group and better respond to older survivors of GBV.

**Figure 5**  
Comparison of Victim and  
Perpetrator Ages



The analysis of perpetrators' age is based on data that only includes men who have been charged with some form of murder or men who have been deemed responsible. Other individuals who were charged with accessory charges, such as obstruction of justice, accessory after fact to murder and indignity to a human body, have been omitted from this analysis. A total of 57 perpetrators were identified and analyzed.

As seen in the victim and age comparison graphs, femicides are most commonly perpetrated by young adult men. Men between the ages of 18 and 35 accounted for nearly half, or 47.4%, of all perpetrators who have been charged and/or deemed responsible in relation to this year's femicide cases. Over one quarter, or 29.8%, of perpetrators were between the ages of 36-54. Adolescent boys ages 17 and younger accounted for 1.8% of all perpetrators while, older men, ages 55 and older, accounted for 14% of all perpetrators. Seven percent of the perpetrators had an unknown age. As Figure 5 highlights, young men continue to be the most frequent perpetrators of femicide. This has identified

the ongoing need for increased preventative measures and services directed at young boys, before they reach adulthood. Increased education on healthy relationships and healthy masculinity within elementary and secondary schools, as well as increased community programs and services have been demonstrated as successful tools in supporting and educating young boys before violence begins (Shorey et al. 2017). This education and support must be extended to post-secondary institutions to ensure the safety of the campus and to challenge harmful ideologies that are rooted in colonialism, oppression, misogyny and hatred and result in GBV. It will also be necessary to have targeted prevention measures that actively engage men between the ages of 18 and 35 to prevent further perpetration of GBV by men in this age group. In order to effectively work towards eradicating GBV within our society, it will be critical to implement prevention and education for young boys, before they perpetrate violent behaviour. Further to this, programs currently offered within the criminal justice system as a result of charges being laid (ie Partner Assault Response), which have shown to be promising in promoting positive attitudinal changes among perpetrators (Scott, 2006), could be modified and leveraged as a differential and culturally responsive community-based program. Systems and services that are engaged with survivors and their families outside of the criminal justice system could be facilitating access and delivering early intervention programs to address and manage risk, correct abusive behavior and improve survivor safety before violence escalates (Wells et al., 2013).

## Relationship/Femicide Type

The OAITH femicide data documents different types of femicides. These femicide types are categorized based on the relationship between the victim and perpetrator. Victim-perpetrator relationships are coded as follows:

**Intimate Partner:** Current or former intimate partner

**Family:** Father, son, nephew

**Known:** Acquaintance, neighbour

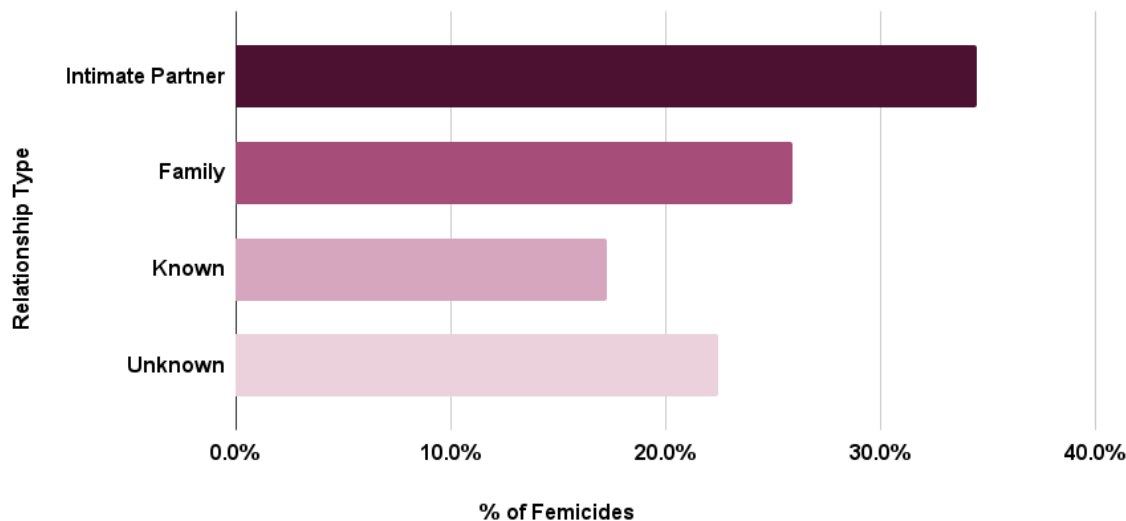
**Unknown:** Was a targeted attack/ at-risk due to gender and details about the nature of the relationship are unknown or unreleased

**Figure 6**  
*Relationship Between  
Perpetrators and Victims*



**Femicides Were Most Commonly Perpetrated by An Intimate Partner Or A Family Member**

2020-2021 Annual Femicide List



As illustrated in Figure 6, femicides were most commonly perpetrated by an intimate partner, including both current and former husbands, fiancés, and boyfriends. In this year’s annual femicide list, a total of twenty victims (34.5%) were killed by an intimate partner. Of the twenty total femicide victims killed by an intimate partner, at least 20% were reportedly killed by a former intimate partner, identifying the continued risk for women and gender-diverse individuals experiencing GBV, even after they have separated from their abusive partner. In at least one of these cases, media reports have indicated the suspected perpetrator was also charged with failure to comply with a release order in relation to the femicide (Revait, 2021), highlighting the need for improved police and community-based services collaboration that prioritizes safety planning and managing risk through assessments when releasing violent offenders back into the community.

In addition to intimate partner femicides, a substantial number of femicides this year were perpetrated by family members, including sons and son-in-laws, grandsons and brothers. A total of fifteen victims this year were killed by a family member, accounting for 25.9% of all femicides. The majority of these femicides were perpetrated by the victim’s adult son. Last year a total of seven femicides were perpetrated by family members, four of which were perpetrated by the victim’s son. Previous research has identified possible motivations for these types of killings as related to the perpetrator’s mental health, financial motivations, as well as caregiver responsibilities and dependence (Dawson, 2021). As this trend continues it will be useful to have a thorough examination of both the victims and perpetrators to better understand potential causes and risk factors.

It will also be important that future research examines what systems, if any, the perpetrator and/or victim may have been engaged with at the time of the femicide to better understand what gaps or flaws need to be addressed and what future interventions and preventative measures can be implemented to improve victims' safety.

**Table 2**  
*Examination of Perpetrator  
Relationship to Victim*

<b>Relationship Type 2020-2021</b>	<b>#</b>	<b>%</b>
<b>Intimate Partner</b>	<b>20%</b>	<b>34.5%</b>
<b>Family</b>	<b>38%</b>	<b>25.9%</b>
<b>Known</b>	<b>4%</b>	<b>17.2%</b>
<b>Unknown</b>	<b>5%</b>	<b>22.4%</b>



In addition to intimate partner femicides and family femicides, the Annual Femicide List also includes data related to known, and unknown relationships. In 17.2% of femicide cases the relationship between the victim and perpetrator was coded as known. This relationship category includes non-intimate relationships, such as acquaintances, roommates, neighbours and it also includes instances where the police have reported the victim and perpetrator are known to each other but no further details have been provided. Additionally, an unknown relationship has been identified in 22.4% of femicides this year. This category includes cases where there has not been an identified relationship through police disclosure or media reporting, however, media reporting suggests the killing was targeted and gendered. It is important to note that although a femicide has been included in the unknown category, this does not mean that there was no relationship between the victim and perpetrator and this categorization is subject to change pending further disclosure from police and media.

## **Age and Relationship Type**

The following graph provides a comparison of the victims' age and their relationship to the perpetrator. This type of comparison identifies the various sources of violence that a specific age group is experiencing and the risk of certain femicide types for specific age groups. As illustrated in Figure 7, victims between the ages of 36-54 and victims ages

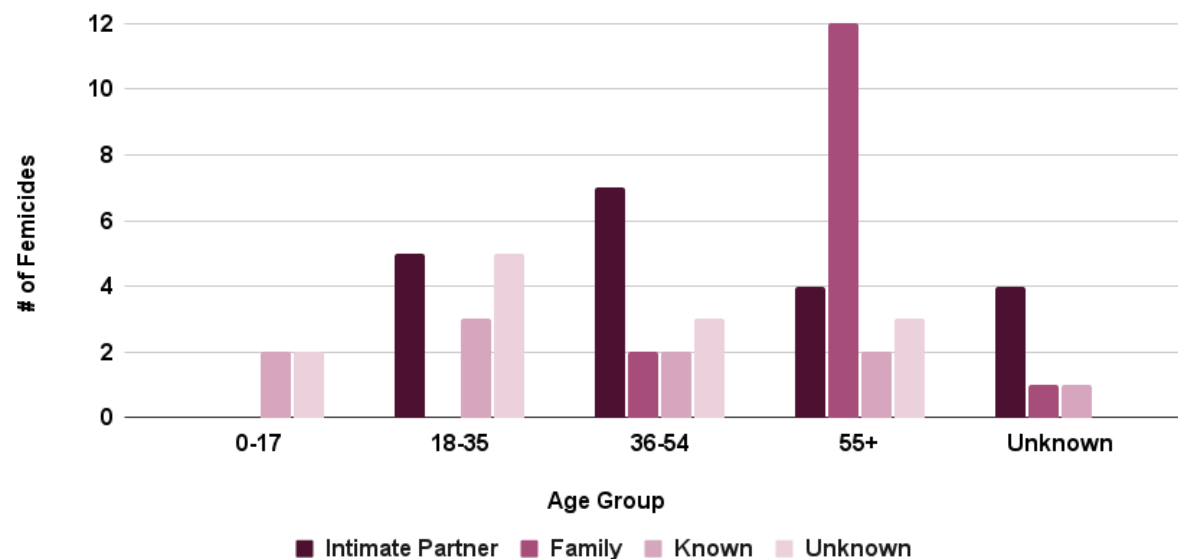
55 and older are experiencing violence from intimate partners, family members, and other known and unknown relationships. While victims between the ages of 36 and 54 experienced violence from all four relationship categories, victims belonging to this age group were most commonly killed by an intimate partner. Older victims, ages 55 and older, were most likely to be killed by a family member. In fact, older women accounted for 80% of all family femicides (or 12/15), highlighting a substantial risk for this type of violence for older women. Victims between the ages of 18 and 35 were at the greatest risk for intimate partner femicides, as well as unknown femicides. Young victims, between the ages of 0 and 17 were most commonly killed in known femicide and unknown femicides. No victims in this age group were killed by an intimate partner or a family member in 2020-2021.

**Figure 7**

*Examination of Relationship Type by Victim Age Group*

**Femicide Victims 36 Years of age and Older Killed by Perpetrators Across all Relationship Types**

2020-2021 Annual Femicide List



The trends identified in this comparison not only highlight the specific risk for various age groups but they may also identify potential gaps in services and age groups that are experiencing additional barriers to accessing GBV services. As this year's femicide data has highlighted, older women ages 55 and older continue to be at a substantial risk of family femicides, which have been commonly perpetrated by their adult sons. As this has been a relatively new and emerging trend, it will be important to understand what barriers may exist as well as what services and supports are available to survivors who may

be experiencing violence perpetrated by their sons and how accessible these services are to survivors. Previous research has identified that older women face unique barriers to accessing GBV services including mobility issues, lack of access to transportation, physical and financial dependence on their caregiver, and fear of loss of autonomy resulting from disclosure (Baker, 2016). These trends also highlight an opportunity for increased public education and prevention initiatives to specifically address family perpetrated GBV.

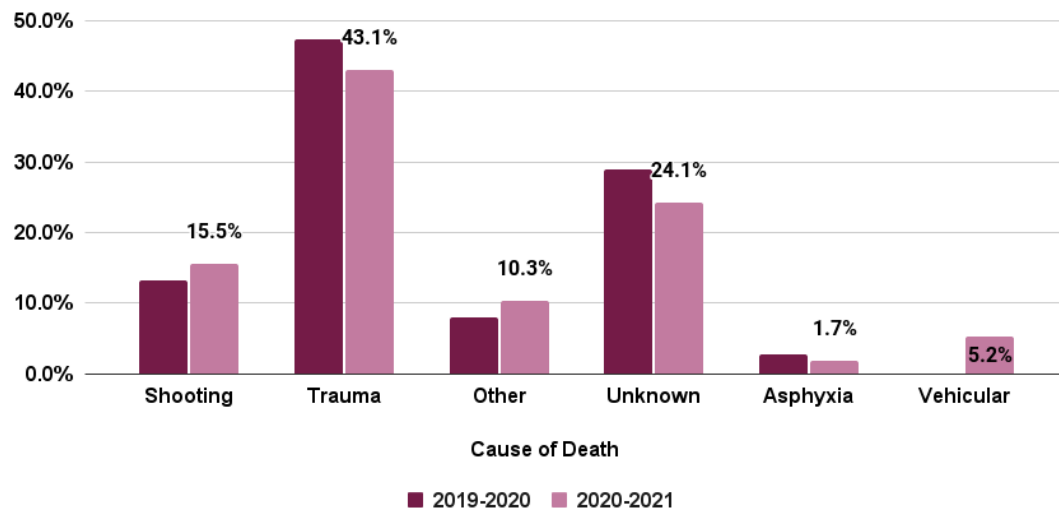
## Cause of Death

**Figure 8**  
*Annual Comparison of Cause of Death Among Femicide Victims*



### Trauma Most Common Cause of Death for Ontario Femicide Victims Over the Last 2 Years

2020-2021 Annual Femicide List



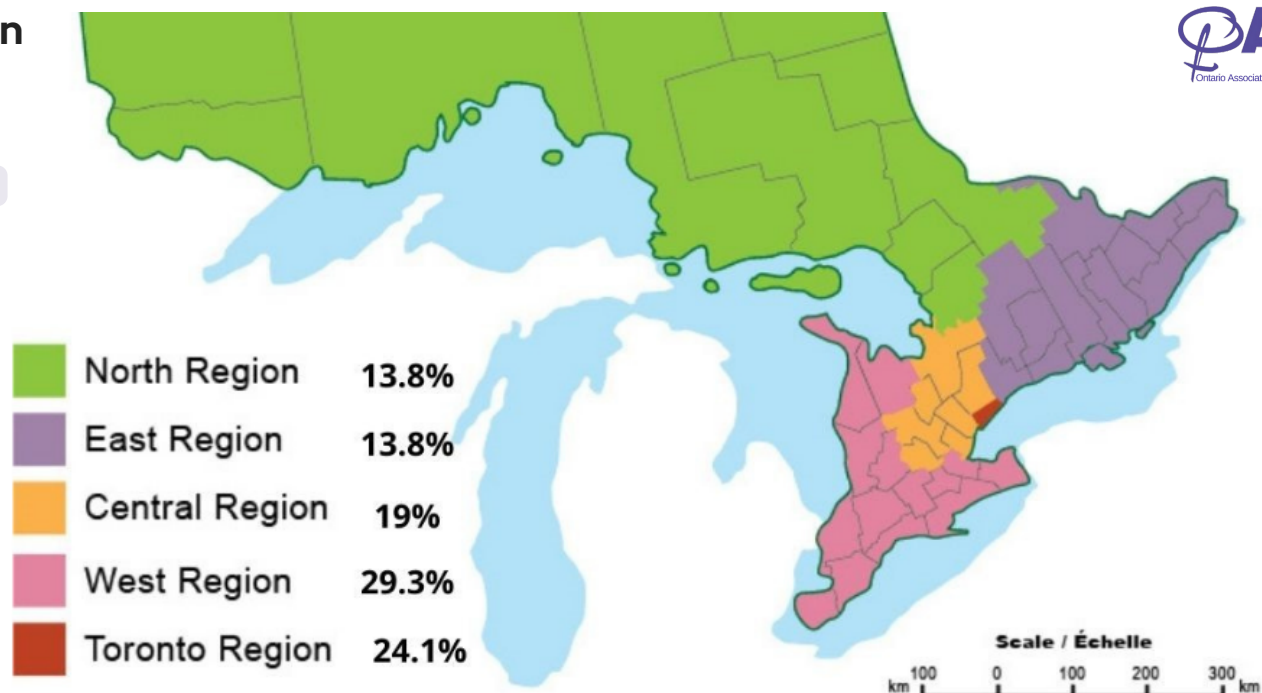
Similar trends surrounding the victims' cause of death continue from last year. Trauma continues to be the most common cause of death among femicide victims in Ontario, accounting for 43.1% of all femicides this year. This category includes victims who have died as a result of some form of trauma, including stabbings, assaults and blunt force trauma. Trauma was also reported to be the cause of death in 50% of intimate partner femicides. The cause of death was reported to be shooting in 15.5% of cases. Femicides involving shooting deaths were most commonly perpetrated by known perpetrators (44.5%), and intimate partners (33.3%). Additionally, two (or 22.2%) of these shooting deaths occurred where there is an unknown relationship between the victim and the perpetrator, however, this is subject to change pending further police disclosure.

Asphyxiation was reported as the cause of death for 1.7% of femicide victims. Additionally, cause of death has also been categorized as "other", in killings that involve poisonings, death by fall and deaths due to arson, etc., which accounted for over ten percent (10.3%) of femicide victims analyzed. A new categorization of cause of death has been identified in 2020-2021 due to an increase in the number of vehicular killings, as 5.2% of femicide victims were killed by a perpetrator using a vehicle.

As this data is collected from media reports, and the cause of death is often not disclosed or reported immediately following the victims' deaths, a large proportion of cases (24.1%) have been coded as cause of death unknown. This continues to be one of the limits to using media reports to identify the cause of death in femicide cases, however media reports continue to be monitored to ensure new police disclosure and media reported data pertaining to the cause of death can be included in the femicide database.

## Geographic Region

**Figure 9**  
Rates of Femicide Across all  
Ministry of Children, Community  
and Social Services Ontario  
Regions



OAITH utilizes the Ministry of Children, Community and Social Services' regional map to geographically locate femicides across the province. This allows us to easily identify the location of femicides with availability of GBV services that this government ministry funds. It also can highlight regions that may require additional supports and services. As illustrated in Figure 9, femicides most commonly occurred in the West Region of the province (29.3%). In addition, nearly one quarter (24.1%) of femicides occurred in the Toronto region and 19% of femicides occurred in the Central region. The North and East region each accounted for 13.8% of all femicides.

Over half, or 53.4%, of all femicides occurred in the West region and the Toronto region alone, highlighting the need for additional research to examine potential gaps, barriers or limitations to service within these regions. As these two regions are very different, it will be important to examine how the geographic differences of these two regions might affect service delivery and create barriers to escaping violence. It will also be important to understand what regional impacts are being experienced for service providers and survivors of GBV as it relates to the Covid-19 pandemic. Further research on the regional impacts, such as the impacts on transportation and mobility in rural and urban areas, will be beneficial in guiding future emergency planning and public health strategies that will remove barriers and mitigate harm for survivors. These regional impacts, inequities and barriers will need to be addressed in order to ensure survivors have access to the necessary support regardless of where they are in the province.

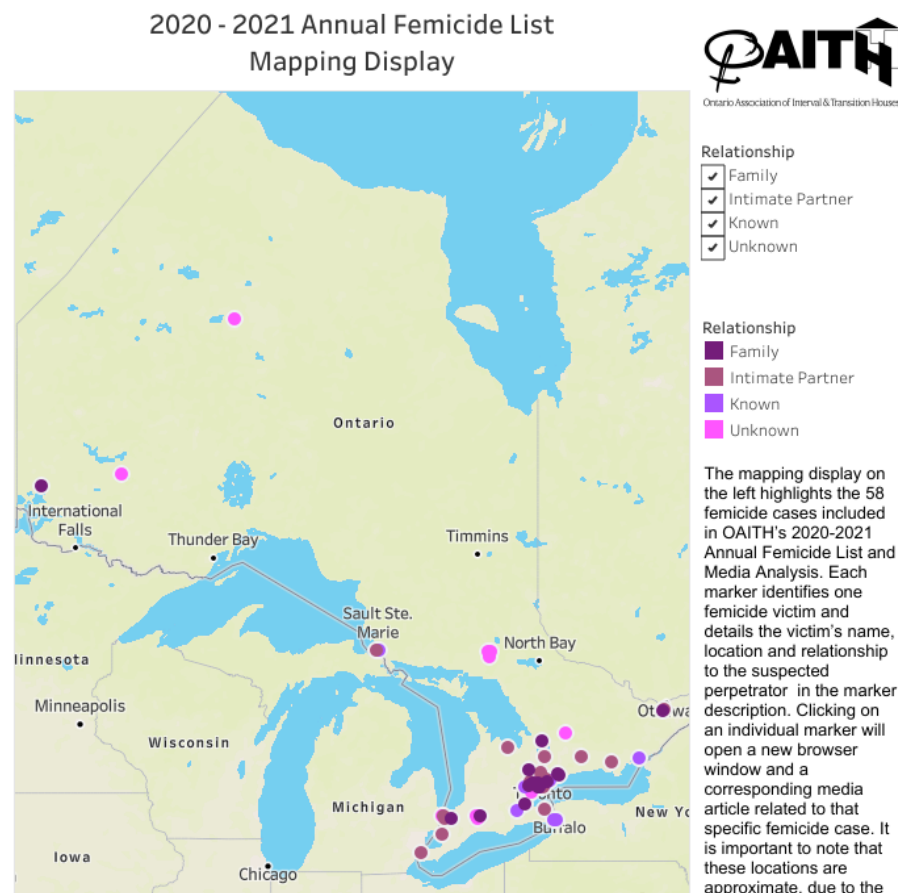
**Figure 10**

*Image of Interactive Mapping Tool*

## Femicide Mapping Display

The Femicide Mapping Display can be accessed here:  
<https://tabsoft.co/3CfMArn>

As a part of OAITH’s geographical examination of femicides in Ontario, a Tableau Mapping display has been created. This visualization provides an approximate plotting of all femicide cases included in the 2020-2021 Annual Femicide List on an interactive map of Ontario. These locations are only approximate as the exact location of femicide cases are not always disclosed through the media and due to limitations within the mapping software. When navigating this visualization, users are able to interact with the map with zoom features and they can also filter the map to highlight specific types of femicides by selecting, or unselecting any of the relationship filters included on the right hand side of the visualization. Users can also interact with individual plottings and can view a brief description of the case including the victim’s name, relationship with the perpetrator and the city or town in which the femicide took place. Additionally, each plot can be selected which will open a new browser window hyperlinked to a media article about the case.



As can be seen through this display, the majority of femicide cases included in the 2020-2021 Annual Femicide List occurred in Southern Ontario. The city with the highest number of femicides was the City of Toronto with media sources reporting on 14 femicide cases in that timeframe. The City of Toronto is also classified as one of the five MCCSS geographical regions and had the second highest proportion of femicide cases in the province. As noted in Figure 9, the West region had the highest number of femicides. Due to the vast geographical area included within the West region, these cases are distributed more sporadically throughout the region, in contrast to the small but densely populated geographical area within the Toronto Region.

## Race

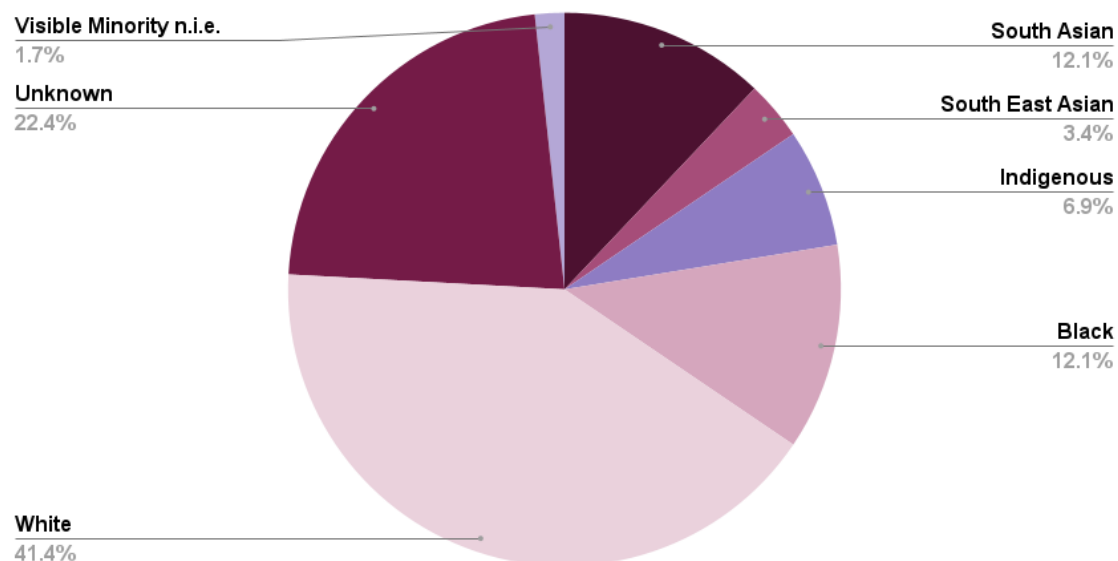
**Figure 11**

*Examination of Race of Femicide Victims in Ontario*



### 36% of all Femicide Victims are From Visible Minority Populations

2020-2021 Annual Femicide List



The OAITH femicide data includes race related data collected from media articles and media reported images. A limitation within media reports is that race information is often not-reported on or verified in media reports and as a result there are often large gaps in this information. Due to this limitation, the victim's race has been coded as unknown in 22.4% of all femicide cases examined. Given the available information and, as illustrated in Figure 11, femicide victims were most commonly white and the victim's race was coded as white in 41.5% of all cases. The victim's race was coded as Black in 12.1% of cases and South-Asian victims also accounted for 12.1% of all femicide cases. The victim's race was identified to be Indigenous in 6.9% of all femicide cases. Additionally, in 3.2% of cases the victim was identified as South-East Asian and in 1.7% of cases the victim has been identified as a visible minority (not identified elsewhere), which aligns with Statistics Canada's racial classification for Guyanese individuals (Statistics Canada, 2017).

Table 3 provides a comparison between Statistics Canada's population race demographics and the race of femicide victims in Ontario in the past year. There are some differences in the way race is categorized in Statistics Canada census data and in OAITH's femicide database, as well as the limitations to OAITH's collection of race demographics noted above. Nearly one-quarter (22.4%) of femicide victims included in the 2020-2021 Annual Femicide List have been coded as an unknown race due to the lack of information, identification and pictures of the victim included within media articles, which limits the accuracy of the proportions noted below.

In order to compare the rates provided in Table 3, some of the race categories listed in the Statistics Canada race data must be combined to align with the OAITH femicide data categorization. Statistics Canada includes a separate category for West Asian, for individuals of Afghani descent, and when combined with the total South Asian population this race categorization accounts for 9.9% of Ontario's population. When comparing this to OAITH's femicide data, there is an overrepresentation of South Asian femicide victims as this race category accounted for 12.1% of all femicide victims. In addition to South Asian victims, Black victims were also overrepresented on the OAITH femicide list and accounted for 12.1% of all femicide victims and only 4.7% of the total population in Ontario. Indigenous women and girls are also overrepresented within Ontario femicide data, accounting for 6.9% of femicide victims and only 2.8% of the total population in Ontario. White women are underrepresented.

**Table 3**

*Comparison of Racial Demographics of Ontario and the Ontario Annual Femicide*



<b>Femicide Victim Race and Population Race Comparison Nov. 2020 - Nov. 2021</b>			
<b>Race</b>	<b>% of Ontario Population</b>	<b>Victim Race</b>	<b>% of Femicide Victims</b>
<b>White</b>	67.9%	<b>White</b>	41.4%
<b>South Asian (India, Pakistan)</b>	8.7%	<b>South Asian (Afghanistan, Pakistan, India)</b>	12.1%
<b>West Asian (Iran, Afghanistan)</b>	1.2%	<b>N/A</b>	
<b>Chinese</b>	5.7%	<b>East Asian (China, Japan)</b>	0.0%
<b>Filipino</b>	2.4%	<b>N/A</b>	
<b>Southeast Asian</b>	1.0%	<b>South East Asian (Philippines, Vietnam)</b>	3.4%
<b>Black</b>	4.7%	<b>Black</b>	12.1%
<b>Visible minority, n.i.e.</b>	0.7%	<b>Visible Minority n.i.e.</b>	1.7%
<b>Indigenous</b>	2.8%	<b>Indigenous</b>	6.9%
<b>N/A</b>		<b>Unknown</b>	22.4%

Note. Based on 2016 Census Data provided by Statistics Canada (Statistics Canada, 2017).

As the data in Table 3 identifies, there is an overrepresentation of victims from racialized communities included in the current femicide list. When combining the total percentages of all racialized victims, over one-third (36.2%) of femicide victims this year belonged to a visible minority group. This trend highlights the need to address issues including systemic racism and fears of police engagement and intervention, that may be preventing survivors from accessing the type of support needed to ensure they can safely leave violent relationships

## Population

OAITH classifies population based on categories used by Statistics Canada to classify population centers. The categories are based on total population as well as population density. The classification is as follows (Statistics Canada, 2019):

**Large Population Center: Population >100,000**

**Medium Population Center: Population: 30,000-99,999**

**Small Population Center: Population: 1,000-29,999**

**Rural Area: Population <1,000 or population density of 400/ sq. km**

**Figure 12**  
*Population Classification of  
Femicide Locations*

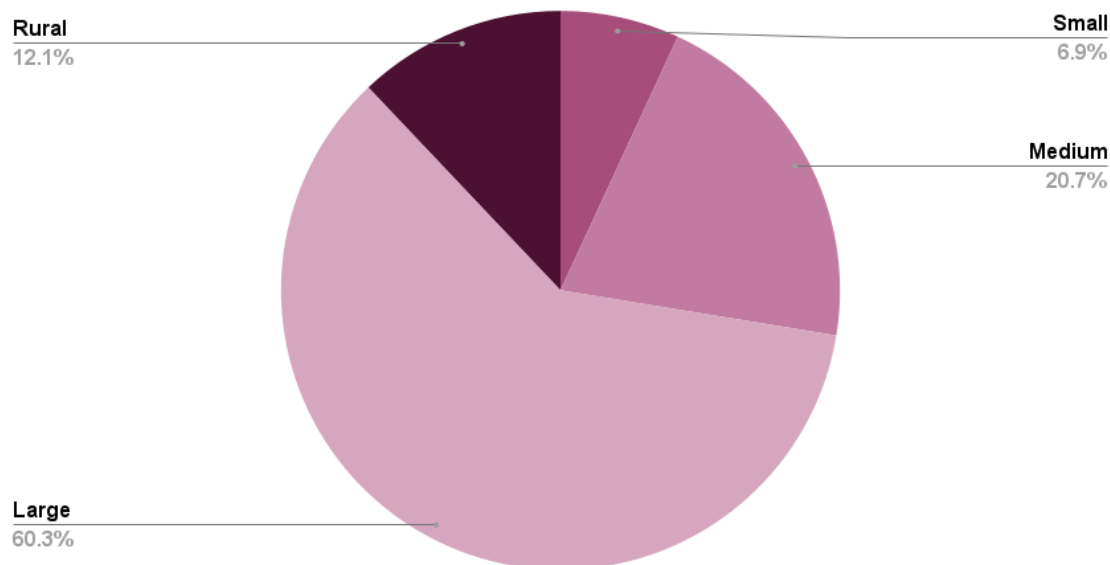


As illustrated in Figure 12, the majority of femicide cases (60.3%) included in the 2020-2021 Annual Femicide List occurred in a city with a large population, of over 100,000 residents. Approximately one-fifth of femicides (20.7%) occurred in cities with a medium-sized population. In 6.9% of femicide cases, the femicide occurred in cities and towns with small populations. Additionally, over ten percent of femicide cases reported (12.1%) in the 2020-2021 Annual Femicide List occurred in a rural area.

As previous research has highlighted, women, children and gender-diverse individuals in northern and rural

### The Majority of Femicides Occurred in Cities with Large Populations

2020-2021 Annual Femicide List



communities continue to experience high-rates of GBV and femicide. This trend highlights the continued need for investments to GBV organizations that would allow them to better serve the unique needs of survivors in their communities and address barriers, such as transportation and privacy that may be unique to the community and geographical setting. It will be important to understand what inequalities exist between smaller communities and larger communities and how these may have increased in the current context of the Covid-19 pandemic, in order to prevent further perpetuation of lethal GBV and ensure survivors can safely access services and support in their communities, regardless of provincial location.

## Monthly Femicide Rates

**Table 4**

*Comparison of Monthly Femicide Rates (2019-2020 & 2020-2021)*

### OAITH Femicide Data - Monthly Comparison Nov 2019 - Nov 2020 and Nov 2020 - Nov 2021



OAITH Femicide Data - Monthly Comparison Nov 2019 - Nov 2020 and Nov 2020 - Nov 2021				
2019-2020	# of Femicides	2020-2021	# of Femicides	Change
Dec 2019	7	Dec 2020	5	( - ) Decrease
Jan 2020	3	Jan 2021	7	( + ) Increase
Feb 2020	4	Feb 2021	7	( + ) Increase
Mar 2020	3	Mar 2021	5	( + ) Increase
Apr 2020	2	Apr 2021	4	( + ) Increase
May 2020	1	May 2021	6	( + ) Increase
June 2020	1	June 2021	8	( + ) Increase
July 2020	4	July 2021	4	( = ) No Change
Aug 2020	4	Aug 2021	0	( - ) Decrease
Sept 2020	3	Sept 2021	5	( + ) Increase
Oct 2020	4	Oct 2021	5	( + ) Increase
Nov 2020	2	Nov 2021	2	( = ) No Change
<b>Total:</b>	<b>38</b>	<b>Total:</b>	<b>58</b>	<b>( + ) Increase</b>



As illustrated in Table 4, there has been a notable increase in the number of reported femicides this year. Compared to last year, there has been over a fifty percent increase (52.6% or 20 femicides) in the number of confirmed Ontario femicides. Femicides occurred in every month except August and decreases in femicide, when compared to the previous year, were only reported in December 2020 and August 2021. An increase in femicides was reported across 8 months, with substantial increases occurring May and June 2021. Last year, we saw an emerging trend of increases in reported femicides as provincial lockdown measures were being lifted (Hancock, March, 2021). In May and June 2021, as Covid-19 cases in the province decreased and provincial lockdown measures once again began to lift (Office of the Premier, 2021), there was a notable increase in the number of femicides reported, with six and eight femicide cases reported respectively in those months.

Research into the impacts of the pandemic and the resulting public health measures and restrictions on survivors of GBV has highlighted the ways in which GBV has been exacerbated through the pandemic. Isolation, due to quarantine, lockdown measures and work from home regulations, has increased, in addition to financial dependence due to unemployment and the disproportionate impacts on sectors that primarily employ women (Evans et al., 2020). The forced isolation and financial implications of the pandemic contribute to increases in conflict, control and violence and also create additional barriers for survivors looking to access services and/or leave an abusive partner (Peterman et al., 2020). In order to fully understand the relationship between the lockdown measures and the ensuing re-opening of the province and community services and GBV it will be imperative to directly engage survivors who were experiencing GBV and those serving survivors throughout the pandemic in further research. This perspective will help identify key challenges that were faced which can help inform emergency planning, provincial health measures and public policy and can guide the implementation of safeguards and protections for survivors within these directives.

## **Femicide/Suicide**

One of the indicators that is tracked through the OAIH femicide database is the occurrence of femicide-suicides. Femicide-suicides can include cases where the bodies of the perpetrator and victim are both found dead and media reports indicate or suggest that the perpetrator killed the victim prior to killing himself (Richards et al. 2013). Femicide-suicides can also include incidents, often labeled death/suicide by cop, in which the suspected perpetrator behaves in a manner that endangers or threatens to endanger a police officer with the intention to provoke the officer to kill him (Jordan et al., 2019). While the majority of perpetrators did not commit suicide following the perpetration of the femicide (87.9%), femicide-suicides did account for 12.1% of all femicide cases included in the 2020-2021 Annual Femicide List. Often times there is

limited media reporting on cases involving femicide-suicides, which can be explained in part by a lack of police disclosure and potentially due to the lack of perceived threat to public safety and absence of ongoing criminal investigations and proceedings. This can create challenges when trying to identify key indicators and demographics of the victim and perpetrator and can also result in cases not being widely publicized or published at all, and potentially lead to omissions in the femicide data.

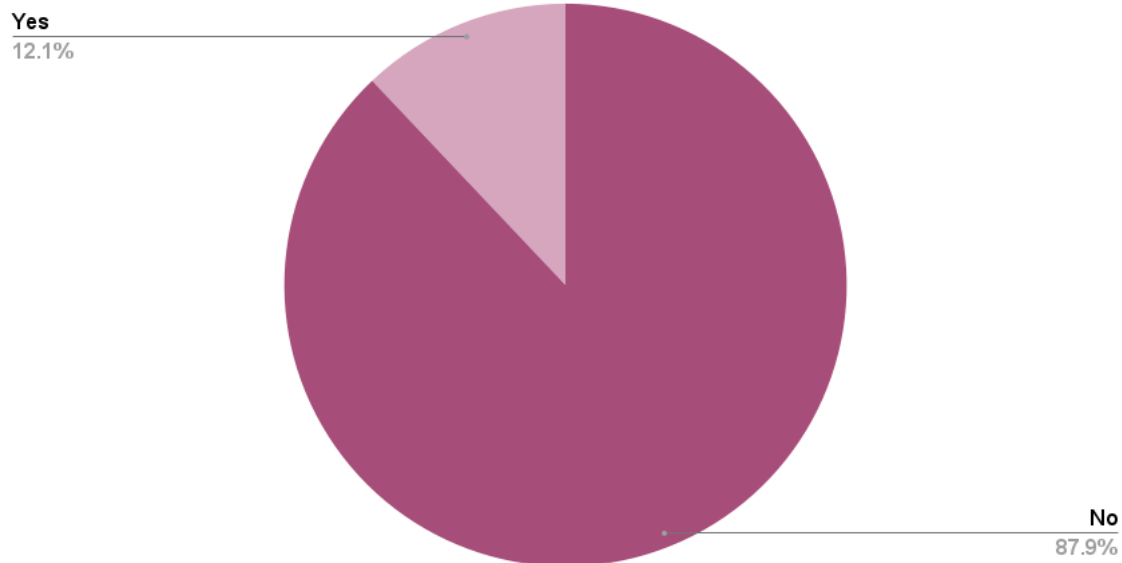
**Figure 13**

*Rates of Femicide-Suicides Among  
Ontario Femicide*



**Over One Tenth of Femicide Cases Were Femicide/Suicides**

2020-2021 Annual Femicide List



As highlighted in the 2019-2020 Annual Femicide Report, there was an upward trend in the proportion of femicide cases involving femicide-suicides reported each year (Hancock, March, 2021). As previously highlighted in last year’s annual report, 18.9% of femicide cases reported in 2019-2020 involved a femicide-suicide. This proportion has decreased, as 12.1% of all cases included in the 2020-2021 Annual Femicide List involved a femicide-suicide, however the total number of cases (7) has remained consistent for both years. It will be important for future research to continue to monitor this trend and conduct further research on potential risk factors for both the victim and perpetrator. It is also crucial that media sources continue to report on these cases and within the context of GBV. While many police reports and ensuing news articles often state there remains to be no threat to public safety, due to the death of the suspected perpetrator, it is important to understand that women, girls and gender-diverse individuals continue to experience lethal GBV throughout the province.

It will be imperative that the media continue to report on these cases to improve survivors’ safety, as they possess the means to improve public awareness, as well as to widely disseminate help and contact information for a variety of GBV services.

A history of suicidal attempts and/ or threats is a common risk factor or indicator of future lethal violence and was present in 44% of intimate partner homicides reviewed by the Ontario Domestic Violence Death Review Committee from 2003-2018 (DVDRC, 2019). This indicator can be used as an additional tool for mental health professionals who provide services to men as it will highlight the need for further risk assessment in men who are in intimate partner relationships and have a history of suicide attempts and/or ideation. This will create the opportunity for intervention prior to the escalation of lethal violence and prevent future GBV and more specifically, femicide.

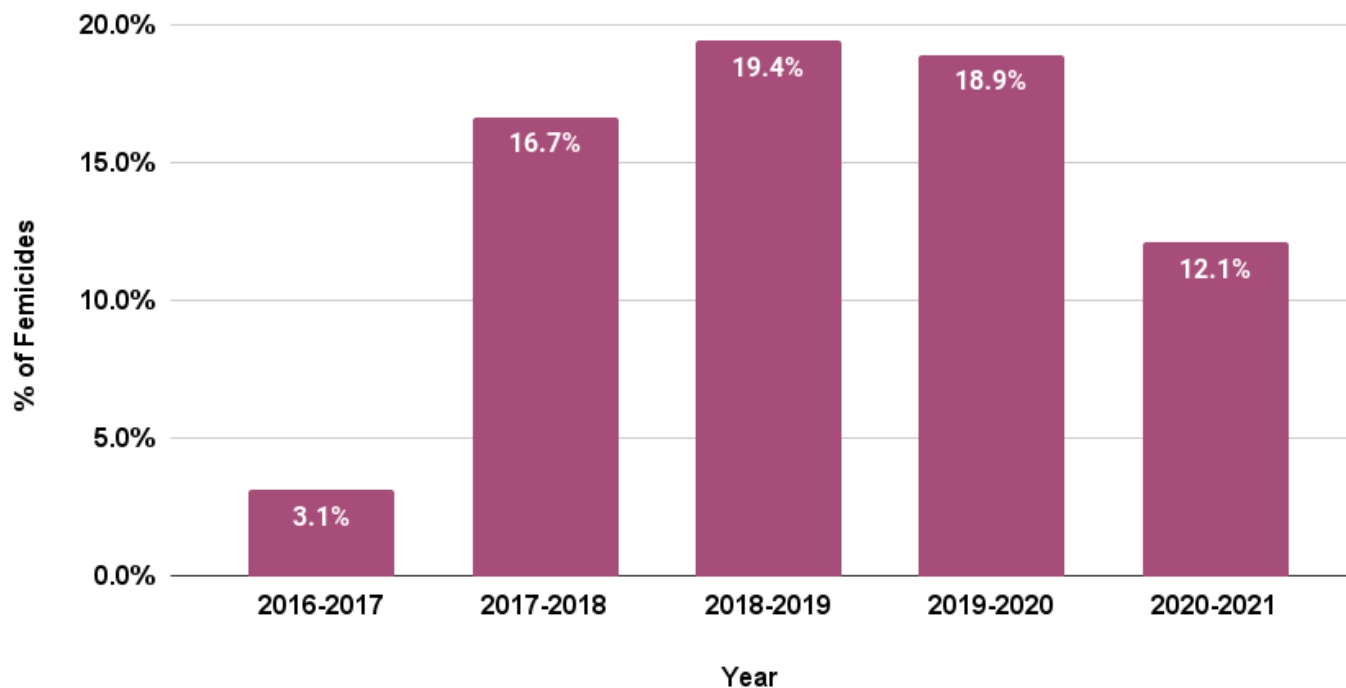
**Figure 14**

*Annual Comparison of Rates of Femicide-Suicides in Ontario*



### Decrease in Proportion of Reported Femicide-Suicide Cases 2020-2021

2020-2021 Annual Femicide List



## Femicide Location

**Residence Indoors:** Victim/perpetrator’s residence

**Residence Outdoors:** Driveway, backyard, etc.

**Public Indoors:** Workplace, bar, hotel, etc.

**Public Outdoors:** Park, parking lot, etc.

**Undetermined:** No details have been provided regarding the location of death

**Retirement Home:** Private accommodations for older adults

When examining the location of the femicide, location is coded based on where media reports have indicated the victim has been found. In instances where the victim died at a later date in hospital, the location is categorized based on where the incident took place.

**Figure 15**

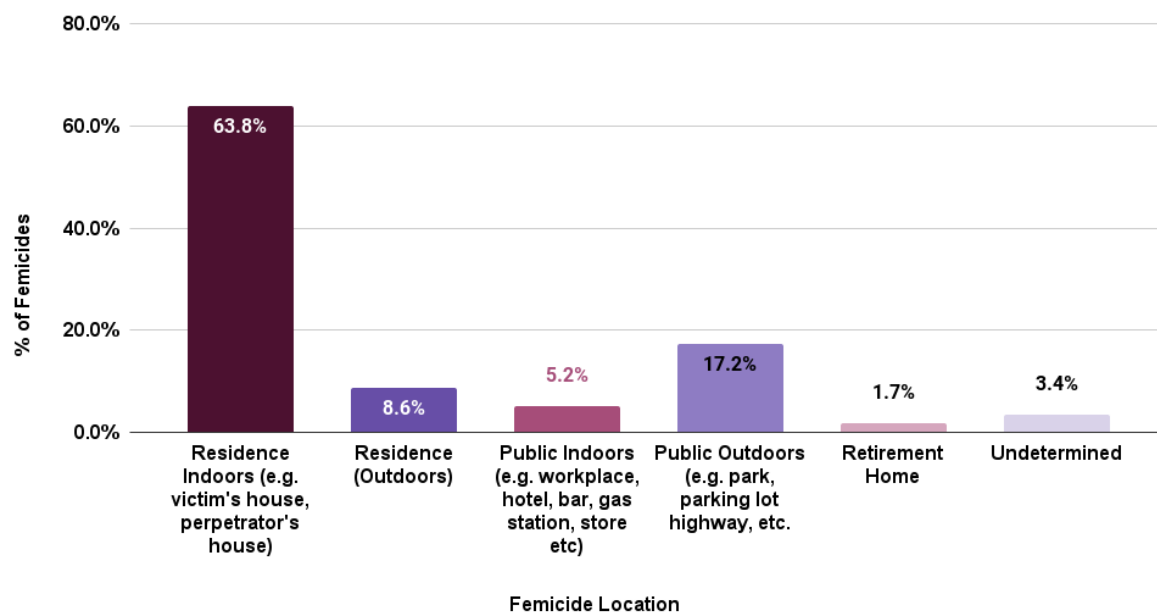
*Examination of Femicide Victims'*

*Place of Death*



### Femicide Victims Were Most Commonly Killed Inside of a Residence

2020-2021 Annual Femicide List



As seen in Figure 15, the majority, or 63.8%, of femicide victims were reported as being found inside a residence. In 8.6% of femicide cases the femicide location was reported to have been outside of a residence. The femicide location for 17.2% of all femicide victims was reported to be a public outdoors location, including parks, lakes and parking lots and 5.2% of cases were reported to have occurred inside a public location including a short-term rental and the victim’s workplace. The femicide location has been categorized as undetermined in a total of two, or 3.4%, of femicide cases this year. One femicide victim, or 1.7% of cases, was reported to have been killed inside of a retirement home.

Survivors of GBV continue to be at a substantial risk for experiencing GBV, and ultimately femicide, in their own homes. As a result of the Covid-19 pandemic, a number of public health measures have been implemented throughout the province, including restrictions on movement and work. Many of these measures, including school closures and work from home policies, have resulted in survivors being at home, in lockdown, with an abusive partner and/or family member. These measures have also created additional barriers for survivors looking to escape violent situations, due to lack of childcare, reduced income, lack of transportation, lack of public spaces to access and increased safety risks due to the presence of their abuser. (Wood et al., 2021) The findings in Figure 15 highlight a potential lethal impact of the province's stay at home measure as victims of GBV continue to be killed in their own homes. This has also highlighted the need for continued research into the impacts of the lockdown measures and community service closures on survivors of GBV to better understand how future risk can be mitigated as the province continues to address the Covid-19 pandemic.

## **Covid-19 Pandemic Impacts on Gender-Based Violence**

The Covid-19 pandemic has had a number of impacts on women, children and gender-diverse individuals, many of which have put the most vulnerable populations at an increased risk of GBV (Bradley et al., 2020). Psychological strains due to loss of employment, increased isolation from supports such as friends and family and control and financial dependence have all been noted as contributing factors to the increase in GBV that has been reported across the province as well as the world (Nonomura et al., 2020). In addition, systemic barriers such as the lack of affordable housing, safe transportation, affordable child care and wage inequality have worsened throughout the pandemic making it even more difficult to safely leave an abusive relationship (Evans et al., 2020). Public health measures and other regulations created in response to the pandemic have also contributed to increased risk of violence, including stay-at-home orders that have led to survivors being forced into isolation with their abuser and early release orders. There were a number of cases included in the 2020-2021 Annual Femicide List that involved a perpetrator who was out on bail or released from police custody. This measure was implemented to keep perpetrators safe from contracting the Covid-19 virus and yet it put survivors at an increased risk of violence whether through the release of violent sons to their mothers or parents (Braun, 2021) or through the release of violent perpetrators into the community without the implementation of risk assessment and safety planning for the survivor (Taekema, 2021).

In order to respond to the pandemic and the needs of survivors many GBV organizations and shelters implemented new service delivery models that would allow survivors to remain connected to supports while adhering to public health

restrictions and guidance. New online and text-based crisis support lines emerged, ongoing service delivery was offered virtually wherever possible and many shelters began to use alternative housing models to ensure survivors could access residential services despite physical distancing capacity limits that were implemented within shelters (Hancock, August 2021). While shelter services remained open they faced a number of challenges in ensuring their services remained operational and accessible by survivors, including challenges in staffing and operating one or more additional shelter locations such as a hotel or private rentals as well as increased safety risks within these alternatives locations as they lack the traditional safety mechanisms that exist within shelter. Furthermore, organizations have had to completely transform the way in which they provide services and support to survivors and have had to address ongoing safety and privacy concerns associated with the delivery of virtual services (Hancock, August 2021). Additional barriers exist for survivors who may not be able to safely contact services due to the presence of their abusers, or for survivors who do not have access to a cell-phone or internet and for survivors where English is not their first language and require translation services. As has been identified through the recent increase in the number of femicides occurring in Ontario, women, children and gender-diverse individuals continue to face increasing rates of lethal GBV, including femicide highlighting the urgent need for policy and legislation that considers the experience of survivors of GBV and addresses the social inequities and conditions that create further vulnerability to violence.

## Conclusion

As highlighted in OAITH's 2020-2021 Annual Femicide List and this annual report, women, children and gender-diverse individuals are experiencing increasing levels of violence, specifically femicide. When compared to last year's total number of femicides, there has been a 52.6% increase in femicides reported in Ontario in 2020-2021. Intimate partner femicides continue to be the most common femicide type occurring in Ontario. A stark increase, however, in the number of family femicides involving mothers and grandmothers being killed by their sons and grandsons has been identified, highlighting the increasing violence that is being experienced by older women throughout the province. The pandemic has exacerbated a number of existing systemic issues that contribute to GBV, such as poverty, wage inequality, the opioid crisis, and the lack of affordable housing, and has created additional barriers for survivors looking to escape GBV. Vulnerable populations, including immigrants and newcomers, racialized communities, individuals with disabilities, survivors of GBV, and Two-Spirit, lesbian, gay, bisexual, transgender, queer and questioning individuals (2SLGBTQ+) have been disproportionately impacted by the pandemic and have been faced with increasing levels of food insecurity, income insecurity, homelessness and

violence (Ontario Human Rights Commission, [OHRC], 2020). While many of these systemic issues were present before the beginning of the pandemic, they have only been exacerbated by the impacts of the pandemic and the resulting public health measures. Research on the effects of past natural disasters and other crises has found that many of the impacts of these crises are long-term and can have continued effects on survivors for years to come (Klein, 2012). Therefore, it will be necessary for emergency planning as well as recovery planning to take into account the experiences of survivors of GBV and the many ways in which they have been disproportionately impacted by the pandemic. All levels of government must continue to work with GBV organizations and survivors to ensure implemented policies and practices support the needs and experiences of survivors and prevent future violence and ultimately femicides.

## References

Ahmad, S. (2018, March). Rivers of Hope: A Toolkit on Islamophobic Violence by and for Muslim Women. Toronto; Rivers of Hope.

Baker, L. (2016). Violence Against Women Who are Older. Learning Network Issue 18. London, Ontario: Centre for Research & Education on Violence Against Women & Children.

Bradley, N. L., DiPasquale, A. M., Dillabough, K., & Schneider, P. S. (2020). Health Care Practitioners' responsibility to address intimate partner violence related to the COVID-19 pandemic. *Canadian Medical Association Journal*, 192(22). <https://doi.org/10.1503/cmaj.200634>

Braun, L. (2021, September 9). Family Tragedy: Scarborough seniors found slain two days after posting bail for son. *Toronto Sun*. Retrieved from <https://torontosun.com/news/local-news/family-tragedy-scarborough-seniors-found-slain-two-days-after-posting-bail-for-son>.

Dawson, M. (2021) Not the 'golden years': Femicide of older women in Canada. Retrieved from [www.victimfirst.gc.ca/res/cor/FOW-FOW/index.html](http://www.victimfirst.gc.ca/res/cor/FOW-FOW/index.html)

Domestic Violence Death Review Committee 2018 Annual Report. (December 2019). Office of the Chief Coroner. Retrieved from: <https://ndvfri.org/download/2018-dvdrc-report-canada-ontario/?wpdmdl=1805&ind=RFZEUKMgMjAxOCBBbm51YWwgUmVwb3J0LnBkZg>

Evans, M. L., Lindauer, M., & Farrell, M. E. (2020). A pandemic within a pandemic — intimate partner violence during covid-19. *New England Journal of Medicine*, 383(24), 2302–2304. <https://doi.org/10.1056/nejmp2024046>

Foreman, Kelsey; Arteaga, Cecilia; and Collins, Aushawna (2016) "The Role of Media Framing in Crime Reports: How Different Types of News Frames and Racial Identity Affect Viewers' Perceptions of Race," *Pepperdine Journal of Communication Research*: Vol. 4 , Article 12. Available at: <https://digitalcommons.pepperdine.edu/pjcr/vol4/iss1/12>

Gillespie, L. K., Richards, T. N., Givens, E. M., & Smith, M. D. (2013). Framing deadly domestic violence. *Violence Against Women*, 19(2), 222–245. <https://doi.org/10.1177/1077801213476457>

Gillis, W. (2021, June 10). Divorce documents describe accused London killer as ‘angry’ and ‘combative’ years before attack. *The Toronto Star*. Retrieved from <https://www.thestar.com/news/canada/2021/06/10/divorce-documents-describe-accused-london-killer-as-angry-and-combative-years-before-attack.html>.

Hancock, L. (2021, March). OAITH Femicide Report 2019-2020. OAITH. Retrieved from <https://www.oaith.ca/assets/library/OAITH-Femicide-Report-2019-2020.pdf>.

Hancock, L. (2021, August). Covid-19 Shelter Survey: Final Report. OAITH. Retrieved from <https://www.oaith.ca/assets/library/COVID-19-Shelter-Survey-Final-Report.pdf>

Hasham, A. (2021, April 19). She was Toronto’s homicide No. 70 of 2019. We only found out after her husband died of Covid-19 in jail. *The Toronto Star*. Retrieved from <https://www.thestar.com/news/gta/2021/04/19/she-was-torontos-homicide-no-70-of-2019-we-only-found-out-after-her-husband-died-of-covid-19-in-jail.html>.

Hopkins, P. (2016). Gendering islamophobia, racism and white supremacy. *Dialogues in Human Geography*, 6(2), 186–189. <https://doi.org/10.1177/2043820616655018>

Jordan, A., Panza, N. R., & Dempsey, C. (2019). Suicide by COP: A new perspective on an old phenomenon. *Police Quarterly*, 23(1), 82–105. <https://doi.org/10.1177/1098611119873332>

Klein, A. (2012). Preventing and Responding to Sexual Violence in Disasters: A planning guide for prevention and rescue. Louisiana Foundation Against Sexual Assault (LaFASA) & National Sexual Violence Resource Center (NSVRC). Retrieved from [https://www.nsvrc.org/sites/default/files/2012-04/Publications\\_NSVRC\\_Guides\\_Sexual-Violence-in-Disasters\\_A-planning-guide-for-prevention-and-response\\_0.pdf](https://www.nsvrc.org/sites/default/files/2012-04/Publications_NSVRC_Guides_Sexual-Violence-in-Disasters_A-planning-guide-for-prevention-and-response_0.pdf)

Lloyd, M., & Ramon, S. (2016). Smoke and mirrors. *Violence Against Women*, 23(1), 114–139. <https://doi.org/10.1177/1077801216634468>

Lupton, A., & Dubinski, K. (2021, June 8). What we know about the Muslim family in the fatal London, Ont., truck attack. CBC News. Retrieved from <https://www.cbc.ca/news/canada/london/london-muslim-family-attack-what-we-know-1.6057745>.

Nonomura, Robert; Baker, Linda; Lalonde, Dianne; Tabibi, Jassamine. (2020). Supporting Survivors of Domestic Violence During COVID-19 Reopening. Learning Network Brief (37). London, Ontario: Learning Network, Centre for Research & Education on Violence Against Women & Children. ISBN: 978-1- 988412-42-9

Nonomura, R. & Baker, L. (2021). Gender-Based Violence in Rural, Remote & Northern Communities. Learning Network Issue 35. London, Ontario: Centre for Research & Education on Violence Against Women & Children. ISBN # 978-1-988412-50-4

Office of the Premier. Ontario Releases Three-Step Roadmap to Safely Reopen the Province. Ontario newsroom. (2021, May 20). Retrieved from <https://news.ontario.ca/en/release/1000161/ontario-releases-three-step-roadmap-to-safely-reopen-the-province>

Ontario Association of Interval and Transition Houses (June 2019). Aging Without Violence Final Report, Elder Abuse Network Community Consultations. OAITH. Retrieved from:  
[https://www.oaith.ca/assets/files/assets/AWV%20EAN%20Community%20Consultations%20Report-%20June%202019-%20English%20FINAL%20\(2\).docx](https://www.oaith.ca/assets/files/assets/AWV%20EAN%20Community%20Consultations%20Report-%20June%202019-%20English%20FINAL%20(2).docx)

Ontario Association of Interval and Transition Houses (2021). Femicide Reporting Recommendations. OAITH. Retrieved from <https://www.oaith.ca/assets/library/OAITH-Femicide-Reporting-Recommendations-2021.pdf>

Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., and van Gelder, N. (2020). "Pandemics and Violence Against Women and Children." CGD Working Paper 528. Washington, DC: Center for Global Development. <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>

Revait, M. (2021, October 4). Man in custody after murder of Windsor woman. Blackburn News. Retrieved from <https://blackburnnews.com/windsor/windsor-news/2021/10/04/man-custody-murder-windsor-woman/>.

Richards, T. N., Gillespie, L. K., & Smith, M. D. (2013). An examination of the media portrayal of femicide–suicides. *Feminist Criminology*, 9(1), 24–44. <https://doi.org/10.1177/1557085113501221>

Scott, K. (2006). “Final Report - Attitudinal Change in Participants of Partner Assault Response (PAR) Programs: Phase II”. Retrieved from <http://www.oaith.ca/assets/files/Publications/ReviewPARSprograms.pdf>

Shorey, Ryan C, Joseph R Cohen, Yu Lu, Paula J Fite, Gregory L Stuart, and Jeff R Temple. (2017). “Age of Onset for Physical and Sexual Teen Dating Violence Perpetration: A Longitudinal Investigation.” <https://doi.org/10.1016/j.ypped.2017.10.008>.

Statistics Canada. (2017). Canada [Country] and Canada [Country] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>.

Statistics Canada. (2019). Dictionary, census of population, 2016 population centre (popctr)dictionary, census of population, 2016 population centre (POPCTR). Dictionary, Census of Population, 2016 - Population centre (POPCTR). Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/geo049a-eng.cfm>

Taekema, D. (2021, October 5). Windsor man charged with murder in killing of woman: police. CBC News. Retrieved from <https://www.cbc.ca/news/canada/windsor/windsor-police-murder-charge-1.6199871>.

White Ribbon (2021). Allies for gender equality toolkit: Enhancing Intersectionality in engaging men and boys. Creating Fair and Engaging Practices Using Gender-Based Analysis+. White Ribbon, Toronto, ON

Wilson, C. (2021, April 21). 2019 Murder of woman, 75, was never publicly reported by Toronto police. CP24 News. Retrieved from <https://www.cp24.com/news/2019-murder-of-woman-75-was-never-publicly-reported-by-toronto-police-1.5396938>.

Wood, L., Baumler, E., Schrag, R. V., Guillot-Wright, S., Hairston, D., Temple, J., & Torres, E. (2021). “Don’t know where to go for help”: Safety and economic needs among violence survivors during the covid-19 pandemic. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-020-00240-7>