CREWS
Community Resilience Early Warning System

City of Victoria, BC

CITY OF VICTORIA

Assessment Report
January 2025

muflehun
Cultivate Prosperity

Acknowledgements

Disclaimer

This work is a product of the staff of Muflehun and the CREWS project team with limited external contributions. The findings, interpretations, and conclusions expressed in this work are entirely those of the CREWS project team. Muflehun has obtained the data used for this work from multiple public sources and does not guarantee the accuracy, completeness, or availability of the data included in this work. Muflehun does not assume liability for results of the model or analysis with respect to the use of or failure to use the information, methods, processes, or conclusions set forth.

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Executive Summary

The vibrant and inclusive City of Victoria, capital of the province of British Columbia, lies in its entirety on the traditional and contemporary homelands of the Lekwungen peoples of the Songhees and the Xwsepsum First Nations. The City is also home to the oldest Chinatown in Canada, and has an extensive multicultural history as the oldest incorporated city in B.C.

Committed to the safety and well-being of the residents, the City is developing a Community Safety and Well-being Plan for 2025, as part of the deliverables for the 2023–2026 Strategic Plan. The goal of the plan is to "identify actions for the City, in collaboration with multi-sector partners, to help make the community safer and to improve the wellbeing of all Victorians."[1]

Convened by Mayor Alto, the Plan's development has been guided by a 10-member panel representing community leaders across diverse sectors, including business, public health, housing, law enforcement, fire response, downtown residents, and more[2].

Using a collective and data informed approach, in 2024 the City conducted community surveys, a series of open houses/pop-ups, safe and supported dialogues about wellbeing and safety with local facilitators with close to 40 local organizations and community conversations with members of the local First Nations.[3]

In parallel to these consultation processes, the City of Victoria also partnered with Muflehun, an international non-profit organization, to understand the shifting needs of the City through a data analytics lens, to complement the insights they have gained from the lived experiences of the residents. Focusing on specific aspects of community safety and well-being, this report focuses on the socio-ecological drivers for community resilience. This analysis was funded by the Public Safety Canada Community Resilience Fund.

CREWS

The rise in racism, discrimination, hate crimes, violent crimes, and other forms of targeted violence present urgent and complex challenges unique to each province and territory, city and neighbourhood in Canada. These issues are intertwined with housing shortages, homelessness, substance abuse and addictions, and mental health crises; they demand comprehensive and effective, evidence-based solutions.

To address these entangled challenges, local governments must prioritize upstream primary prevention. By investing resources to build community well-being and resilience, violence can be prevented before it occurs, and public safety can be improved. However, allocating these resources efficiently and transparently, while meeting the growing demand for services poses difficulties,

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[1] Victoria's Community Safety Plan to Prioritize the Well-Being of All Residents https://www.victoria.ca/city-government/news/victorias-community-safety-plan-prioritize-well-being-all-residents
[2] Ibid
[3] Community Safety and Wellbeing Plan https://engage.victoria.ca/cswp

especially in the face of shrinking budgets. In a world of limited funds, capacities, and competing priorities, decision-makers must strategically allocate resources to maximize the impact of prevention efforts. Elected officials, local governments and city councils therefore need an evidence-based approach to public safety.

CREWS advises local leadership in designing efficient solutions to enhance public safety and well-being. The platform employs advanced data analytics to identify and prioritize risk and protective factors, aiding in violence prevention of:

- Hate crimes
- Violent crimes
- Violent extremist crimes

Aligned with the themes identified for prioritization by the City of Victoria partners, the following well-being factors were analyzed:

- Housing and Homelessness
- Access to Income
- Mental Health/Stigma
- Substance Use

The CREWS platform examined over 75 socio-ecological factors across seven sectors and 24 different subsectors to understand which contributed most highly towards risk and which are most protective for the community. The sectors that were examined include: Demographic, Economic, Education, Health, Neighborhood Dynamics, Public Safety, and Social Cohesion.

There is no Personally Identifiable Information (PII) in the platform. CREWS-Canada uses publicly available aggregate provincial and municipal level data.

Summary of Findings

The City of Victoria faces a multifaceted set of challenges that span safety and well-being. These issues, while distinct, share common roots in systemic inequities, socio-economic vulnerabilities, and service gaps.

Across many sectors, the pandemic emerged as a significant disruptor, amplifying socio-economic challenges and diminishing protective factors. Key vulnerabilities include declining healthcare access, housing instability, and social cohesion gaps.

However, Victoria's strengths, such as its diversity, sense of community belonging, and educational attainment, provide a strong foundation for resilience. Addressing systemic inequities, improving healthcare access, and bolstering social cohesion are critical pathways to enhance safety and well-being across the City.

Victoria's challenges across these domains reflect deeply interconnected drivers that require holistic solutions. Common themes include:

- **Systemic Inequities:** Addressing disparities in income, housing, and healthcare is fundamental to reducing vulnerabilities.

- **Service Gaps:** Expanding healthcare, mental health, and addiction support services can mitigate risks across multiple areas.

- **Social Cohesion:** Strengthening community engagement, political participation, and social support networks enhances resilience.

- **Policy Integration:** Coordinated efforts that address housing, healthcare, and socio-economic disparities holistically are essential for fostering safety and well-being.

Successes

- **Diversity and Community Belonging**: Victoria's diversity and strong sense of community provide significant resilience against hate crimes and other risks. Life satisfaction and a sense of belonging remain consistently high, reflecting strong social cohesion.

- **Educational Attainment**: High rates of high school and post-secondary education continue to serve as protective factors against socio-economic and safety-related vulnerabilities.

- **Terrorism Resilience**: The City maintains a low risk for terrorism incidents, with demographic diversity, economic stability, and neighborhood dynamics contributing to resilience.

Areas Requiring Attention

- **Housing Instability**: Unaffordable housing, inadequate shelter capacity, and high renter occupancy rates disproportionately affect Indigenous populations, visible minorities, and single-parent households. Address housing instability through policy changes, increased capacity, and wraparound support services.
- **Healthcare Access**: Barriers to accessing healthcare disproportionately impact Indigenous and visible minority populations, with rising unmet healthcare needs linked to housing instability and economic inequities. Addressing systemic barriers, expanding capacity, and ensuring cultural competency in healthcare delivery is needed.
- **Mental Health and Addiction Services**: Mood disorders and perceived poor mental health are on the rise, driven by economic stress, social isolation, and limited access to mental health services. The increasing rate of opioid fatalities highlights overlapping crises in mental health, substance use, and public safety. Enhancing services can include developing trauma-informed, community-based interventions and reducing stigma through education.

Emerging Concerns

- **Social Cohesion Gaps**: Political participation and social support deficits are consistent vulnerabilities, with social isolation particularly affecting seniors, students, and young families. Social Cohesion can be strengthened by promoting community engagement and support networks to foster resilience and reduce vulnerabilities. Strong civic participation

and localized community initiatives foster connection and well-being, providing a foundation for addressing broader challenges.

- **Food Insecurity**. The Food Insecurity rates for the province have been increasing since 2020 and are extremely high for the Indigenous population where 40% are facing food insecurity and 29% of all children are food insecure. Food insecurity for visible minorities has grown 59% and more than one in five visible minorities are facing food insecurity. These conditions are exacerbated by income inequities faced by both the Indigenous peoples and Visible Minorities.

These findings highlight the interconnectedness of socio-economic vulnerabilities and systemic inequities, emphasizing the need for holistic and coordinated solutions. By leveraging its inherent strengths and addressing these interconnected challenges, Victoria can create a safer, more equitable, and resilient community for all its residents.

The CREWS project supports evidence-based decision-making by identifying key risk and protective factors, enabling targeted interventions to enhance community resilience.

Introduction

The vibrant and inclusive City of Victoria, capital of the province of British Columbia, lies in its entirety on the traditional and contemporary homelands of the Lekwungen peoples of the Songhees and the Xwsepsum First Nations. The City is also home to the oldest Chinatown in Canada, and has an extensive multicultural history as the oldest incorporated city in B.C.

Committed to the safety and well-being of the residents, the City is developing a Community Safety and Well-being Plan for 2025, as part of the deliverables for the 2023–2026 Strategic Plan. The goal of the plan is to "identify actions for the City, in collaboration with multi-sector partners, to help make the community safer and to improve the wellbeing of all Victorians."[4]

Convened by Mayor Alto, the Plan's development has been guided by a panel of ten stewards representing community leaders across diverse sectors, including business, public health, housing, law enforcement, fire response, downtown residents, and more [5].

Using a collective and data informed approach, in 2024 the City conducted community surveys, a series of open houses/pop-ups, safe and supported dialogues about wellbeing and safety with local facilitators with close to 40 local organizations and community conversations with members of the local First Nations.[6]

In parallel to these consultations, the City of Victoria also partnered with Muflehun, an international non-profit organization, to understand the shifting needs of the City through a data analytics lens, to complement the insights they have gained from the lived experiences of the residents. Focusing on specific aspects of community safety and well-being, this report focuses on the socio-ecological drivers for community resilience. This analysis was funded by the Public Safety Canada Community Resilience Fund.

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[4] Victoria's Community Safety Plan to Prioritize the Well-Being of All Residents https://www.victoria.ca/city-government/news/victorias-community-safety-plan-prioritize-well-being-all-residents
[5] Ibid
[6] Community Safety and Wellbeing Plan https://engage.victoria.ca/cswp

City of Victoria Corporate and Strategic Planning

In 2023, the City of Victoria established a strategic plan with the stated goal that "By 2026, Victoria will be a dynamic, inclusive, more affordable, safer, intentionally transformed city where people can imagine a future for themselves and seven generations to come. We will be known for decisive leadership and innovation in climate action, housing, transportation and meaningful Reconciliation with the Lək̓ʷəŋən-speaking Songhees and Esquimalt Nations on whose lands the City exists."[7] The plan's guiding values were as follows:

- Govern with discipline, courage, integrity, transparency and a dedication to public service.
- Embrace urban evolution, innovation and adaptation.
- Create, collaborate and cooperate.
- Learn together and from one another.
- Demonstrate decisive leadership and civil discourse.
- Welcome diverse opinion and thought.
- Partner with other governments to benefit Victorians.
- Use evidence-based policies.

The plan established 8 priorities:

- Climate Action and Environmental Stewardship
- Housing
- Transportation
- Parks, Recreation and Gathering Spaces
- Community Well-Being and Safety
- Economic Health and Community Vitality
- Truth and Reconciliation
- Arts, Culture, Music, Sport and Entertainment

Figure 1: City of Victoria planning framework.

In 2024, the City expanded on its initial strategic plan with a corporate plan, establishing both as part of a planning framework along with a financial plan and community plan (see Figure 1). The plan

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[7] https://www.victoria.ca/media/file/strategic-plan-2023-2026

further expanded on the Strategic Plan's priorities, establishing desired outcomes for each and to drive the organization's operations (see Figure 2.)

Strategic Priority Area	Desired Outcome for 2026
COUNCIL PRIORITIES	
Housing	We will make it easier to build all types of housing across the city, for everyone.
Climate Action and Environmental Stewardship	We will respond to climate change with bold action and innovation.
Transportation	We will create and expand diverse transportation choices.
Parks, Recreation and Gathering Spaces	We will create more parks, recreation and gathering spaces.
Community Well-being and Safety	We will create a new vision for community safety and well-being, so people feel comfortable in all neighbourhoods.
Economic Health and Community Vitality	We will grow our economic health and foster community vitality, working with small business to diversify our economy to fuel opportunities throughout our city.
Truth and Reconciliation	We will continue our journeys of truth and reconciliation in collaboration with the chiefs and leadership of the two Nations on which our city rests.
Arts, Culture, Music, Sport and Entertainment	We will nurture arts, culture, music, sport and entertainment as they create an experiential city.
CORPORATE PRIORITIES	
Inspired Teams and Organizational Capacity	We will enable our employees to thrive and empower them to do their best work.
Infrastructure Stewardship	We will effectively plan, design, construct and maintain our built assets and protect, enhance and nurture our cultural and natural assets.
Service Experience	We will provide exceptional service and deliver the best value for the public, our partners and our departments.

Figure 2: Priorities and goals of Victoria Corporate Plan

All Our Voices Engagement Framework

As part of the City's Strategic and Corporate Plans, Victoria has made commitments to inclusion and diversity, both through core values and specific priority areas. The City supports these efforts with the All Our Voices Engagement Framework, an outline of the City's approach to equitable public engagement[8]. The framework is founded on a belief that public engagement creates opportunities to:

- Bring together individuals with diverse perspectives and experiences to share ideas, listen to and learn from each other.
- Work together to explore solutions to shared problems or shared issues of importance.
- Help the City better understand the current and future needs of residents.
- Create an inclusive city that is welcoming to people of different backgrounds and lived experiences.
- Strengthen relationships and trust between community members and City Hall.

Victoria's engagement framework operates in the context of a city with a growing visible minority population and a stable and established Indigenous population. Victoria's overall population has grown by over 12,000 people over the past decade, and over half of that growth was within the visible minority population (see Figure 3: Victoria Population Demographics by Census Year). In 2011, the visible minority population was 11% of Victoria's total population; by 2021, it had grown to 17%. The
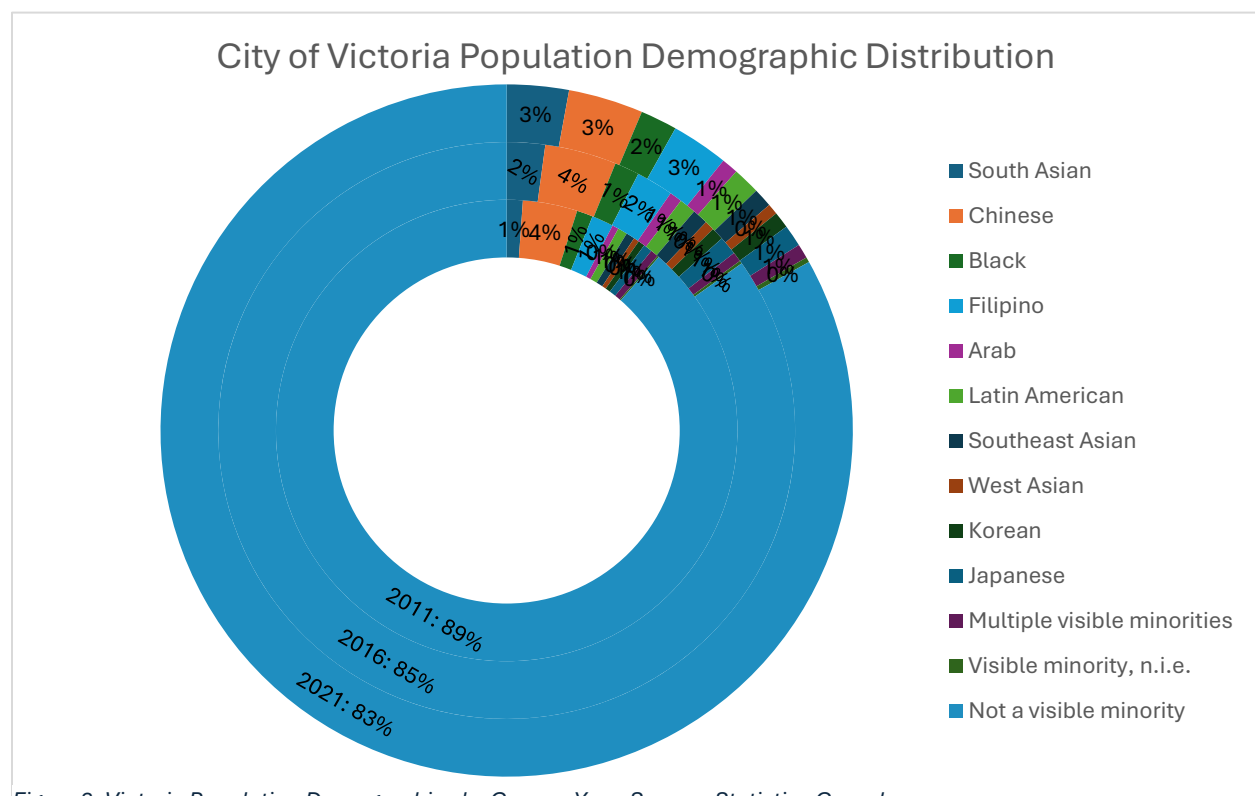
Figure 3: Victoria Population Demographics by Census Year. Source: Statistics Canada

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[8] https://www.victoria.ca/media/file/all-our-voices-engagement-frameworkpdf

South Asian and Filipino populations saw the most growth, while the Chinese population maintained its strength.

Indigenous Reconciliation Framework

The City of Victoria lies in its entirety on the traditional and contemporary homelands of the Lekwungen peoples, the Songhees and Xwsepsum First Nations. Today, Indigenous people comprise 5% of the City's population. First Nations make up just over half of this demographic and includes Lekwungen people and off-reserve urban Indigenous people.
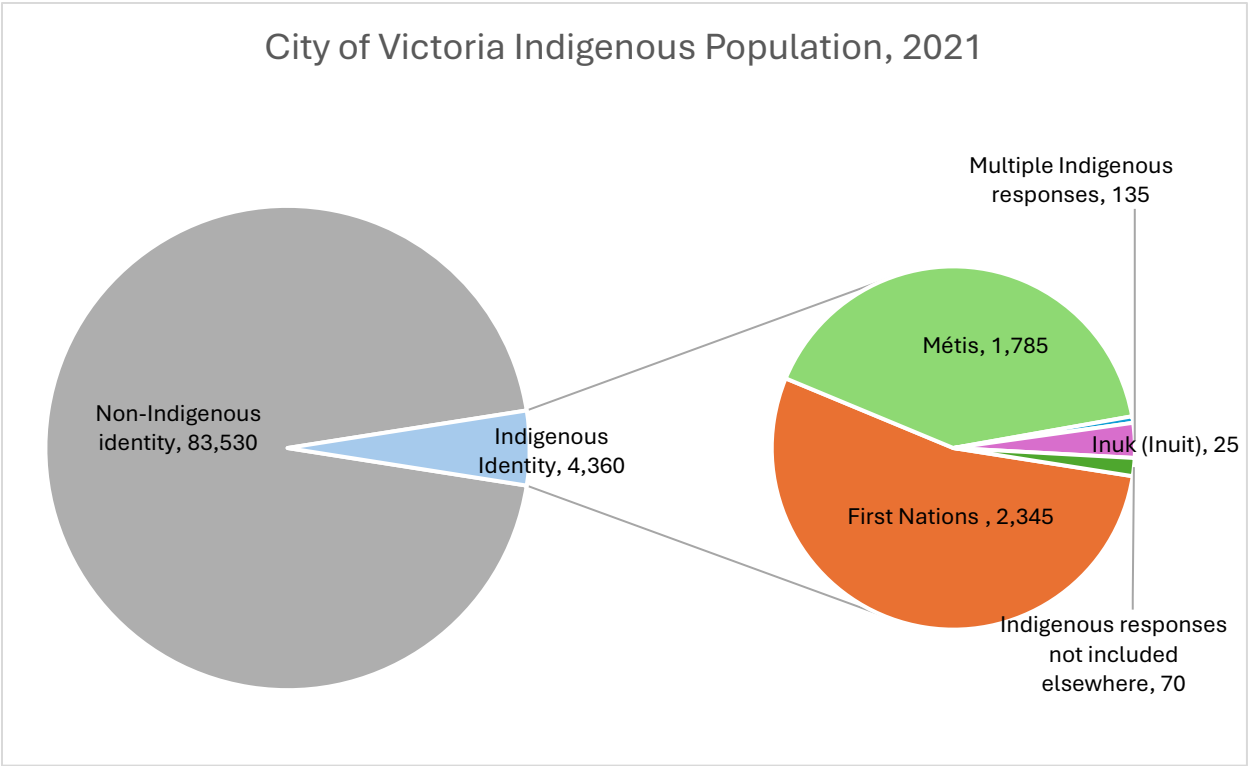
Figure 4 Victoria Indigenous Population Demographics 2021. Source: Statistics Canada

In 2015, the Truth and Reconciliation Commission released 94 Calls to Action for all parts of society.[9] Victoria started a journey of Truth and Reconciliation with the Lekwungen peoples, the Songhees and Xwsepsum First Nations, in 2017. With the Reconciliation Dialogues, a Reconciliation Contribution Fund, the Witness Reconciliation program, City family, and more, the City has continued this journey in partnership, and with the guidance of, the two Nations.[10]

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[9] Reconciliation https://www.victoria.ca/city-government/reconciliation
[10] Ibid

The CREWS Approach and Methodology

Crime and Violence Prevention Approach Using Data Analytics

The rise in racism, discrimination, hate crimes, violent crimes, and other forms of targeted violence present urgent and complex challenges unique to each province and territory, city and neighbourhood in Canada. These issues are intertwined with housing shortages, homelessness, substance abuse and addictions, access to health and mental health crises; they demand comprehensive and effective, evidence-based solutions.

To address these entangled challenges, local governments must prioritize upstream primary prevention. By investing resources to build community well-being and resilience, violence can be prevented before it occurs. However, allocating these resources efficiently and transparently, while meeting the growing demand for services poses difficulties, especially in the face of shrinking budgets. In a world of limited funds, capacities, and competing priorities, decision-makers must strategically allocate resources to maximize the impact of prevention efforts. Elected officials, local governments and city councils therefore need an evidence-based approach to public safety.

CREWS: An Evidence Based Approach to Public Safety

CREWS advises local leadership in designing efficient solutions to enhance public safety. The platform employs advanced data analytics to identify and prioritize risks and protective factors, aiding in violence prevention. CREWS was piloted in the USA with funding from the US Department of Homeland Security. After successful pilots in multiple locations, this approach is now being introduced to several cities in Canada with funding from Public Safety Canada.

Grounded in decades of research, CREWS uses a public-health informed approach to leverage:

- **Data-Driven Insights**: CREWS collects and analyzes open-source data to prioritize risk factors to mitigate and protective factors to enhance. It identifies areas needing attention and improvement.

- **Local Collaboration:** Working with local partners, CREWS develops tailored prevention strategies and plans.

- **Resource Allocation:** CREWS advises on the best use of limited resources to enhance local prevention efforts.

CREWS-Canada applies quantitative statistical analysis and Explainable Machine Learning to identify key risk and protective factors that pilot locations can address to mitigate their vulnerability to:

- Hate crimes.
- Violent crimes
- Non-violent crimes
- Violent extremist/Terrorist crimes

The CREWS platform examines over 75 socio-ecological factors across seven sectors and 24 different subsectors to understand which contributed most highly towards risk and which are most protective for the community (see Figure 5). The sectors that were examined include: Demographic, Economic, Education, Health, Neighborhood Dynamics, Public Safety, and Social Cohesion.

Figure 5: CREWS Risk and Protective Factors

There is no Personally Identifiable Information (PII) in the platform. CREWS-Canada uses publicly available aggregate provincial and municipal level data (see Appendix - Data and Sources).

CREWS: Qualitative Analysis

Additionally, the CREWS process uses qualitative analysis, using insights gathered from consultations, focus groups and surveys to bring local wisdom into the needs assessment of the location.
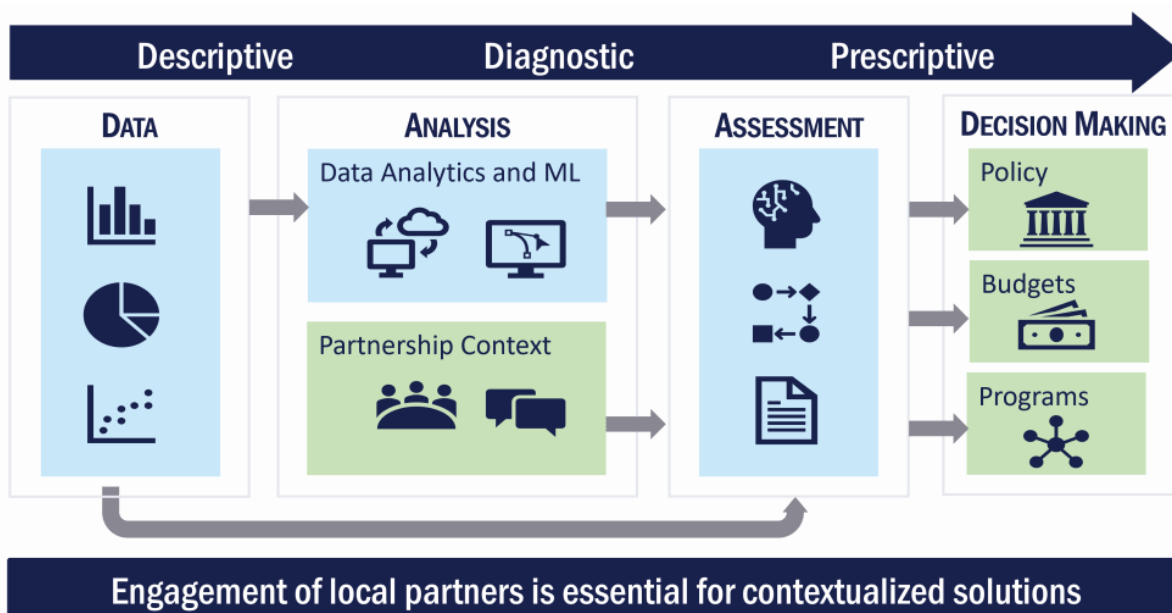
Figure 6 CREWS Process

Comprehensive consultations were conducted by the City of Victoria and anonymized results were provided to the Muflehun team for analysis. Using a collective engagement approach, from 2023-2024 the City conducted community surveys, a series of open houses/pop-ups, safe and supported dialogues about wellbeing and safety with local facilitators with close to 40 local organizations and community conversations with the Lekwungen peoples and local Indigenous organizations. Over 1600 voices were heard through the various engagements.

CREWS Extension to the Community Safety and Well-being Plan (CSWB)

While the CREWS quantitative methodology applies an Explainable Machine Learning approach to the previously listed safety areas, all priority areas within a Community Safety and Well-being Plan (CSWB) are not suitable for the same methodology of analysis. Instead, correlation analysis is applied to relevant well-being factors to better understand socio-ecological factors correlated with them, wherever possible.

Correlation Analysis

Correlation is a statistical measure that describes the relationship between two variables, showing whether and how strongly they are related. Whereas correlation analysis can help in understanding the degree of association, it does not imply causation (or directionality of the relationship).

The correlation coefficient indicates the direction and strength of this relationship. It can be positive, negative, or zero.

- Positive Correlation (direct): As one variable increases, the other also increases.

- Negative Correlation (inverse): As one variable increases, the other decreases

- Zero Correlation: No clear relationship between the variables

The strength of the correlation can be strong, moderate, weak, or none. This is indicated by the intensity of the color in the images. This analysis only focuses on strong correlations (positive or negative) where there is sufficient data.

Victoria Data Exploration Sectors

Aligned with the themes prioritized by the City of Victoria, the following well-being components are analyzed using correlation analysis (where possible):

- Access to Healthcare

- Housing Instability

- Intimate Partner Violence

- Mental Health

- Substance Use (Opioid Fatalities)

Hate Crimes and Incidents

The Criminal Code of Canada separates hate crimes into two distinct categories – those that fall under the Hate Propaganda offences, and any other criminal offence where there is evidence to support a Hate/Bias motivation which can be applied by the judge to determine the sentence imposed. Police services across the country use a unified definition for hate crime as described in the Uniform Crime Reporting Survey (UCR) Manual (2022, 89) where:

Hate crime is defined as a criminal violation motivated by hate, based on race, national or ethnic origin, language, colour, religion, sex, age, mental or physical disability, sexual orientation or gender identity or expression, or any other similar factor.[11]

Hate crimes are considered one the most underreported category of offences and the Department of Justice speculates that "it would appear that only a small percentage of hate motivated crimes -- perhaps one incident in ten -- are ever reported to the criminal justice system"[12].

In addition, many police departments and RCMP detachments across the country also collect and report counts of hate incidents, where there might be a hate or bias overtone, even if it does not meet the definition of a hate crime. Victoria Police (VicPD) annually reports hate incident numbers to City Council.

Victoria Hate Crimes and Incident Trend Analysis Overview

According to the PRIME database[13], from January 1, 2023, to December 31, 2023, there were a total of 42 hate incidents reported to the VicPD meeting the criteria of a hate/bias incident. This marks a return to hate incident levels seen during the height of the pandemic after a temporary decline in 2022 (see Figure 7). There were 47 hate/bias incidents reported to the police department in 2020.
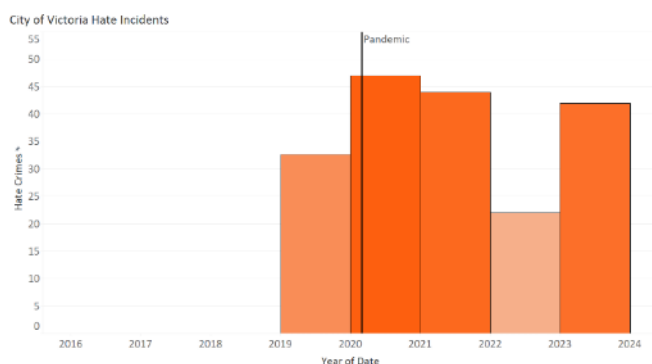
Figure 7: Victoria Hate Crime Incidents and Rates

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[11] Hate Crimes in Canada, Department of Justice Canada https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd16-rr16/p1.html

[12] Disproportionate Harm: Hate Crime in Canada, Department of Justice Canada https://www.justice.gc.ca/eng/rp-pr/csj-sjc/crime/wd95_11-dt95_11/p2.html

[13] VicPD PRIME numbers, sent by City

Hate/Bias Crime Motivations

Although local data on the motivations behind Hate/Bias incidents in Victoria is not available, provincial rates of hate/bias crimes can be broken down by broad categories of motive (see Figure 8). The largest portion are based on racial bias, followed by religion and then sexual orientation. Rates of hate crimes motivated by orientation showed a steady rise of 430% from 2017 to 2023, while those motivated by religion saw spikes in 2017 and 2021 that more than doubled the prior year's rates before falling again. Incidents motivated by racial bias showed the most drastic change, rising by 124% from 2019 to 2020.
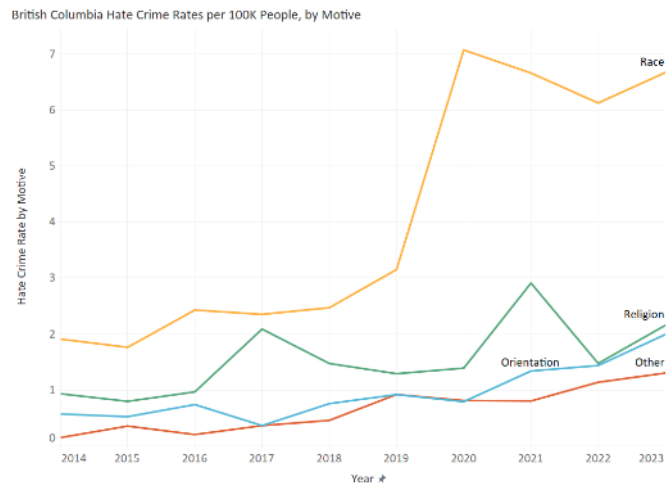
Figure 8: British Columbia Hate/Bias Occurrences by Motive

The unprecedented increase in specifically race-motivated hate/bias crimes coincides with the onset of the COVID-19 epidemic. It is likely that one driving factor behind this increase a wave of anti-Asian sentiment fueled by the virus's origin in China. The increased rates of racially motivated hate/bias crimes at the provincial level have largely persisted since then: the initial spike saw a 13% reduction over the next two years only to rise again in 2023.

Comparison of Hate Crime Rates: Victoria CMA and Provincial Trends

The hate crime rate for Victoria CMA[14] tracks closely with the provincial trends, though it is slightly lower than the overall rate for the province (see Figure 9). While all geographies saw an increase in hate crime rates at the onset of the pandemic, the upward trajectory predates it with especially sharp increases seen in 2019.
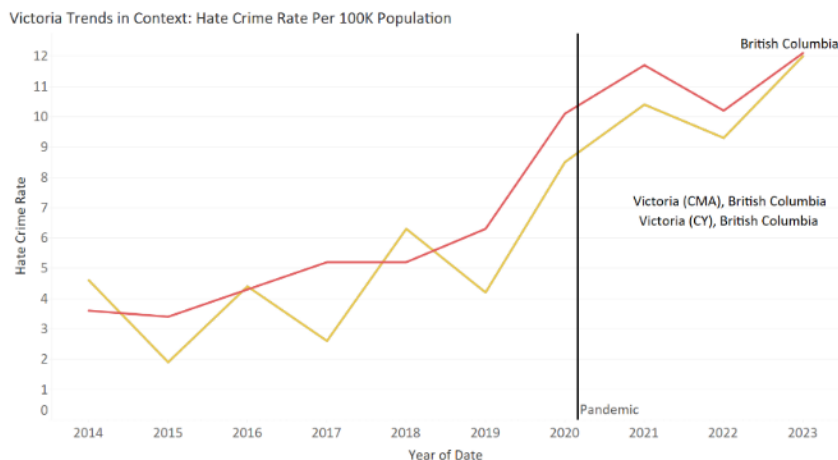
Figure 9: Trend Comparison- Hate Crime Rates Over Different Geographies

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[14] A request for the Victoria CSD hate crime rates has been submitted by the City to VicPD. For the purposes of this report, the CMA rate is being used while the request is pending.

Victoria Hate Crime CREWS Analysis

The CREWS platform examined over 75 socio-ecologic factors across seven sectors and 24 different subsectors to understand which contributed most highly towards risk and which are most protective for the community (See Appendix - Indicators Used for Modeling for full list of factors). Their shifts were analyzed over time to examine the changes that have played out over the last decade. These results are examined at the sector level, the sub-sector level, as well as by individual factors as needed.

The sectors that were examined include: Demographic, Economic, Education, Health, Neighborhood Dynamics, Public Safety, and Social Cohesion.

In parallel, comprehensive consultations were conducted by the City of Victoria and anonymized results were provided to the Muflehun team for analysis. Using a collective engagement approach, from 2023-2024 the City conducted community surveys, a series of open houses/pop-ups, safe and supported dialogues about wellbeing and safety with local facilitators with close to 40 local organizations and community conversations with members of the Songhees Nation and local Indigenous organizations and the communities they serve. Over 1600 voices were heard through the various engagements to understand how they prioritize issues to improve community safety and well-being.

Sector Analysis

For the five years between 2014 and 2019, prior to the COVID-19 pandemic, the City of Victoria had some vulnerability to hate crimes, however it was mitigated by the presence of protective sectors across most sectors.

In 2020 and beyond there is a dramatic drop in the resilience of the City, with a large increase in risk sectors. This change coincides with the COVD-19 pandemic where the Health and Economic sectors saw the largest change from initially being protective sectors, to becoming risk sectors after 2020. Social Cohesion, Neighborhood Dynamics and Education have remained overall protective sectors for Victoria (see Figure 10 for area graph).

Figure 10: Victoria Hate Crime Sector Contributions Over Time

Examining the trends in more detail, the heatmap shows the cumulative impact of each sector's risk and protective sectors over time (see Figure 11). The orange colour indicates an increase in vulnerability and the blue colour represents an increase in resilience. This color convention is applied throughout the report.
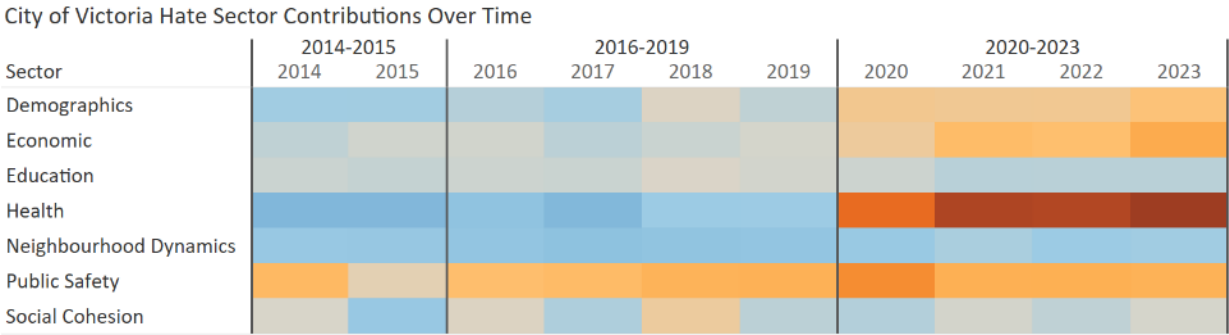
Figure 11 Hate Crime Sector Heatmap Over Time

Pre-Pandemic Period (2016–2019):

- During this period, contributions to resilience and vulnerability were distributed across sectors such as **Economic** and **Demographics**, with vulnerabilities tied to systemic disparities. Contributions to resilience were driven primarily by **Health, Social Cohesion** and **Neighbourhood Dynamics**, which reduced hate crime risks through community support and access to healthcare.

Pandemic and Post-Pandemic Period (2020–2023):

- The pandemic intensified contributions to vulnerability, particularly in sectors like **Health**, **Demographics**, and **Economics**. After the onset of the pandemic, the Health sector has instead become a risk factor, and a driving contributor to the rise in hate crime rates in the city. In particular, the vulnerability caused by Unmet Healthcare Needs and Mental health risks has increased. The Economic sector shows a similar shift from providing protection to increasing vulnerability, although its earlier impact is not as strong as the Health sector. Food Insecurity especially rose across the population.
- The Social Cohesion, Neighbourhood Dynamics and Education sectors serves as consistent sources of protection and resilience throughout the timeframe. Although the protective impact has waned in recent years they continue to increase resilience for the residents of Victoria.

Subsector Analysis

To observe the impact of the COVID-19 pandemic on Victoria's community resilience, the post-covid risk and protective factors from 2020-2023 are compared to an equivalent four-year pre-pandemic timeframe of 2016-2019 (see Figure 12).

Prior to the pandemic, Victoria mostly had protective elements that increased community resilience. Post-pandemic, Access to Health (Unmet Healthcare Needs), Mental Health, Food Insecurity emerge as the most changed parameters. Income Inequity and Housing are also contributing to a loss in resilience. Quality of Life and Well-being (Sense of Belonging) provide increased resilience to the residents.

City of Victoria Hate Sub-Sector Contributions Over 2016-2019 & 2020-2023

Sector	Subsector	2016-2019	2020-2023
Demographics	Gender Diversity		
	Income Equity		
	Population Identity		
Economic	Food Insecurity		
	Income		
	Labour		
Education	Access to Education		
	Education Attainment		
Health	Access to Health		
	Availability of Facilities		
	Health Conditions		
	Mental Health		
Neighbourhood Dynamics	Housing		
	Quality of Life		
	Shelters		
	Transportation		
Public Safety	Community Safety		
	Non-violent crime		
	Violent Crime		
Social Cohesion	Political Participation		
	Social Participation		
	Social Services		
	Social Support		
	Wellbeing		

Figure 12 Victoria Hate Crime Risk and Protective Sector and Subsector, 2016-2019 & 2020-2023

Demographics

The Demographic sector overall contributes to the vulnerability of the City in minor ways. Since the pandemic years, Income Inequity (pay gaps for Indigenous Identity, Visible Minorities and gender based) serve as a small source of risk within the Demographics sector.

City of Victoria Hate Factor Contributions Over Time

Figure 13: Hate Crime Subsector Contributions Over Time: Demographics

While the diversity of the City (presence of Visible Minority Adult and Children) is considerable less than the rest of the province (see Figure 14) it is considered a source of resilience by the Victorians. Participants in several focus groups noted that the diversity is a positive aspect of the community that contributes to feelings of safety.[15]
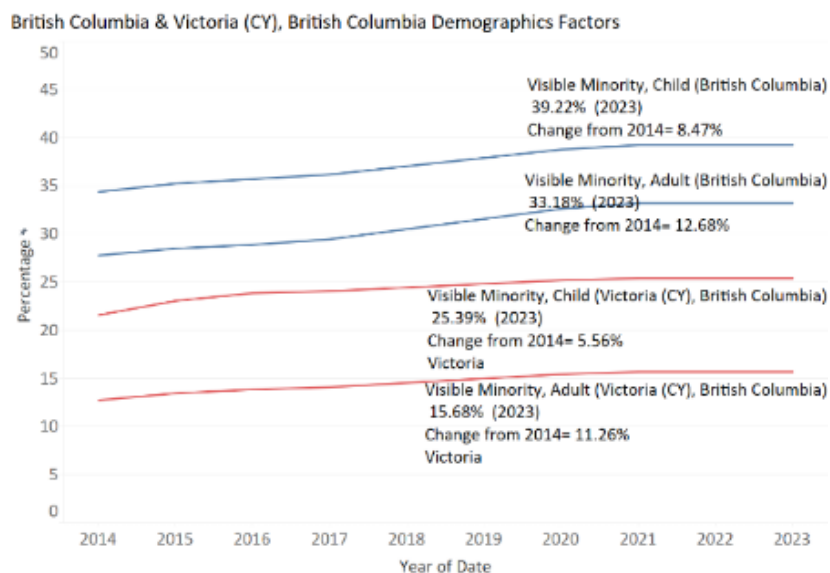
Figure 14 Victoria Comparative Demographics

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[15] Consultation with Victoria Neighbourhood and Community Associations; May 6, 2024; Interfaith Liaison Network CSWB Focus Group; June 17, 2024; CS&WB Consultation with Community and Neighbourhood Associations (May 6, 2024)

Economic

Food insecurity across all demographics has emerged as risk factors for the City (see Figure 15) from the CREWS analysis and is echoed across community consultations[16] and in the Victoria Foundation 2023 Vital Signs Report. Coupled with the high cost of living, food insecurity is creating challenges to the well-being of the City.

Figure 15 Hate Crime Subsector Contributions Over Time: Economic

The Canadian Income Survey reports that for the province Food Insecurity levels[17] are very high for the Indigenous populations (40%) and have been at elevated levels for several years (see Figure 16). The percentage of food insecure children and visible minorities have doubled since 2019 (pre-pandemic). Overall, one out of five residents of is facing food insecurity.
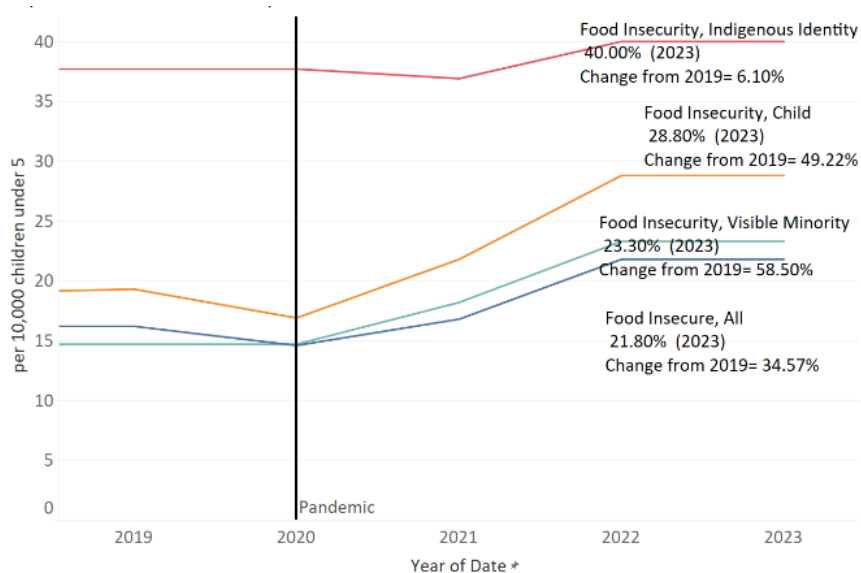
Figure 16 British Columbia Food Insecurity

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[16] Interfaith Liaison Network CSWB Focus Group (June 17, 2024).
[17] Source: Canadian Income Survey

Education

The Education sector provides a small measure of resilience to the City of Victoria (see Figure 17).

City of Victoria Hate Factor Contributions Over Time

			2014-2015		2016-2019				2020-2023			
			2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Education	Access to Education	Higher Education Enrollment										
		Higher Education Institutions										
		Primary Secondary Schools										
		Public School Enrollment										
	Education Attainment	High School Attainment										
		Higher Education Attainment										

Figure 17 Hate Crime Subsector Contributions Over Time: Education

Over 90% of residents in Victoria have graduated high school and two-thirds of the residents also have post-secondary degrees. These education attainment rates are higher than the provincial values for both secondary and post-secondary education (see Figure 18).

Education Factors : British Columbia & Victoria (CY), British Columbia

High School Attainment (Victoria (CY), British Columbia)
2023= 91.82 %
Change from 2014= 2%

High School Attainment (British Columbia)
2023= 86.53 %
Change from 2014= 3%

Higher Education Attainment (Victoria (CY), British Columbia)
2023= 67.87 %
Change from 2014= 6%

Higher Education Attainment (British Columbia)
2023= 57.06 %
Change from 2014= 3%

Figure 18 Education Attainment Rates- Victoria and BC

Health

Prior to the pandemic, Victoria had both risk and protective elements with certain health conditions and availability of facilities being of primary concern. Post-pandemic, there is a dramatic shift with risks increasing and protective elements reducing (see Figure 19). Most notable is the role of Unmet Healthcare Needs and mental health as dominant risk factors for the residents of Victoria.

City of Victoria Hate Crime Subsector Contributions Over Time: Health
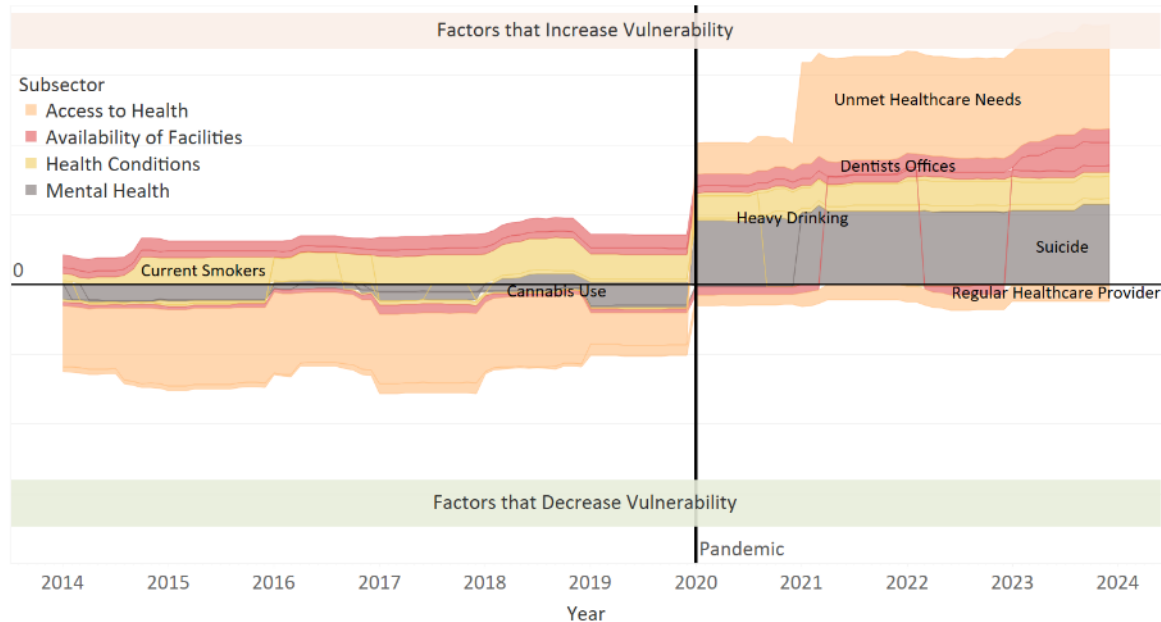
Figure 19: Hate Crime Subsector Contributions Over Time: Health

Access to Health in particular has seen a decline in the past decade, as the percentage of people with a regular healthcare provider declined 14% and the percentage of those with unmet healthcare needs has risen by 88% over the past decade (see Figure 20). The perception of poor mental health has also consistently increased.

The impact of these factors on community safety and wellbeing was echoed by multiple focus groups. Participants of focus groups expressed that current access to healthcare, mental health supports, and addiction recovery services were inadequate.
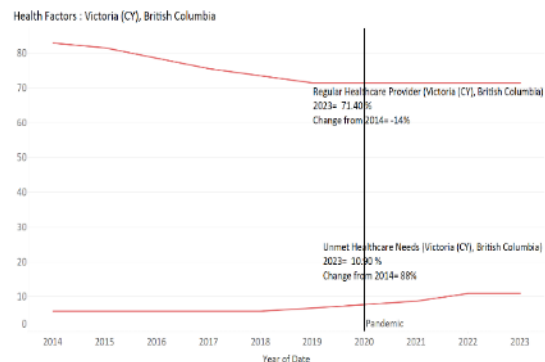
Figure 20 Victoria Access to Health

The consultation with Victoria Neighborhood and Community Associations pointed to mental health related disturbances as a factor making neighborhoods feel unsafe, calling for more mental health supports and quicker responses to incidents[18], and open substance use was frequently brought up in conjunction with the homeless population as a challenge to community safety and wellbeing.

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[18] Consultation with Victoria Neighbourhood and Community Associations; May 6. 2024

Neighbourhood Dynamics

Neighbourhood Dynamics, particularly the Quality of Life is a consistent source of resilience for the residents of Victoria. After the pandemic however, the housing sector starts to contribute to vulnerability, especially the Shelter Cost (average cost of housing) (see Figure 21).
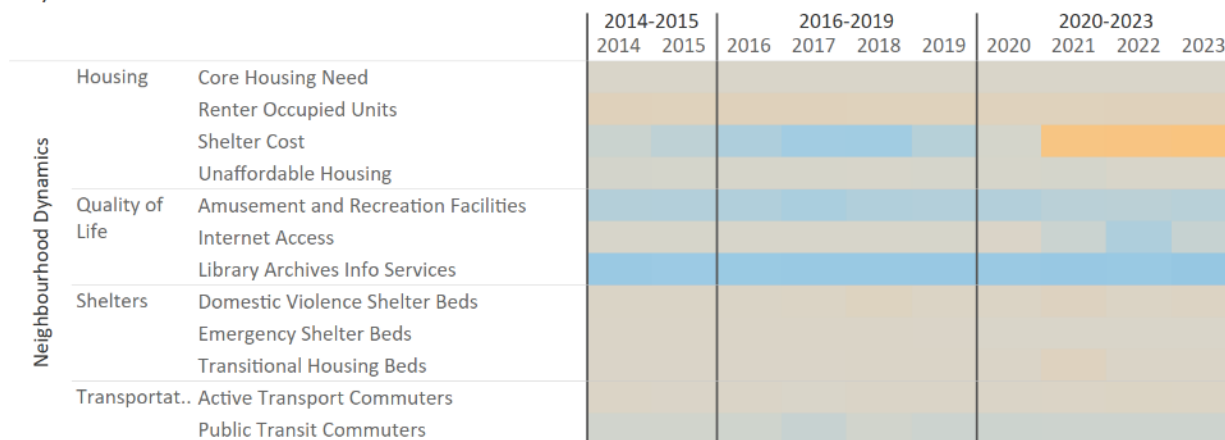
Figure 21 Hate Crime Subsector Contributions Over Time: Neighbourhood Dynamics

Echoing the data analytics results showing Quality of Life being a source of community resilience, discussions mention various facets contributing to communities feeling safe. Walkable neighborhoods with shops, restaurants, and public spaces such as libraries were mentioned positively in many groups, while the bar district was mentioned as being unsafe at night.

Both housing affordability and shelter capacity consistently cropped up as areas of concern in the City's focus groups, surveys, and Community Pop-Ups. Unaffordable housing was one of the most frequent challenges mentioned in discussions, with everyone agreeing that the situation was a major factor undermining safety and wellbeing. Examining the trends, the average monthly cost of housing (includes both mortgage and rentals) has increased by 27% over the past decade. Whereas the shelter beds have increased over the past decade (see Figure 22), they is still an inadequate supply for the needs of the City.
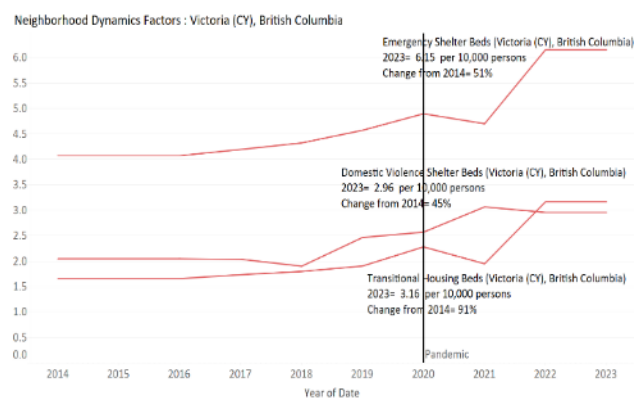
Figure 22 Victoria Shelter Beds (Emergency, Transitional and Domestic Violence)

Focus groups with various community stakeholders regularly pointed to the homeless encampments resulting from shelter overload as a factor undermining community safety, particularly downtown.

Public Safety

Public safety has increased the vulnerability of the City, both before and after the pandemic. With an elevated risk in the first year after the start the pandemic, the risk levels have since decreased and returned to pre-pandemic levels (see Figure 23).

Figure 23: Hate Crime Subsector Contributions Over Time: Public Safety

With the City Crime Severity Index levels far above the baseline for the country and the province[19], focus groups and surveys similarly expressed that the City was perceived to be unsafe at night, particularly downtown.[20] 69% of respondents to the Victoria Police's Community survey expressed a belief that crime had increased over the past two years and the number of residents who felt safe in their neighborhoods dropped by 30% between daytime and nighttime.[21]

Multiple focus groups expressed that media coverage, lack of coordination among service providers, and inconsistent police responses impacted overall perceptions of safety[22]. Community Pop-ups felt that increased police presence was necessary to deter crime and increase perceptions of safety, but some focus groups indicated a lack of trust in police authority.

Violent crime will be examined in detail in the Violent Crime section to follow.

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[19] Statistics Canada. Table 35-10-0063-01 Crime severity index and weighted clearance rates, police services in British Columbia. **DOI:** https://doi.org/10.25318/3510006301-eng
[20] GGC Consultiation; May 8, 2024; Housing and Homelessness CSWB Focus Group; May 21, 2024; Downtown Service Providers Committee Member CSWB Focus Group; May 23, 2024
[21] 2024 VicPD Community Survey; Victoria Foundation 2023 Vital Signs Report
[22] Mayor's Business Leader's Roundtable Consultation; April 3, 2024; Housing and Homelessness CSWB Focus Group; May 21, 2024; Downtown Service Providers Committee Member CSWB Focus Group; May 23, 2024

Social Cohesion

The Social Cohesion sector both provides both risk and protective elements to the City, both of which have increased over time (see Figure 24).

The numbers of the social services, grant giving and civic/social/arts/sports organizations have not increased much however they are catering to the needs of a growing population. This reflects an opportunity to improve community resilience by increasing these resources. Pop-up groups pointed to social participation through community events as having a positive impact on sense of belonging and overall wellbeing, and it was suggested that the City should continue to emphasize community engagement initiatives going forward. The sentiment was echoed across many focus groups, as well.
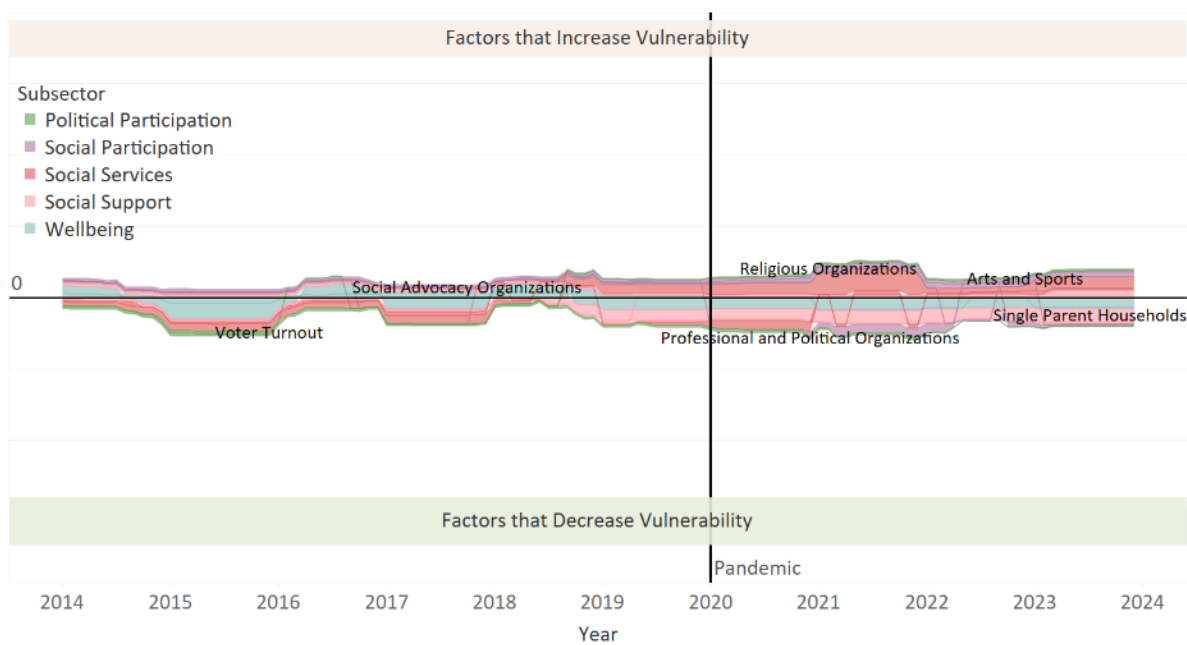
Figure 24: Hate Crime Subsector Contributions: Social Cohesion

Overall, Life Satisfaction and Sense of Belonging rates remain high for the City, and comparatively higher than rates for the province itself. This sense of well-being, with social cohesion and community identity were frequently mentioned as highlights of the City in community consultations.

Both the Interfaith Liaison Network and the Francophone Society & Partners, echoed the concern that social isolation was a problem, stating that certain groups such as seniors, students, and young families, were at risk of social isolation. This emerging trend, exacerbated by the pandemic should be monitored.

Key Observations: Hate Crimes

- Prior to the pandemic, Victoria mostly had protective elements that increased community resilience.
- Post-pandemic, the **diversity** of City residents, Quality of Life and Well-being (Sense of Belonging) provide increased resilience to the City. Unmet Healthcare Needs, Mental Health support and Food Insecurity emerge as the parameters contributing most to vulnerability. Income Inequity and Housing are also contributing to a loss in resilience.
- The diversity of Victoria is a source of resilience for the City.
- The **Quality of Life** is a source of community resilience and contributes to communities feeling safe.
- **Life Satisfaction** and **Sense of Belonging** rates remain high for the City, and comparatively higher than rates for the province itself. This sense of well-being, with social cohesion and community identity were frequently mentioned as highlights of the City in community consultations.
- After the onset of the pandemic, the **Health** sector has become a dominant risk factor for the City. **Access to Health** has seen a decline in the past decade, as the percentage of people with a regular healthcare provider declined 14% and the percentage of those with unmet healthcare needs has risen by 88% over the past decade. The perception of poor mental health has also consistently increased. Residents expressed that current access to healthcare, mental health supports, and addiction recovery services are inadequate.
- **Food Insecurity** has emerged as a risk factor post-pandemic. Food Insecurity levels across the province are very high for the Indigenous populations (40%) and have been at elevated levels for several years. The percentage of food insecure children and visible minorities have doubled since 2019 (pre-pandemic). Overall, one out of five residents is facing food insecurity.
- After the start of the pandemic, the **Housing** sector starts to contribute to vulnerability, especially the average cost of housing. Both housing affordability and shelter capacity are areas of concern for the residents of the City.

Violent Crime

In 2009, Crime Severity Indexes were "developed to address the limitations of the conventional crime rate by looking at both the number and relative seriousness of crimes to create an index, and then tracks these changes over time"[23] thereby providing summary measures of the volume and severity of police-reported crime for any location.

The Index is standardized to "100" for Canada, using 2006 as a base year. The Violent Crime Severity index (V-CSI) specifically includes "all Incident-based Uniform Crime Reporting Survey (UCR2) violent violations, some of which were not previously included in the aggregate violent crime category, including uttering threats, criminal harassment and forcible confinement."[24]

Victoria CSI Trend Analysis Overview

In the City of Victoria, Crime Severity Indexes (CSI) (Non-violent, Violent and Combined) are well above the baseline normalized rate of 100, as well as the average scores across the country for each year. Over the past decade, there has been a 61% increase in the Non-Violent Crime Severity Index (NV-CSI) and a 35% increase (V-CSI).

Both the CSI and NV-CSI show similar patterns throughout the decade: an overall decline from 2015-2017 before rising by around 50-60% by the onset of the pandemic in 2020. Both Indexes then showed a temporary drop during the pandemic years before rising again into 2023. The V-CSI, however, continued to rise into 2021, a year into the pandemic, before declining in the years since. (see Figure 25).
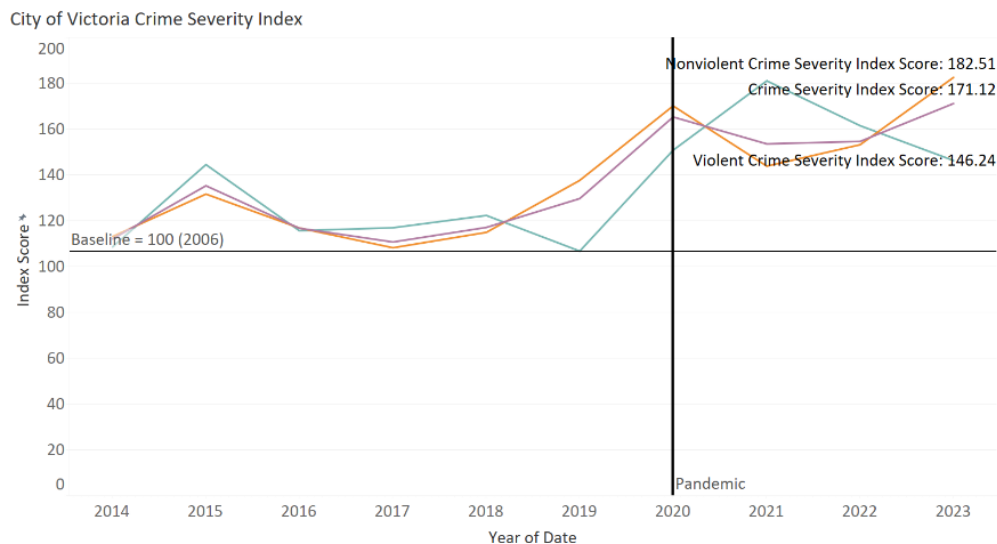
Figure 25 Victoria Crime Severity Indexes Over Time

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[23] Understanding and using the Crime Severity Index, Statistics Canada
https://www.statcan.gc.ca/en/statistical-programs/document/3302_D16_V1
[24] Statistics Canada. Table 35-10-0026-01 Crime severity index and weighted clearance rates, Canada, provinces, territories and Census Metropolitan Areas. DOI: https://doi.org/10.25318/3510002601-eng

Violent Crime Severity Index

In the past decade, Victoria saw its lowest V-CSI in 2019, just before the onset of the pandemic. This was a 26% decrease from four years prior, with the City steadily approaching the index baseline. The early years of the pandemic erased these improvements in violent crime severity, as the City saw a 70% increase over the next two years, reaching a peak in 2021. As the City emerges from the pandemic, its V-CSI has begun to decline again, returning to levels of violent crime severity comparable to those seen at the start of the decade (see Figure 27).

When Victoria's violent crime rates are broken down by type of incident (see Figure 26), minor assault incidents are the most common type of incident by a large margin. Despite being one of the less serious violent crimes, Minor Assault rates are a significant contributor to the City's crime severity, particularly in the early years of the decade. After declining from an initial spike in 2015, we see a steady rise in minor assault continuing into 2021. During the pandemic itself, minor assault rates are joined first rates of by major assault, sexual assault, and rates and sex offenses against children, each of which double from pre-pandemic rates. After peaking in 2021, all three types of violent crime rates show some degree of decline during the post-pandemic years. In

Figure 27: Victoria Violent Crime Severity Index Score Over Time
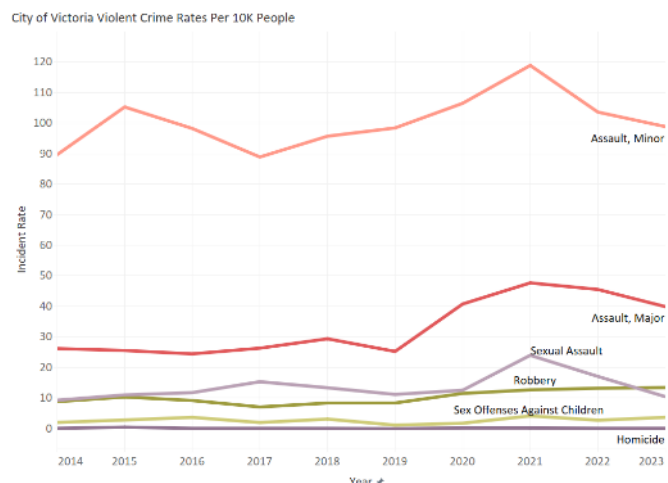
Figure 26: Victoria Violent Crime Rates per 10K People, by Incident Type

contrast, robbery rates show a more gradual increase during the pandemic, but the increase continues into the post-pandemic years.

Comparison of Victoria Violent CSI: CMA and Provincial Trends

Victoria's V-CSI over time is higher than both the metropolitan area's V-CSI and the overall province's, both of which fall below the baseline score of 100 (see Figure 28). In addition, Victoria's spikes in violent crime severity are more pronounced than those seen in the metropolitan area and province, both in 2015 and during the pandemic. On the other hand, Victoria saw a decline in violent crime severity immediately prior to the pandemic that was not seen in either the metropolitan area or the province, and its V-CSI began to recover from the impacts of the pandemic a year before the metropolitan area or province did.
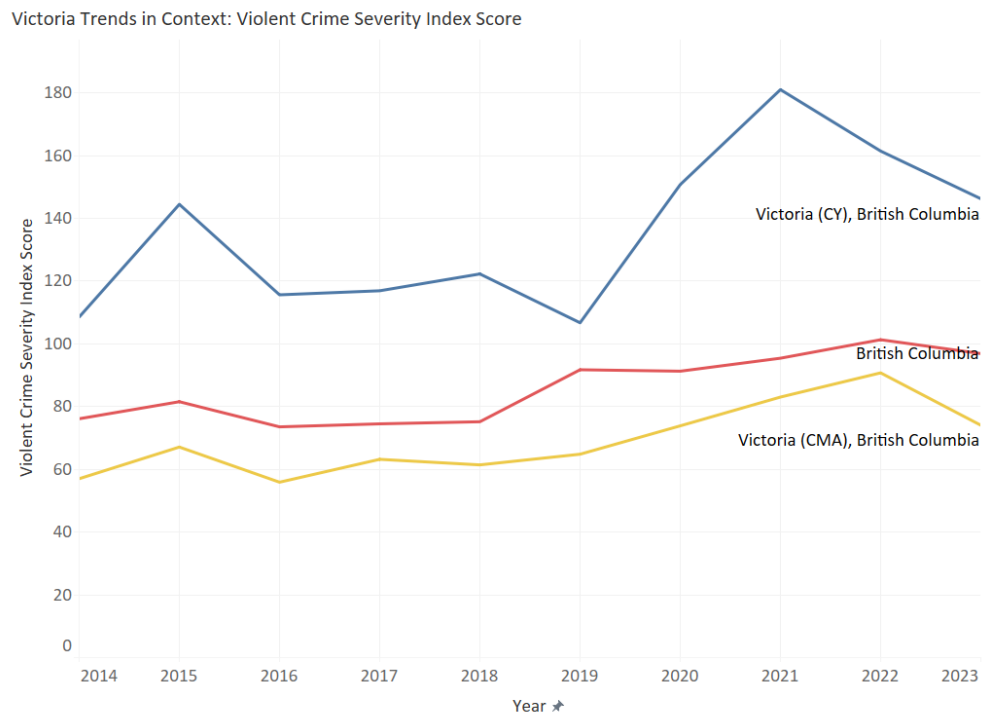
Figure 28: Trend Comparison- Violent Crime Severity Index Scores Over Different Geographies

Victoria Violent CSI CREWS Analysis

The CREWS platform examined over 75 socio-ecologic factors across seven sectors and 24 different subsectors to understand which contributed most highly towards risk and which are most protective for the community (See Appendix Indicators Used for Modeling for full list of factors). Their shifts were analyzed over time to examine the changes that have played out over the last decade. These results are examined at the sector level, the sub-sector level, as well as by individual factors as needed.

The sectors that were examined include: Demographic, Economic, Education, Health, Neighborhood Dynamics, Public Safety, and Social Cohesion. The detailed analysis in this report is conducted using the Violent Crime Severity Index numbers based on police reported crime data provided to Statistics Canada.

Sector Analysis

Throughout the decade, Victoria shows limited resiliency against violent crime severity (see Figure 29). During the years preceding the COVID-19 pandemic, contributions to vulnerability and resilience in violent crime were relatively stable. The Education sector served as a stable protective sector, but it is unable to overcome the impact of either the Neighborhood Dynamics or Social Cohesion sectors, both of which serve as primary risk sectors. Prior to the pandemic, the Health sector was an additional source of protection, while the demographics sector served as a minor source of resilience.

Figure 29: Victoria Violent Crime Severity Sector Contributions Over Time
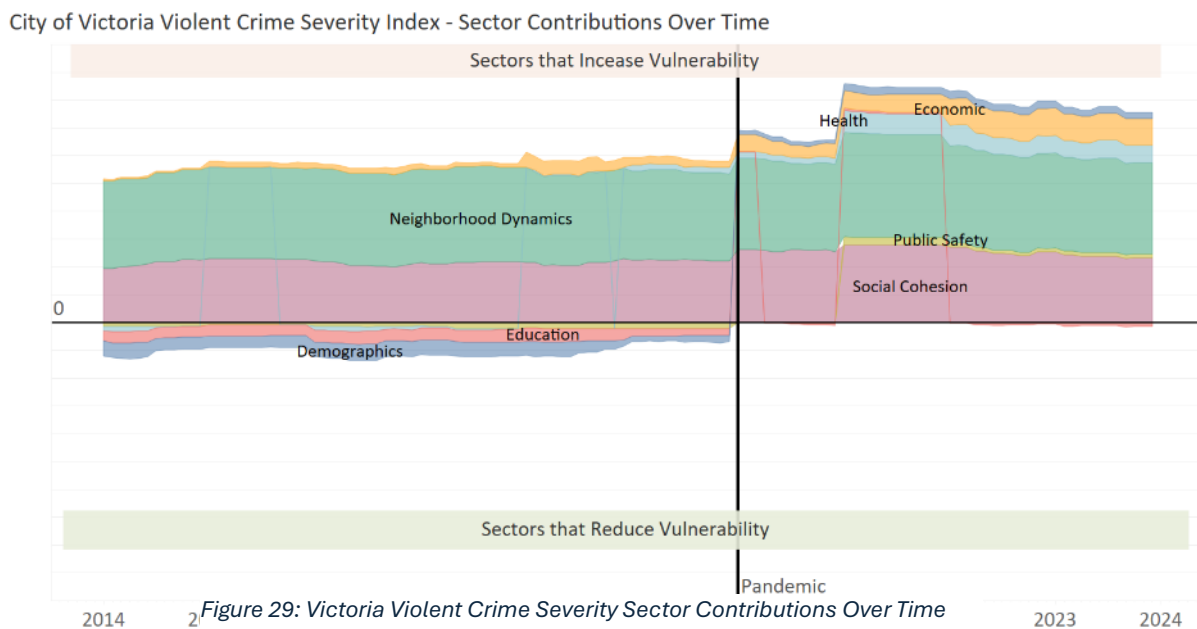
The onset of the pandemic in 2020 marked a shift in trends as the City became even more vulnerable to violent crime. Sectors that previously contributed to stability such as Health and Demographics began to show fluctuating impacts. The pandemic's disruptions exacerbated certain vulnerabilities, particularly those tied to income disparities and gender dynamics, while both the Neighborhood Dynamics and Social Cohesion sectors saw further increases in risk.

Examining the trends in more detail, the heatmap shows the cumulative impact of each sector's risk and protective sectors over time (see Figure 30). The orange colour indicates an increase in vulnerability and the blue colour represents an increase in resilience. This color convention is applied throughout the report.
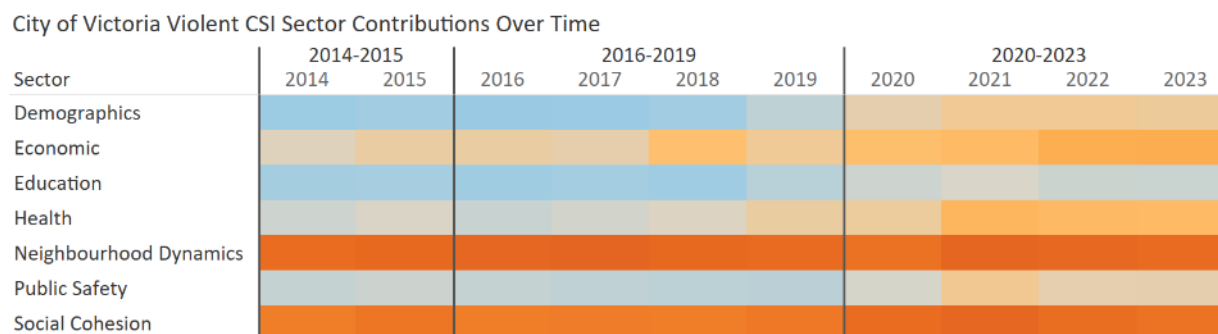
Figure 30 Violent CSI Sector Heatmap Over Time

Pre-Pandemic Period (2016–2019):

Trend Shifts

The pre-pandemic period was characterized by the dominance of **Neighborhood Dynamics** as a key contributor to vulnerability. This sector exhibited a dual role: while some subsectors supported resilience, the overall contributions heightened vulnerability. Economic and public safety factors played consistent roles in increasing resilience roles, but with less significant impacts.

Increased Vulnerability

The **Neighborhood Dynamics** sector was the largest contributor to vulnerability in this period, primarily driven by factors such as Housing needs and Quality of Life. The "Core Housing Need" factor significantly increased vulnerability, reflecting persistent challenges in affordable and stable housing. The **Social Cohesion** sector also contributed to increased vulnerability across all facets of community participation and support. Economic (Income) heightened vulnerability, with consistent but less significant impacts.

Increased Resilience

The **Education**, **Demographics** and **Public Safety** Sectors were cumulatively providing resilience pre-pandemic. Resilience-enhancing contributions during this period were evident in certain subsectors within **Neighborhood Dynamics**, such as "Active Transport Commuters." These factors helped reduce overall vulnerability by promoting positive community behaviors. Similarly, income equity, population diversity, higher education enrollment provided essential buffers against socio-

economic instability. Most **Health**-related factors also played a role in fostering resilience by reflecting broader public health stability during this period.

Pandemic and Post-Pandemic Period (2020–2023):

Trend Shifts

The pandemic introduced significant socio-economic and health disruptions, amplifying contributions to vulnerability across multiple sectors. The **Neighborhood Dynamics** sector remained a leading contributor to vulnerability, with exacerbated challenges in housing and community stability. Meanwhile, the **Social Cohesion, Health** and **Public Safety** sectors experienced amplified contributions to vulnerability.

Increased Vulnerability

During this period, the **Neighborhood Dynamics** sector continued to dominate vulnerability contributions, with "Core Housing Need" further escalating its impact. The **Social Cohesion** sector saw heightened vulnerability from diminished availability of all community activities as lockdowns and restrictions curtailed participation. **Public Safety** factors, including property crime, increased in relative importance. As crimes have increased, focus group participants also noted not feeling safe in the downtown area and at night, reduced their willingness to participate in social activities. **Health** factors such as to Unmet Healthcare Needs and Mental health factors both emerged as increasing vulnerability.

Increased Resilience

Active transport commuting and availability of shelters within **Neighborhood Dynamics** continued as resilience factors. The Education sector, in particular Education Attainment maintained its role in providing resilience to the residents of Victoria. The diversity of City, especially the presence of Indigenous populations consistently serves to increase the resilience.

Subsector Analysis

To observe the impact of the COVID-19 pandemic on Victoria's community resilience, the post-covid risk and protective factors from 2020-2023 are compared to an equivalent four-year pre-pandemic timeframe of 2016-2019.

The primary risk and protective subsectors for violent crime severity do not shift substantially before and after the pandemic (see Figure 31).

City of Victoria Violent CSI Sub-Sector Contributions Over 2016-2019 & 2020-2023
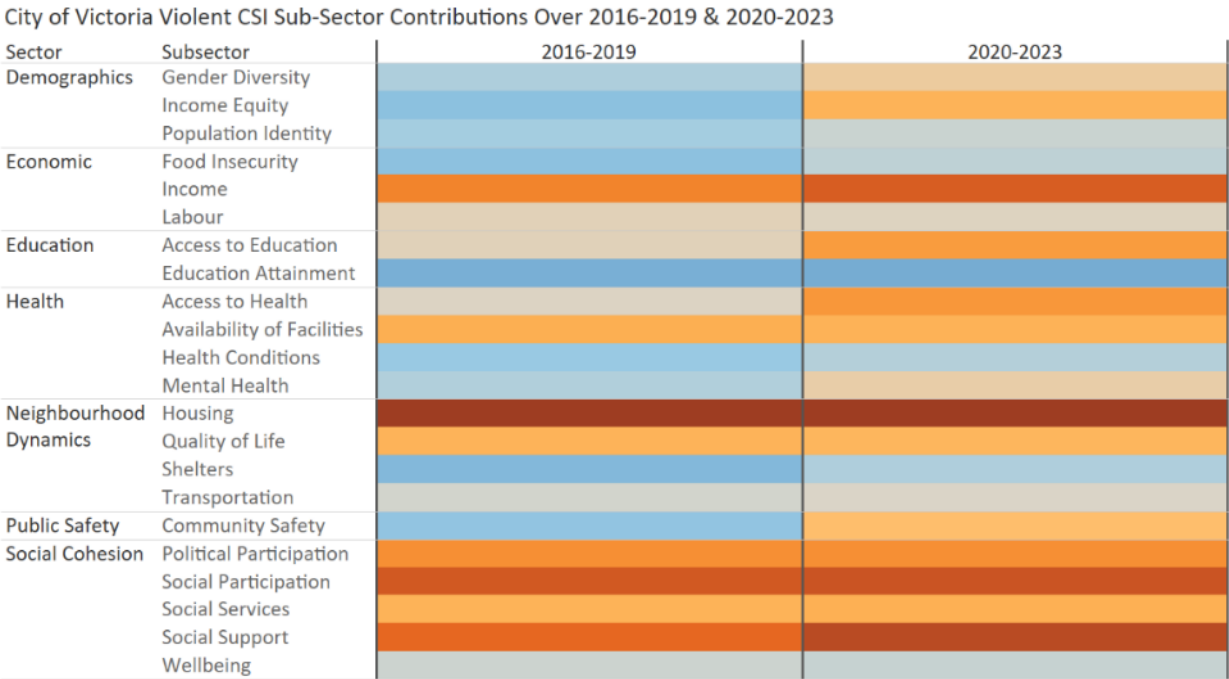
Figure 31: Victoria Violent CSI Sector and Subsector, 2016-2019 & 2020-2023

Demographics

Before the pandemic, Gender Diversity, Income Equity and Population Diversity served as key sources of resilience. During and after the pandemic years, the Demographics sector contributes to vulnerability rather than resilience, with the exception of the diversity of the population that still maintains its resilience.

City of Victoria Violent VCSI Factor Contributions Over Time
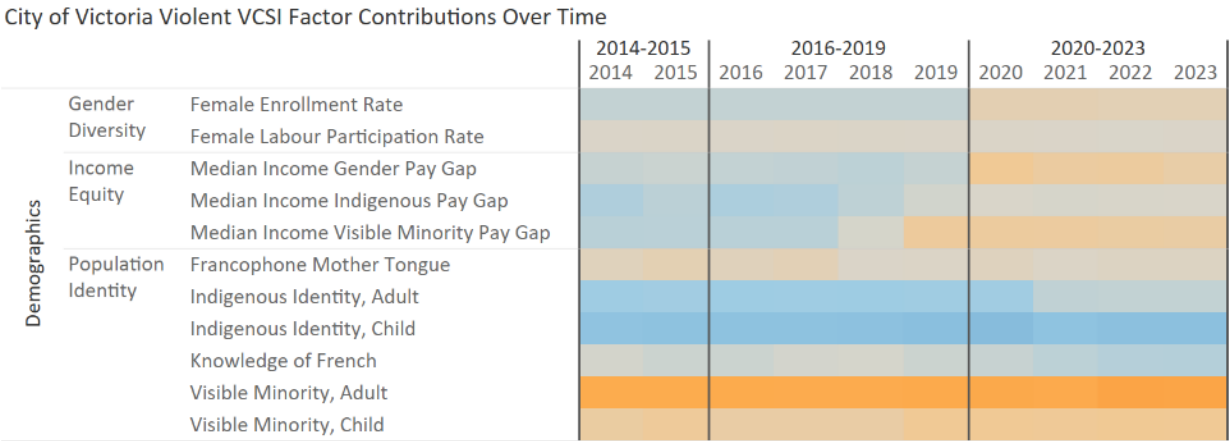
Figure 32: Violent CSI risk and protective factors: Demographic.

Some focus group discussions supported the Population Identity subsector's protective role, stating that the City's diversity was occasionally was a positive aspect of the community that contributes to feelings of safety[25]. On the other hand, A focus group with representatives from mental health and substance use service organizations mentioned stigma and racism as a challenge to community safety and wellbeing[26].

Economic

The Economic sector's impact is less notable in comparison to other sectors, but the income subsector has still been a growing source of risk since before the pandemic. Post pandemic, in 2022, rising rates of food insecurity for visible minorities emerged as an additional source of risk.

City of Victoria Violent VCSI Factor Contributions Over Time
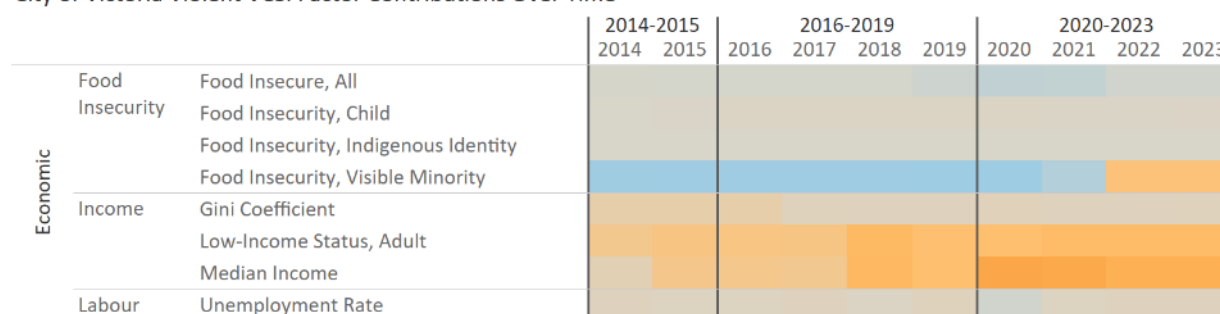
Figure 33 Violent CSI risk and protective factors: Economic.

As noted before, the Canadian Income Survey reports that for the provincial Food Insecurity levels are very high for the Indigenous populations (40%) and have been at elevated levels for several years. The percentage of food insecure children and visible minorities have doubled since 2019 (pre-pandemic). Overall, one out of five residents of is facing food insecurity.

During the Mayor's business Leader's Roundtable, participants expressed that the City has a good balance of industry, residential, and commercial spaces, emphasizing the importance of industrial spaces for promoting local jobs and opportunities[27].

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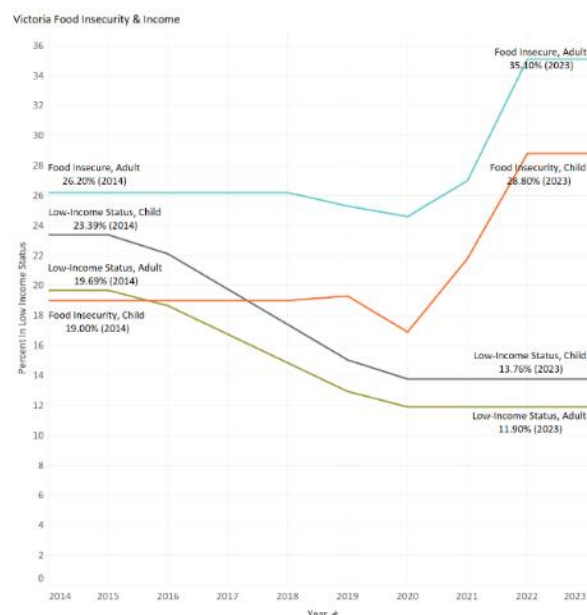
[25] Consultation with Victoria Neighbourhood and Community Associations; May 6, 2024; Interfaith Liaison Network CSWB Focus Group; June 17, 2024

[26] Mental Health and Substance Use Service Organizations CSWB Focus Group; May 23, 2024

[27] Mayor's Business Leader's Roundtable Consultation; April 3, 2024

Recent increases in risk from this sector can be explained by concerns raised by various stakeholders regarding pandemic recovery and rising income inequality. Businesses express that they are exhausted from dealing with COVID, the failure of workers to return to downtown offices, and the impacts of homelessness downtown[28]. Other stakeholders raised concerns about rising costs of living, particularly in regard to housing and food insecurity, including disability service providers, the Francophone Society and Partners, and the Interfaith Liaison Network. Youth services expressed concerns over income inequality, pointing to pockets of extreme wealth[29].

Figure 34: Victoria Low-Income Status and Food Insecurity Trends
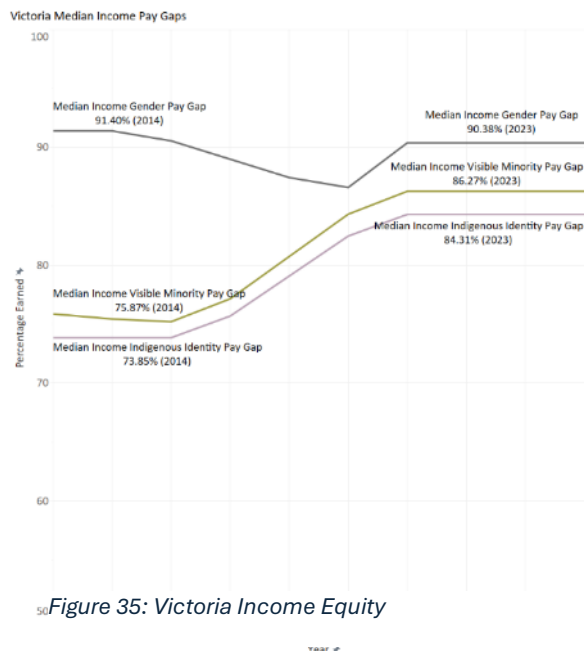
Figure 35: Victoria Income Equity

Education

The Education sector's impact remains stable before and after the pandemic. Education Attainment serves as a stable protective subsector, with both high school attainment and higher education attainment as protective factors.

City of Victoria Violent VCSI Factor Contributions Over Time

Figure 36 Violent CSI risk and protective factors: Education.

Health

The Health sector shows a more substantial shift before and after the pandemic. The health Conditions subsector does not increase vulnerability throughout the timeframe.

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[28] Consultation with DVBA and Destination Greater Victoria, May 31 and June 3, 2024
[29] Youth Services Organizations CSWB Focus Group; May 30, 2024

After the start of the pandemic, rising rates of people with Unmet Healthcare Needs and access to a Regular Healthcare Provider overcomes the protective impact of the rest of the sector. In addition, the Availability of Facilities subsector and Mental Health adds to the vulnerability (see **Error! R eference source not found.**).

City of Victoria Violent VCSI Factor Contributions Over Time
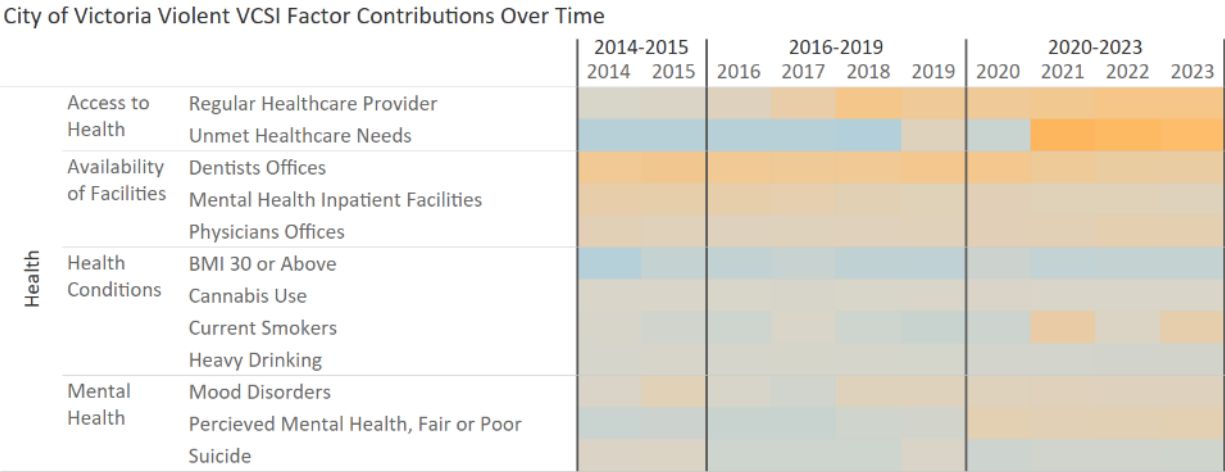
Figure 37 Violent CSI risk and protective factors: Health.

Both of these issues are echoed in the focus groups, where Healthcare access was a frequent concern, supporting the emergence of unmet healthcare needs as a risk factor as well as Mental health.

As noted earlier (see Figure 20)., Access to Health in particular has seen a decline in the past decade, as the percentage of people with a regular healthcare provider declined 14% and the percentage of those with unmet healthcare needs has risen by 88% over the past decade (see Figure 20). The perception of poor mental health has also consistently increased.

An additional area of concern raised by focus groups was substance use and addictions. Over the past decade Opioid Fatalities have increased by more than 500%, with a steady increase in the rate especially after the start of the pandemic.
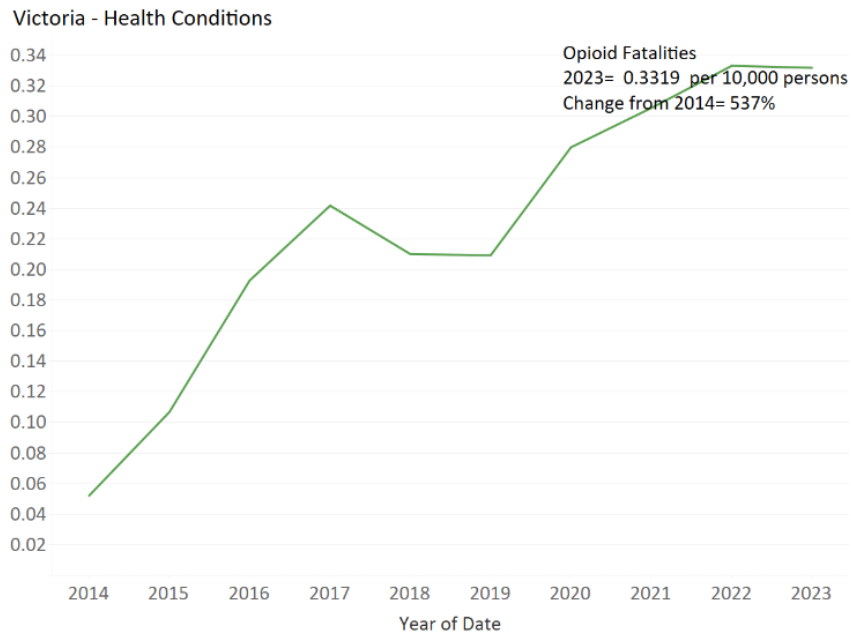
Figure 38 Victoria Opioid Fatalities

Neighborhood Dynamics

Housing affordability and availability is a primary source of vulnerability for the residents of Victoria followed by the Quality of Life services. The Transportation sector shows mixed results with Active commuters and healthy lifestyle serving as protective factors for the City but not Public Transit.
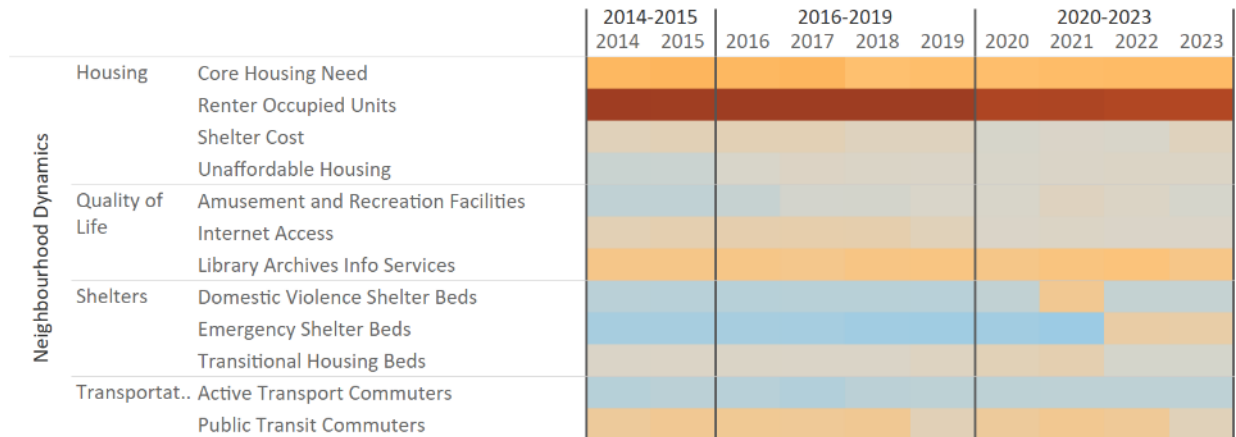
Figure 39 Violent CSI risk and protective factors: Neighbourhood Dynamics

Examining the factors within these sectors, we see that the primary risk factor is the City's high rates of renter-occupied housing units (see Figure 40). Renters are likely to be newer arrivals to the City who lack the stability of homeowners or people who cannot afford to purchase properties. The average cost of housing (rents and mortgages has increased by 27% over the past decade

Shelter capacity serves as source of resilience, as more beds have become available (see Figure 41) however as the City faces shortages in bed capacity we see the shift from resilience to vulnerability.

Figure 40: Victoria Renter Occupied Units Trends

Both housing affordability and shelter capacity were consistently echoed as key concerns across the City's focus groups, surveys, and Community Pop-Ups. Unaffordable housing was one of the most frequent challenges mentioned in discussions, with everyone agreeing that the situation was a major factor undermining safety and wellbeing.

Focus groups with various community stakeholders regularly pointed to the homeless encampments resulting from shelter overload as a factor undermining community safety, particularly downtown. The police union emphasized that many "unhoused" people are "unhousable," unable to fit the standards of supportive housing, and suggested that without wraparound supports, shelters undermine community resilience by contributing to more calls for service and more people clustered on the streets in front of shelters. Community Pop-Ups indicated that the bar district was unsafe at night.

Figure 41: Victoria Shelter Beds per 10K People.
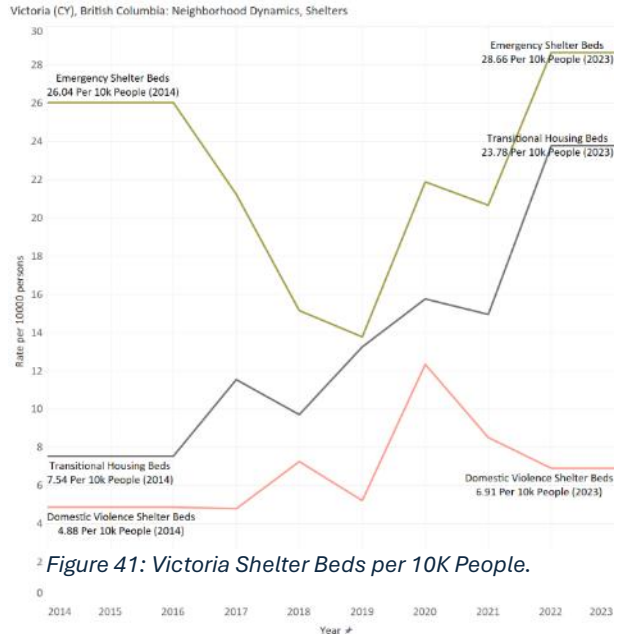
Public Safety

Neither the Nonviolent Crime nor Violent Crime subsectors are included in the modelling of violent crime severity, as the factors that make up both subsectors are themselves measures of crime rates. The factors that remain, incarceration and probation rates, have been on a downward trend for the entire decade but only emerge as risk factors
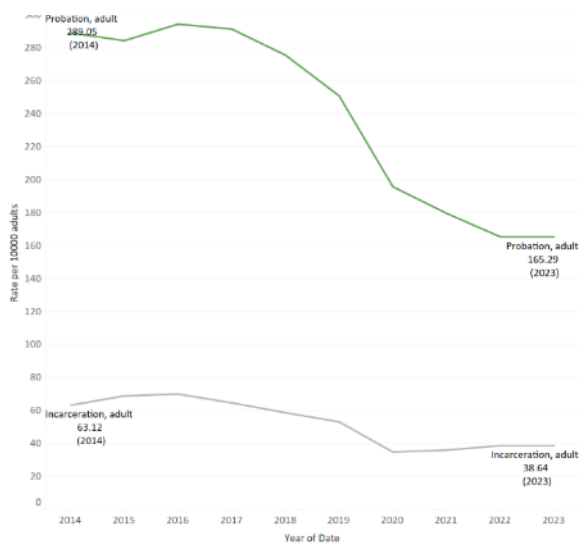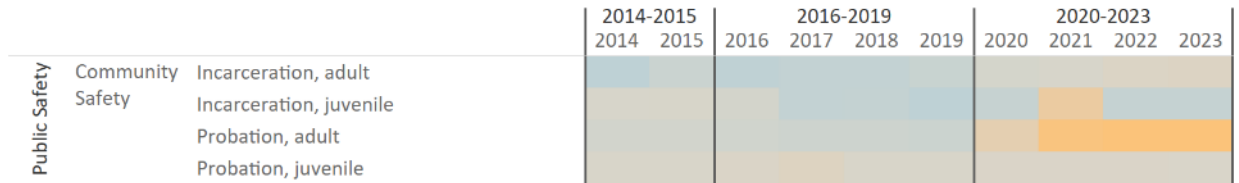
during the pandemic.

Social Cohesion

The Social Cohesion sector does not show significant shifts before and after the pandemic (see Figure 42). All sub-sectors, except for Wellbeing, serve as sources of risk. Much of this risk comes from the cumulative impact of the lack of availability of opportunities for social and political participation (see Figure 43). The primary risk factor, however, is the social isolation and lack of

Figure 42: Violent CSI risk and protective factors: Social Cohesion

support seen in one-person households. Both the Interfaith Liaison Network and the Francophone Society & Partners confirmed the role of social isolation as a source of risk, stating that certain groups such as seniors, students, and young families, were particularly vulnerable.

Although Social Participation factors appear as risk factors, social cohesion and community identity were frequently mentioned as highlights of the City. Pop-up groups pointed to social participation through community events as having a positive impact on sense of belonging and overall wellbeing, and it was suggested that the City should continue to emphasize community engagement initiatives going forward. The sentiment was echoed across many focus groups, as well.
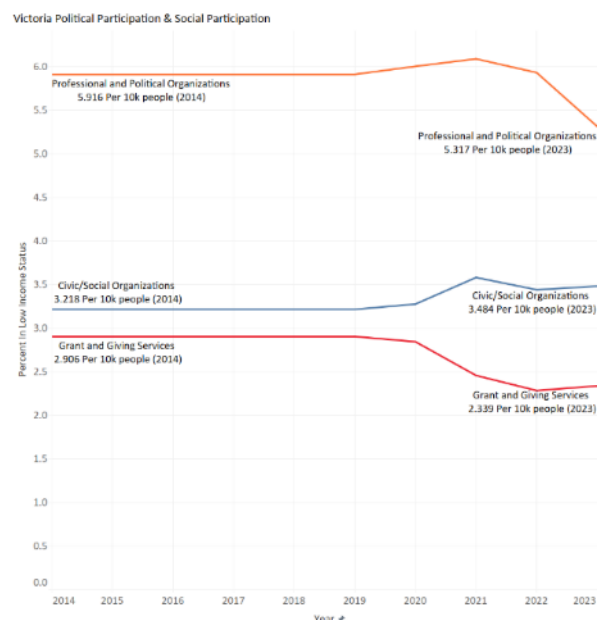
Figure 43: Victoria Political and Social Participation Facilities

Key Observations: Violent Crime Severity Index

- Victoria's V-CSI is higher than both the province and the CMA indexes.
- Aside from select factors, Victoria's risk and protective factors for V-CSI were mostly stable before and after the pandemic.
- The City's stable and established Indigenous population serves as a significant protective factor.
- Housing is a key risk factor for safety and well-being identified through analysis and by the residents of the City.
- Unmet Healthcare Needs have emerged as risk factors during the pandemic.
- The Income subsector serves as a steadily growing source of risk. Since the pandemic, food insecurity has emerged as a risk factor as well.

Terrorism

As a special category of violence, dedicated analysis was conducted on the vulnerability to terrorism in Victoria. Terrorism, as defined by section 83.01 of the Criminal Code[1] defines terrorism as an act committed "in whole or in part for a political, religious or ideological purpose, objective or cause" with the intention of intimidating the public "...with regard to its security, including its economic security, or compelling a person, a government or a domestic or an international organization to do or to refrain from doing any act."[30]

For the CREWS project, this includes the following UCR criminal code violations:

3711 - Property or service for terrorist activity,

3712 - Freezing of property, disclosure or audit,

3713 - Participate in activity of terrorist group,

3714 - Facilitate terrorist activity,

3715 - Commission or instructing to carry out terrorist activity,

3716 - Harbour or conceal terrorist,

3717 - Hoax terrorism,

3718 - Advocating/Promoting terrorism offence,

3721 - Leaving Canada to participate in activity of terrorist group,

3722 - Leaving Canada to facilitate terrorist activity,

3723 - Leaving Canada to commit offence for terrorist group,

3724 - Leaving Canada to commit offence that is terrorist activity,

3725 - Concealing person who carried out terrorist activity that is a terrorism offence for which that person is liable to imprisonment for life,

3726 - Concealing person who carried out terrorist activity that is a terrorism offence for which that person is liable to any punishment other than life,

3727 - Concealing person who is likely to carry out terrorist activity

The detailed analysis in this report is conducted using incident-based counts of terrorism-related violations based on police reported crime data provided to Statistics Canada. The Policing District incident counts in UCR are mapped to subdivisions using the 2022 CSD to Respondent Code Mapping, as provided by StatsCan for usage in the CREWS project.

Whereas the overall likelihood of a terrorist attack is very low, every city faces some level of risk of terrorism. Understanding upstream resilience and mitigating potential vulnerabilities is an important preventative approach needed by all locations around the country.

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30 Memorializing the Victims of Terrorism https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr09_6/p3.html

Victoria Trend Analysis Overview

The City of Victoria terrorist activity trends are estimated from data reported to the UCR by the Victoria Police Department. Based on these trends, the City saw a handful of terrorist activity incidents in 2015-2016, followed by isolated incidents in 2017, 2019, and 2023 (see Figure 44).
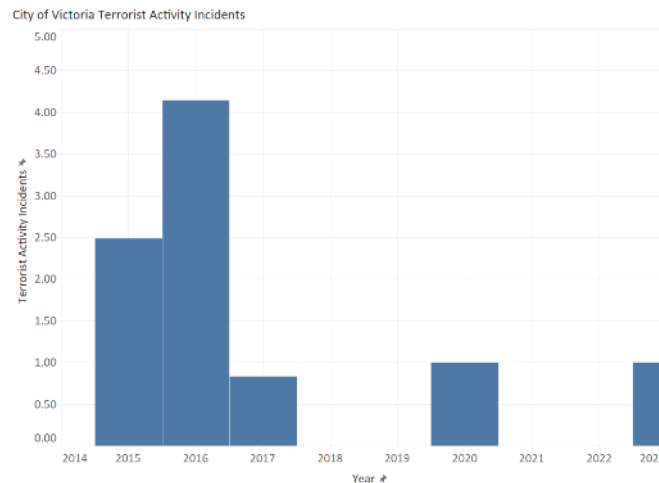
Figure 44: Victoria Terrorist Activity Incidents over Time

Victoria Terrorism Comparison: CMA and Province Trends

The metropolitan area and the province both saw increased terrorist activity at the start of the decade just as the City did (see Figure 45). The province in particular saw a much larger increase in incidents, while the City only saw a handful of isolated incidents for the rest of the decade.
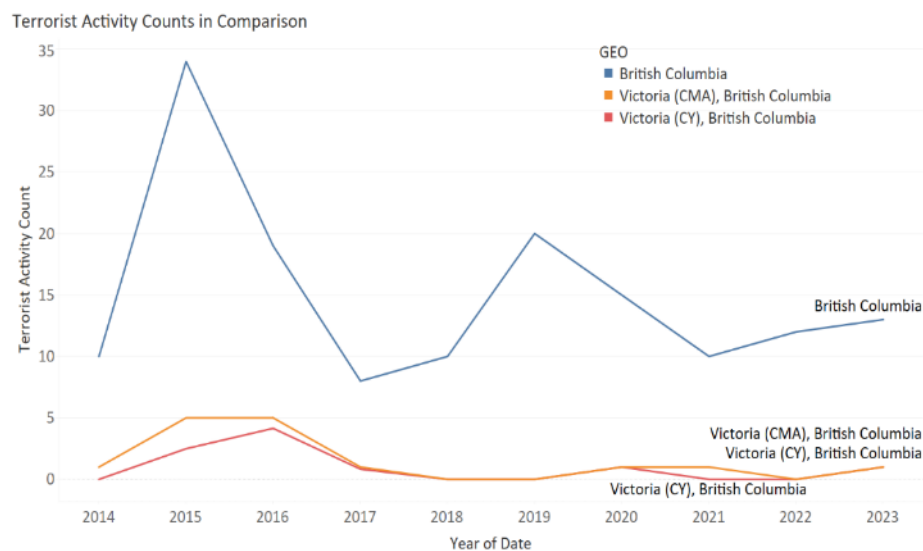
Figure 45: Victoria Terrorist Activity Counts in Context

Victoria Terrorism CREWS Analysis

The CREWS platform examined over 75 socio-ecologic factors across seven sectors and 24 different subsectors to understand which contributed most highly towards risk and which are most protective for the community (See Appendix Indicators Used for Modeling for full list of factors). Their shifts were analyzed over time to examine the changes that have played out over the last decade. These results are examined at the sector level, the sub-sector level, as well as by individual factors as needed.

The sectors that were examined include: Demographic, Economic, Education, Health, Neighborhood Dynamics, Public Safety, and Social Cohesion. The detailed analysis in this report is conducted using the Violent Crime Severity Index numbers based on police reported crime data provided to Statistics Canada.

Sector Analysis

Victoria currently has a low risk for terrorist events. Most of Victoria's sectors have limited impact as either risk or protective sectors for terrorist activity, particularly after the early years of the decade (see Figure 46). During these early years, when the City saw increased terrorist activity, all sectors served as risk sectors to some degree. Social Cohesion was the most impactful risk sector at this point, with Demographics, Public Safety and Neighbourhood Dynamics serving as additional sources

Figure 46: Victoria Terrorist Activity Sector Contributions Over Time

of vulnerability.

For the rest of the decade, Social Cohesion and Neighborhood Dynamics continue to modestly increase vulnerability, while the rest of the sectors provide resilience.

Examining the trends in more detail, the heatmap shows the cumulative impact of each sector's risk and protective sectors over time (see Figure 47). The orange colour indicates an increase in vulnerability and the blue colour represents an increase in resilience. This color convention is applied throughout the report.
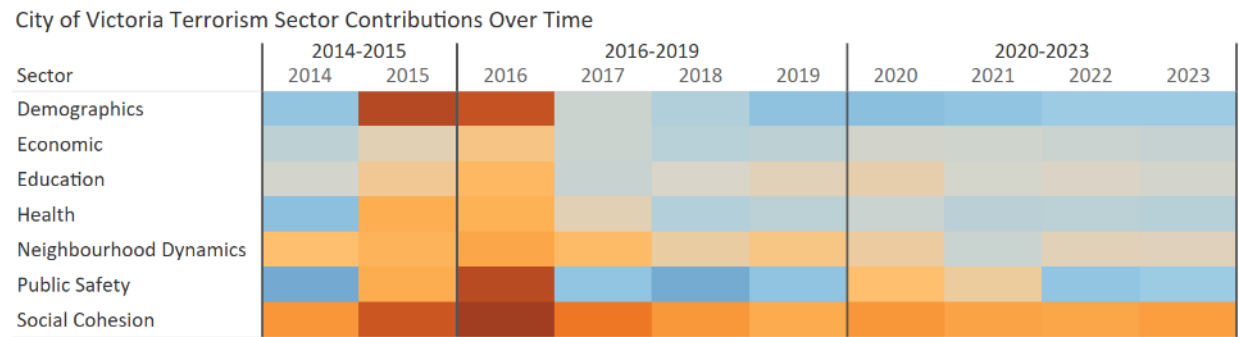
Figure 47 Terrorist Activity Sector Heatmap

During the pre-pandemic period, vulnerability was heavily influenced by systemic factors tied to Public Safety, Social Cohesion (Social support, Social Services and Participation) and Demographics (Income inequity). Resilience emerged from sub-sectors of Economic, Education and Health. These trends suggest that socio-economic and social cohesion factors played significant roles in shaping societal outcomes.

By 2020, the City had considerably mitigated the risk, with heightened contributions to resilience from factors across the Demographic, Economic, Health and Neighbourhood Dynamics sectors. Vulnerability increased primarily through Political Participation, as evidenced by declining local voter turnout rates and opportunities to engage with political organizations.

Pre-Pandemic Period (2016–2019)

1. Increased Vulnerability

The **Social Cohesion** sector showed the highest contributions to vulnerability, primarily driven by lack of **Political Participation** and **Social Support**. In the **Health** sector, **Access to Health** and **Availability of Medical Facilities** contributed to the vulnerability along with **Core Housing Needs**. Lastly, the Income inequities as evidenced by pay gaps (gender, Indigenous Identity, Visible Minority) in the **Demographics** sector highlighted the role of socio-economic disparities in increasing vulnerabilities.

2. Increased Resilience

Resilience during this period was led by **Economic** stability, declining **Health Conditions** and general **Quality of Life** factors. During this time period the **Violent Crime Severity Index** was also declining and mitigated vulnerability.

City of Victoria Terrorism Sub-Sector Contributions Over 2016-2019 & 2020-2023
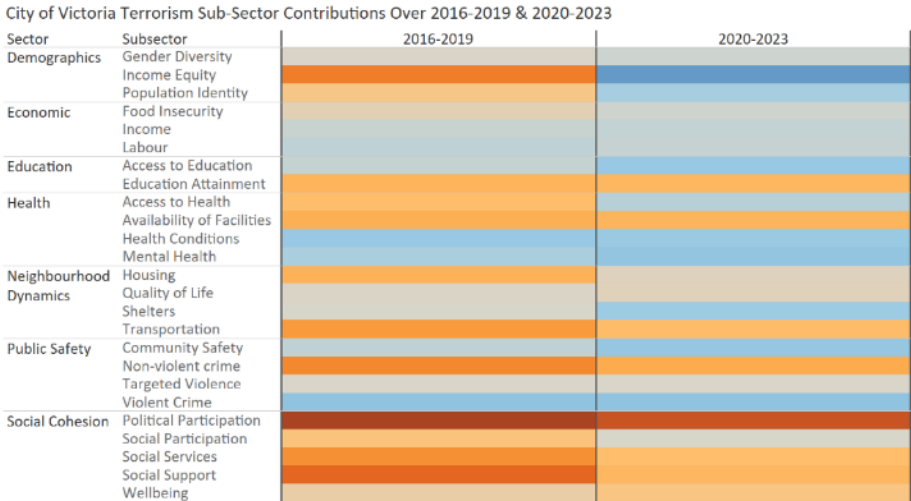
Pandemic and Post-Pandemic Period (2020–2023)

1. Increased Vulnerability

The overall vulnerability of the City has declined across most sectors, subsectors and factors with only a few still contributing to vulnerability. **Social Cohesion** is the dominant contributor of the vulnerability of the City to terrorism, across all facets. In addition, the **Public Safety** sector also impacted vulnerability, along with the **Health** sector and Education Attainment.

3. Increased Resilience

Resilience during this period saw notable contributions from the **Demographics**, **Economic, Health** and **Neighbourhood Dynamics** sectors, with Income equity, Population diversity, Access to Health emerging as providing resilience. Further investment in these sectors become key for mitigating risk for the future and increasing social resilience.

Key Observations

1. The **Social Cohesion** sector was a consistent driver of vulnerability across both periods, highlighting systemic challenges in these areas.

2. The **Demographic, Economic and Neighbourhood Dynamics** sectors emerged as strong contributors to resilience, reflecting the importance of socio-economic strength as a key approach for risk mitigation.

Subsector Analysis

To observe the impact of the COVID-19 pandemic on Victoria's community resilience, the post-covid risk and protective factors from 2020-2023 are compared to an equivalent four-year pre-pandemic timeframe of 2016-2019.

City of Victoria Terrorism Sub-Sector Contributions Over 2016-2019 & 2020-2023

Figure 48: Victoria Terrorist Activity by Sector and Subsector, 2016- 2019 & 2020- 2023.

Demographics

During the early years of the decade, the Income Equity factors served as a source of risk.

City of Victoria Terrorism Factor Contributions Over Time

Figure 49 Terrorism Risk and Protective Factors: Demographic

As pay gaps narrow over the course of the decade, with both visible minority and indigenous populations earning a larger percentage of the total population median income, the factors shift to provide mild protective impact (see Figure 50).

In focus groups, the City's diversity was occasionally mentioned as a positive aspect of the community that contributes to feelings of safety[31].
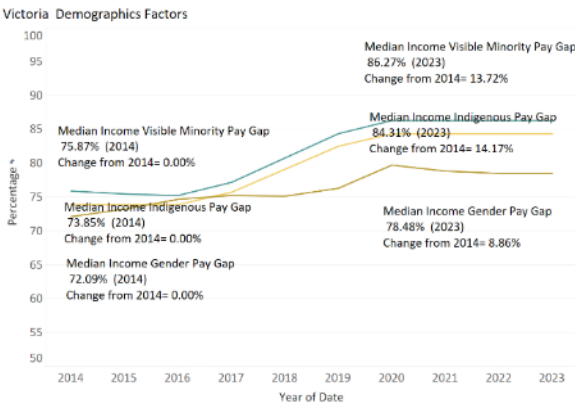
Figure 50: Victoria Income Equity

Economic

The Economic sector's impact on the City's resilience against terrorism is limited, although income measures do emerge as protective factors later in the decade. This is despite concerns expressed in focus groups suggesting that businesses are exhausted by the pandemic and other challenges[32], and rising costs of living mentioned by other stakeholders.

Figure 51 Terrorism Risk and Protective Factors: Economic

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[31] Consultation with Victoria Neighbourhood and Community Associations; May 6, 2024; Interfaith Liaison Network CSWB Focus Group; June 17, 2024
[32] Consultation with DVBA and Destination Greater Victoria, May 31 and June 3, 2024

Education

The Education sector's impact on the City's resilience is limited. Education attainment serves as a minor source of risk throughout the decade, while Access to Education emerges as a mild protective subsector later in the decade, as terrorist activity in the City grows scarce.
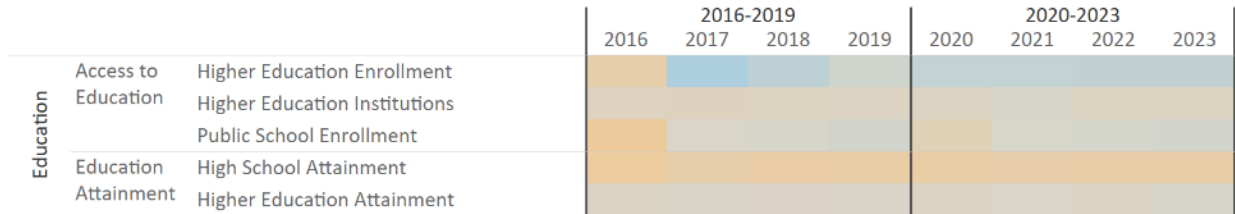
Figure 52 Terrorism Risk and Protective Factors: Education

Health

For the most part, the Health sector's impact on the City is limited. The Access to Health subsector serves as a minor source of risk at the beginning of the decade, while the declining rates of Health Conditions subsector emerges as a protective subsector in the later years of the timeframe.
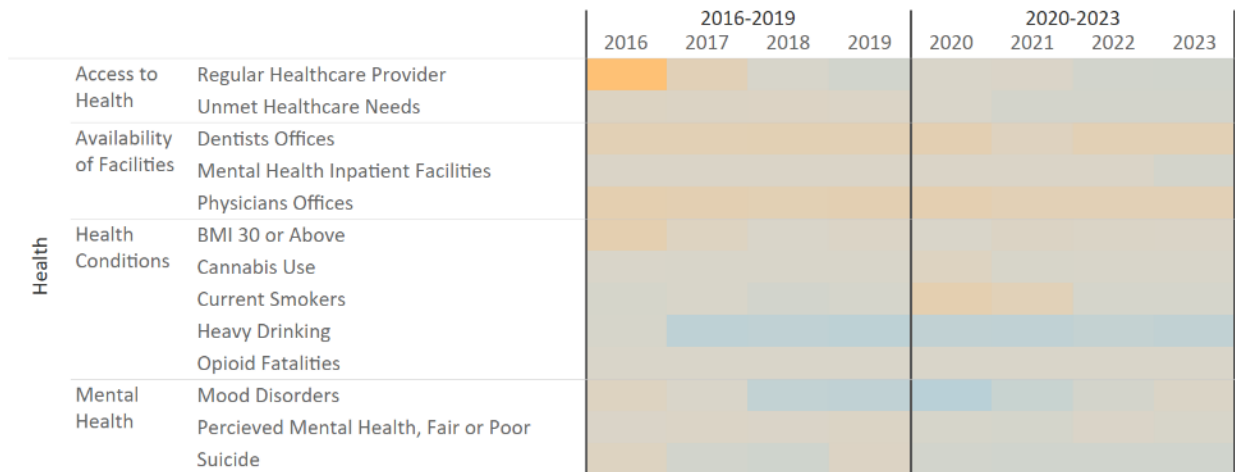
Figure 53 Terrorism Risk and Protective Factors: Health

Neighbourhood Dynamics

At the start of the decade, Housing and Transportation subsectors served as sources of risk. Over the course of the years, the risk has been mitigated across most factors. Investment in Quality of Life and Shelters would contribute to building resilience to further reduce the low vulnerability.
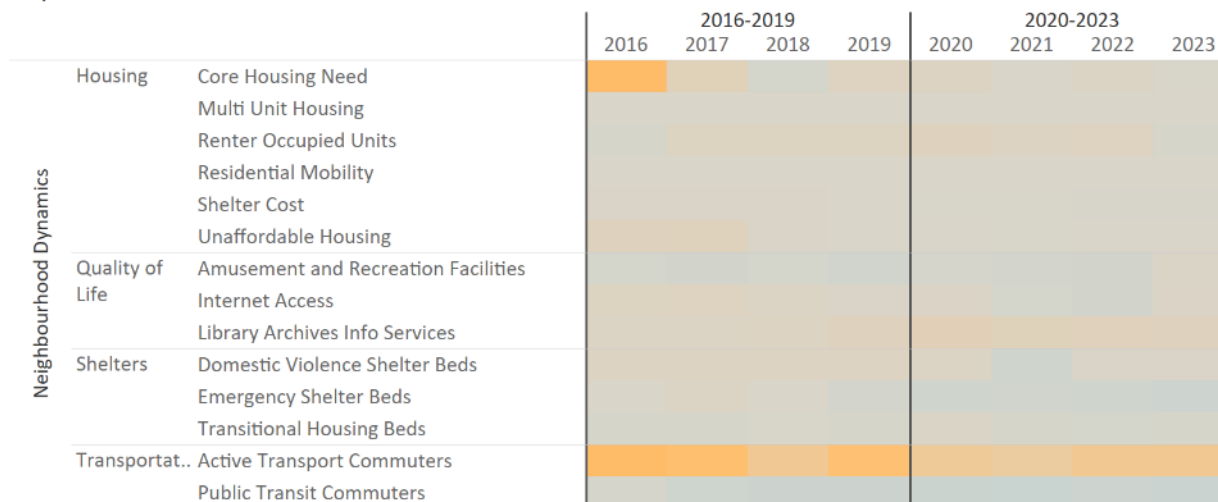
Figure 54 Terrorism Risk and Protective Factors: Neighbourhood Dynamics

Public Safety

During the spike in terrorist activity in the early years of the decade, the Community Safety subsector serves as a risk sector, before shifting to a source of protection in the years since.

Although violent crime was not a major source of risk for terrorist activity, focus groups and surveys expressed that the City was perceived to be unsafe at night, particularly downtown[33]. 69% of respondents to the Victoria Police's Community survey expressed a belief that crime had increased over the past two years and the number of residents who felt safe in their neighborhoods dropped by 30% between daytime and nighttime[34]. Multiple focus groups expressed that media coverage, lack of coordination among service providers, and inconsistent police responses impacted overall perceptions of safety[35]. Community Pop-ups felt that increased police presence was necessary to deter crime and increase perceptions of safety, but some focus groups indicated a lack of trust in police authority.

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[33] GGC Consultiation; May 8, 2024; Housing and Homelessness CSWB Focus Group; May 21, 2024; Downtown Service Providers Committee Member CSWB Focus Group; May 23, 2024
[34] 2024 VicPD Community Survey; Victoria Foundation 2023 Vital Signs Report
[35] Mayor's Business Leader's Roundtable Consultation; April 3, 2024; Housing and Homelessness CSWB Focus Group; May 21, 2024; Downtown Service Providers Committee Member CSWB Focus Group; May 23, 2024

City of Victoria Terrorism Factor Contributions Over Time

| | | 2016-2019 | | | | 2020-2023 | | | |
		2016	2017	2018	2019	2020	2021	2022	2023
Community Safety	Incarceration, adult								
	Incarceration, juvenile								
	Probation, adult								
	Probation, juvenile								
Non-violent crime	Property Crime								
	Weapons Violations								
Violent Crime	Family Children Offenses								
	Intimate Partner Violence								
	Violent Crime								
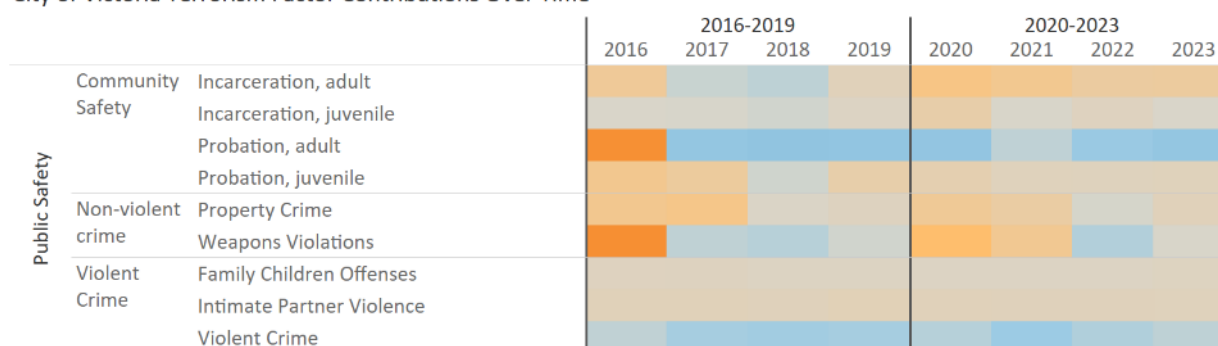
Figure 55 Terrorism Risk and Protective Factors: Public Safety

Social Cohesion

The Political Participation and Social Support subsectors serve as the most prominent risk subsectors across all sectors, both before and after the pandemic. Much of this risk comes from the cumulative impact of the lack of availability of opportunities and willingness for social and political participation.

City of Victoria Terrorism Factor Contributions Over Time

| | | 2016-2019 | | | | 2020-2023 | | | |
		2016	2017	2018	2019	2020	2021	2022	2023
Political Participation	Professional and Political Organizations								
	Voter Turnout								
Social Participation	Arts and Sports								
	Civic/Social Organizations								
	Religious Organizations								
	Social Advocacy Organizations								
Social Services	Community Food Services								
	Grant and Giving Services								
Social Support	Child Care Centers								
	Divorced Persons								
	One-Person Households								
	Single Parent Households								
Wellbeing	Life Satisfaction, Satisfied or Very Satisfied								
	Sense of Belonging, Strong or Somewhat S..								

Figure 56 Terrorism Risk and Protective Factors: Social Cohesion

Additional risk factors, however, are the social isolation and lack of support seen in one-person households. Both the Interfaith Liaison Network and the Francophone Society & Partners supported the role of social isolation as a source of risk, stating that certain groups such as seniors, students, and young families, were particularly vulnerable.

Key Observations: Terrorism

- Victoria has seen very little terrorist activity aside from a temporary spike in terrorist activity in 2015-2016.
- Over the past decade the vulnerability has been greatly reduced, and the resilience is able to mitigate the impact of the risks. The overall risk for terrorism is low for the City.
- The Social Cohesion sector contributes the most towards vulnerability, with Neighbourhood Dynamics being an additional source for risk. All other sectors provide moderate levels of resilience.

Housing Instability

Trend Analysis

Unaffordable Housing (a measure of households who spend 30% or more of their average monthly total income on shelter costs), Renter Occupied Units (a measure of households that do not own their primary dwelling), and Core Housing Need (a measure of households whose housing falls below thresholds in one or more indicators of adequacy, affordability, or suitability, and would have to pay 30% or more of their average monthly total income to secure alternative housing) were chosen as proxy indicators for Housing Instability, in the absence of standardized data on the City's unhoused population over time. The rate of households living in Unaffordable Housing or Core Housing Need has been on a downward trend over the past decade, suggesting that households are either finding more affordable housing or losing access to housing entirely. At the same time, the rate of renter occupied units rose sharply early in the decade before leveling out.

These indicators were statistically correlated with indicators in all other sectors to observe any linear relationship between them[36]. Only strong correlations are included; the color red indicates negative correlations and blue indicates positive correlations.

City of Victoria - Housing Factors

City of Victoria - Housing Factors

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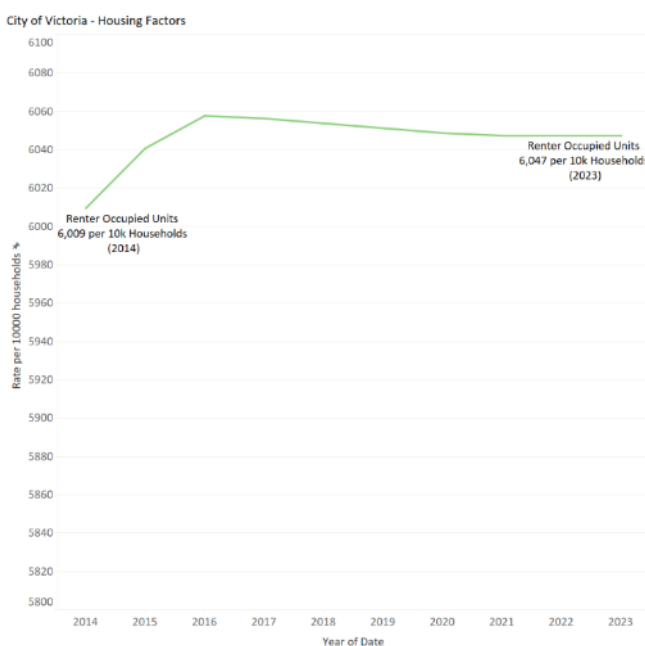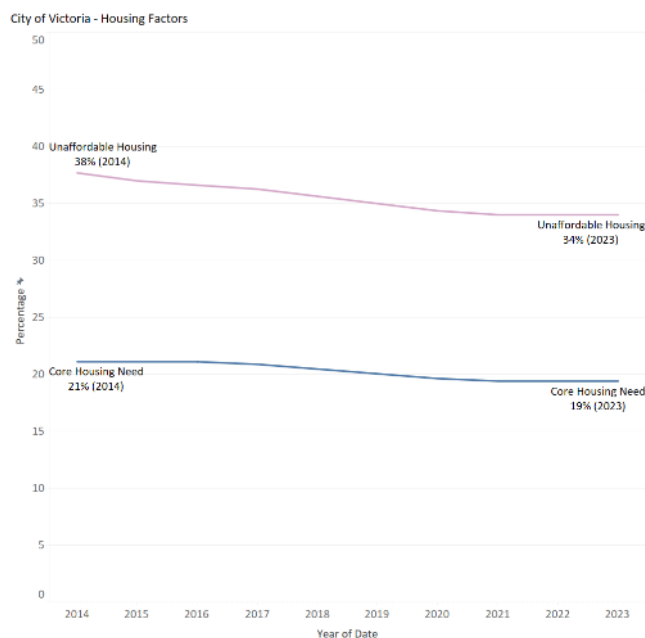
[36] The Pearson correlation used measures the strength of the linear relationship between two variables.

Correlation Analysis

Housing instability, as measured through factors such as Core Housing Need and Shelter Cost, is intricately linked to a wide range of socio-ecological determinants across demographics, economics, education, health, neighborhood dynamics, public safety, and social cohesion. The following analysis examines strong correlations observed between these factors and housing instability metrics during the periods of 2018-2019 and 2020-2021. The analysis uses strong positive and negative correlations (illustrated in red and blue, respectively).

Housing Correlations 2018-2019 & 2020-2021

			Housing	
			Core Housing Need	Shelter Cost
Demographics	Population Identity	Indigenous Identity, Adult	red	blue
		Indigenous Identity, Child	red	blue
		Visible Minority, Adult	red	blue
		Visible Minority, Child	red	blue
		Francophone Mother Tongue	red	blue
		Knowledge of French	red	blue
Economic	Income	Median Income	red	blue
Education	Access to Education	Higher Education Enrollment	blue	red
	Education Attainment	High School Attainment	red	blue
		Higher Education Attainment	red	blue
Health	Access to Health	Unmet Healthcare Needs	red	blue
Neighborhood Dynamics	Transportation	Active Transport Commuters	blue	red
		Public Transit Commuters	blue	red
Public Safety	Community Safety	Incarceration, juvenile	blue	red
		Probation, adult	blue	red
Social Cohesion	Political Participation	Voter Turnout	blue	red
	Social Support	Divorced Persons	blue	red
		Single Parent Households	blue	red
		One-Person Households	red	blue

Figure 57 Correlation of Housing with Multiple Factors

Demographics

- Indigenous Identity (Adults and Children) and Visible Minority (Adults and Children) populations exhibit a strong positive correlation with Shelter Costs, indicating that these groups are disproportionately burdened by housing expenses.

- Francophone Mother Tongue populations and Knowledge of French also correlate positively with Shelter Costs, suggesting that linguistic minorities face significant housing cost pressures.

Economics

- Median Income shows a strong positive correlation with Shelter Costs, reflecting that as income rises, households are more likely to spend higher amounts on housing. However, this does not necessarily alleviate the affordability challenges faced by lower-income groups.

- Conversely, lower-income levels are strongly associated with Core Housing Need, highlighting affordability challenges in lower-income households.

Education

- Higher Education Enrollment demonstrates a strong positive correlation with both Core Housing Need and Shelter Costs. This suggests that areas with higher education enrollment rates may experience greater housing pressures due to competition for rental housing and higher costs near educational institutions.

- High School Attainment and Higher Education Attainment are strongly negatively correlated with Core Housing Need, indicating that improved educational outcomes may reduce housing inadequacies.

Health

- Unmet Healthcare Needs are strongly positively correlated with housing instability, signifying that populations struggling with healthcare access are more likely to experience housing challenges.

- Mental health indicators, such as mood disorders and poor perceived health, show a direct association with shelter costs and Core Housing Need.

Neighborhood Dynamics

- Active Transport Commuters and Public Transit Users correlate positively with housing instability, reflecting urban housing pressures where public transport is a necessity.
- Emergency Shelter Beds and Domestic Violence rates exhibit a negative correlation, potentially highlighting shelter resources mitigating immediate housing instability.

Public Safety

- Juvenile Incarceration and Adult Probation rates correlate positively with Core Housing Need, implying that communities with higher justice system involvement face greater housing instability challenges.

Social Cohesion

- Voter Turnout exhibits a positive correlation with Shelter Costs, indicating that politically engaged communities may still face high housing expenses.

- Single-parent households, divorced persons, and one-person households are strongly positively correlated with housing instability indicators, emphasizing the financial strain these family structures experience in meeting housing needs.

Qualitative Analysis – Focus Groups and Surveys

Shelters and homelessness consistently crop up as areas of concern in the City's focus groups and roundtables. The VicPD Community Survey listed addressing homelessness as a top priority for the police. The Mayor's Business Leader's Roundtable also highlighted the issue as a major challenge to the City's safety and wellbeing but emphasized the homeless population as a vulnerable population suffering from a loss of humanity and exploitation by crime rather than a law enforcement concern. The Housing and Homelessness Group expressed concern that homelessness was being criminalized, mentioning lack of healthcare services and shelter options as additional concerns.

The police union agreed with the need for healthcare services and wraparound supports, stating that shelters without wraparound services will not work and that health and treatment needed to come before housing. However, they also claim that more shelters undermine community safety, as they lead to more calls for service and more people clustered on the streets in front of shelters, causing more violence.

Figure 58: Victoria Shelter Beds per 10K People.

This is in contrast with the larger community sentiment across focus groups and Pop-Ups that the homeless encampments that result from shelter overflow are what undermines community safety, particularly downtown. The overall sentiment is that more housing options and shelter spaces are needed, as well as additional supports beyond providing housing.

Key Takeaways: Housing

The analysis of housing instability, informed by statistical correlations and feedback from focus groups and surveys, underscores the complexity of the issue. Addressing housing instability in Victoria requires targeted and integrated strategies that tackle its multifaceted drivers.

- Housing instability is intricately connected to systemic inequities and vulnerabilities faced by demographic groups, especially Indigenous populations, visible minorities, and linguistic minorities.
- Economic and educational metrics such as median income and education attainment have nuanced impacts, with higher incomes often correlating with higher housing costs, while improved education levels mitigate core housing inadequacies.
- Health and public safety factors, such as unmet healthcare needs and involvement with the justice system, amplify housing instability risks.
- Social support structures and household configurations play critical roles, with single-parent households and one-person households being particularly vulnerable to housing challenges.
- This correlation analysis underscores the importance of integrated policy approaches that address systemic inequities across multiple domains to alleviate housing instability effectively.

Intimate Partner Violence

Trends Analysis

Intimate Partner Violence (a measure of victims who were victimized by current and former spouses, common-law partners, significant others, or other intimate relationships) was statistically correlated with indicators in all other sectors to observe any linear relationship between them[37]. Only strong correlations are illustrated below; the color red indicates negative correlations and blue indicates positive correlations.

Figure 59 Intimate Partner Violence

Correlation Analysis

To better understand the socio-ecological factors influencing Intimate Partner Violence (IPV), correlations between IPV and indicators across sectors such as economic conditions, education, health, neighborhood dynamics, public safety, and social cohesion were analyzed. The chart below

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[37] The Pearson correlation used measures the strength of the linear relationship between two variables.

summarizes these relationships, with **red** indicating negative correlations and **blue** denoting positive correlations.

Figure 60: Correlation of Intimate Partner Violence with Multiple Factors

Observations:

- **Economic Factors:**

  o **Food Insecurity** is positively correlated with IPV, particularly within Indigenous and Visible Minority populations, emphasizing the compounded vulnerabilities these groups face due to resource scarcity.

- **Education:**

  o **Higher Education Institutions** correlate positively with IPV, suggesting that areas with increased access to education facilities may also reflect broader urban stressors tied to IPV occurrences.

- **Health:**

  o **Availability of Facilities**, such as Dentist Offices, shows a positive correlation with IPV, potentially reflecting urban regions with higher service densities experiencing more reported cases.

  o **Mental Health Inpatient Facilities** are negatively correlated with IPV, indicating that access to mental health support may serve as a protective factor.

- **Neighborhood Dynamics:**

- o **Amusement and Recreation Facilities**, as indicators of community quality of life, correlate positively with IPV, reflecting the complex interaction of social spaces and domestic violence.

- **Public Safety:**

  - o **Probation (juvenile)** correlates positively with IPV, highlighting potential overlaps between justice system interactions and household violence.

  - o **Violent Crime** also correlates positively with IPV, reinforcing the link between broader community violence and domestic violence.

- **Social Cohesion:**

  - o **Civic and Social Organizations** and **Grant and Giving Services** correlate positively with IPV, suggesting areas with higher social activity and aid services may have greater reporting or visibility of IPV cases.

  - o **Child Care Centers** correlate negatively with IPV, reflecting their role in providing crucial support systems for families, thereby reducing IPV risks.

Qualitative Analysis – Focus Groups and Surveys

Intimate Partner Violence and gender-based violence were not frequent topics of focus groups, with the only mention of the issue being in consultation with the Girl Guides of Canada when domestic violence shelters were mentioned as something making the community safer. However, some responses to the CSWP Systemic Change stated that gender-based violence was an area of concern and that the lack of commitment to addressing GBV was a major barrier to community safety and wellbeing in need of more preventative strategies. One response stated that the Regional Domestic Violence Unit was an effective support provider but that there was little investment from the City beyond that.

Key Takeaways: IPV

The findings on IPV correlations, combined with insights from focus groups and surveys, highlight several actionable pathways to reduce IPV in Victoria. These implications account for both the statistical relationships and the lived experiences of residents:

1. **Address Economic Stressors:**

   - o **Food insecurity**, particularly within Indigenous and Visible Minority populations, is a significant risk factor for IPV. Focus groups consistently highlighted the need for improved access to affordable, healthy food and culturally appropriate support services. Expanding food security programs and targeting them towards at-risk populations can help alleviate one of the key drivers of IPV.

o Income-support policies and programs for low-income families, especially single-parent households, are crucial to mitigating the compounded economic vulnerabilities linked to IPV.

2. **Improve Access to Mental Health Resources:**

   o The correlation between limited availability of **mental health inpatient facilities** and IPV underscores the need for more accessible and community-based mental health services. Residents noted the inadequacy of current support for both victims and perpetrators of IPV, particularly in areas where mental health issues intersect with substance use and domestic violence.

   o Investing in mental health infrastructure and integrating trauma-informed care into existing health and social services can address root causes and provide necessary support.

3. **Leverage Social and Community Organizations:**

   o While **civic and social organizations** and **grant and giving services** correlate positively with IPV, these entities are also potential hubs for intervention and prevention efforts. Community members emphasized the need to strengthen coordination between these organizations and IPV prevention programs.

   o Expanding funding for community-based initiatives that provide wraparound support, such as childcare, housing assistance, and counseling, can empower families and reduce IPV risks.

4. **Enhance Neighborhood Quality of Life:**

   o The link between **amusement and recreation facilities** and IPV suggests the need for safer and more inclusive social spaces. Focus groups mentioned the role of poorly monitored public spaces in enabling harmful behaviors. Designing community spaces with safety and inclusivity in mind and fostering neighborhood cohesion through well-facilitated events could mitigate IPV risks.

5. **Support Justice and Rehabilitation Efforts:**

   o The positive correlation with **juvenile probation rates** indicates systemic overlaps between IPV and justice involvement. Focus group participants stressed the importance of rehabilitative approaches, particularly for young offenders and families affected by IPV. Strengthening restorative justice programs and increasing access to community-based diversion programs can address IPV through non-punitive means.

6. **Expand Family-Centered Support Systems:**

   o The protective role of **childcare centers** highlights their importance in reducing family stress and IPV risks. Expanding access to affordable, high-quality childcare

was a consistent theme in focus group discussions. Investment in these services can ease economic and emotional burdens on families, reducing IPV.

Mental Health

Trend Analysis

Rates of Mood Disorders (including conditions such as depression, bipolar disorder, mania or dysthymia as diagnosed by a health professional), Perceived Mental Health (Fair or Poor), and Suicide rates were statistically correlated with indicators in all other sectors to observe any linear relationship between them[38]. Only strong correlations are illustrated below; the color red indicates negative correlations and blue indicates positive correlations.
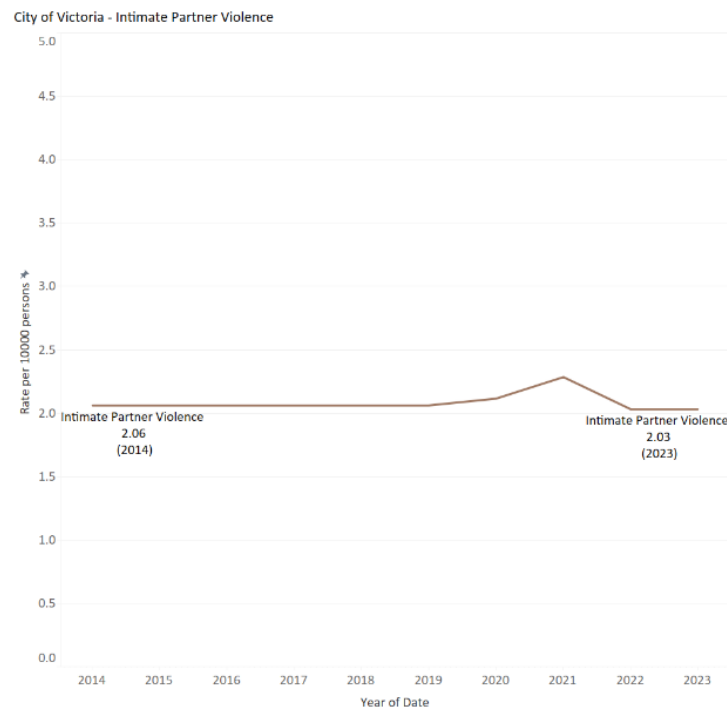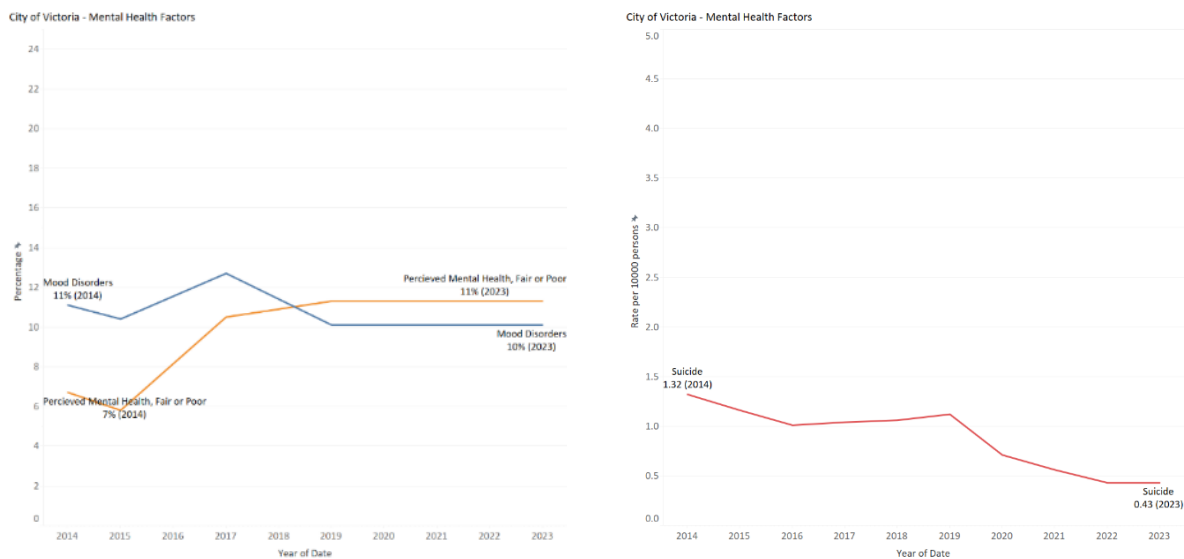

Figure 61 Mental Health Trends

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[38] The Pearson correlation used measures the strength of the linear relationship between two variables.

Correlation Analysis

The analysis of mental health factors focused on **Mood Disorders** and **Perceived Mental Health (Fair or Poor)** as key indicators. These metrics were correlated with socio-ecological factors across demographics, economy, health, and social cohesion for the periods 2018-2021. The findings demonstrate strong positive (**blue)** and strong negative (**red**) correlations, revealing patterns that contribute to mental health challenges of residents in Victoria.
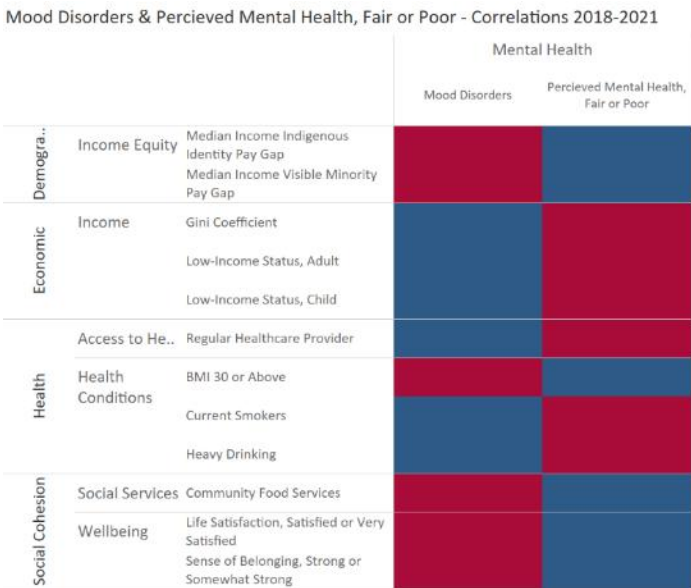
Figure 63 Correlation of Mental Health with Multiple Factors

Observations:

1. **Demographics:**

   o **Median Income Pay Gaps** for Indigenous Identity and Visible Minority populations show **negative correlations** with mental health challenges, indicating that as these gaps decrease, mental health improves.

   o This suggests that addressing income disparities for marginalized groups has the potential to alleviate mental health issues.

2. **Economic Factors:**

   Figure 62: Correlation of Mental Health Indicators with Multiple Factors

   o The **Gini Coefficient** (income inequality) and **Low-Income Status (Adults and Children)** exhibit **positive correlations** with Mood Disorders and Perceived Poor Mental Health. This reflects the exacerbating effects of economic inequity on mental health.

3. **Health:**

- **Access to a Regular Healthcare Provider** shows a **negative correlation** with mental health challenges, underscoring its protective role in reducing both Mood Disorders and Perceived Poor Mental Health.

- **Health Conditions** such as high BMI (30 or above), current smoking, and heavy drinking display **positive correlations** with mental health challenges, highlighting the link between poor physical health and mental health struggles.

4. **Social Cohesion:**

- **Community Food Services** demonstrates a **negative correlation** with mental health challenges, suggesting that food security programs reduce mental health vulnerabilities.

- **Life Satisfaction** and **Sense of Belonging (Strong or Somewhat Strong)** also exhibit **negative correlations**, indicating their importance as protective factors for mental health.

Qualitative Analysis – Focus Groups and Surveys

Mental health is a frequent concern across focus groups, surveys, and Community Pop-Ups, with the need for better mental health support and increased access to services. The consultation with Victoria Neighborhood and Community Associations pointed to mental health related disturbances as a factor making neighborhoods feel unsafe, calling for more mental health supports and quicker responses to incidents[39]. The call for more supports for both mental health and addiction was echoed by the Housing Overdose Prevention Peer Service Resident Responders, People with Lived and Living Experiences, and Mental Health and Substance Use Service Organizations focus groups, although these groups emphasized the lack of support these communities currently receive over their impact on neighborhood safety. HOPPS noted that many people are unnecessarily evicted for mental health episodes, and the Mayor's Business Leader's Roundtable stressed the importance of not criminalizing mental health. The CSWB Systemic Change Survey expressed that better supports were needed to reduce reliance on the police for crisis management, a sentiment echoed by the Police Union.

In terms of factors that impact mental health, community events and programs were mentioned across focus groups and Pop-Ups as a key part of how Victoria fosters community engagement and a sense of belonging. However, the Interfaith Liaison Network and the Francophone Society & Partners expressed that certain groups such as seniors, students, and young families, were at risk of social isolation.

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[39] Consultation with Victoria Neighbourhood and Community Associations; May 6. 2024

Key Takeaways: Mental Health

1. **Income Inequality and Financial Stress:**

   o Focus groups highlighted the disproportionate mental health challenges faced by Indigenous and visible minority populations due to income disparities. This aligns with the **negative correlation** between reducing pay gaps and improving mental health outcomes.

   o Surveys indicated that adults and children in low-income households experience heightened mental health struggles, further reinforced by the **positive correlation** of low-income status with Mood Disorders and Perceived Poor Mental Health.

2. **Healthcare Gaps:**

   o Limited access to regular healthcare providers was a recurring concern in focus groups, especially for marginalized groups. This supports the **negative correlation** between access to healthcare and mental health challenges.

   o Focus group participants emphasized the need for trauma-informed and culturally relevant care, particularly for those experiencing systemic barriers.

3. **Impact of Physical Health:**

   o Participants frequently associate obesity, smoking, and alcohol consumption with stress and mental health deterioration. This aligns with the **positive correlation** between these health conditions and mental health challenges.

   o Survey responses pointed to a lack of accessible programs promoting healthier lifestyles, compounding these issues.

4. **Social Cohesion and Well-being:**

   o Community food services, life satisfaction, and a sense of belonging emerged as significant protective factors in reducing mental health challenges. These were frequently mentioned in focus groups, with participants highlighting the importance of community-based initiatives to foster connection and security.

   o Many survey respondents identified social isolation as a critical issue, particularly for seniors, students, and families experiencing economic hardship.

Substance Use (Opioid Fatalities)

Trend Analysis

Rates of Opioid Fatalities (a measure of deaths where acute opioid toxicity was considered as contributing to the cause of death) is our primary proxy indicator for Substance Use.

The indicator was statistically correlated with indicators in all other sectors to observe any linear relationship between them[40]. Only strong correlations are included; the color red indicates negative correlations and blue indicates positive correlations.

An additional area of concern raised by focus groups was substance use and addictions. Over the past decade Opioid Fatalities have increased by more than 500%, with a steady increase in the rate especially after the start of the pandemic.
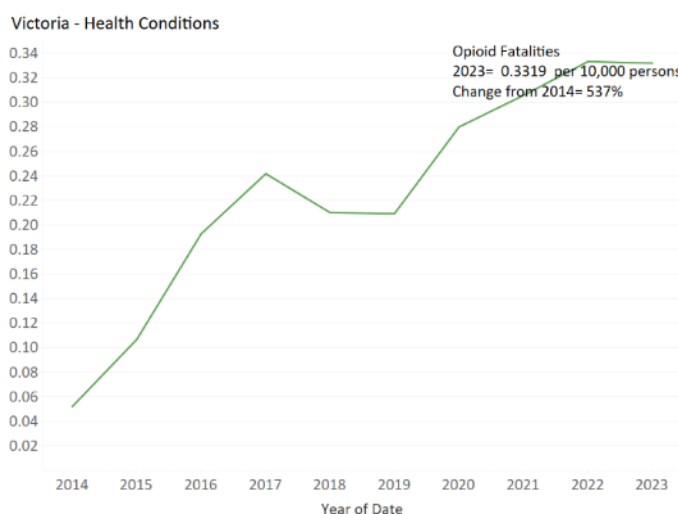
Figure 64 Victoria Opioid Fatalities

Correlation Analysis

Opioid fatalities had few strong correlations compared to other factors that were examined. These correlations underscore the complex interplay between mental health, public safety, and social cohesion in addressing opioid fatalities. While the relationships are not causal, they provide critical insights into factors that may protect against or exacerbate substance use crises in the community.

The following are observations from the correlation of the factors:

Figure 65: Correlation of Opioid Fatalities with Multiple Factors

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[40] The Pearson correlation used measures the strength of the linear relationship between two variables.

1. Health:

- **Suicide** shows a strong **negative correlation** with opioid fatalities. This indicates that as rates of suicide decrease, opioid fatalities increase, suggesting an inverse relationship between these two mental health crises. This could reflect overlapping but diverging populations impacted by mental health and substance use challenges.

2. Public Safety:

- **Juvenile Probation** exhibits a strong **negative correlation** with opioid fatalities. This suggests that regions or populations with higher rates of juvenile probation see fewer opioid fatalities. This could reflect stronger systems of intervention or support within communities with higher juvenile justice activity.

3. Social Cohesion:

- **Voter Turnout** demonstrates a strong **negative correlation** with opioid fatalities, suggesting that areas with higher civic engagement experience fewer opioid-related deaths. This may reflect stronger community networks or greater access to resources in communities with higher levels of social and political participation.

Qualitative Analysis – Focus Groups and Surveys

Substance use was a major concern expressed in surveys and Community Pop-Ups, with public drug use within the homeless population stated to be a major factor undermining perceptions of safety in certain neighborhoods. Respondents expressed that in some neighborhoods, used syringes could be seen in the streets. Although there were calls for the City to crack down on public drug use, the overlap between public drug use and visible homeless populations means that the issue will likely require more complex responses.

Many focus groups expressed a need for increased addiction and recovery services and supports, particularly for homeless populations. In consultations, the Housing Overdose Prevention Peer Service Resident Responders, People with Lived and Living Experiences, and Mental Health and Substance Use Service Organizations all expressed a need for more addiction support.

Key Takeaways: Substance Use (Opioid Fatalities)

1. **Mental Health and Overlapping Crises:**

    o The **negative correlation** between suicide rates and opioid fatalities suggests overlapping but diverging crises, where declines in one may coincide with increases in the other. Focus group participants consistently emphasized the need for

integrated mental health and substance use services, recognizing the co-occurrence of these challenges within vulnerable populations.

2. **Juvenile Probation as an Indicator of Community Safety:**

   o The **negative correlation** between juvenile probation rates and opioid fatalities highlights the protective role of intervention systems for at-risk youth. Focus groups with justice-involved families and service providers pointed to the importance of early interventions, structured programs, and community-based support in preventing substance use escalation.

3. **Social Cohesion as a Buffer:**

   o Higher **voter turnout** correlates with fewer opioid fatalities, reflecting the role of civic engagement and community participation in mitigating substance use risks. Surveys and focus groups identified strong community networks and local advocacy as key contributors to increased access to prevention and treatment resources.

4. **Gaps in Access and Resources:**

   o Survey participants frequently cited barriers to accessing substance use treatment and mental health services, particularly in underserved areas. Many pointed to a lack of funding, long wait times, and stigma as significant challenges, compounding the effects of social isolation and economic vulnerability.

5. **Stigma and Awareness:**

   o Focus groups highlighted persistent stigma around both mental health and substance use, which discourages individuals from seeking help. Many participants advocated for broader public education campaigns and targeted community-based initiatives to reduce stigma and normalize seeking support.

These takeaways illustrate the need for integrated approaches addressing mental health, public safety, and social cohesion while expanding access to critical resources and reducing stigma to effectively combat the opioid crisis.

Access to Health

Trend Analysis

Regular Healthcare Provider (a measure of people aged 12 and over who have a health care provider they regularly see or talk to when they need normal care or advice for their health) and Unmet Healthcare Needs (a measure of persons who felt that he or she required health care in the last 12 months but did not receive it) are the two indicators used to track Access to Health. Regular Healthcare Provider rates have been on a downward trend over time, while rates of Unmet Healthcare Needs have increased. Together, this indicates an overall decline in Access to Health.

Both indicators were statistically correlated with indicators in all other sectors to observe any linear relationship between them[41]. Only strong correlations are included; the color red indicates negative correlations and blue indicates positive correlations.

Health Factors : Victoria (CY), British Columbia

Regular Healthcare Provider (Victoria (CY), British Columbia)
2023= 71.40 %
Change from 2014= -14%

Unmet Healthcare Needs (Victoria (CY), British Columbia)
2023= 10.90 %
Change from 2014= 88%

Pandemic
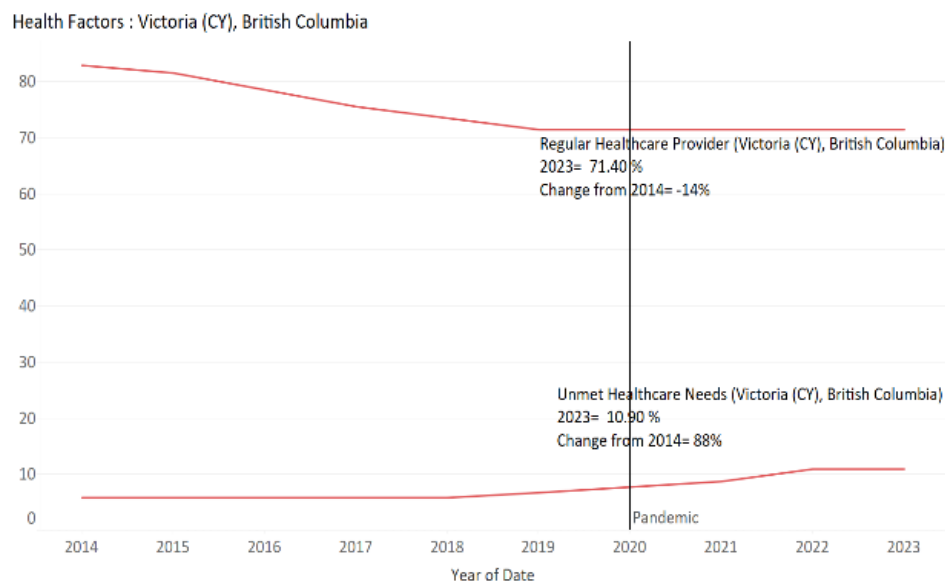
Figure 66 Victoria Health Access

Correlation Analysis

The graphs highlight the correlations between **Access to Health** (measured through Unmet Healthcare Needs and access to a Regular Healthcare Provider) and various socio-demographic, economic, health, and social cohesion factors. **Red** indicates strong negative correlations, while **blue** indicates strong positive correlations.

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[41] The Pearson correlation used measures the strength of the linear relationship between two variables.

The correlations for the two factors were significantly different from each other and are analyzed individually. The following are observations from the correlation of the factors:

Figure 67: Correlation of Access to Health with Multiple Factors

Unmet Healthcare Needs

1. **Demographics:**

   o **Indigenous Identity (Adult and Child)** and **Visible Minority populations (Adult and Child)** have a **positive correlation** with unmet healthcare needs, indicating these groups face significant barriers to accessing healthcare.

   o **Francophone Mother Tongue** and **Knowledge of French** show a **negative correlation**, suggesting linguistic barriers may not be as significant for these populations in accessing healthcare.

2. **Economic Factors:**

- o **Median Income** exhibits a **negative correlation** with unmet healthcare needs, meaning higher-income areas are less likely to face healthcare access challenges.

3. **Education:**

    - o **Higher Education Enrollment** shows a **positive correlation** with unmet healthcare needs, indicating potential healthcare access challenges in areas with a high concentration of students or educational institutions.

    - o **High School and Higher Education Attainment** exhibit **negative correlations**, reflecting the protective role of education in improving healthcare access.

4. **Neighborhood Dynamics:**

    - o **Core Housing Need, Unaffordable Housing, and Residential Mobility** correlate **positively** with unmet healthcare needs, highlighting the intersection of housing instability and healthcare access challenges.

    - o **Renter-Occupied Units and Multi-Unit Housing** also correlate **positively**, indicating that transient or rental-heavy populations experience higher unmet healthcare needs.

5. **Public Safety:**

    - o **Juvenile and Adult Incarceration and Probation** correlate **positively** with unmet healthcare needs, suggesting a systemic lack of healthcare access for justice-involved populations.

6. **Social Cohesion:**

    - o **Single-Parent Households** and **One-Person Households** have a **positive correlation** with unmet healthcare needs, pointing to the increased healthcare barriers faced by non-traditional family structures.

Regular Healthcare Provider

1. **Health Conditions:**

    - o **High BMI (30 or above)**, **current smoking**, and **heavy drinking** show **positive correlations** with having a regular healthcare provider, suggesting that individuals with chronic or lifestyle-related conditions may be more likely to engage with healthcare systems.

2. **Mental Health:**

    - o **Mood Disorders** and **Perceived Poor Mental Health** correlate **negatively** with having a regular healthcare provider, indicating gaps in healthcare access for those experiencing mental health challenges.

3. **Social Cohesion:**

- o **Community Food Services** and **Sense of Belonging** correlate **negatively** with having a regular healthcare provider, reflecting potential disparities in healthcare access for populations relying on community-based support systems.

- o **Life Satisfaction** correlates **negatively** with healthcare provider access, suggesting that those with greater life satisfaction may rely less on regular healthcare engagement.

These observations underscore the importance of addressing systemic inequities and barriers to healthcare access, particularly for marginalized populations, those in unstable housing, and individuals experiencing mental health challenges.

Qualitative Analysis – Focus Groups and Surveys

Access to Health was a topic brought up across multiple focus groups as a challenge to community safety and wellbeing. Lack of available healthcare services was a concern that came up during consultations with the Housing and Homelessness group and Francophone Society and Partners, and many more focus groups expressed that access to mental health services in particular was a challenge for the community. Respondents to the Community Safety and Wellbeing survey indicated that accessible healthcare was something that would increase their sense of belonging in the community, while some respondents to the CSWP Systemic Change Survey included healthcare access among their top three issues hindering community safety and wellbeing.

A related issue that was mentioned in some consultations was the lack of coordination between service providers. The Police Union expressed that they lacked the support from healthcare services to address many of the mental health and substance abuse issues that they were called to address, while at the same time the Downtown Service Providers Group felt a lack of communication and coordination from police agencies. The Mayor's Business Office Roundtable stated that there was a need for better coordination between all partners.

Key Takeaways: Access To Health

Based on the observations, focus groups, and survey inputs, several key takeaways emerge about the factors influencing access to healthcare, measured by **Unmet Healthcare Needs** and having a **Regular Healthcare Provider**:

1. Systemic Inequities Impact Healthcare Access

- **Indigenous Identity** and **Visible Minority populations** face significant barriers to accessing healthcare, as evidenced by their positive correlation with unmet healthcare needs. Focus groups echoed this, highlighting systemic racism, cultural insensitivity in healthcare, and logistical challenges such as language barriers and lack of transportation.

- Survey participants noted that individuals in low-income households often delay or forgo healthcare due to cost, despite the protective impact of higher incomes on reducing unmet healthcare needs.

2. Education and Healthcare Access

- **Higher Education Enrollment** correlates positively with unmet healthcare needs, likely reflecting student populations with limited access to consistent care. Conversely, educational attainment (high school and post-secondary) correlates negatively with unmet healthcare needs, demonstrating the protective role of education.

- Focus groups emphasized the importance of health education and outreach programs, particularly for communities with lower educational attainment, to improve awareness and access.

3. Housing Instability Amplifies Healthcare Challenges

- Strong positive correlations between unmet healthcare needs and housing factors, such as **Core Housing Need**, **Unaffordable Housing**, and **Renter-Occupied Units**, point to the intersection of housing instability and healthcare access challenges. Focus groups underscored that individuals facing housing insecurity often prioritize shelter and basic needs over healthcare, resulting in delayed treatment.

4. Justice-Involved and Marginalized Groups Face Unique Barriers

- Positive correlations between unmet healthcare needs and **incarceration** or **probation** rates highlight significant healthcare access gaps for justice-involved populations. Focus groups noted limited healthcare services within correctional systems and inadequate reintegration support for individuals post-incarceration.

5. Chronic Health Conditions and Mental Health Disparities

- Individuals with **chronic conditions** (e.g., high BMI, smoking, and heavy drinking) are more likely to have a regular healthcare provider, likely reflecting ongoing medical needs. However, focus groups indicated that these engagements often focus solely on physical health, leaving mental health needs unaddressed.

- Negative correlations between having a regular healthcare provider and **mood disorders** or **poor perceived mental health** suggest persistent disparities in mental health care access. Survey participants highlighted long wait times, high costs, and stigma as major barriers to seeking mental health care.

6. Social Cohesion and Community Support Gaps

- Negative correlations between access to a regular healthcare provider and factors like **community food services**, **life satisfaction**, and **sense of belonging** suggest that individuals relying on community resources or reporting higher well-being may still lack consistent healthcare access.

- Focus groups stressed the need for integrating healthcare services within community hubs to reach underserved populations, including single-parent households and isolated individuals.

These key takeaways underscore the interplay between socio-economic, housing, justice involvement, and health conditions in determining access to healthcare. Addressing these issues requires systemic interventions that reduce barriers and promote equitable healthcare access.

Overall Takeaways

The City of Victoria faces a multifaceted set of challenges that span safety and well-being. These issues, while distinct, share common roots in systemic inequities, socio-economic vulnerabilities, and service gaps. Across many sectors, the pandemic emerged as a significant disruptor, amplifying socio-economic challenges and diminishing protective factors. Key vulnerabilities include declining healthcare access, housing instability, and social cohesion gaps.

However, Victoria's strengths, such as its diversity, sense of community belonging, and educational attainment, provide a strong foundation for resilience. Addressing systemic inequities, improving healthcare access, and bolstering social cohesion are critical pathways to enhance safety and well-being across the city.

Victoria's challenges across these domains reflect deeply interconnected drivers that require holistic solutions. Common themes include:

- **Systemic Inequities:** Addressing disparities in income, housing, and healthcare is fundamental to reducing vulnerabilities.

- **Service Gaps:** Expanding healthcare, mental health, and addiction support services can mitigate risks across multiple areas.

- **Social Cohesion:** Strengthening community engagement, political participation, and social support networks enhances resilience.

- **Policy Integration:** Coordinated efforts that address housing, healthcare, and socio-economic disparities holistically are essential for fostering safety and well-being.

By leveraging its inherent strengths and addressing these interconnected challenges, Victoria can create a safer, more equitable, and resilient community for all its residents.

Overview of Key Takeaways

Hate Crimes

Victoria's diversity and high quality of life have historically been sources of resilience, contributing to community safety. However, the pandemic intensified vulnerabilities, with unmet healthcare needs, mental health challenges, and food insecurity becoming significant risk factors. Income inequity and housing instability further exacerbated these challenges, diminishing the City's protective factors. Despite this, community diversity and a strong sense of belonging remain critical strengths in countering hate crimes.

Violent Crime Severity Index

Violent crime severity in Victoria remains elevated compared to provincial and metropolitan averages, with pronounced spikes during the pandemic. The pandemic disrupted previously stable protective sectors, such as health and demographics, while vulnerabilities related to housing

instability and food insecurity grew. Nonetheless, factors like active commuting, educational attainment, and the City's diversity provide ongoing resilience against violent crime.

Terrorism

Terrorism risk in Victoria is notably low, with only sporadic incidents over the past decade. While social cohesion—particularly political participation and social support—remains a consistent area of vulnerability, resilience factors have steadily improved. Contributions from demographics, economic stability, and neighborhood dynamics have mitigated terrorism risks, further reducing the City's vulnerability over time.

Housing

Housing instability, characterized by unaffordable housing, inadequate shelter capacity, and high rates of renter-occupied units, is a primary driver of vulnerability in Victoria. Indigenous populations, visible minorities, and single-parent households face disproportionate impacts. Addressing systemic inequities, increasing affordable housing, and expanding wraparound support services are critical steps to alleviating housing challenges.

Intimate Partner Violence (IPV)

IPV is closely tied to economic stressors, with food insecurity and income inequality serving as significant risk factors, particularly for marginalized groups. While limited support exists, there is a need for expanded trauma-informed and community-based services. Accessible childcare, affordable housing, and better coordination of resources are essential to reducing IPV risks.

Mental Health

Mental health challenges, including mood disorders and perceived poor mental health, are exacerbated by economic inequities, social isolation, and barriers to healthcare access. Systemic issues such as income inequality and unmet healthcare needs disproportionately affect marginalized populations. Investing in mental health infrastructure, integrating care with other community services, and promoting social cohesion can help alleviate these challenges.

Access to Health

Healthcare access remains a critical issue, with Indigenous and visible minority populations facing the highest barriers. Unmet healthcare needs are strongly linked to housing instability, low-income status, and limited social support. Expanding healthcare capacity, improving coordination among service providers, and addressing systemic inequities in access are essential for fostering community well-being.

Opioid Fatalities

The rise in opioid fatalities reflects overlapping crises in mental health, substance use, and social vulnerability. Public drug use, stigma, and inadequate addiction and recovery services compound

the issue. Early intervention programs, integrated mental health and addiction support, and reducing stigma through education are vital to addressing the crisis.

Key Insights

These challenges share common roots in systemic inequities, socio-economic disparities, and gaps in service delivery. Key actions to build resilience and improve community safety and well-being include:

- **Expand Affordable Housing and Shelter Capacity**: Address housing instability through policy changes, increased capacity, and wraparound support services.
- **Enhance Mental Health and Addiction Services**: Develop trauma-informed, community-based interventions and reduce stigma through education.
- **Improve Healthcare Access**: Address systemic barriers, expand capacity, and ensure cultural competency in healthcare delivery.
- **Strengthen Social Cohesion**: Promote community engagement and support networks to foster resilience and reduce vulnerabilities.

By addressing these interconnected factors holistically, Victoria can enhance resilience, reduce vulnerabilities, and foster a safer and more equitable environment for all residents.

Appendix - Data and Sources

Academic literature was reviewed to determine risk and protective factors for violence identified for the Canadian context. CREWS-Canada Advisors and the Team's network of academics and professionals validated the factors and associated measures.

Pilot location selection in Alberta, British Columbia and Ontario is based on referrals from the professional networks of the CREWS CAN Team and Advisors.

Data Collection and Exploration

Open-source, publicly available data sources for each factor has been determined through research, consultation with Statistics Canada and Advisors. Anonymized and aggregated data for many factors is available through Statistics Canada, provincial government data hubs and City OpenData sites. More detailed data from pilot locations has been included as available. The time range selected is from 2014-2023 for ten years of data., 80% of which is used for training the models and 20% using to test the results.

All the datasets in disparate formats, with different periodicities, update frequencies, spatial and temporal granularity have been processed to a similar format to create a unified dataset. A cloud server has been set up for modelling and exploration.

Model Development

Modelling focuses on producing interpretable models for pilot locations to determine key risk and protective factors using approaches that generate feature coefficients or importance. Various interpretable regression models have been tried for fit including linear regression, random forest regression, partial dependence plots and explainable AI (SHAP).

Appendix - Indicators Used for Modeling

Sector	Sub-Sector	Factor	Unit	Source	Definition
Demographics	Gender Diversity	Female Enrollment Rate	%	Postsecondary Student Information System (PSIS)	Female Enrolment Rate includes percent of female students enrolled in postsecondary education. Enrolment in an educational institution refers to people status relative to school attendance.
Demographics	Gender Diversity	Female Labour Participation Rate	%	Census of Population	The participation rate is the number of labour force participants expressed as a percentage of the population 15 years of age and over. The participation rate for a particular group (age, sex, marital status, etc.) is the number of labour force participants in that group expressed as a percentage of the population for that group. Estimates are percentages, rounded to the nearest tenth.
Demographics	Income Equity	Median Income Gender Pay Gap	%	Canadian Income Survey Local data provided by: Hamilton, ON	Gender pay ratio of population, ratio: Gender pay ratio refers to the average or median annual income for females divided by the average or median annual income for males. The gender pay ratio can be interpreted as the proportion of a dollar that women earn for every dollar earned by men. Alternatively, the gender pay ratio can be subtracted from one and then multiplied by 100, such that it represents how much less women earn than men in percentage terms.

Sector	Sub-Sector	Factor	Unit	Source	Definition
Demographics	*Income Equity*	*Median Income Indigenous Identity Pay Gap*	*%*	*Census of Population*	*Indigenous Identity Pay Gap is calculated as a ratio of the median after-tax income of the indigenous population and the median income of the total population.* *'Indigenous Identity includes persons who identify as First Nations (North American Indian), Métis and/or Inuk (Inuit) and/or those who report being Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who report having membership in a First Nation or Indian band. After-tax income refers to total income less income taxes of the statistical unit during a specified reference period. Income taxes refers to the sum of federal income taxes, provincial and territorial income taxes, less abatement where applicable. Provincial and territorial income taxes include health care premiums in certain jurisdictions. Abatement reduces the federal income taxes payable by persons residing in Quebec or in certain self-governing Yukon First Nation settlement lands. For the 2021 Census, the reference period for income data is the calendar year 2020, unless otherwise specified.*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Demographics	*Income Equity*	*Median Income Visible Minority Pay Gap*	*%*	*Census of Population*	*Visible Minority Pay Gap is calculated as a ratio of the median after-tax income of the visible minority population and the median income of the total population.* *'"Visible minority" refers to whether a person is a visible minority or not, as defined by the Employment Equity Act. The Employment Equity Act defines visible minorities as ""persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."" The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Arab, Latin American, Southeast Asian, West Asian, Korean and Japanese. After-tax income refers to total income less income taxes of the statistical unit during a specified reference period. Income taxes refers to the sum of federal income taxes, provincial and territorial income taxes, less abatement where applicable. Provincial and territorial income taxes include health care premiums in certain jurisdictions. Abatement reduces the federal income taxes payable by persons residing in Quebec or in certain self-governing Yukon First Nation settlement lands.* *For the 2021 Census, the reference period for income data is the calendar year 2020, unless otherwise specified.*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Demographics	*Population Identity*	*Francophone Mother Tongue*	*%*	*Census of Population*	*Francophone Mother Tongue includes Mother Tongues of French, English and French, and French and Non-Official Language.* *'Mother tongue refers to the first language learned at home in childhood and still understood by the person at the time the data was collected. If the person no longer understands the first language learned, the mother tongue is the second language learned. For a person who learned more than one language at the same time in early childhood, the mother tongue is the language this person spoke most often at home before starting school. The person has more than one mother tongue only if they learned these languages at the same time, and still understands them. For a child who has not yet learned to speak, the mother tongue is the language spoken most often to this child at home. A child who has not yet learned to speak has more than one mother tongue only if these languages are spoken to them equally often so that the child learns these languages at the same time.*
Demographics	*Population Identity*	*Indigenous Identity, Adult*	*%*	*Census of Population*	*Indigenous Identity, Adult is the indigenous identity populations over Age 20. Indigenous identity refers to whether the person identified with the Indigenous peoples of Canada. This includes those who identify as First Nations (North American Indian), Métis and/or Inuk (Inuit), and/or those who report being Registered or Treaty Indians (that is, registered under the Indian Act of Canada),*

[92]

Sector	Sub-Sector	Factor	Unit	Source	Definition
					and/or those who have membership in a First Nation or Indian band. Aboriginal peoples of Canada (referred to here as Indigenous peoples) are defined in the Constitution Act, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada.
Demographics	Population Identity	Indigenous Identity, Child	%	Census of Population	Indigenous Identity, Child is the indigenous identity population under age 20. Indigenous identity refers to whether the person identified with the Indigenous peoples of Canada. This includes those who identify as First Nations (North American Indian), Métis and/or Inuk (Inuit), and/or those who report being Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band. Aboriginal peoples of Canada (referred to here as Indigenous peoples) are defined in the Constitution Act, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada.
Demographics	Population Identity	Knowledge of French	%	Census of Population	Knowledge of official languages refers to whether the person can conduct a conversation in English only, French only, in both or in neither language. For a child who has not yet learned to speak, this includes languages that the child is learning to speak at home.
Demographics	Population Identity	Visible Minority, Adult	%	Census of Population	Visible Minority, Adult is visible minority population over age 20. Visible minority refers to whether a person belongs to a visible minority group as defined by the Employment Equity Act and, if so, the visible minority

Sector	Sub-Sector	Factor	Unit	Source	Definition
					group to which the person belongs. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour". The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.
Demographics	*Population Identity*	*Visible Minority, Child*	*%*	*Census of Population*	*Visible Minority, Child is visible minority population under age 20. Visible minority of person, category: Visible minority refers to whether a person belongs to a visible minority group as defined by the Employment Equity Act and, if so, the visible minority group to which the person belongs. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour". The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.*
Economic	*Food Insecurity*	*Food Insecure, All*	*%*	*Canadian Income Survey*	*Household food security of person, status: Household food security refers to the level of food security in a person's household, which may or may not be the level felt by the person. Food Security, All includes all persons in food insecurity. Food insecurity includes marginal, moderate and severe food insecurity.*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Economic	Food Insecurity	Food Insecurity, Child	%	Canadian Income Survey	Household food security of person, status: Household food security refers to the level of food security in a person's household, which may or may not be the level felt by the person. Food Security, Child includes persons under 18 in food insecurity. Food insecure includes marginal, moderate and severe food insecurity.
Economic	Food Insecurity	Food Insecurity, Indigenous Identity	%	Canadian Income Survey	Household food security of person, status: Household food security refers to the level of food security in a person's household, which may or may not be the level felt by the person. Food insecurity, Indigenous Identity includes marginal, moderate and severe food insecurity of persons who reported having an Indigenous identity, that is, First Nations (North American Indian), Métis or Inuk (Inuit), or those who reported more than one identity
Economic	Food Insecurity	Food Insecurity, Visible Minority	%	Canadian Income Survey	Household food security of person, status: Household food security refers to the level of food security in a person's household, which may or may not be the level felt by the person. Food insecurity, Visible Minority includes marginal, moderate and severe food insecurity of persons other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."

Sector	Sub-Sector	Factor	Unit	Source	Definition
Economic	*Income*	*Gini Coefficient*	*Index Score*	*Census of Population*	*The Gini coefficient is a number between zero and one that measures the relative degree of inequality in the distribution of income. The coefficient would register zero (minimum inequality) for a population in which each person received exactly the same adjusted household income and it would register a coefficient of one (maximum inequality) if one person received all the adjusted household income and the rest received none. Even though a single Gini coefficient value has no simple interpretation, comparisons of the level over time or between populations are very straightforward: the higher the coefficient, the higher the inequality of the distribution.*
Economic	*Income*	*Low-Income Status, Adult*	*%*	*Canadian Income Survey* *Local data provided by: Hamilton, ON*	*Low-income status refers to the income situation of the statistical unit in relation to a specific low-income line in a reference year. Statistical units with income that is below the low-income line are considered to be in low income. Low-income measures (LIMs), are relative measures of low income, set at 50% of adjusted median household income. These measures are categorized according to the number of persons present in the household, reflecting the economies of scale inherent in household size. Low Income Status, Adult includes persons aged 18+ falling below post-tax low-income line.*

[96]

Sector	Sub-Sector	Factor	Unit	Source	Definition
Economic	*Income*	*Low-Income Status, Child*	*%*	*Canadian Income Survey* *Local data provided by: Hamilton, ON*	*Low-income status refers to the income situation of the statistical unit in relation to a specific low-income line in a reference year. Statistical units with income that is below the low-income line are considered to be in low income. Low-income measures (LIMs), are relative measures of low income, set at 50% of adjusted median household income. These measures are categorized according to the number of persons present in the household, reflecting the economies of scale inherent in household size. Low-income Status, Child includes percentage of persons under 18 falling below post-tax low-income line.*
Economic	*Income*	*Median Income*	*CA$*	*Census of Population*	*The median income of a specified group is the amount that divides the income distribution of that group into two halves, i.e., the incomes of half of the units in that group are below the median, while those of the other half are above the median. Median incomes of individuals are calculated for those with income (positive or negative). After-tax income refers to total income less income taxes of the statistical unit during a specified reference period. Income taxes refers to the sum of federal income taxes, provincial and territorial income taxes, less abatement where applicable. Provincial and territorial income taxes include health care premiums in certain jurisdictions. Abatement reduces the federal income taxes payable by persons residing in Quebec*

Sector	Sub-Sector	Factor	Unit	Source	Definition
					or in certain self-governing Yukon First Nation settlement lands.
Economic	Labour	Unemployment Rate	%	Census of Population	Unemployment: Number of persons who, during the reference week, were without work, had looked for work in the past four weeks, and were available for work. Those persons on layoff or who had a new job to start in four weeks or less are considered unemployed. Estimates in thousands, rounded to the nearest hundred. The unemployment rate is the number of unemployed persons expressed as a percentage of the labour force. The unemployment rate for a particular group (age, sex, marital status, etc.) is the number unemployed in that group expressed as a percentage of the labour force for that group. Estimates are percentages, rounded to the nearest tenth.
Education	Access to Education	Higher Education Enrollment	per 10,000 persons	Postsecondary Student Information System (PSIS)	Higher Education Enrollment includes rate of total enrolled Canadian students 'Enrollment in an educational institution of person, category: Enrolment in an educational institution refers to people status relative to school attendance.
Education	Access to Education	Higher Education Institutions	per 10,000 persons	Business Register (BR)	Total count of the following industry groups as defined by the North American Industry Classification System: 6112 - Community colleges and C.E.G.E.P.s - This industry group comprises establishments primarily engaged in providing academic, or academic and technical courses and granting associate degrees,

Sector	Sub-Sector	Factor	Unit	Source	Definition
					certificates or diplomas that are below the university level. The requirement for admission to an associate or equivalent degree program is at least a high school diploma or equivalent general academic training. 6113 - Universities - This industry group comprises establishments primarily engaged in providing academic courses and granting degrees at the bachelor or graduate levels. The requirement for admission is at least a high school diploma or equivalent general academic training for baccalaureate programs, and often a baccalaureate degree for professional or graduate programs.
Education	*Access to Education*	*Primary Secondary Schools*	*per 10,000 persons*	*Business Register (BR)*	*Total count of the following industry group as defined by the North American Industry Classification System: 6111 - Elementary and secondary schools - This industry group comprises establishments primarily engaged in providing academic courses that comprise a basic preparatory education, that is, Kindergarten to Grade 12.*
Education	*Access to Education*	*Public School Enrollment*	*per 10,000 persons*	*Elementary-Secondary Education Survey (ESES)*	*Public schools: Public elementary and secondary schools are publicly funded schools that are operated by school boards or the province/territory. Includes students enrolled in public elementary and secondary school programs.*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Education	Education Attainment	High School Attainment	%	Census of Population Local data provided by: Hamilton, ON	High School Attainment includes persons whose highest degree is a secondary school diploma or equivalency certificate, as well as persons who have completed a postsecondary degree. 'Highest certificate, diploma or degree: Highest certificate, diploma or degree is the classification used in the census to measure the broader concept of 'Educational attainment.' This variable refers to the highest level of education that a person has successfully completed and is derived from the educational qualifications questions, which asked for all certificates, diplomas and degrees to be reported. The general hierarchy used in deriving this variable (high school, trades, college, university) is loosely tied to the 'in-class' duration of the various types of education. At the detailed level, someone who has completed one type of certificate, diploma or degree will not necessarily have completed the credentials listed below it in the hierarchy. For example, a person with an apprenticeship or trades certificate or diploma may not have completed a high school certificate or diploma, nor does an individual with a 'master's degree' necessarily have a 'university certificate or diploma above bachelor level.' Although the hierarchy may not fit all programs perfectly, it gives a general measure of educational attainment. This variable is reported for persons aged 15 years and over in private households.

Sector	Sub-Sector	Factor	Unit	Source	Definition
Education	Education Attainment	Higher Education Attainment	%	Census of Population	Higher Education Attainment includes persons who have completed a postsecondary degree of any kind. 'Highest certificate, diploma or degree: Highest certificate, diploma or degree is the classification used in the census to measure the broader concept of 'Educational attainment.' This variable refers to the highest level of education that a person has successfully completed and is derived from the educational qualifications questions, which asked for all certificates, diplomas and degrees to be reported. The general hierarchy used in deriving this variable (high school, trades, college, university) is loosely tied to the 'in-class' duration of the various types of education. At the detailed level, someone who has completed one type of certificate, diploma or degree will not necessarily have completed the credentials listed below it in the hierarchy. For example, a person with an apprenticeship or trades certificate or diploma may not have completed a high school certificate or diploma, nor does an individual with a 'master's degree' necessarily have a 'university certificate or diploma above bachelor level.' Although the hierarchy may not fit all programs perfectly, it gives a general measure of educational attainment. This variable is reported for persons aged 15 years and over in private households.

Sector	Sub-Sector	Factor	Unit	Source	Definition
Health	*Access to Health*	*Regular Healthcare Provider*	*%*	*Canadian Community Health Survey*	*Population aged 12 and over who have a health care provider they regularly see or talk to when they need normal care or advice for their health.*
Health	*Access to Health*	*Unmet Healthcare Needs*	*%*	*Canadian Income Survey*	*Health care required but not received by person, status: Health care required but not received refers to whether or not a person felt that he or she required health care in the last 12 months but did not receive it.*
Health	*Availability of Facilities*	*Dentists Offices*	*per 10,000 persons*	*Business Register (BR)*	*Total count of the following industry group as defined by the North American Industry Classification System: 6212 - Offices of dentists - This industry group comprises establishments of licensed dentists primarily engaged in the private or group practice of general or specialized dentistry or dental surgery. Offices of dentists, especially walk-in centres that accept patients without appointment and that often have extended office hours, are sometimes called clinics or dental centres.*
Health	*Availability of Facilities*	*Mental Health Inpatient Facilities*	*per 10,000 persons*	*Business Register (BR)*	*Total count of the following industries and industry groups as defined by the North American Industry Classification System: 62133 - Offices of mental health practitioners (except physicians) - This industry comprises establishments primarily engaged in providing mental health services. Clinical psychologists, psychiatric social workers and other mental health practitioners, who do not hold a doctoral degree in medicine, are included. 62142 - Out-patient mental health and substance*

Sector	Sub-Sector	Factor	Unit	Source	Definition
					abuse centres - This industry comprises establishments, with medical staff, primarily engaged in providing out-patient services related to the diagnosis and treatment of mental health disorders, and alcohol and other substance abuse. These establishments may provide a counselling staff and information regarding a wide range of mental health and substance abuse issues. 6222 - Psychiatric and substance abuse hospitals - This industry group comprises establishments, licensed as hospitals, primarily engaged in providing diagnostic and medical treatment, and monitoring patients who suffer from mental illness or substance abuse disorders. The treatment often requires an extended stay in the hospital. These hospitals may provide other services, such as out-patient services and electroencephalograph services. 6232 - Residential facilities for persons with an intellectual or developmental disability, a mental health or substance use condition - This industry group comprises establishments primarily engaged in providing residential care to people with developmental disabilities, mental health conditions or substance use conditions.

Sector	Sub-Sector	Factor	Unit	Source	Definition
Health	*Availability of Facilities*	*Physicians Offices*	*per 10,000 persons*	*Business Register (BR)*	*Total count of the following industry groups as defined by the North American Industry Classification System: 6211 - Offices of physicians - This industry group comprises establishments of licensed physicians primarily engaged in the private or group practice of general or specialized medicine or surgery. Offices of physicians, especially walk-in centres that accept patients without appointment and that often have extended office hours, are sometimes called clinics or medical centres. These establishments must not be confused with other out-patient centres that are also referred to as clinics.*
Health	*Health Conditions*	*BMI 30 or Above*	*%*	*Canadian Community Health Survey*	*Indicator includes persons aged 18+ who are classified as overweight or obese. 'Body mass index (BMI) is a method of classifying body weight according to health risk. According to the World Health Organization (WHO) and Health Canada guidelines, health risk levels are associated with each of the following BMI categories: normal weight = least health risk; underweight and overweight = increased health risk; obese, class I = high health risk; obese, class II = very high health risk; obese, class III = extremely high health risk. Data from 2015 on is adjusted according to correction equations to account for difference between self-reported and measured height and weight.*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Health	*Health Conditions*	*Cannabis Use*	*%*	*Canadian Community Health Survey*	*Cannabis frequency of use in the past 12 months, daily or almost daily*
Health	Health Conditions	Current Smokers	%	Canadian Community Health Survey	Population aged 12 and over who reported being a current daily cigarette smoker. Does not take into account the number of cigarettes smoked. Daily smoker refers to those who reported smoking cigarettes every day.
Health	Health Conditions	Heavy Drinking	%	Canadian Community Health Survey	Heavy drinking refers to males who reported having 5 or more drinks, or women who reported having 4 or more drinks, on one occasion, at least once a month in the past year.
Health	Health Conditions	Opioid Emergency Department Visits	per 10,000 persons	Provincial Coroners Offices	Unscheduled emergency department (ED) visits for opioid poisoning (all diagnosis types)
Health	Health Conditions	Opioid Fatalities	per 10,000 persons	Provincial Coroners Offices	All deaths where acute opioid toxicity was considered as contributing to the cause of death
Health	Health Conditions	Opioid Hospitalizations	per 10,000 persons	Provincial Coroners Offices	Hospitalizations for opioid poisoning (all diagnosis types)
Health	Mental Health	Mood Disorders	%	Canadian Community Health Survey	Population aged 12 and over who reported that they have been diagnosed by a health professional as

Sector	Sub-Sector	Factor	Unit	Source	Definition
					having a mood disorder, such as depression, bipolar disorder, mania or dysthymia.
Health	*Mental Health*	*Perceived Mental Health, Fair or Poor*	*%*	*Canadian Community Health Survey*	*Population aged 12 and over who reported perceiving their own health status as being either excellent or very good or fair or poor, depending on the indicator. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well-being.*
Health	*Mental Health*	*Suicide*	*per 10,000 persons*	*Canadian Vital Statistics - Death database (CVSD)*	*Cause of Death: Intentional self-harm (suicide) [X60-X84, Y87.0]*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Neighborhood Dynamics	*Housing*	*Core Housing Need*	*%*	*Census of Population*	*Core housing need. Core housing need refers to whether a private household's housing falls below at least one of the indicator thresholds for housing adequacy, affordability or suitability, and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (attains all three housing indicator thresholds). Only private, non-farm, non-reserve and owner- or renter-households with incomes greater than zero and shelter-cost-to-income ratios less than 100% are assessed for 'core housing need.' Non-family households with at least one maintainer aged 15 to 29 attending school are considered not to be in 'core housing need' regardless of their housing circumstances. Attending school is considered a transitional phase, and low incomes earned by student households are viewed as being a temporary condition.*
Neighborhood Dynamics	*Housing*	*Multi Unit Housing*	*per 10,000 households*	*Census of Population*	*Dwelling type refers to the type of living quarters in which a person resides. Multi unit housing includes any type of apartment complex*
Neighborhood Dynamics	*Housing*	*Renter Occupied Units*	*per 10,000 households*	*Census of Population*	*Tenure refers to whether the household owns or rents their private dwelling. Includes households renting their dwelling.*

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Sector	Sub-Sector	Factor	Unit	Source	Definition
Neighborhood Dynamics	Housing	Shelter Cost	CA$	Census of Population	Shelter cost refers to the average monthly total of all shelter expenses paid by households. Shelter costs for owner households include, where applicable, mortgage payments, property taxes and condominium fees, along with the costs of electricity, heat, water and other municipal services. For renter households, shelter costs include, where applicable, the rent and the costs of electricity, heat, water and other municipal services. For households living in a dwelling provided by the local government, First Nation or Indian band, shelter costs include, where applicable, the monthly use or occupancy payment and the costs of electricity, heat, water and other municipal services.
Neighborhood Dynamics	Housing	Unaffordable Housing	%	Census of Population	The indicator of housing affordability is shelter-cost-to-income ratio, that is, the proportion of household total income that is spent on shelter costs. 'Shelter-cost-to-income ratio' refers to the proportion of average total income of household which is spent on shelter costs. The category '30% or more of household income is spent on shelter costs' includes households who spend 30% or more of their average monthly total income on shelter costs.

Sector	Sub-Sector	Factor	Unit	Source	Definition
Neighborhood Dynamics	Quality of Life	Amusement and Recreation Facilities	per 10,000 persons	Business Register (BR)	Total count of the following industry groups as defined by the North American Industry Classification System: 7131 - Amusement parks and arcades- This industry group comprises establishments primarily engaged in operating amusement parks, amusement arcades and parlours. 7139 - Other amusement and recreation industries - This industry group comprises establishments, not classified to any other industry group, primarily engaged in operating outdoor or indoor facilities, or providing services that enable patrons to participate in sports and recreational activities. Examples of establishments in this industry group are golf courses, skiing facilities, marinas, recreational, sports and fitness centres, and bowling centres.
Neighborhood Dynamics	Quality of Life	Internet Access	%	Canadian Internet Use Survey (CIUS)	Rate of Canadians with access to the Internet at home

Sector	Sub-Sector	Factor	Unit	Source	Definition
Neighborhood Dynamics	*Quality of Life*	*Library Archives Info Services*	*per 10,000 persons*	*Business Register (BR)*	*Total count of the following industry groups as defined by the North American Industry Classification System: 5162 - Media streaming distribution services and other media networks and content providers – This industry group comprises establishments primarily providing media streaming distribution services, operating media broadcasting, satellite and cable television networks, and supplying information, such as news reports, articles, pictures, and features, to the news media. These may operate by cable systems, satellite transmission or over the Internet. These establishments distribute textual, audio, and/or video content of general or specific interest. 5192 – Web search portals, libraries and archives, and all other information services - This industry group comprises establishments, not classified to any other industry, primarily engaged in providing other information services. The main components are libraries and archives, web search portals and all other information services.*
Neighborhood Dynamics	*Shelters*	*Domestic Violence Shelter Beds*	*per 10,000 persons*	*Employment and Social Development Canada, Homeless Shelters*	*Violence against women (VAW) shelters' are defined as facilities providing temporary shelter to single women or women with children fleeing domestic abuse. They may function in either a crisis capacity or as transitional or second-stage housing.*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Neighborhood Dynamics	*Shelters*	*Emergency Shelter Beds*	*per 10,000 persons*	*Employment and Social Development Canada, Homeless Shelters*	*Emergency shelters' are defined as facilities providing temporary, short-term accommodation for homeless individuals and families. This may or may not include other services such as food, clothing or counselling.*
Neighborhood Dynamics	*Shelters*	*Transitional Housing Beds*	*per 10,000 persons*	*Employment and Social Development Canada, Homeless Shelters*	*Transitional housing' provides temporary shelter, but can be differentiated from emergency shelters by the longer length of stay and greater intensity of support services offered to clients. Transitional housing is an intermediate step between emergency shelter and permanent housing. Support services help clients gain stability and self-sufficiency to maintain permanent housing. Stays are typically between three months and three years.*
Neighborhood Dynamics	*Transportation*	*Active Transport Commuters*	*per 10,000 commuters*	*Census of Population*	*Main mode of commuting refers to the main mode of transportation a person uses to travel between his or her home and his or her place of work. Active transport includes walking and bicycle.*
Neighborhood Dynamics	*Transportation*	*Public Transit Commuters*	*per 10,000 commuters*	*Census of Population*	*Main mode of commuting refers to the main mode of transportation a person uses to travel between his or her home and his or her place of work. Public transit includes bus, subway or elevated rail, light rail, streetcar or commuter train, and passenger ferry.*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Public Safety	*Community Safety*	*Incarceration, adult*	*per 10,000 adults*	*Corrections Key Indicator Report for Adults and Youth (CKIR)*	*Incarceration rates per 100,000 adults: Incarceration rates are based on total actual-in counts, as well as population estimates provided by the Centre for Demography, Statistics Canada. The total actual-in count represents persons held in custody under sentence, remand or who are otherwise legally required to be there and who are present at the time the count is taken.*
Public Safety	*Community Safety*	*Incarceration, juvenile*	*per 10,000 juveniles*	*Corrections Key Indicator Report for Adults and Youth (CKIR)*	*Incarceration rates per 10,000 young persons: Rates of incarceration for actual-in counts for young persons are calculated using the population for 12 to 17-year-olds as provided by the Centre for Demography, Statistics Canada. It should be noted that some youth in custody may be up to 20 years of age if they were less than 18 years of age when the offence was committed, but have since reached the age of a legal adult. The total actual-in count represents persons held in custody under sentence, pre-trial detention, Provincial Director Remand and other temporary detention at the time the count is taken.*
Public Safety	*Community Safety*	*Probation, adult*	*per 10,000 adults*	*Corrections Key Indicator Report for Adults and Youth (CKIR)*	*Probation is a type of community-based sanction, where the offender is placed under the supervision of a probation officer or other designated person. Probation rates are calculated using population estimates provided by Centre for Demography, Statistics Canada.*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Public Safety	*Community Safety*	*Probation, juvenile*	*per 10,000 juveniles*	*Corrections Key Indicator Report for Adults and Youth (CKIR)*	*Probation is a type of community-based sanction, where the offender is placed under the supervision of a probation officer or other designated person. Total supervised includes all young persons who must, as a condition of a probation order report to and be under the supervision of a probation officer or other person designated by the court. Probation rate per 10,000 young persons: Rates of probation for young persons are calculated for each jurisdiction using the population for 12 to 17-year-olds as provided by the Centre for Demography, Statistics Canada.*
Public Safety	*Non-violent crime*	*Property Crime*	*per 10,000 persons*	*Uniform Crime Reporting Survey (UCR)*	*Includes Criminal code violation 200 - Total property crime violations Policing district incident counts are mapped to subdivisions using the 2022 CSD to Respondent Code Mapping, as provided by StatsCAN for usage in the CREWS project*
Public Safety	*Non-violent crime*	*Weapons Violations*	*per 10,000 persons*	*Uniform Crime Reporting Survey (UCR)*	*Includes Criminal Code violation 310 - Total weapons violations Policing district incident counts are mapped to subdivisions using the 2022 CSD to Respondent Code Mapping, as provided by StatsCAN for usage in the CREWS project*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Public Safety	*Violent Crime*	*Family Children Offenses*	*per 10,000 persons*	*Uniform Crime Reporting Survey (UCR)*	*Accused-victim relationship of incident, category: Accused-victim relationship refers to the affiliation of the accused to the victim. This relationship can be either familial, intimate, acquaintance, criminal or stranger based.* *Includes victims of all family members related by blood, marriage (including common-law, and boyfriends and girlfriends of victims aged 15 years and older who were living with the victim at the time of the incident) or adoption. Examples include parents, children, siblings, grandparents, uncles, aunts, cousins and in-laws.*
Public Safety	*Violent Crime*	*Intimate Partner Violence*	*per 10,000 persons*	*Uniform Crime Reporting Survey (UCR)*	*Accused-victim relationship of incident, category: Accused-victim relationship refers to the affiliation of the accused to the victim. This relationship can be either familial, intimate, acquaintance, criminal or stranger based.* *Includes victims aged 15 years and older who were victimized by current and former legally married spouses and common-law partners. Also includes victims aged 12 years and older of current and former boyfriends and girlfriends and other intimate relationships (i.e., those with whom they had a sexual relationship but for which none of the other relationship categories apply). Spousal violence victims under the age of 15 years are included in the relationship category "other family." Victims of non-spousal intimate partner violence under the age of 12*

Sector	Sub-Sector	Factor	Unit	Source	Definition
					years are included in the relationship category "unknown relationship." Rates for total victims are based on populations aged 12 years and older. Rates for other victim age groups are calculated on the basis of their corresponding age group populations.
Public Safety	*Violent Crime*	*Violent Crime*	*per 10,000 persons*	*Uniform Crime Reporting Survey (UCR)*	*Includes all violent Criminal Code violations [100] Policing district incident counts are mapped to subdivisions using the 2022 CSD to Respondent Code Mapping, as provided by StatsCAN for usage in the CREWS project*
Social Cohesion	*Political Participation*	*Professional and Political Organizations*	*per 10,000 persons*	*Business Register (BR)*	*Total count of the following industry group as defined by the North American Industry Classification System: 8139 - Business, professional, labour and other membership organizations - This industry group comprises establishments, not classified to any other industry group, primarily engaged in promoting the interests of their members. Examples of establishments in this industry group are business associations, professional membership*

Sector	Sub-Sector	Factor	Unit	Source	Definition
					organizations, labour organizations and political organizations.
Social Cohesion	Political Participation	Voter Turnout	%	Federal and Provincial Election Authorities	Electoral participation refers to whether or not a person was eligible to vote in a specified election and whether or not he or she voted.
Social Cohesion	Social Participation	Arts and Sports	per 10,000 persons	Business Register (BR)	Total count of the following subsector as defined by the North American Industry Classification System: 711 - Performing arts, spectator sports and related industries - This subsector comprises establishments primarily engaged in producing, or organizing and promoting, live presentations that involve the performances of actors and actresses, singers, dancers, musical groups and artists, athletes and other entertainers. This subsector also includes independent (freelance) entertainers and artists and the establishments that manage their careers. The classification recognizes four basic processes: producing events; organizing and promoting events; managing and representing entertainers; and providing the artistic, creative and technical skills necessary for the production of artistic products and live performances.

Sector	Sub-Sector	Factor	Unit	Source	Definition
					This subsector makes a clear distinction between performing arts companies and performing artists (independents). Although not unique to arts and entertainment, freelancing is a particularly important phenomenon in this subsector; however, it is difficult to implement in the case of musical groups (companies) and artists, especially pop groups. These establishments tend to be more loosely organized and it can be difficult to distinguish companies from freelancers. Therefore, this subsector includes one industry that covers both musical groups and musical artists.
Social Cohesion	*Social Participation*	*Civic/Social Organizations*	*per 10,000 persons*	*Business Register (BR)*	*Total count of the following industry group as defined by the North American Industry Classification System: 8134 - Civic and social organizations - This industry group comprises establishments primarily engaged in promoting the civic and social interest of their members. Establishments of this type may also operate bars and restaurants and provide other recreational services to members.*
Social Cohesion	*Social Participation*	*Religious Organizations*	*per 10,000 persons*	*Business Register (BR)*	*Total count of the following industry group as defined by the North American Industry Classification System: 8131 - Religious organizations - This industry group comprises establishments primarily engaged in operating religious organizations for religious worship, training or study; administering an organized religion; or promoting religious activities.*

Sector	Sub-Sector	Factor	Unit	Source	Definition
Social Cohesion	Social Participation	Social Advocacy Organizations	per 10,000 persons	Business Register (BR)	Total count of the following industry group as defined by the North American Industry Classification System: 8133 - Social advocacy organizations - This industry group comprises establishments primarily engaged in promoting a particular social or political cause intended to benefit a broad or specific constituency. Organizations of this type may also solicit contributions or sell memberships to support their activities.
Social Cohesion	Social Services	Community Food Services	per 10,000 persons	Business Register (BR)	Total count of the following industry as defined by the North American Industry Classification System: 624210 - Community Food Services - This Canadian industry comprises establishments primarily engaged in the collection, preparation and delivery of food for the needy.
Social Cohesion	Social Services	Grant and Giving Services	per 10,000 persons	Business Register (BR)	Total count of the following industry group as defined by the North American Industry Classification System: 8132 - Grant-making and giving services - This industry group comprises establishments primarily engaged in awarding grants from trust funds, or in soliciting contributions on behalf of others, to support a wide range of health, educational, scientific, cultural and other social welfare activities.

Sector	Sub-Sector	Factor	Unit	Source	Definition
Social Cohesion	Social Support	Child Care Centers	per 10,000 children under 5	Business Register (BR)	Total count of the following industry group as defined by the North American Industry Classification System: 6244 - Child day-care services - This industry group comprises establishments primarily engaged in providing day-care services for infants or children. These establishments may care for older children when they are not in school and may also offer pre-kindergarten educational programs.
Social Cohesion	Social Support	Divorced Persons	per 10,000 married persons	Census of Population	Divorce is the legal dissolution of a legal marriage. Included are all divorces granted by Canadian courts to Canadian and non-Canadian residents whether their marriage was registered in Canada or another country. In general, when applying for a divorce, the applicant must reside in Canada, but the respondent may reside outside Canada. Both spouses may reside outside Canada when the divorce is later granted by the court. Divorces of Canadian residents that have been granted in another country (where their spouse resides) are not included.
Social Cohesion	Social Support	One-Person Households	per 10,000 households	Census of Population	Includes households made up of one person living alone. Household refers to a person or group of persons who occupy the same dwelling and do not have a usual place of residence elsewhere in Canada or abroad. The dwelling may be either a collective dwelling or a private dwelling. The household may consist of a family group such as a census family, of two or more

Sector	Sub-Sector	Factor	Unit	Source	Definition
					families sharing a dwelling, of a group of unrelated persons or of a person living alone. Household members who are temporarily absent on reference day are considered part of their usual household.
Social Cohesion	Social Support	Single Parent Households	per 10,000 households	Census of Population	*Lone-parent family refers to families containing only one parent with his or her child(ren). Census family is defined as a married couple and the children, if any, of either and/or both spouses; a couple living common law and the children, if any, of either and/or both partners; or a parent of any marital status in a one-parent family with at least one child living in the same dwelling and that child or those children. All members of a particular census family live in the same dwelling. Children may be biological or adopted children regardless of their age or marital status as long as they live in the dwelling and do not have their own married spouse, common-law partner or child living in the dwelling. Grandchildren living with their grandparent(s) but with no parents present also constitute a census family.*
Social Cohesion	Wellbeing	Life Satisfaction, Satisfied or Very Satisfied	%	Canadian Community Health Survey	*Population aged 12 and over who reported being satisfied or very satisfied with their life in general. Life satisfaction is based on a self-reported score from 0 to 10 for how respondents feel about their life as a whole*

Sector	Sub-Sector	Factor	Unit	Source	Definition
					at the moment. Satisfied or very satisfied represents those who indicated a value of 6 or more out of 10.
Social Cohesion	*Wellbeing*	*Sense of Belonging, Strong or Somewhat Strong*	*%*	*Canadian Community Health Survey*	*Population aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong. Research shows a high correlation of sense of community-belonging with physical and mental health.*

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