

WHAT WE FOUND:

Leveraging data & community
insights to prevent gender-based
violence in Cochrane, Alberta



UNIVERSITY OF CALGARY
FACULTY OF SOCIAL WORK



Canadian Institutes
of Health Research

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en santé du Canada

*This report is dedicated to Tara,
whose courage in the face of unimaginable
loss reminds us why this work matters. In honour
of her mother's life, and in commitment
to a future free from violence.*

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Opening Message from Wanda McGinnis

Executive Director, Big Hill Haven



Gender-based violence is a serious issue, and right now in Cochrane, we have an opportunity to **come together and lead with bold, community-driven solutions.**

That's why in Spring 2024, Big Hill Haven proudly joined forces with YWCA Banff, Rowan House Society in High River, and Shift: The Project to End Domestic Violence at the University of Calgary. Together, we launched a Made-in-Alberta rural initiative to design and test primary prevention strategies that go beyond reacting to violence—they aim to **stop it before it starts.**

This work is grounded in the belief that **gender-based violence isn't just about individual behaviour—it's shaped by social norms, power dynamics, and the structures around us.** Real prevention means changing those conditions and building communities where safety, equity, and respect are woven into everyday life.

At Big Hill Haven, we believe prevention is most effective when led by the community.

When local people shape the solutions, they're more relevant, lasting, and impactful. In Cochrane, that spirit is strong. From Town Council's leadership in *Envision Cochrane 2025* to the dedication of local businesses, service agencies, and residents, there is a shared commitment to building a safe, connected, and violence-free community. I'm continually inspired by how this community shows up—ready to listen, learn, and lead meaningful change.

To guide the first phase of this work called "data empowerment," our collaborative partnered with the University of Alberta's CARE Lab, University of Calgary Shift's primary prevention research hub, and HelpSeeker Technologies to develop a data-informed *Community Profile* that would help us understand the social conditions that may be enabling violence.

On January 16, 2025, we shared that profile with local leaders. That day, **43 community members came together sharing their insights, lived experiences, and bold ideas to reimagine what prevention can look like in Cochrane.**

This report captures that momentum. It blends research and local wisdom to highlight what's next in our journey toward a safer, more connected, and more resilient community. Because **violence is not inevitable—it's preventable.** And together, we're proving what's possible.

With hope and determination,

Wanda McGinnis

Executive Director, Big Hill Haven • May 2025

EXECUTIVE SUMMARY

This report brings together research and community insights to deepen our understanding of the factors shaping the landscape of gender-based violence in Cochrane and to identify ways the community can take proactive action to prevent violence before it starts. Together, these findings reveal both the strengths Cochrane can build on and the opportunities for collective action.

The Community Profile outlines **six key data trends** shaping the conditions for gender-based violence prevention in Cochrane:

- 1 Rapid population growth is accelerating demand for services and straining social connections, underscoring the urgent need for intentional community-building to protect safety and strengthen resilience within families and the community.
- 2 An aging and shifting population is transforming community needs, revealing opportunities to build stronger intergenerational supports and safeguard groups vulnerable to isolation and abuse, including older adults.
- 3 Increasing cultural diversity is enriching Cochrane's social fabric and bringing valuable perspectives to the forefront, while also highlighting the need for culturally responsive prevention strategies that reflect the experiences of all residents.
- 4 Changing commuting and work patterns are helping some residents stay more locally connected but continue to create risks of social isolation for others—especially for those commuting daily or recovering from the work-from-home arrangements and other impacts arising from the COVID-19 pandemic.
- 5 Persistent gender and income gaps point to economic inequities that can limit autonomy, reinforce power imbalances, and increase vulnerability to violence—especially for women and gender-diverse people. Advancing economic equity is key to prevention.
- 6 Local gender-based violence indicators reveal patterns of coercive control, post-separation abuse, and other forms of violence that too often remain hidden. These findings point to clear opportunities for earlier, community-driven interventions that disrupt violence before it escalates.

The community engagement process surfaced **six key themes** that reflect the lived realities, insights, and strengths of Cochrane residents and point to clear opportunities for prevention:

- 1 Gender inequity, particularly around financial control and dependence, continues to drive power imbalances within relationships. Addressing these dynamics offers a powerful entry point for early intervention and long-term prevention.
- 2 A lack of targeted supports for men emerged as a critical gap. Cochrane has an opportunity to lead by creating safe, father-friendly, stigma-free spaces where men can seek help, learn to manage stress, and strengthen their relationship and parenting skills building protective factors across families.
- 3 Social isolation and disconnection, worsened by commuting demands and the lingering effects of the pandemic, as well as the addition of new residents from other urban centres and Indigenous communities, reinforce the need to build or rebuild social ties and belonging as key strategies to reduce risk and foster community resilience.
- 4 Limited public awareness of non-physical abuse (financial, coercive control, technology, etc.) and healthy relationship norms highlights the urgent need for education, conversation, and earlier intervention—especially around coercive control, emotional and online harm, and the signs of unhealthy dynamics.
- 5 Harmful attitudes and behaviours, including the normalization of violence and rigid gender expectations, continue to shape environments where gender-based violence can persist. Shifting these norms through community-led dialogue and cultural change is essential to lasting impact.
- 6 The need to support and partner with First Nations communities was recognized as essential to meaningful prevention. Participants emphasized the importance of culturally grounded, respectful collaboration with local First Nations—particularly the Îyârhe (Stoney) Nakoda Nation—to address the intergenerational impacts of colonization and co-create solutions that reflect Indigenous knowledge, leadership, and priorities.

NEXT STEPS:

BUILDING A PRIMARY PREVENTION PLAN FOR COCHRANE

Cochrane is uniquely positioned to lead the way in preventing gender-based violence before it starts. With committed local leadership, engaged residents, and strong cross-sector partnerships, the community has the foundation in place to co-create an effective, community-driven primary prevention plan. The following areas of focus to guide this work include:

1. Collect more local data to better understand patterns of perpetration to inform prevention efforts

Partner with the RCMP and other stakeholders to gather additional local data.

This information can help identify where risks are emerging, guide early intervention, and shape prevention strategies tailored to Cochrane's unique context. Strengthening data-sharing could also lead to a coordinated partnership between police and service providers that prioritizes both survivor safety and timely, supportive responses for those who use violence.

2. Map existing community supports

Conduct a systems mapping exercise to assess the full range of programs and services across the prevention, intervention, and post-violence support continuum. This process will help clarify who is currently being served, identify overlaps and gaps, and inform more coordinated and equitable service delivery.

3. Expand supports for men and boys

Evaluate the availability and accessibility of services designed specifically for men and boys, including mental health supports, fatherhood programs, and spaces to develop emotional literacy and healthy relationship skills. This step is essential for addressing early risk factors and disrupting pathways to perpetration.

4. Rebuild community connections

Prioritize initiatives that reduce isolation and foster belonging, especially for those impacted by commuting lifestyles, rural geography, the lack of community spaces in new developments, or post-pandemic disconnection. Strong social networks are a powerful protective factor critical for building a culture of shared responsibility and care.

5. Build capacity of community champions to mobilize and support prevention work

Develop and implement public awareness campaigns, school-based learning, and professional training that promote healthy relationships, challenge harmful attitudes, and shift social norms in their spheres of influence. Initiatives should address the full spectrum of abuse—including non-physical forms—while promoting gender equity, emotional wellbeing, and respectful



communication across everyday environments like schools, workplaces, and public spaces. Raising awareness and challenging normalization of violence and signaling safety and belonging are key to fostering early intervention and long-term prevention.

6. Partner with First Nations communities

Through a parallel process, start building respectful, sustained relationships with local First Nations—particularly the Îyârhe (Stoney) Nakoda Nation—to explore working together on prevention strategies grounded in Indigenous knowledge, leadership, and cultural strengths. This includes creating space for Indigenous voices in planning processes, supporting Indigenous-led initiatives, and ensuring that reconciliation and cultural safety are embedded throughout Cochrane’s primary prevention efforts.

By investing in these areas, Cochrane has the opportunity to lead a bold shift, from reacting to harm to preventing it before it begins. With strong leadership, deep-rooted community resilience, and a growing commitment to shared action, Cochrane can be a model for what’s possible when prevention is driven by community voices and local strengths in smaller towns.

This plan is more than a set of actions—it’s a call to reimagine what safety, equity, and connection can look like in everyday life. These next steps outline a solid primary prevention launching pad to which more approaches can be added as the community works together and responds to anticipated population growth, where Cochrane stands up against violence and stands *with* survivors.

Together, we can create a future where violence is no longer seen as inevitable and where prevention is part of the fabric of how we live, work, and care for one another.





INTRODUCTION

Cochrane, Alberta, has always been **a place where community matters**—where neighbors look out for one another and the strength of connection fuels resilience. Today, that spirit shines brighter than ever as people across Cochrane come together to prevent gender-based violence (GBV) and build a safer, more caring community for all.

At the heart of this effort is Big Hill Haven, leading the charge and bringing together voices from every corner of Cochrane. Residents, businesses, law enforcement, service providers, community leaders and residents are all united by a powerful belief: violence is not inevitable, and together, we can prevent it from happening in the first place.

This report captures the collective energy, ideas, and hopes that are shaping a new path forward. It reflects a community that is not only standing up against violence but also standing *with* survivors to create a future rooted in safety, dignity, and belonging.

The momentum captured in this report began on an important day. On January 13, 2025, 30 community members came together to explore the root causes of GBV and hear the powerful account of a young Cochrane resident whose mother was killed by her husband.

Her story moved many to reflect deeply, with their thoughts shaped by the haunting question, “*What if? If only...*”

Building on the impact of that session, a larger group of 43 residents and community leaders gathered on January 16, 2025, to listen, learn, and help shape a community profile that would identify the social conditions enabling violence in Cochrane. Survivors, researchers, and community advocates shared powerful insights into the local factors influencing the perpetration of violence, and together, participants explored where and how Cochrane can act to stop violence before it starts.

This moment marks our first step in building a community-led primary prevention plan—one fueled by data, community insights, and **a belief that a safer future is not just possible, but within reach**. Inside this report, you’ll discover our growing understanding of the community factors influencing GBV in Cochrane, shaped by research and the voices of residents. You’ll also hear community insights on what may be contributing to violence perpetration.

The final section offers a call to action—a roadmap for how we can move forward together to lay the foundation for a community-led primary prevention plan.

THE DATA: EXAMINING COMMUNITY FACTORS RELATED TO GBV

GBV doesn't happen by accident. It's shaped by the conditions in our community, including the ways we live, work, connect, interact, and support one another. Some community factors can make violence more likely, while others can help protect against it. That's why it's so important to look closely at what's happening here in Cochrane.

This section explores six key data trends that are shaping the risk of GBV in Cochrane. Trends such as rapid population growth, shifting demographics, changing work patterns, economic disparities, and local violence indicators reveal important factors that influence both safety and vulnerability to perpetration in the community.

By understanding these dynamics, we can take proactive steps to prevent violence before it starts and build a safer, more connected Cochrane for everyone.



TREND 1:

RAPID GROWTH & ASSOCIATED RISKS

HOW POPULATION INCREASES INFLUENCE GBV

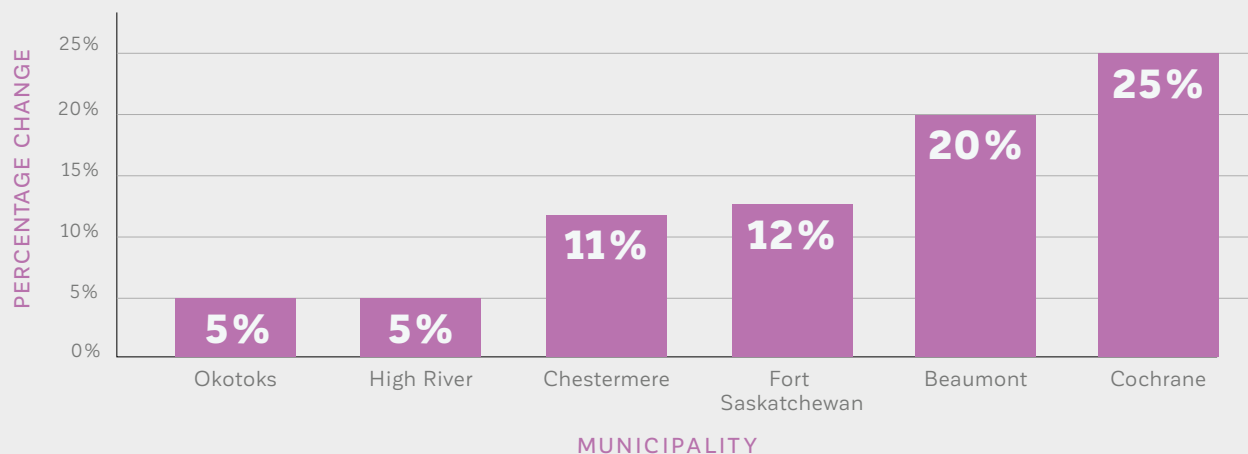
Cochrane has been growing fast, and it's speeding up. Between 2001 and 2024, the town's population more than tripled (a 207% increase), growing by about 9% each year.¹⁻⁶ That growth has accelerated even more over the past few years: from 2021 to 2024, the population grew by nearly 15% per year.^{5,6} That's much faster than the Canadian average (about 1% per year between 2016 and 2021) and quicker than other similar towns in Alberta (see Figure 1).^{7,8}

If this rate of growth persists, Cochrane's population could reach around **95,661 by 2035**. While this growth projection is an estimate and subject to change, it emphasizes the importance of planning for the future now.

FIGURE 1.

Total Population Increase by Five-Year Period, Percentage Change between 2016 and 2021 in Selected Communities

Source: Statistics Canada - Census 2016, 2021

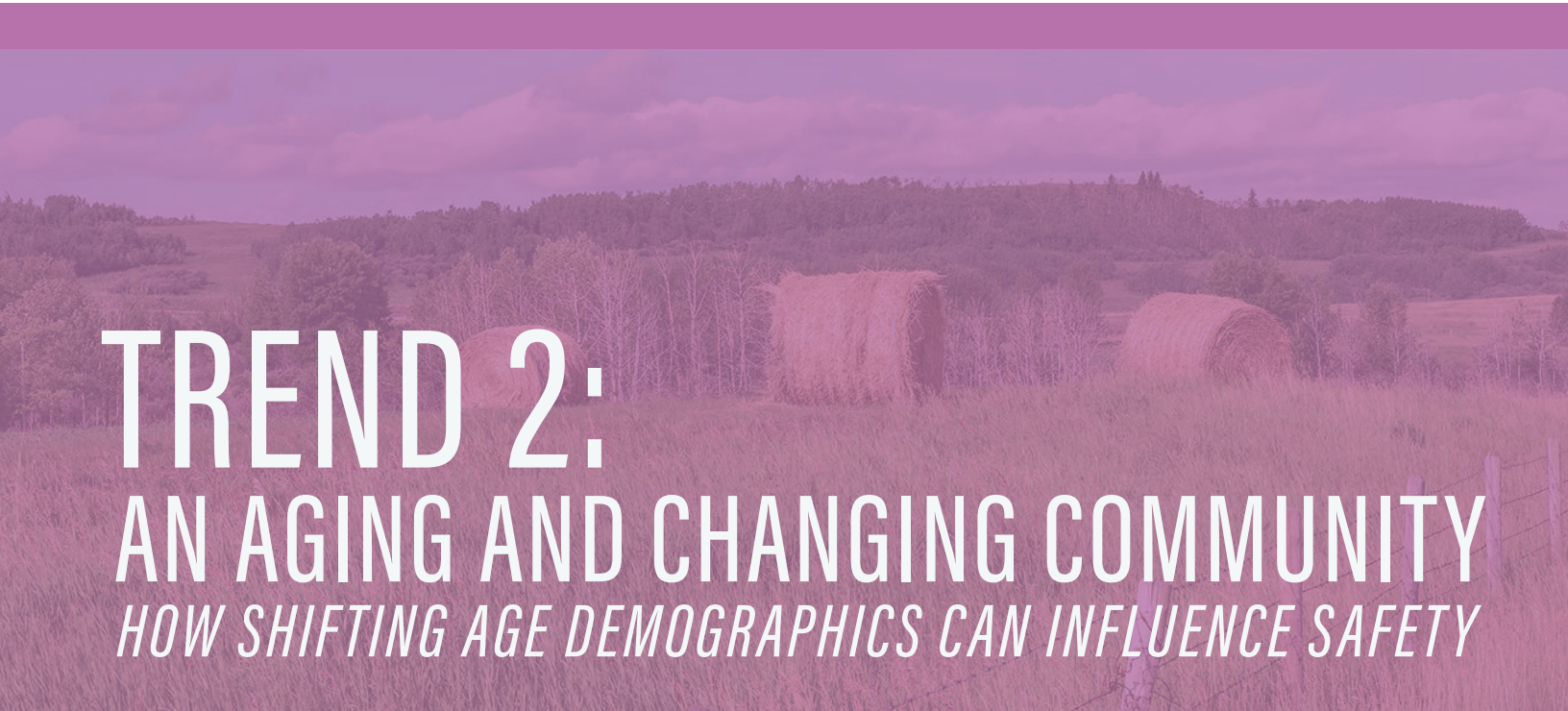


When towns grow this quickly, services like emergency shelters, counselling programs, and law enforcement often can't keep up.⁹⁻¹¹ Housing can also get harder to find and afford. This can leave people who are experiencing violence with fewer options and less support.^{12,13}

Rapid growth can also pull people apart. When new people arrive faster than a community can integrate and build connections, it can weaken the sense of belonging that helps keep everyone safe.¹⁴ Without strong social ties, it's easier for violence to stay hidden and harder for communities to initiate early intervention.

WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

Rapid growth can create financial stress, scarcity, and weaker social bonds—all of which are risk factors for male perpetration of violence. Understanding this helps Cochrane prepare and act before these risks take hold.



TREND 2:

AN AGING AND CHANGING COMMUNITY

HOW SHIFTING AGE DEMOGRAPHICS CAN INFLUENCE SAFETY

Cochrane's population isn't just growing, it's also changing in terms of who calls it home. Between 2006 and 2021, the town experienced **an increase in residents across all age groups**, with notable shifts in the age distribution. Many young families are choosing to make Cochrane their home: the number of children and youth under 15 more than doubled, growing from 3,075 to 6,840.^{2,5} However, despite the rise in absolute numbers, this age group remained relatively stable as a proportion of the overall population, shifting only slightly from 22.3% in 2006 to 21.2% in 2021.^{2,5}

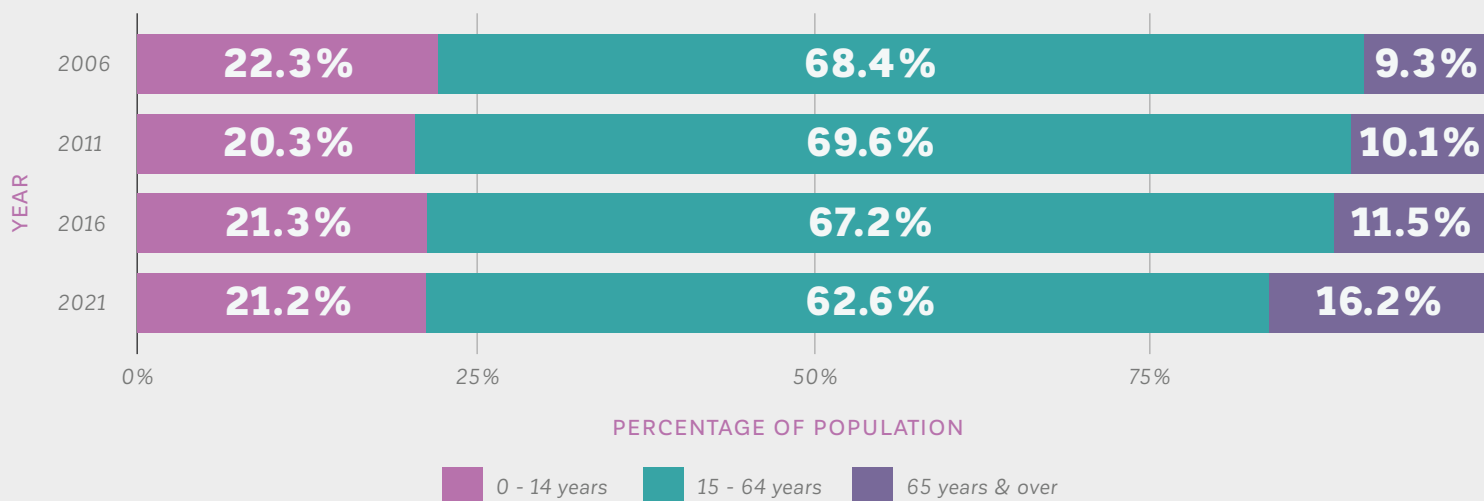
The working-age group (15–64 years) also more than doubled, increasing from 9,420 to 20,155. However, their share of the population declined from 68.4% in 2006 to 62.6% in 2021,^{2,5} indicating that while Cochrane is attracting more working adults, other age groups are growing at an even faster rate.^{2,5}

One of the fastest-growing groups is seniors (65 years and over). Their numbers more than quadrupled between 2006 and 2021, from 1,275 to 5,205.^{2,5} As a result, seniors now make up 16.2% of Cochrane's residents, up from 9.3% in 2006.^{2,5} While Cochrane still has a slightly smaller senior population than the Canadian average (19% in 2021),¹⁵ the town is clearly aging overall (see *Figure 2*).

FIGURE 2.

Cochrane Population Distribution by Broad Age Groups (2006 - 2021)

Source: Statistics Canada - Census 2006, 2011, 2016, 2021



WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

The rise in Cochrane's youth population creates a key opportunity to prevent male perpetration of violence by investing early in education, parenting, and community norms that promote empathy, healthy masculinities and relationships. At the same time, an aging population can shift family dynamics by placing greater demands on caregivers, increasing stress, a risk for isolation as mobility issues increase and potentially heightening the risk of elder abuse.

Recognizing these changes allows Cochrane to plan for stronger, age-responsive supports that enhance safety and well-being across all generations.



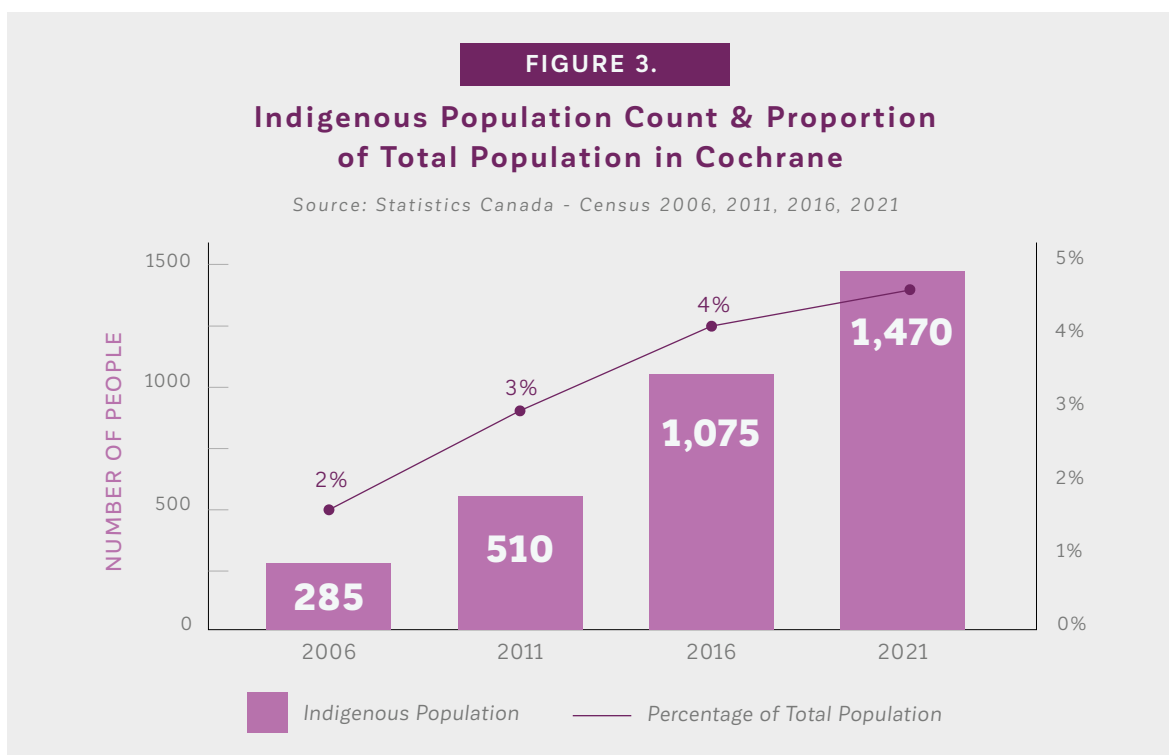
TREND 3:

GROWING DIVERSITY

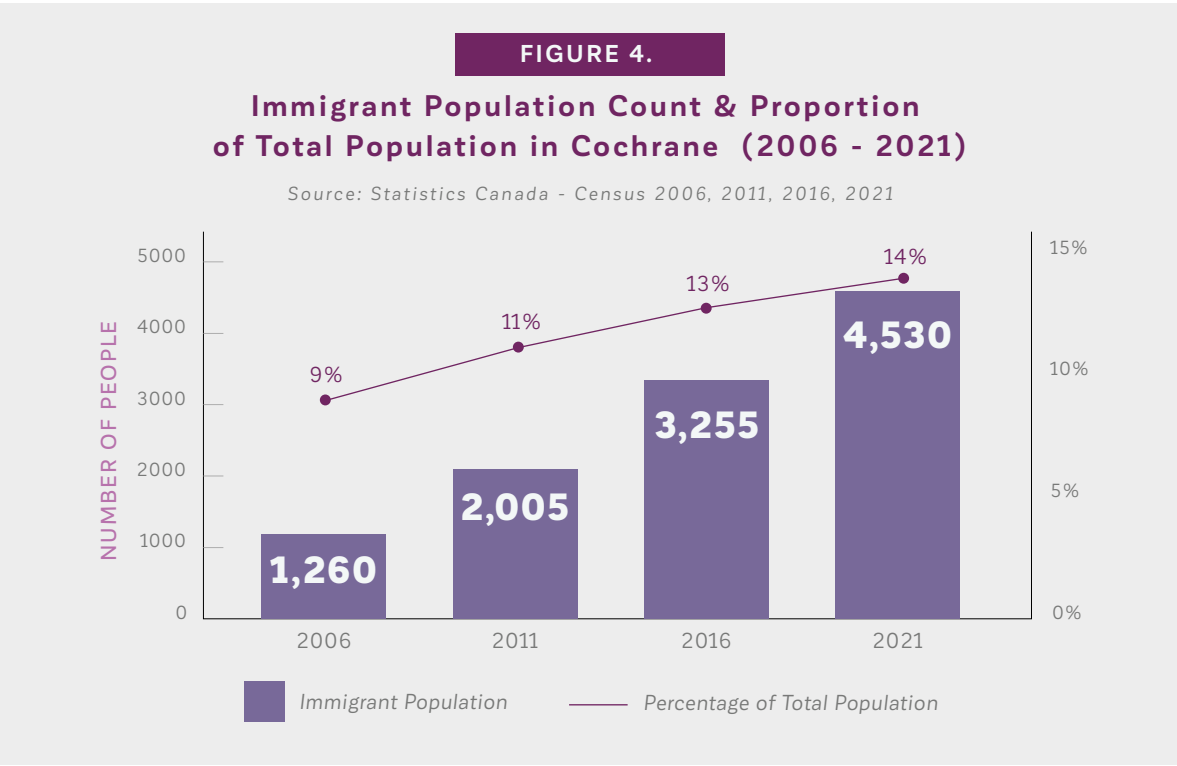
HOW POPULATION CHANGES IMPACT RISK & RESILIENCE

Cochrane's population isn't just getting bigger; **it's becoming more diverse**. In recent years, the town has seen strong growth in both Indigenous populations and residents who have immigrated from other countries. Between 2006 and 2021, the number of people in Cochrane identifying as Indigenous grew more than fivefold from 285 to 1,470 residents.^{2,5} Their share of the total population also increased, from 2% to 5%.^{2,5} (see Figure 3)

This increase reflects both population growth and a possible rise in the number of people choosing to self-identify as Indigenous. It may also suggest that some Indigenous individuals are leaving larger urban centres or reserves in search of greater safety, security, and opportunities —conditions that can be more difficult to access in those environments. Family growth is likely contributing to the population increase.



Immigration has also reshaped the community. In 2006, there were 1,260 immigrants living in Cochrane; by 2021, that number had more than tripled, reaching 4,530.^{2,5} Immigrants made up 9% of the population in 2006 and 14% by 2021.^{2,5} Among those who arrived between 2015 and 2021, most came from the Philippines and India, followed by the United States, Nigeria, China, Pakistan, and the United Kingdom.⁵ (see *Figure 4*)



Overall, Cochrane is seeing a growing number of Indigenous residents and becoming a more culturally diverse town with newcomers from all over the world.

WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

Indigenous community members often experience systemic discrimination and the ongoing impacts of intergenerational trauma, which can increase vulnerability to violence.¹⁹⁻²¹ Newcomers (including immigrants and refugees) may face barriers like language challenges, unfamiliarity with the legal system, limited culturally appropriate services, and isolation from support networks.¹⁶⁻¹⁸

As Cochrane grows and becomes more diverse, building culturally specific prevention strategies, outreach, and services will be essential to meeting the needs of all community members and creating safety for everyone.

TREND 4:

CHANGING COMMUTES & CONNECTIONS

HOW WORK PATTERNS AFFECT COMMUNITY COHESION & SAFETY

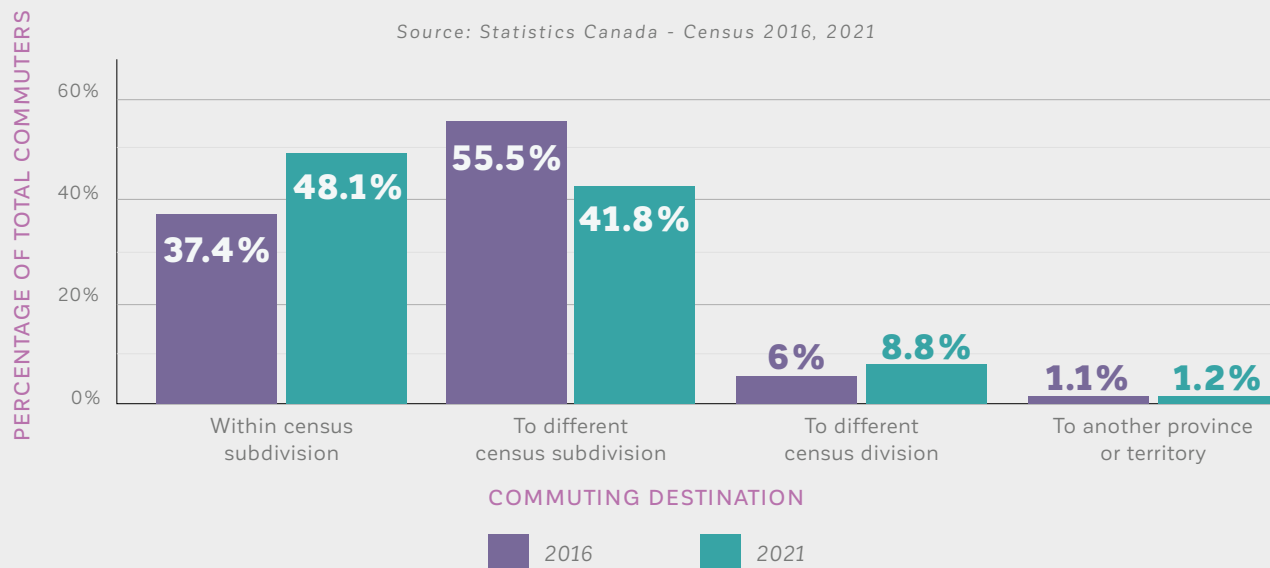
How and where Cochrane residents work has shifted significantly in recent years. Between 2016 and 2021, fewer people were commuting overall, with an 18% drop from 10,665 commuters to 8,735.^{4,5} However, the biggest change wasn't just how many people commuted; it was where they worked. In 2016, most residents who commuted (about 55%, or 5,915 people) travelled outside of Cochrane for work, often heading to Calgary or nearby communities.⁴ Notably, only 37% (3,990 people) worked within Cochrane itself.⁴

By 2021, that pattern had flipped. Now, the largest group of commuters (around 48%) were working inside Cochrane, while fewer (about 42%) travelled to other towns or cities.⁵ The number of people working locally increased slightly to 4,205, while those commuting elsewhere dropped significantly to around 3,655 (see Figure 5).⁵ Since lifting the pandemic 'work at home' recommendations, many Cochrane residents have resumed commuting to Calgary for work. However, data is not available to fully capture the scale and scope of this trend.

FIGURE 5.

Changes in Commuting Destinations as a Percentage of Total Commuters, Cochrane (2016-2021)

Source: Statistics Canada - Census 2016, 2021



This shift may reflect a few things: a growing number of local businesses,²² more residents working from home (especially during COVID-19), and broader changes in how people work. Nationally, remote work surged during the pandemic, though commuting has started to pick up again since then.²³

WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

Shifts in how and where Cochrane residents work have important implications for preventing GBV. On the one hand, more people working locally can enhance social cohesion by fostering stronger ties to neighbourhoods, local services, and each other. **These connections act as protective factors, making it easier to recognize early signs of harm and to reach out for support.**

On the other hand, long commutes reduce the time and energy individuals have to participate in community life, weakening these connections and limiting access to prevention programs or support networks. The stress and strain associated with commuting can also increase risk factors for violence.

The COVID-19 pandemic further amplified these challenges. Many people were confined to their homes, juggling work, caregiving, and schooling in the same space. This sudden increase in stress, combined with financial strain and social isolation, created conditions known to heighten the risk of GBV. For some, spending more time at home did not lead to stronger connections—it increased their vulnerability.

Taken together, these trends highlight how shifts in work patterns can affect safety in complex ways. By recognizing both the opportunities for connection and the risks of isolation, Cochrane can strengthen its GBV prevention efforts and develop strategies that reflect the realities of everyday life, especially during times of crisis.



TREND 5:

GENDER GAPS AT WORK & HOME

HOW ECONOMIC DISPARITIES SHAPE GBV

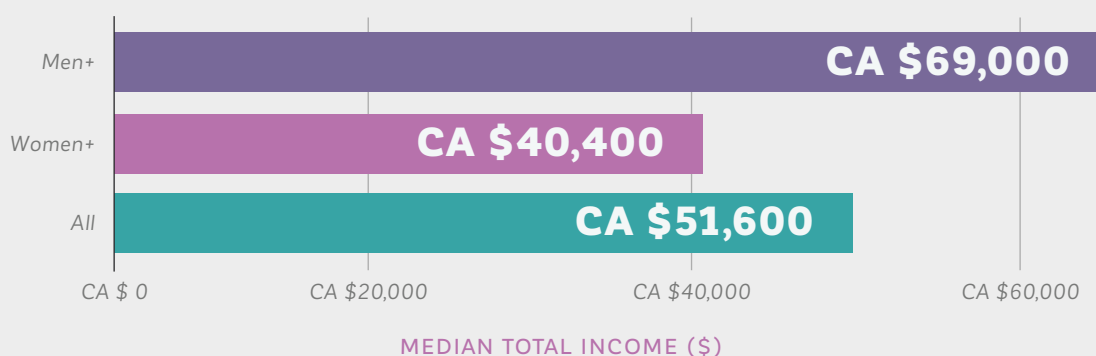
Cochrane's work and income data up to 2021 suggests that important gender differences still exist—and they matter when thinking about community safety and violence prevention. First, overall workforce participation in Cochrane has declined, dropping from 75.8% in 2006 to 69.3% in 2021.^{2,5} Within that, there are clear gender gaps. In 2021, 74% of men (Men+) were participating in the workforce, compared to 64.9% of women (Women+).^{5,25}

There are also differences in the types of jobs men and women hold—a pattern known as occupational segregation. Men were more likely to work in trades, transport, and equipment operation, while women were more often found in sales and service, business and administration, education, law, social services, community work, and government jobs.²⁶ Health-related jobs were common among women but not among men.

FIGURE 6.

Median Total Income by Gender Among Recipients in Cochrane in 2020*

Source: Statistics Canada - Census 2021



* For the 2021 Census, Statistics Canada used "Men+" to include men and some non-binary people who feel partly male, and "Women+" for women and some non-binary people who feel partly female. This helps with inclusive reporting while protecting privacy.

Meanwhile, men had a stronger presence in natural and applied sciences, a field with lower representation for women.²⁶ **The most critical gap is in income.** In 2020, the median income for men in Cochrane was \$69,000, compared to \$40,400 for women—a difference of over 40% (see *Figure 6*).²⁶

WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

Economic disparities like these create vulnerabilities that increase the risk of gender-based violence. A significant income gap and lower workforce participation for women can lead to greater financial dependence on partners, making it harder to leave abusive relationships.^{27,28}

Occupational segregation can reinforce traditional gender roles and power imbalances,^{29,30} while income inequality can create conditions for financial abuse and control.³¹⁻³³ Addressing these gaps is key to building a safer, more equitable community where everyone has the resources and independence to thrive.

TREND 6:

SIGNS OF CONCERN

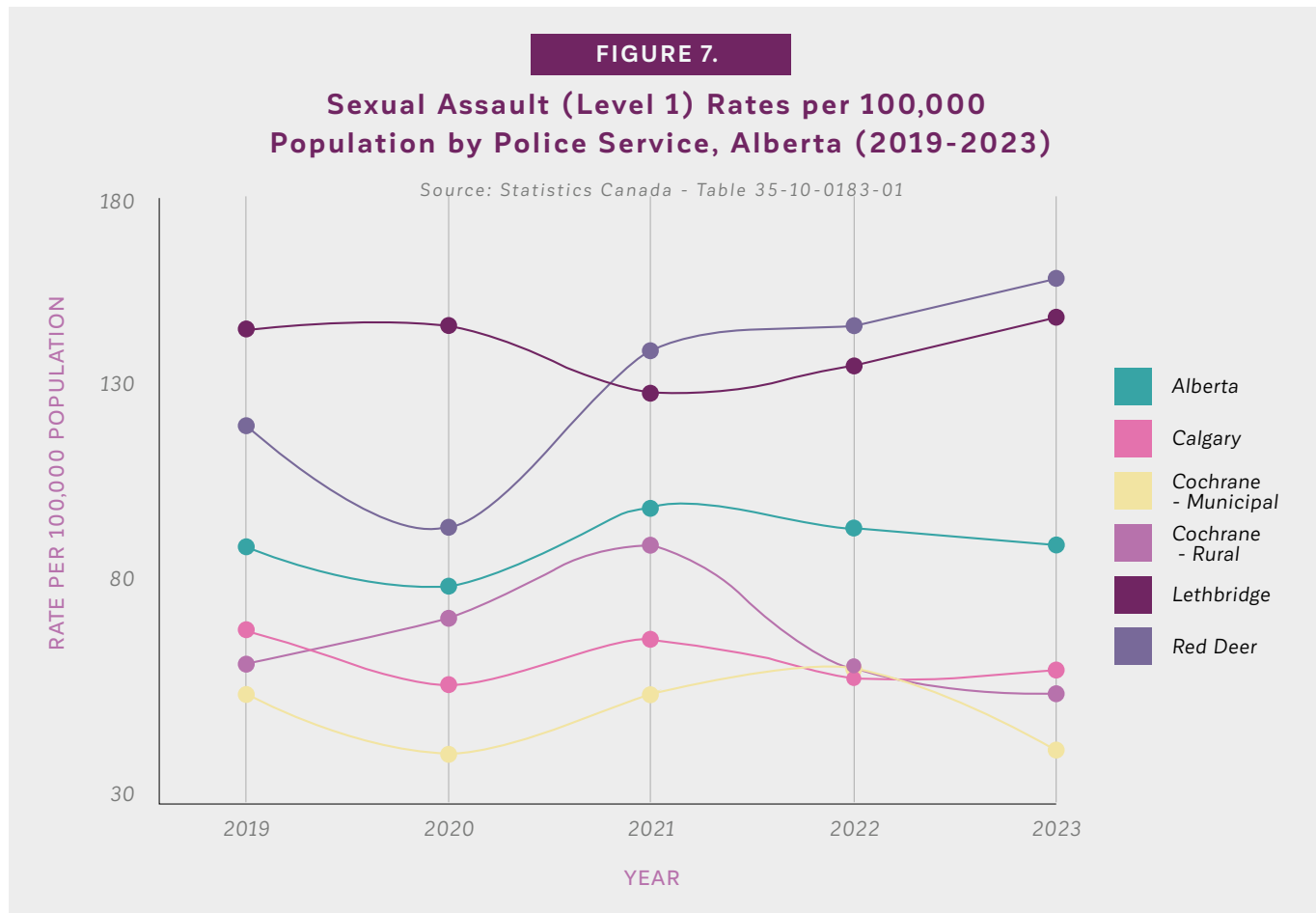
WHAT LOCAL GENDER-BASED VIOLENCE DATA TELLS US ABOUT RISK FACTORS FOR VIOLENCE

Understanding the scope of gender-based violence in Cochrane requires looking at both police-reported statistics and insights gathered directly from agencies, schools, workplaces survivors. Together, these sources offer an important, though still incomplete, snapshot of the realities many residents face.

Police data shows that between 2019 and 2023, reported rates of level 1 sexual assault (non-aggravated sexual assaults) in Cochrane's municipal area stayed relatively stable, ranging from about 40 to 60 incidents per 100,000 people each year.³⁴ Rates in the surrounding rural area were more higher, peaking at nearly 90 incidents per 100,000 people in 2021 before declining to 55 per 100,000 in 2023.³⁴

It's important to remember that police-reported data often underestimates the true prevalence of GBV because most sexual assault and intimate partner incidents go unreported.³⁵

Cochrane's municipal rates were typically lower than the Alberta provincial average, while rural rates were often closer to—or even higher than—the provincial average.³⁴ **Compared to other Alberta communities, Cochrane's rates were generally higher than Calgary's** but lower than Lethbridge and Red Deer, where rates substantially exceeded provincial norms (see Figure 7).³⁴



Local danger assessments (a tool that determines the level of danger an abused woman has of being killed by her intimate partner) conducted by Big Hill Haven provide deeper insight into the severity and patterns of violence in the community. Among 57 assessments completed with survivors in 2024/2025, many reported experiencing high levels of coercive control (56% controlling daily activities, 56% stalking/spying, 54% violent jealousy).³⁶

Survivors also disclosed:

- Threats to kill — **28%** (with 46% believing the perpetrator capable)
- Escalating violence — **35%**
- Non-consensual sex — **39%**
- Attempted choking — **26%**
- Threats or use of weapons — **19%**
- Violence during pregnancy — **12%**³⁶

Substance use was a frequent factor, with 49% of survivors reporting perpetrator problem drinking and 33% reporting drug use.³⁶ Nearly half (45%) also faced threats of suicide by the perpetrator.³⁶ Notably, 39% had left the perpetrator within the past year, showing how violence often continues and escalates post-separation.³⁶

WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

These findings show that violence in Cochrane often involves patterns of control, serious threats, and dangerous acts—and that **many survivors remain at risk even after leaving abusive situations**. While police data provides a limited view, local assessments highlight the deeper realities of the perpetration of GBV in the community.

As Cochrane continues to grow, it will be essential to monitor GBV trends carefully and strengthen partnerships between organizations that collect and use data, like RCMP and human service providers. Recognizing that reported cases to police are just the "tip of the iceberg" and gathering more data on male perpetration patterns will provide insights into a community-led primary prevention response.



SUMMARY: THE DATA

Together, these six community profile trends paint a clear picture: Cochrane is growing, changing, and becoming more diverse—and with those changes come new strengths and challenges. Rapid population growth, shifting age demographics, greater cultural diversity, changing work patterns, persistent gender gaps, and local violence indicators all highlight areas where risk factors for gender-based violence can either take root or be disrupted.

Understanding these trends is critical because they show us where prevention efforts need to start: strengthening social connections, addressing inequalities, planning for service needs, engaging men and boys, and ensuring that every resident—across ages, backgrounds, and experiences—feels supported, valued, and safe. **By recognizing the social conditions shaping our community today, we can take proactive steps to build a safer, more resilient Cochrane for tomorrow.**

COMMUNITY INSIGHTS: FACTORS POTENTIALLY CONTRIBUTING TO VIOLENCE PERPETRATION IN COCHRANE

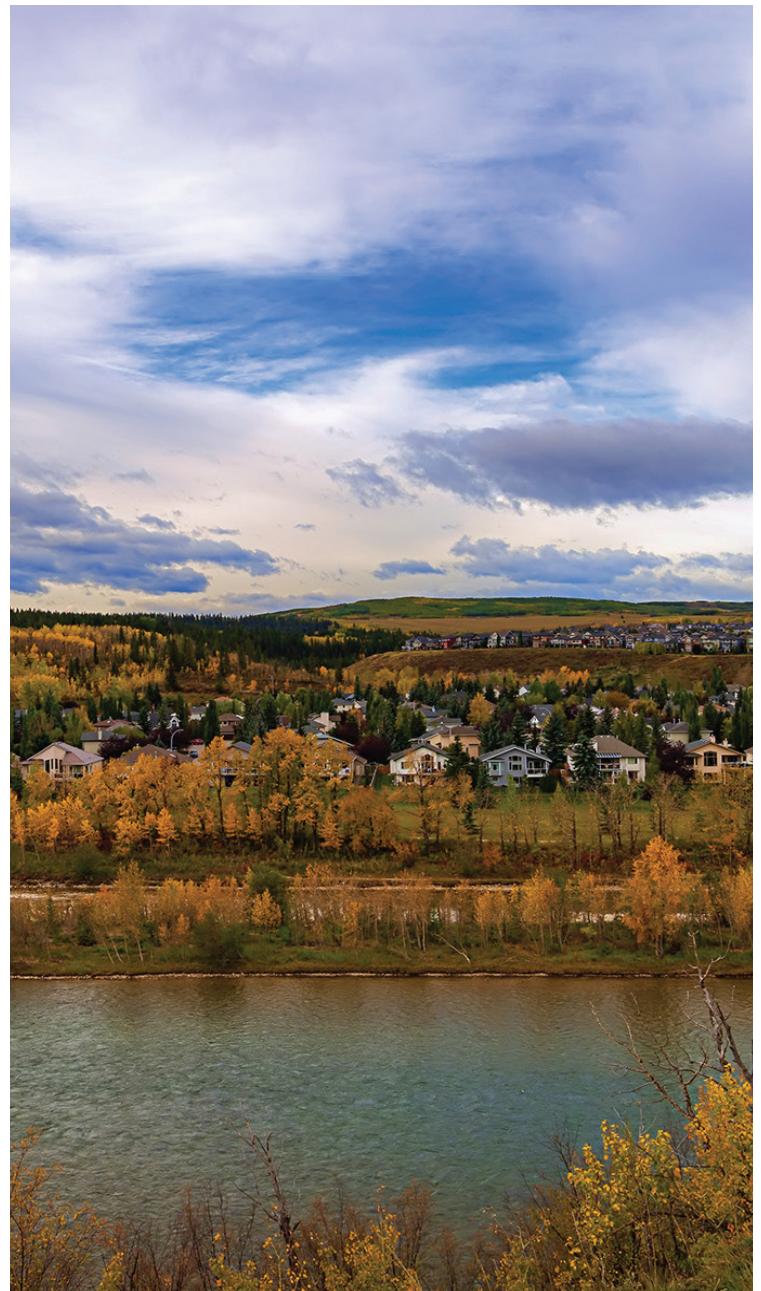
To deepen our understanding of Cochrane's unique community landscape, the university-GBV collaborative ensured community members could respond to and reflect on the six community trends shared during the community 'data walk'.

Forty-three stakeholders representing a wide range of organizations and perspectives, including policing (RCMP), for-profit and non-profit leaders and staff, Town of Cochrane representatives, and engaged community members (e.g., self-employed individuals and small business owners), came together for a day of discussion and reflection on January 16, 2025.

Participants validated and added to the research findings, shared their experiences, and provided valuable local insights to advance primary prevention.

From these rich discussions, six key themes emerged, offering a deeper look at the complex community dynamics that influence GBV in Cochrane.

The next section explores these themes, integrating participant voices and local knowledge to build a fuller understanding of the opportunities and challenges ahead to engage in prevention efforts.



THEME 1:

ADDRESSING GENDER INEQUITY TO PREVENT VIOLENCE

Gender inequity surfaced as a critical factor influencing relationships and safety in Cochrane. Participants described persistent economic and social imbalances such as income disparities, financial dependence, and unequal divisions of childcare and household work, even when both partners worked similar hours.

These inequalities often created “*conflict, resentment,*” and significant “*power differentials,*” particularly when one partner, often male, controlled the couple’s financial resources. As one participant put it, “*He’s the one with all the power, bringing in all the money.*”

“He’s the one with all the power, bringing in all the money.”

Financial control, in particular, was identified as a deliberate form of violence. Participants shared examples where men, as primary or sole earners, restricted their partner’s access to money, closely monitored spending, and used financial dependence to limit their partner’s independence or ability to leave unsafe situations.

Even after separation, struggles over child support and spousal support were described as flashpoints for continued coercion and abuse. This dynamic leaves many victims feeling trapped, with few options to escape or rebuild their lives safely.

WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

Addressing gender inequity, including financial abuse, is critical to preventing GBV. Promoting economic independence, ensuring fair access to financial resources, and strengthening legal protections are essential steps toward reducing power imbalances and building healthier, safer relationships across the community.

THEME 2:

STRENGTHENING SUPPORT SYSTEMS FOR MEN TO PREVENT VIOLENCE

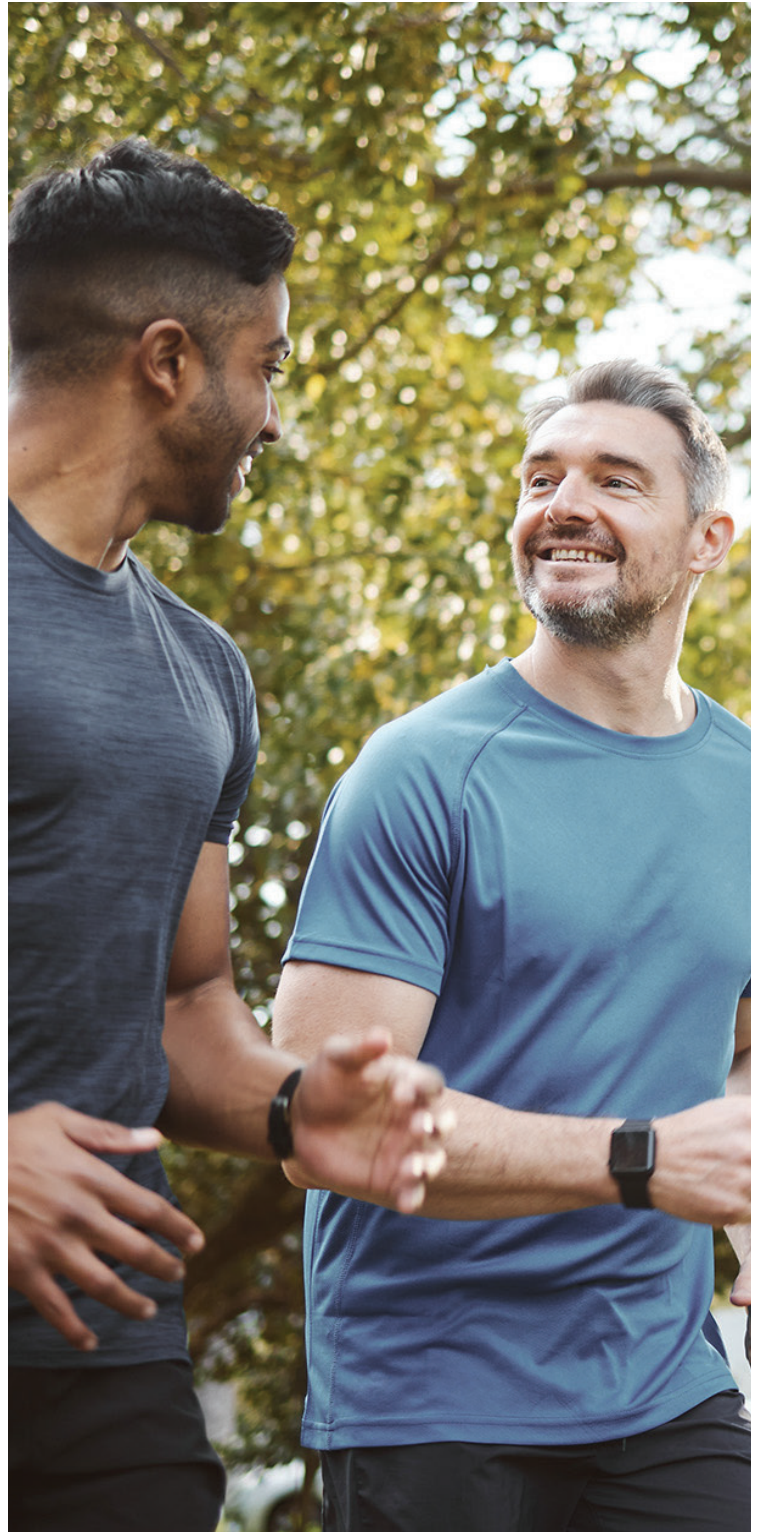
Participants highlighted a critical gap in Cochrane’s support landscape: the lack of targeted services for men, especially around relationship skills, parenting, stress management, and emotional wellbeing. Others talked about the pressure to conform to the “man box”—societal expectations that men must be protectors, providers, and emotionally restrained—was seen as a major barrier for help seeking.

As one participant put it,

“We’ve now kind of swung the pendulum where we’re empowering women to have a voice and to take a stand, but we’re not doing the same to support our boys and our men to have a voice.”

*They are struggling.
They do need support.”*

Participants noted a lack of men’s-only programs and support groups, with a shift toward accessing online services. With online supports becoming more commonplace in response to individual needs, it will be important to ensure these services provide opportunities for men to connect and potentially reduce their sense of isolation.



Few comfortable, stigma-free spaces exist for men to openly discuss parenting challenges, relationship issues, or mental health concerns. One participant stated that, **“we need more discussion around the important role of men in raising children.”**



WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

Without accessible supports that help men manage stress, heal from trauma, challenge harmful gender norms, and build healthy relationship and parenting skills, the risk of violence—especially male perpetration of violence—increases. Strengthening support systems for men is not only about reducing risk; it’s about fostering healthier models of masculinity and helping to break cycles of violence before they start.

THEME 3: REDUCING SOCIAL ISOLATION TO PREVENT VIOLENCE

Social isolation and lack of connection for many residents surfaced as a powerful theme shaping the risk of violence in Cochrane. Participants pointed to Cochrane’s commuting culture and the lingering impacts of the COVID-19 pandemic as major drivers of disconnection.

Long commutes often created a “two worlds” effect, where individuals—especially men—were disconnected from daily family and community life, **while partners at home felt increasingly isolated and overwhelmed**. One participant described women left behind as “drowning” with “no support.”

The isolation deepened during COVID-19, with participants reporting increases in depression, aggression, and overall family stress. The conditions for social isolation were also heightened by the continued concentration of services in the original downtown and the lack of gathering spaces incorporated into new subdivisions.

One participant described women left behind as, “drowning” with “no support.”

WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

Isolation weakens the support networks that help protect individuals from perpetrating or experiencing harm. It also removes important social buffers for those at risk of perpetrating violence, increasing feelings of stress, frustration, and detachment. **In Cochrane, the unique strains created by commuting and limited local connections can leave both victims and potential perpetrators more vulnerable.**

Strengthening community ties, creating more opportunities for connection, and supporting men and families to feel less isolated are essential strategies for reducing the risk of violence—and for fostering a community where people feel seen, supported, and valued.

THEME 4: STRENGTHENING PUBLIC AWARENESS TO DISRUPT PATHWAYS TO PERPETRATION

Limited public awareness surfaced as a significant barrier, not only in recognizing when someone is being harmed, but also in identifying and addressing behaviours that can escalate into violence. Some Cochrane stakeholders noted that many individuals who perpetrate controlling, emotional, or financial abuse do not view their actions as abusive.

They described a widespread lack of understanding about “*what is a healthy relationship, [and] what isn’t,*” saying that **this allows harmful behaviours to become normalized or minimized** rather than challenged. One participant explained that “*victims themselves may experience fear, denial... and no understanding that it’s abuse.*”

Without broader community recognition, opportunities to intervene earlier with those at risk of perpetration will be missed.



WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

This gap in awareness fuels the conditions where violence can take root. When harmful behaviours go unnamed and unaddressed, especially in their early stages, it becomes harder to disrupt the progression toward more serious violence.

Breaking this “hush hush, culture” one participant said, “requires building public understanding, challenging harmful norms, and creating more open conversations about healthy relationships.”

Raising awareness is not just about supporting victims, it is also about preventing perpetration before it begins.

Abusive behaviours are minimized and dismissed as “not that bad.”

THEME 5: SHIFTING ATTITUDES & BEHAVIOURS TO PREVENT VIOLENCE

Prevailing attitudes and behaviours play a powerful role in shaping the environment for GBV violence in Cochrane. Participants pointed to several concerning patterns, including misogynistic workplace cultures (particularly in trades), rigid gender expectations that pressure men to be sole providers (leading to feelings of inadequacy when they can’t provide), and differing cultural understandings of violence against women within Cochrane’s increasingly diverse community.

A key issue raised by participants was the normalization of violence. Many described how abusive behaviours are minimized and dismissed as “not that bad” or accepted as part of how someone was raised. In these environments, help is often only sought when physical violence occurs, overlooking the early signs of emotional, financial, or coercive abuse.



Fear and shame also silence victims, while **social media was cited as amplifying harmful messages and providing new platforms for harassment and abuse**. One participant stated, *“The normalization of male violence and aggression and the objectification of women on social media is manifesting in the school setting.”*

WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

These attitudes and behaviours matter because **they create the social conditions where violence is tolerated, minimized, or left unchallenged**. Without addressing harmful norms around masculinity, relationships, and violence, opportunities to prevent male perpetration are missed.

Changing the culture in workplaces, schools, online, and in everyday conversations is essential. Challenging harmful beliefs, promoting healthy relationship models, and building community norms that refuse to tolerate violence are all critical steps toward preventing GBV before it starts.



THEME 6: SUPPORTING INDIGENOUS COMMUNITIES IMPACTED BY GBV

The Town of Cochrane is situated on Treaty 7 territory, the traditional lands of Iyârhe Nakoda peoples of the Chiniki, Bearspaw and Goodstoney First Nations. Treaty 7 is also home to the Tsuut’ina, Niitsitapi peoples of Siksika, Piikani and Kainai First Nations, as well as the homelands of the Métis residing within the Rocky View Métis District of the Otipemisiwak Métis Government within the Métis Nation of Alberta. These nations maintain a strong cultural and historical connection to the region and **continue to play a vital role in its social, cultural, and political landscape**.

Participants at the ‘data walk’ expressed a strong desire to better support, serve, and work alongside First Nations people as partners in preventing violence—recognizing the importance of culturally grounded approaches and respectful collaboration. They acknowledged that meaningful prevention must include Indigenous leadership, reflect Indigenous worldviews, and address the intergenerational impacts of colonization, systemic racism, and historical trauma and how these intersect with risk factors for GBV.

Meaningful prevention must include Indigenous leadership, reflect Indigenous worldviews, and address the intergenerational impacts of colonization, systemic racism, and historical trauma.

WHY DOES THIS MATTER FOR SAFETY AND GBV PREVENTION?

Indigenous communities continue to experience disproportionately high rates of gender-based violence—rooted in long-standing structural inequalities. With increasing representation of Indigenous peoples in Cochrane, it will be important to ensure that local services are designed and delivered to respectfully consider their needs and cultural background and practices.

Similarly, prevention efforts will need to honour Indigenous voices and solutions. Building relationships based on trust, respect, and reciprocity is essential to creating safer, more equitable communities for everyone. Supporting Indigenous-led initiatives, increasing cultural competency, and ensuring prevention efforts are grounded in reconciliation are critical steps forward.





SUMMARY: COMMUNITY INSIGHTS

The community insights gathered through the ‘data walk’ reveal six important areas that affect the risk of GBV in Cochrane. Participants shared that gender inequity—especially financial control and dependence—creates power imbalances that can lead to violence. They also pointed out a lack of support systems for men, which makes it harder for men to find help, manage stress, and build healthy relationship skills.

Social isolation, caused by long commutes and the effects of the pandemic, as well as the absence of gathering places in newly built housing developments, as Cochrane expands, has weakened family and community connections, making it more difficult to prevent harm.

A lack of public awareness about what abuse looks like—especially non-physical abuse—means many early warning signs are missed. Finally, harmful attitudes and behaviours that normalize violence, uphold rigid gender roles, and contribute to unhealthy workplace cultures continue to foster environments where violence can grow.

Participants also emphasized the importance of collaborating with Indigenous communities to ensure prevention efforts are culturally grounded, inclusive, and responsive to the realities of First Nations people in the region.

COMBINING RESEARCH & COMMUNITY INSIGHTS

Through a combination of research and community engagement, this project revealed a deeper understanding of social conditions influencing GBV risk in Cochrane. The six research trends showed that Cochrane is a community in transition. Rapid population growth, shifting age demographics, increasing cultural diversity, changing commuting patterns, persistent gender and income gaps, and local GBV indicators all point to major changes in the community landscape.

Together, these trends highlight how growing pressures—like strained services, weakened social ties, economic inequality, and limited recognition of non-physical violence—can increase the risk of victimization and perpetration.

Six key themes emerged from the community conversations and reinforced and deepened these findings. Participants emphasized that gender inequity, especially around financial control, is a core issue. They also raised concerns about the lack of targeted supports for men, highlighting the need to help men and boys build healthy relationship skills and manage their emotions and stress.

Social isolation, fueled by long commutes, the impacts of COVID-19, and a lack of community gathering places in new communities, was identified as another major risk factor. Limited public awareness around healthy relationships and non-physical abuse allows violence to go unrecognized.

Harmful attitudes and behaviours—including the normalization of violence and rigid gender roles—create environments where GBV can persist.



Participants also underscored the importance of working alongside First Nations communities to ensure prevention efforts are inclusive, culturally grounded, and responsive to the realities of Indigenous peoples in the region. Community conversation participants resoundingly expressed hope and a strong desire to make progress on these six themes, both of which are solid building blocks to advance meaningful community change.

Together, the research and community insights make one thing clear: **preventing GBV in Cochrane will require a proactive, community-led approach that addresses systemic inequities, strengthens supports for all genders, rebuilds social connections, raises awareness, and challenges harmful norms. Cochrane has the opportunity—and the foundation—to create lasting change and build a future where everyone can live safely, freely, and with dignity.**

Cochrane has the opportunity—and the foundation—to create lasting change and build a future where everyone can live safely, freely, and with dignity.

CALL TO ACTION: BUILDING A PRIMARY PREVENTION PLAN IN COCHRANE

The insights gathered through research and community engagement make it clear: **Cochrane has a powerful opportunity to lead the way in preventing gender-based violence before it starts.** With committed formal and informal leaders and an engaged community, the focus now turns to building a strong, locally grounded prevention approach—one that addresses root causes and creates the conditions where violence is far less likely to occur.

To move forward, **six interconnected areas** of work have emerged as essential to the development of a community-led primary prevention plan:

1 COLLECT MORE LOCAL DATA TO BETTER UNDERSTAND PATTERNS OF PERPETRATION TO INFORM PREVENTION EFFORTS

Partner with the RCMP and other stakeholders to gather additional local data. This information can help identify where risks are emerging, guide early intervention, and shape prevention strategies tailored to Cochrane's unique context. Strengthening data-sharing could also lead to a coordinated partnership between police and service providers that prioritizes both survivor safety and timely, supportive responses for those who use violence.

2 MAP EXISTING COMMUNITY SUPPORTS

Conduct a systems mapping exercise to assess the full range of programs and services across the prevention, intervention, and post-violence support continuum. This process will help clarify who is currently being served, identify overlaps and gaps, and inform more coordinated and equitable service delivery.

3 EXPAND SUPPORTS FOR MEN AND BOYS

Evaluate the availability and accessibility of services designed specifically for men and boys, including mental health supports, fatherhood programs, and spaces to develop emotional literacy and healthy relationship skills. This step is essential for addressing early risk factors and disrupting pathways to perpetration.

4 REBUILD COMMUNITY CONNECTIONS

Prioritize initiatives that reduce isolation and foster belonging, especially for those impacted by commuting lifestyles, rural geography, the lack of community spaces in new developments, or post-pandemic disconnection. Strong social networks are a powerful protective factor critical for building a culture of shared responsibility and care.

5 BUILD CAPACITY OF COMMUNITY CHAMPIONS TO MOBILIZE & SUPPORT PREVENTION WORK

Develop and implement public awareness campaigns, school-based learning, and professional training that promote healthy relationships, challenge harmful attitudes, and shift social norms in their spheres of influence. Initiatives should

address the full spectrum of abuse—including non-physical forms—while promoting gender equity, emotional wellbeing, and respectful communication across everyday environments like schools, workplaces, and public spaces. Raising awareness and challenging normalization of violence and signaling safety and belonging are key to fostering early intervention and long-term prevention.

6 PARTNER WITH FIRST NATIONS COMMUNITIES

Through a parallel process, start building respectful, sustained relationships with local First Nations—particularly the Îyârhe (Stoney) Nakoda Nation—to explore working together on prevention strategies grounded in Indigenous knowledge, leadership, and cultural strengths. This includes creating space for Indigenous voices in planning processes, supporting Indigenous-led initiatives, and ensuring that reconciliation and cultural safety are embedded throughout Cochrane's primary prevention efforts.

Cochrane already has the momentum, leadership, and community insight to drive this work forward. By aligning efforts across these seven areas—while walking alongside Indigenous partners in a spirit of respect and reciprocity—Cochrane can become a model for how small communities can lead powerful, lasting change toward a future free from violence.



Together, we can create a future where violence is no longer seen as inevitable and where prevention is part of the fabric of how we live, work, and care for one another.

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