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Intimate partner violence

1st Session
43rd Parliament

Thursday 18 July 2024

Chair: Lorne Coe
Clerk: Thushitha Kobikrishna

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Comité permanent de la justice

Violence entre partenaires intimes

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON JUSTICE POLICY

COMITÉ PERMANENT DE LA JUSTICE

Thursday 18 July 2024

Jeudi 18 juillet 2024

The committee met at 1031 in committee room 1.

INTIMATE PARTNER VIOLENCE

The Chair (Mr. Lorne Coe): Good morning, members. I call this meeting of the Standing Committee on Justice Policy to order. We're meeting today to resume public hearings on the committee's study on intimate partner violence.

Are there any questions before we begin? Seeing none, as a reminder, the committee has invited expert witnesses to provide their oral submissions. Each witness will have 10 minutes for their presentation, followed by 20 minutes for questions from members of the committee. The time for questions will be broken down into one round of 7.5 minutes for the government members, one round of 7.5 minutes for the official opposition and one round of five minutes for the independent member.

DR. DEINERA EXNER-CORTENS

The Chair (Mr. Lorne Coe): I will now call on our first presenter, please, to identify yourself for Hansard and then to begin your presentation. You have 10 minutes for your presentation. I will exercise discretion if it's a little bit longer, but 10 minutes is what we're expecting. Thanks so much. You can start your presentation after you introduce yourself.

Dr. Deinera Exner-Cortens: Great. Hi. I'm Dr. Deinera Exner-Cortens. I'm an associate professor at the University of Calgary and I'm going to speak to you today about teen dating violence. Today, I am calling in from Calgary, Alberta, or Treaty 7 territory, home of the Blackfoot Confederacy.

Just to give you a bit of my qualifications in this area, as I said, my name is Dr. Deinera Exner-Cortens. I hold a PhD in developmental psychology from Cornell University and a master's of public health from Boston University. I did my post-doctoral training in London, where I worked to prevent dating violence with youth in southwestern Ontario.

Currently, I'm an associate professor in the department of psychology at the University of Calgary, where I direct the HOPELab, and hold a Canada research chair in childhood health promotion. I'm also the scientific co-director of PREVNet, Canada's healthy-youth-relationships knowledge mobilization hub. I've published over 50 academic articles and held over $20 million in research funding since 2014. I've been working in the field of domestic violence since 2007 and specifically on dating violence for the past decade.

Today, I'm here to speak on behalf of youth. All too often, youth are forgotten in our policies. They are barely even mentioned in Canada's National Action Plan to Prevent Gender-Based Violence. This is despite the fact that one of the key predictors of adult intimate partner violence is experiencing violence in a dating relationship in adolescence.

If you remember one thing from my testimony today, I want it to be that youth need to be part of whatever policy and practice solutions you decide to pursue. Please do not forget their needs and strengths as you move forward with this very important study.

I have three key messages for you today which all focus on teen dating violence. When I say teen dating violence, or TDV, I mean the physical violence, sexual violence, psychological aggression, stalking and coercive control that occurs in dating and/or sexual relationships among young people under the age of majority. TDV is also known as adolescent dating violence or adolescent relationship abuse.

As I will discuss today, dating violence is a justice, health and children's rights issue.

My first of three key messages is that dating violence is common and harmful. Hopefully, when you think back to your first dating relationships, your memories are ones of fun, companionship, learning and not too much heartache. But for too many teens in Canada, their dating relationships are a place where they experience physical, sexual and psychological danger.

Based on our current national data, approximately one in three youth in grades 9 and 10 in Canada report experiencing physical, psychological and/or technology-facilitated dating violence in the past year. Given Ontario's current school enrolment in grade 9 and 10, this means over 90,000 youth in Ontario experience TDV victimization annually.

In addition, police-reported data, which are only the tip of the iceberg, show that some of the highest rates of teen dating violence in the country are in Kingston, the Greater Sudbury area and Peterborough.

In terms of who experiences teen dating violence, youth who experience social marginalization are consistently at the highest risk. By social marginalization, I mean the

social, political and economic exclusion many groups in Canada experience due to unequal societal-level power relations. This includes gender and sexually diverse youth, Indigenous youth, racialized youth and youth living in poverty. From an equity perspective, it is critical that experiences of violence among socially marginalized communities are seen as stemming from the systemic discrimination and stigma these groups experience in Canadian society and not as a result of individual family or community deficits. In terms of cisgender youth, both boys and girls can experience and use TDV, but girls are more likely to experience severe forms of violence, including sexual violence and stalking.

Youth who experience dating violence also report a number of adverse physical and mental health consequences in both the short and long term, including injury and homicide.

By compromising adolescents' physical and mental health, teen dating violence also directly contradicts children's right in Canada to develop in a healthy way. And, as I mentioned previously, one of the most persistent outcomes of teen dating violence is experiencing violence again in adulthood, contributing to cycles of family and community violence.

My second key message is that adolescence is a critical developmental period and that TDV occurs in the context of this active development. Some of you may wonder why we discuss teen dating violence as a separate phenomenon since many of the behaviours appear similar to adult IPV. The most critical reason is the developmental context of adolescents. By this, we mean that adolescents are still in active phases of biological, cognitive and social development, all of which have implications for experiences, meanings and prevention of violence.

Some of these developmental phases pose additional risk, for example, in the case of adolescents still developing cognitive control, but they also pose opportunities. The active brain development happening in adolescents means it is an excellent time for prevention. For example, adolescents are actively developing their ability to think about bigger concepts, to take others' perspectives and to discuss complex issues. All of these are important to doing the type of learning required for effective violence prevention.

As minors, children under age 18 also often do not have the same access to certain systems like the justice system as adults. For these and other developmental reasons, adolescents are not just mini adults, and these developmental differences need to be considered for prevention to be effective.

My final key message is that TDV is preventable. We now have over two decades of empirical research demonstrating this fact. A lot of research has focused on primary prevention, where the desired goal is stopping violence before it starts for as many youth as possible. Because most youth are only starting dating during adolescence, this developmental period is a prime opportunity for prevention. One example of an evidence-based TDV primary prevention program is the Fourth R, which I know was discussed here yesterday.

Not only can primary prevention programs prevent violence, but because they can help avoid future adverse outcomes related to TDV, they're also cost-saving. Given this, in my written brief, I specifically recommend the standard implementation of TDV primary prevention programs with evidence of effectiveness as part of school curriculum from grades 6 to 9 in Ontario to ensure as many youth receive programming as possible.

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However, primary prevention programs on their own are not enough. To fully address the violence continuum in adolescence, we also need approaches for youth who are at higher risk for dating violence due to their lived experiences or social context—this is known as secondary prevention—and we need approaches that support youth who still experience dating violence despite our other prevention efforts, known as tertiary prevention or intervention.

In addition to programmatic approaches, we also need policy changes. Policy can support and is vital to primary, secondary and tertiary prevention. Canada lags far behind the US in terms of TDV prevention policy.

In my brief, I recommended two specific changes to Ontario legislation based on best available research evidence on TDV prevention policy collected over the last 15 years, first that the Education Act specifically name teen dating violence as an inappropriate behaviour and be amended to provide the following as it pertains to teen dating violence specifically, including a definition of TDV; recommended elements for school division policy; guidelines and funding for school-based TDV prevention programs and strategies; and guidelines and funding for TDV training for educators, including those who are not directly teaching TDV content.

Second, that the Family Law Act or other relevant act specifically include teen dating violence as grounds for obtaining a restraining order: This change should make clear that family violence, as defined by the act, includes teen dating violence and that dating relationships where the parties do not live together or have a child in common are eligible; that minors can self-petition, i.e. without the involvement of a parent or guardian; cover multiple forms of TDV, including technology-facilitated acts in stalking; and prohibit purchase and possession of a firearm and surrender for individuals who are subject to the restraining order.

Finally, to monitor the impact of these prevention approaches and monitor trends over time, it is critical that the government commit to regular data collection on TDV victimization and perpetration from youth across Ontario, including those in urban, suburban and rural areas.

Thank you, honourable committee members, for having me today and ensuring that youth are part of your discussion. As you move forward, it is also critical that youth themselves are consulted in the work you are doing with and for youth. If you're interested in learning more about anything I've discussed today, all of these points are

addressed in greater detail in the written brief I submitted to the committee.

I'm now happy to take any questions you may have.

The Chair (Mr. Lorne Coe): Well, thank you very much for your presentation.

We'll start with the official opposition, with MPP Wong-Tam, please. Thank you—when you're ready.

MPP Kristyn Wong-Tam: Thank you, Professor, for your deputation and also your submissions. They were very fulsome, and there's lots for us to parse out.

I'm just curious. You and many other—the speakers who spoke before you yesterday really stressed the point that intimate partner violence, teen dating violence, violence in intimate relationships, sexual violence, gender-based violence are all preventable. And so the focus of our committee work is now directed towards preventing the violence before it begins.

Can you elaborate on the importance of having the education system, including schools, properly funded and resourced so that the work that you know needs to take place in shaping these young minds is going to actually come from the publicly funded education system? How would that look?

Dr. Deinera Exner-Cortens: Thank you for the question. So, yes, with primary prevention, where we want to reach as many youth as possible, schools are the optimal venue, given that most youth, at least up to age 16, are there for most of the day. So that's why schools have been such a focus. Also, it complements other forms of learning and situates healthy relationships as just as important as other learning.

When these programs are not funded properly—and that includes funding for training—they don't tend to be implemented, and if they are, they aren't always implemented well. And from a lot of research in a field called implementation science, we know that programs that aren't implemented well are unlikely to reach the desired outcomes.

So in the US, although all 50 states have policy on schools offering prevention programming, most of it is unfunded mandates, which means what's actually happening is not what the policy would desire. And so it's really critical (1), yes, to encourage the implementation of programs with evidence of effectiveness, but (2) to provide the funding for those programs, because schools on their own, as you know, are very strapped for time and fiscal resources. So without that pot of money, it will be very hard for them to actually do this work, even if mandated.

MPP Kristyn Wong-Tam: Thank you. Yesterday, after a full day of deputations and hearing from speakers talking about the need for early education and early intervention, I had the opportunity to speak to someone who was quite senior in a leadership position at the Toronto District School Board. This gentleman reminded me that the school boards are facing deficits at this moment. They're facing capital care backlogs into the hundreds of millions and school classrooms that are overcrowded. In some facilities, they're just literally crumbling and falling apart.

They were also identifying the fact that they're losing social workers in the schools. They're losing the additional resource people. So the training is one thing, which is important, but if we don't actually have actual staff and good, safe environments for kids to learn, then the training is not going to be very effective.

But he also mentioned that it was important to engage in the school boards, because they were going to be the ones that were going to help deliver the programs. Right now, in Ontario, it's discretionary. The ministry puts out some top-line guidance, but then it's up to the school boards to interpret. If they don't have the resources, it just doesn't get implemented.

So what's the best way for us to go about solving this problem of underfunding?

Dr. Deinera Exner-Cortens: Well, when things are underfunded—and thank you for that point—obviously more funding is needed. We're in a similar situation in Alberta where the positions that are really there to support kids—including child and youth care, social work, behavioural support—have all been slashed, and kids are really suffering as a result. Kids need all of the things you were talking about to thrive and develop well, including safe climate, safe building, sufficient staffing—not only focusing on academics, but also their social and emotional well-being—but that does require staff.

I feel awful for teachers. So much is being asked of them right now, and they just simply cannot do everything that's being asked. So funding for positions, as you pointed out, in addition to dollars for training those positions, is really, really critical to making changes that will support the well-being of children and youth.

MPP Kristyn Wong-Tam: Thank you, Professor.

You mentioned your endorsement of the Fourth R program. The authors of this esteemed program did speak to us yesterday, and their proposal was that we basically provide an agreement, which is a renewable contract for five years, $250,000 per year. But there's still no guarantee of implementation. Even if the government was to purchase it, we're still sort of left in the same spot, I think.

Because we don't have the staff to take on additional work, when programs are purchased—whether it's the Fourth R or maybe it's designed by the school board—if they don't have the people to do the work, what is another way for us to deliver effective training for teachers, as well as the students?

Dr. Deinera Exner-Cortens: Okay. So if they don't have the teaching staff to train teachers? Is that the question?

MPP Kristyn Wong-Tam: That is correct.

Dr. Deinera Exner-Cortens: I think, if they don't have capacity for specific programs, there are still brief trainings teachers could do as part of professional development, so they at least understand these issues on the ground. It's really confusing. Dating violence, slut-shaming, sexual harassment, bullying—there are so many

things happening, and so there are trainings that they can do.

I think it's also really critical to create connections with the community sector. There's a debate in the literature: Primary prevention is important, but so is secondary prevention, really working with youth who are at higher risk—for example, those who have experienced child maltreatment or witnessed domestic violence. That is something that community agencies, if funded and staffed, could really support with, having those facilitators come into the schools to do some of that work. That's also up to school boards, to allow those community partners in. It is a whole-community problem, and so we can't just look at the schools. We have to think about how we can really make community schools where community organizations can also support these efforts.

MPP Kristyn Wong-Tam: Thank you. That's very helpful.

Some of the earlier deputants talked about the challenge of project funding. It comes to an end. There is no predictability whether or not it continues. There's sometimes a very onerous reporting requirement. Would it be helpful for the system to respond system-wide with respect to education so there is some consistency—but it's also not optional, so therefore there's a full accountability for implementation with sustainable funding?

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Dr. Deinera Exner-Cortens: Yes, I think sustainable funding is so critical. I think for both schools and community agencies, the constant cycle of applying is incredibly time-consuming and burdensome for staff.

In addition, I think without any guidance, it can be hard to know what to implement. There's a small number of prevention programs, Fourth R being one, that do have evidence of effectiveness. So I think providing some of that guidance, as well, about what has evidence, what the evidence is, which populations it has been implemented with—to help schools with that decision about what best matches their local context.

I think the sustainable funding piece would be a huge gift because that constant application means programs are coming in and out all the time, which is ultimately to the detriment of youth and also can lead to a lot of apathy, because it seems like it's always just a new thing.

The Chair (Mr. Lorne Coe): We're going to move forward to our independent member. MPP Mantha, please.

Mr. Michael Mantha: Thank you for joining us this morning, Professor.

Something that came up time and time again with presenters yesterday is actually our youth and them being an afterthought—forgetting about them; not having a discussion with them; realizing that if you're going to address intimate partner violence, you have to go with the root cause; and those root causes are at the beginning stages, as far as individuals who are exposed.

What we also heard from a lot of individuals yesterday is that there are many individuals who pick up on signs; I refer to them as red flags—family members, community members, neighbours, teachers, doctors—and nobody is coming forward.

My question to you is, if there is something that you can stress to this committee on the importance of making sure that the youth are recognized in policies that are going to be developed in order to address this, what are your suggestions as far as processes to engage with youth, to making sure that they are seen, heard and visible in this process?

Dr. Deinera Exner-Cortens: It is critical that youth are at the table. There is guidance on best practice for engaging youth in policy-making that you might know of.

At PREVNet, we have had a national youth advisory committee for the past five years to direct our dating violence prevention programming offerings. They are incredibly engaged, passionate; they want to do this work, so they are there. But if they feel that they're going to be treated as tokens, that their input is not really going to be heard and they're just there for a stamp of approval, yes, they're not going to fully engage, because they understand when they're not being taken seriously. I think it's also on government to demonstrate how they'll be engaged, how their feedback will be used, why it's so important. I work with youth all the time, and they have the most incredible ideas and feedback—so it's really facilitating their involvement in a way that is meaningful for them, which can include financial compensation as well as other things, like letters for future college applications, and then, most importantly, making sure that their feedback is actually used.

Mr. Michael Mantha: I think you touched on a very important point: meaningful engagement. If you're just bringing individuals into a room to entertain a discussion, to say, "Well, yes, we've had the discussion. We've heard you"—if those are not acted upon, if those aren't seriously taken, if those points aren't being reflected in the development of policy or legislation, then it's very much a waste of time.

You're right; our youth are quite intelligent, are very engaged, and want to be part of the solution going forward.

I want to leave the rest of my time to you to raise any points that you feel you need to raise to stress to this committee in regard to things out of your presentation that you didn't get a chance to get to.

Dr. Deinera Exner-Cortens: Just to speak to one of the points you mentioned about people not coming forward: In Canada, dating violence, as a field—we're about 20 years behind the US, and so I find here that it's still much more about spreading awareness. So even just talking about that this is an issue—what are the warning signs, as you talked about, so that parents know what to look for; how to have that conversation.

As much as, yes, we want to move to prevention, and that's critical, we also still have a lot of awareness building in the general public that this is a problem that's quite common. It leads to a lot of adverse outcomes and is something we can address.

I think the other piece is primary prevention—obviously, very important, but not forgetting those other levels of

prevention. Youth who have experienced violence at home, as you talked about, or child maltreatment are at higher risk for dating violence, and there are programs specifically targeted to supporting them—and so I think finding a balance between primary and secondary prevention.

And then where we really fall flat is what happens for youth who have experienced dating violence, who are survivors, in terms of supports so that they have good long-term health and well-being. Those were one piece as the policy change I recommended around restraining orders. There's also work to do around funding therapeutic approaches for survivors.

So I think whatever prevention approach you take, it is important that it is holistic and focuses on all of those levels, because that's how we make the most impact on preventing violence, both now and in future generations.

The Chair (Mr. Lorne Coe): Thank you very much for that response. That concludes the time available for our independent member.

I'll turn now to the government. MPP Smith, please.

Mr. Dave Smith: I was really interested, Doctor, when you started talking about different regions, and the reason for that is I'm the MPP for Peterborough—when you brought that up, I was both surprised and not surprised by that statistic, and the reason for that is that, consistently over the last decade, we have been in the top five in Canada for human trafficking. What we know is that the average age of an individual who has been trafficked is 12, so it doesn't really surprise me that teen domestic violence would be high in my region simply because of that.

Am I making too much of a stretch to say that there is a correlation between the human trafficking portion of it and the teen domestic violence side?

Dr. Deinera Exner-Cortens: From the research literature, there's preliminary evidence of that connection. Certainly, I would say not all the dating violence would be related, although some of it would be in terms of sexual exploitation. But I think that can also create a climate where that kind of behaviour is seen as more normative if there's other types of violence towards women and girls happening and in terms of sexual exploitation. So there may be direct links; there likely are in some cases, but more broadly, it may be the social norms around violence, potentially.

That study just came out a few months ago, and there was no rationale as to why rates were higher. They just reported on police-reported incidents and where they were highest across the country. But that would be something to definitely look into, in terms of what kinds of cases are getting reported. They didn't have that information in the study.

Mr. Dave Smith: Picking up on that one point that you just made there on the police reports and how it's being reported: My understanding, from my very, very close relationship with the Peterborough police and the individual who did all of the reporting—since she was my wife—is that there is nothing that they have in their reporting mechanism to define teen domestic violence. So how were you able to get that information out of it?

One of the statements I've made a number of times is, if you don't measure something, you can't manage it. If we don't have adequate data, if we don't have proper data points on it, then we can't find out whether or not there is an increase, a decrease, whether something we have been doing as a project is being effective or not.

So I'm curious, how were you able to get that data, specifically for teen dating violence? My reason for asking that is that in all likelihood, if this is picked up by my local media, they will be reaching out to the police department to try to get some of those statistics, and they may not be able to give it to them directly. So how is it that you were able to discern that it was teen dating violence as opposed to just intimate partner violence or violence in general?

Dr. Deinera Exner-Cortens: Those data come from a StatsCan report that was released in March 2024. It is in my supplemental material, if you want to look. The data themselves are from the UCR survey, and they define police-reported teen dating violence as any form of violent crime committed against a teen where the accused person was a current or former intimate partner. That doesn't include spousal relationships—and those are ages 15 to 17. So that is how this report came to that. But beyond the number per census metropolitan area, it doesn't have any further detail about exactly what the charges were and if, for example, they also involved sex trafficking or there were other things going on. That would take a dive into those records which, obviously, you know much better than me. But that's where those data are from.

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Mr. Dave Smith: To that point then, I'm going to jump back a little bit to the human trafficking side of it. We know that the average age is 12, which means that there are a significant number of individuals who are under the age of 12. This statistic that you're referencing is from 15-year-olds and above. Should we then be doing something on the tracking side that goes younger than 15? And is it reasonable to expect then that this actually isn't just a teen dating, but also a pre-teen dating issue that needs to be addressed? And rather than looking at it from a high school education—and I realize I'm throwing multiple questions to you at the same time on it—should we be looking at an education program that actually begins in grade 5 or 6 instead of in high school?

Dr. Deinera Exner-Cortens: Yes. So, a couple of things: Absolutely we should be looking before age 15. With most StatsCan data, including their surveys, 15 is the youngest. That is limiting because we know that dating violence starts when kids start dating, which is usually around, for many, age 11, like you're saying, in grades 5 or 6. Dating violence prevention programming should start in middle school because that's when dating starts.

In terms of the tracking, police-reported data has many limitations. It really is only the tip of the iceberg. So that was sort of my call for more robust surveillance data on a regular basis so you could actually monitor trends over time, because for the reasons you mentioned and others,

police-reported data make it hard to do that, and so other forms of data collection would really help.

Mr. Dave Smith: Thank you. I'm going to defer the rest of the time to my colleague MPP Scott.

The Chair (Mr. Lorne Coe): MPP Scott, please.

Ms. Laurie Scott: I only have a couple of minutes left, so I'll just shoot some questions. Dave and I represent similar areas in the province of Ontario—a piece of Peterborough—and have worked long-term in human trafficking prevention and methods.

One question quickly is as we increase the load for teachers to teach very sensitive topics—and there's a whole bunch of rules. But just in general, I'm hearing based on my human trafficking experience that third parties issuing or helping with already pre-programmed—or even maybe coming into schools might be more effective than leaving it to school boards and then down the road to individual teachers because there's more consistency and effectiveness, which you addressed in one of your comments.

The other was, I'm finding that there are a lot of online help tools, so if you could maybe reference that. There could be some in your report, which I have not read, that you submitted. I'm finding that, especially with mental health illness—and we represent rural Ontario, so there's a lot of challenges—there's actually self-help out there, so you're not stigmatized, you do it in your own time. So, comment on that.

And then, the rise in pornography is, of course, so prevalent and impacting all these issues. If you want to make any comment on that, I probably only have about 60 seconds or 90 seconds for you, but go ahead, please.

Dr. Deinera Exner-Cortens: Okay, I'll go quick. Yes, having community partners come in is part of a solution that will be more effective. For example, a lot of teens don't—I work with adolescent boys in particular. They don't really want to talk to a teacher about comprehensive sex ed, including pornography use, and so having that third party can be really helpful.

Your second question was around online self-help. Wendy Craig, who's presenting later today, is my counterpart at PREVNet. We have the most comprehensive dating violence website in Canada but, unlike in the US, we do not have a dating-violence-specific helpline. We have to refer people to Kids Help Phone, who may or may not have training in this specific area. We also don't necessarily have a shelter system for teens.

And then, yes, violent pornography is linked to dating violence, and so that can be addressed as part of those programs but might be more comfortably done by not your math teacher.

Ms. Laurie Scott: Thanks very much.

The Chair (Mr. Lorne Coe): Thank you very much for that response.

MS. LEIGH GOODMARK

The Chair (Mr. Lorne Coe): We're going to move on now to our second presenter. I'd like to call on Leigh Goodmark, please. Thank you. Good morning. How are you? Good. You will have 10 minutes for your presentation. Please state your name for Hansard and you may begin. Thank you very much.

Ms. Leigh Goodmark: Good morning. My name is Leigh Goodmark. I am the associate dean for research and faculty development and the Marjorie Cook Professor of Law at the University of Maryland Carey school of law. I very much appreciate having the opportunity to address all of you today.

I'm also the author of a book called Decriminalizing Domestic Violence: A Balanced Policy Approach to Intimate Partner Violence, and the remarks that I'm going to make today are largely drawn from that book. I'll unfortunately be glossing over quite a bit of it, so please feel free to ask me in question-and-answer anything that you would like further detail on. In that book, I make the argument that in the United States—and it's important to remember that I am speaking from the US context—criminalizing domestic violence has neither decreased nor deterred intimate partner violence, that it actually exacerbates many of the correlates of that violence and that it's had serious consequences for the people who it was meant to protect. That last thing, I probably won't talk about at all; it's the subject of my latest book, Imperfect Victims. I would suggest, if you're interested in that, feel free to take a look.

As to the argument that criminalization is neither decreasing nor deterring intimate partner violence, I'm happy to talk about the evidence behind that. As to the argument that it's actually exacerbating some of the correlates of intimate partner violence, let me just give you a couple of examples of that. For example, one of the things that the research suggests is that economic stress, both subjective and objective measures of economic stress, are highly correlated with the perpetration of intimate partner violence. And, of course, when somebody is criminalized, particularly when they're incarcerated, their economic stress is likely to increase because of the difficulty of finding employment once somebody has been released. That's, again, in our US context, particularly acute for men of colour, especially Black men. Upon release, ex-offenders find it almost impossible to find work, and that then leads to economic stress, which is highly correlated with the perpetration of intimate partner violence.

Criminalization also has a negative impact on communities, increasing community dysfunction and community stability. People who have been incarcerated are frequently released into communities that are challenged by poverty and high unemployment rates. The loss of people from communities into incarceration weakens community ties, deprives communities of wage earners and parents, and all of this is highly correlated with the perpetration of intimate partner violence.

And finally, trauma: Prisons are essentially trauma factories. People who are incarcerated are likely to witness, if not experience, various forms of physical and sexual trauma, and trauma particularly in the form of adverse

childhood experiences but also in the form of post-traumatic stress disorder is highly correlated with the perpetration of intimate partner violence. So you see just from that very small snapshot the ways in which criminalization is increasing the likelihood that intimate partner violence will exist.

In that book, I ask the question: Imagine what a response to intimate partner violence that does not rely on the criminal legal system would look like. There are really three main areas that I want to bring your attention to today in answering that question. The first is economics, the second is public health and the third is community.

In thinking about what economic responses to intimate partner violence could look like, we should think both about economic resources for people who have been subjected to abuse, which is fairly uncontroversial, but also economic resources for people who are doing harm, given the evidence that tells us that the experience of economic distress, economic instability, is highly correlated with the perpetration of violence.

So how do we do that work? Well, we do it first by putting money into people's hands. The way that we've done that in the intimate-partner-violence community with people who have been subjected to abuse is through things like cash transfer programs, through microfinance and through job training and employment assistance.

One of the things that gets talked about a lot in this space is financial literacy programs. I would argue to you that financial literacy programs are not doing the work of alleviating intimate partner violence. What people need is not necessarily to learn how to budget; what they need is economic strength, economic power, to be able to leave abusive relationships, should they choose to do so, or to alleviate the experience of economic stress in the home.

And there is evidence that direct grants to low-income people gave been shown to significantly reduce intimate partner violence in various parts of the world, including in Peru and in Ecuador.

We have a more recent example, actually, from the COVID pandemic: If you look at, in the United States, the early days of the COVID pandemic, you see intimate partner violence increasing significantly, and then it plummets. And it plummets at exactly the same time that the stimulus cheques go out to American homes, which suggests strongly that alleviating the economic stress that people were feeling had that positive impact on intimate partner violence.

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In terms of microfinance, people think about ways to just get people the money that they need to do the things that they need to do: pay their bills, get other kinds of support.

There's an organization in the United States called FreeFrom that is doing that kind of work, where it's just getting money into people's hands. They gave out grants totalling $266,000 in one year. And what most survivors said they needed money for was food, household items and utilities—unrestricted funds that alleviated the economic stress in their homes.

In terms of job training and employment assistance, there are various intimate-partner-violence programs in the United States that are doing this kind of work. One interesting one is called GreenHouse17, which uses the principles of therapeutic horticulture to teach residents how to engage in farming and farm-related activities. People earn income while working on the farm, learn business skills, and then have a reference to take with them when they leave.

And of course, there are the larger, global and macro-economic factors to think about as well: things like the gender and race pay gap, the loss of manufacturing jobs and how we go about providing similar kinds of employment for people who are doing harm and thinking about our economic policy. In just one small example in the United States, the White House Council of Economic Advisers found that raising the minimum wage, just by a couple of dollars a year, could reduce all criminal activity—which would, we would think, include intimate partner violence—by 3% to 5%.

Those are some forms of economic responses that you might think about.

In terms of public health responses, we're thinking about prevention and about redirecting some of the billions of dollars that go into policing and then go into incarceration into the form of prevention. There are all kinds of prevention programs that have good evidence behind them.

The evidence about abuser intervention programs is mixed, but there are really great programs in the United States that are doing work at the intersection of people who have experienced trauma and people who are harming others.

The Strength at Home men's program is a program by the veterans' administration in the United States that works with combat veterans who have experience post-traumatic stress disorder who are then harming their partners. The great thing about the Strength at Home program is that it's able to acknowledge that people have experienced trauma themselves and also that they are doing harm to other people. It's not excusing the harm that they're doing, but it's understanding the relationship between those two things and the need to address those two things together. So the Strength at Home program is a great example of the kind of programming we could do.

We need to prevent adverse childhood experiences. A child's own victimization or exposure to a mother's abuse creates twice the risk of perpetration or victimization and those risks are cumulative; the greater the number of adverse experiences that a child has, the greater the likelihood that they will then perpetrate or become victimized. So looking at parenting programs, looking at nurse-family partnerships that get into families at an early stage so that we can prevent adverse childhood experiences from happening in the first instance.

Looking at fatherhood programs: For example, Fathers for Change works at the intersection of substance abuse and intimate partner violence. That helps to ensure that children are not exposed to the kinds of things that then, in

later life, lead them to be more likely to abuse or be abused.

There are all kinds of interventions with adolescents that we should be looking at: programs like Coaching Boys Into Men, which targets boys who are involved in sports. School-based programs like the Shifting Boundaries programs or the Safe Dates programs or the Fourth R program, which targets children who have been abused, use schools as communities to be able to impart anti-violence messages, talk about what healthy relationships should look like and really work with kids who have experienced harm in their homes or are witnessing some kind of harm in their homes.

We can be thinking about things like edutainment—the intersection of entertainment and education. The Archers, which is a long-running BBC program, kind of showed the impact that this could have. It did a storyline over about a year and a half that started with just some minor concern about a woman in a new relationship and ended with her stabbing her partner in self-defence after the abuse had gotten so acute that she didn't see any other way out. Calls to helplines in Great Britain skyrocketed after that episode of The Archers went live, because people were recognizing themselves and the capacity for harm that existed in their own homes in that edutainment.

There is also, out of South Africa, a program called Soul City that's done similar kinds of work and shown that rates of intimate partner violence can decrease when people get these messages in forms other than, say, public service announcements.

And finally, there are population-level interventions that we need to think about. One is kind of a no-brainer, and the other one is more controversial. The one that we need to do something about is guns, particularly in the United States. But it's worth just saying that you're five times more likely to be killed if there is a gun in the home. The regulation of guns is incredibly important for us, and then alcohol is the one that people have a harder time with, again, because it sounds like an excuse. It's not an excuse, but it is an explanation. You're 11 times more likely to use violence when you've been drinking. Injuries are more likely to be severe when you've been drinking, and there are things that we can do about this—around alcohol taxes, around thinking about the density of alcohol-based establishments—that might have some impact on intimate partner violence.

Finally, we need to think about community-level factors. There are all kinds of evidence that community-level factors like living in a neighbourhood with high unemployment, low average male literacy rates and concentrated poverty have higher rates of intimate partner violence. In part, this is about social cohesion within communities and the idea that people have collective efficacy, the ability to band together to address social problems. In the United States, we've ceded all responsibility for intervening in cases of intimate partner violence to the government, specifically to the criminal legal system, and we've really decreased communities' abilities to intervene proactively.

Now, it's true that communities are also doing things that foster violence and we need to be intervening with communities to help them understand why violence is not an appropriate reaction to anything that happens within a family. There are community-level factors that can be protective for intimate partner violence, things like empowerment of women, the existence of community spaces and resources within a community. Even facets of the built environment within a community can be important. I'm thinking about things like green space and the lack of vacant housing, things that make communities stronger.

So, on the community level, things we can think about are things like pod mapping and mutual aid. These were strategies that people were using during the pandemic to make sure that their communities, their neighbours were healthy. Pod mapping is just the idea that, "I have a community of people that I can rely on and they can rely on me," but for very specific things and in very specific ways, so it's not just an amorphous—

The Chair (Mr. Lorne Coe): Thank you for your presentation, and excuse me. The additional information that you might have and are prepared to speak to, I think you can share, please, with the members of the committee who will be asking questions over the next 45 minutes. So thank you very much for your presentation.

I now will move forward to the opposition. MPP Wong-Tam, please. Thank you.

MPP Kristyn Wong-Tam: Thank you so much, Professor Goodmark. Your presentation is quite revealing. We have heard from speakers previously—yesterday, when our subcommittee hearings began—about the need to re-divert perpetrators of violence to a place where they can have a path for rehabilitation. Oftentimes, the criminal justice system is punitive and not resourced necessarily for rehabilitation. In theory, the rehabilitation measures should be there, but in practice the supports and services are not there.

I know that you're in the US so you may not have a fuller understanding of what's happening in Canada. I suspect there is some overlap, especially in Ontario. Some 82% of those who are in detention, sitting in pre-detention are charged but not convicted of a criminal offence. Probably, a sizable amount are involving violence, intimate partner violence. I'm just curious to know, assuming we're going to deal with a population that's now been apprehended by the police, they have been put in detention, but at what point in time, once they're in detention—and this is before conviction—can resources and services be attached to these individuals so that the rehabilitation can begin at the point of contact?

Ms. Leigh Goodmark: I think you could have that happening in jails and detention centres. If the capacity exists to provide programming that is effective at that moment, then that's the time to start. One way to create an impetus to do that is through diversion programs. In the United States, we have used prosecution diversion programs to say, "If you are willing to engage in services and if you are able to stay violence-free, then you won't be convicted of this offence."

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Giving the people the opportunity and a reason to engage in service provision, I think, is really important and it's important at the earliest possible stage. But I agree with you: We don't embed these kinds of services in jails and detention centres very often because people are generally there for a short stay, and because there's a belief that you have to complete 26 weeks or 52 weeks of an intervention program for it to have any impact, that may be problematic.

MPP Kristyn Wong-Tam: Yes, thank you. I think the situation we have in Ontario is that the wait time in detention, in pre-hearing, is so long that individuals are coming out further harmed. They are coming out with additional trauma. Therefore it's not even just the prisons that are the factory of trauma; the detention centres are the factories of trauma, leading up to the actual jails.

If I may just bring you back for a moment with respect to the language and the propositions you put forward about cash transfers, I'm sure for most governments, directing cash into the pockets of those who require it—I can imagine that there will be some reactionary forces out there in civil society and perhaps even in the Legislative Assembly on why on earth we would give money to those who have just committed a crime.

So how would government try to explain the economic benefits and societal benefits of helping stabilize a family that's financially unstable to reduce violence?

Ms. Leigh Goodmark: So I wouldn't do it at the point at which necessarily someone had just committed a crime. I would say that if we're looking at communities where people are in need and they've reported some form of violence in their homes, even if it's not risen to the level of criminal intervention, that's a point at which we could think about doing cash transfer work.

But there are some places in the United States that are just doing cash transfer work for low-income people for a variety of reasons, recognizing that poverty is highly correlated with a number of different problematic social conditions, including intimate partner violence. So even though some of the cash transfer programs aren't designed specifically for intimate partner violence, they're having the benefit of decreasing intimate partner violence because they're alleviating economic stress for folks who would otherwise be experiencing it.

MPP Kristyn Wong-Tam: Thank you very much. I think that's very helpful.

In Ontario, we're actually "liberalizing" alcohol sales, so you folks are much further ahead. I recognize that alcohol is sold in convenience stores and stores attached to gas stations. We're getting there now, but I think that we haven't necessarily seen the health report associated with that, per se. Usually, these types of things go concurrently or one before or another, but it hasn't happened. So I'm just curious, with respect to the learnings that you have in the US, especially the combination of expanded access to cheap alcohol and frequent access and ready access to guns, whether procured legally or illegally—and I do recognize that every gun starts off as a legal gun—what can you share with us in terms of words of wisdom, so we know what to watch out for as we head down this path of liberalizing alcohol sales?

Ms. Leigh Goodmark: There is not fantastic research on the intersection of alcohol and intimate partner violence for, I think, political reasons, in some spaces in the United States, but as you liberalize access to alcohol, I would look at rates of intimate partner violence and I would do it by community, by neighbourhood, so that you can see if there's a correlation between the density of alcohol availability as instruments and rates of intimate partner violence because that's what the evidence that exists suggests: that as you have a greater ability to access to alcohol, you also have increases in violence. I would start that research from the beginning so that you have data that you can draw on as you assess that policy.

MPP Kristyn Wong-Tam: Okay, thank you. That's very helpful.

I think for a lot of gender-based violence organizations, especially those that are campus and student oriented, they seem to know quite commonly that alcohol is the number one date-rape-facilitating drug, but it hasn't really been part of this discussion as we move towards ensuring the convenience of sale of alcohol. But you're right, we need to do that work and probably as soon as possible.

My final question is, really, you put a lot into your verbal submission, but I don't see a written submission before us. Has that been sent?

Ms. Leigh Goodmark: It was sent last week.

MPP Kristyn Wong-Tam: Thank you. That's really what I wanted to know. I just wanted to make sure I got that. If it was sent, then I'll just follow up with the Clerk.

The Chair (Mr. Lorne Coe): To our independent member, please: MPP Mantha.

Mr. Michael Mantha: Good morning, Professor Goodmark. I was very interested in hearing your points. I'm looking forward to getting your presentation as well, particularly on your economics and your public health, but your community—are the points that you wanted to bring, and that's where I want to go.

You touched on one that I'm very familiar with: activities within the community, and particularly farming activities. Those types of activities are very well known and are proven in several communities and Indigenous communities that I have across my area of northern Ontario—there are community gardens, but there are also opportunities for individuals to learn those skills. But it's the side skills that are learned through it—those nurturing skills; the caring skills of generating food for your community, for your neighbour; of caring and looking at seeding something in the ground and looking at it grow. Those are things that reflect and influence an individual's changes as far as what they see in their life.

You didn't get a chance to finish off some of the points that you were raising through your community perspective. I want to go back to that, because I was very interested in hearing those points. Please go ahead and finish those points.

Ms. Leigh Goodmark: There are three things I would have said. One has to do with individual interactions through things like pod mapping and mutual aid—figuring out who it is in your community you can depend on for very specific things. For example, I have two friends, and one of them, I know, has a couch for me, and no matter what happens, I can go and stay on their couch; the other one has $50, and when I need $50, they will give it to me, no questions asked. My friend with the couch never has cash. My friend with the cash never has a place for me to stay; they are already overcrowded. If I know who in my network can help me in these ways, then when I am unsafe in very specific ways, I can reach out to them. That's the idea of pod mapping and mutual aid.

The second idea that I would have talked about is community accountability. How do we, as a community, hold people responsible for the harm that they do? There are various ways that we can empower communities to respond to violence without necessarily turning to criminalization.

I want to draw your attention to an organization called Creative Interventions, which was working in the San Francisco Bay area. Online, there is a 600-page tool kit, completely free to any community that wants to think about how to create space where people who have been subjected to harm can come in and say, "I've been harmed. I need help. Here's the kind of help that I need. Can you help me get it?" It's a very individualized way of thinking about how we get people the things that they need.

And then, in terms of holding people actively accountable for the harm that they do, there has been a lot of talk, at least in the United States—and I know some actually in Canada, as well, because some of the best research comes from Canada—around restorative justice. I think restorative justice is a really important tool that we can think about using in cases of intimate partner violence. That's a little bit of a controversial position to take, and has been within the anti-violence movement, because people have been very concerned about power dynamics. There are, for me, hard and fast rules that we have to be attentive to:

(1) It's only done when the person who has been harmed wants to engage in the process.

(2) It's only done when the person who has done the harm is willing to accept accountability for that harm.

(3) It's only done if facilitated by people who understand the dynamics of intimate partner violence, so that they can ensure that those power dynamics are not operating in problematic ways.

It's important for us to create mechanisms outside of the criminal justice system for people to be held accountable. In the US, half of people never call the police or engage law enforcement in any way, so we're not offering them any way to try to hold people accountable. The more that we can bring communities into the work of accountability, and specifically the community of the person who has done the harm, the more long-lasting and impactful that intervention is going to be.

Mr. Michael Mantha: How do you prepare a community to welcome these types of individuals in their community? It just seems that there's a stigma that is attached to these individuals who are coming in, who have created harm; there's the confidentiality of individuals who have been harmed, who want to participate in these. How do you make it welcoming in a community?

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Ms. Leigh Goodmark: There's a lot of groundwork that gets done first to educate people about intimate partner violence, to help them understand that it's not a normal part of a relationship, but it's also that this person is not a monster. This person is someone who is living in your community now, because communities are already living with people who are doing that kind of harm, and clergy know it and teachers know it and all kinds of people to whom people turn rather than turning to the police know it. Particularly in Indigenous communities, where relationships with police have been fraught for centuries, people are not turning to those people; they're turning to people within community. So that's already happening. We know that people are in our communities. It's how we react to them.

One way to deal with that is to try to separate in some ways the person from the act, which is to say, "This is a person who is living in your community who has done something wrong. We need to hold that person accountable for the wrong that they have done without saying, 'This is a bad and irredeemable person.'" So having communities adopt that understanding and then being willing to say "Here are the concrete things that I'm willing to do to make sure that that harm doesn't recur" is really important.

In a restorative justice proceeding, you might see the family of the person who has done harm say, "I will commit to check in with this person on a weekly or a daily basis. I will commit to have a safe space for this person, so that when they need to leave their home because they feel that they are starting to get to a place where harm could happen, they can leave and there will be a place for them. I will commit to talk to their partner and make sure that their partner is okay, and I will be a safe space for that person." There are so many different ways we can do this—

The Chair (Mr. Lorne Coe): Thank you for that response.

We're now going to move to the government, please. MPP Dixon.

Ms. Jess Dixon: Thank you, Professor Goodmark, for your presentation. I know that you have a lot of us nodding and thinking over here. We talked about this a little bit when we met, but I was a crown prosecutor, so the equivalent of an ADA, and from having prosecuted this quite often, I see a huge amount of validity in a lot of what you're talking about, because I saw it in practice.

I wanted to get your commentary about something that I saw quite often, which is continuing. Ontario has mandatory charging on domestic violence. If police attend a call and they have reasonable, probable grounds to believe that abuse happened—which can also be verbal threats, domestic mischief, breaking a television, throwing a

remote, that type of thing—they have to charge somebody; sometimes they charge both. Most commonly, though not so much anymore, you used to be regularly held for bail in a domestic violence situation. We have much different bail here in Canada than in the States, but we would then be usually putting a lot of conditions on somebody as part of their release. Most commonly, and this is even in the case of mischief, you would have that the accused cannot communicate with the person, cannot attend within 100 metres of their place of residence, place of work etc.

When I first started, that really bothered me, because from a risk perspective—this idea of this person is dangerous and we're trying to keep them away—to have a consequence for breaking that, you can see the rationale. But our system is really designed with this idea that the end goal of every relationship with abuse in it is for the relationship to end immediately, which we know is not the case. Even if it will end ultimately, it takes a long time.

So what I would see and am sort of curious about is the huge amount of burden on the victim, because then what would happen is the victim doesn't have child care, doesn't have transportation. How do you pay the bills? What if he's the one who is paying their rent or their mortgage and now she can't communicate with him? So I'm kind of curious if you can talk a little bit more about what you see as far as the victim experience in that process.

Ms. Leigh Goodmark: I have been very public about my opposition to mandatory arrest—we call it "mandatory arrest" here—and no-drop prosecution, I should say, for exactly the reasons you've articulated. It removes any ability for the person who has been harmed to say, "I actually need that person in my life in these ways." And in addition to all of the things you named, there's also co-parenting. There's ostracism from community for people who have engaged with the criminal legal system. There are immigration consequences for some folks.

So that list of things that can go really wrong when you charge someone is infinite and deeply problematic, but also problematic in that it really does put the state in the same position that the person who was doing harm was in, in terms of controlling how the person who has been harmed gets to make decisions about their life. And so we talk about coercive control, and I think it's important to understand that people can be coercively controlled without losing their capacity for reason or to make decisions. Everybody exists under conditions of coercion in one way or another; none of us is completely free. These are just different conditions. And so, in the thousands of clients I've represented, I've never had one who couldn't make decisions for herself.

The other piece of this is that women out-predict every risk assessment instrument that exists as to the harm that they are facing. So when we say, "Well, they don't know," they do. They actually do.

The third thing I would say about that is that every incident of domestic violence is not the same. Things range from threats to homicides. So having a differential response to things based on how bad they look and somebody's own assessment of the problem, I think, is really important.

The last thing I'd want to add in there is—and I said I couldn't talk about this, but this gives me the ability—the impact on victims. Because what we've seen in the United States is that after the inception of mandatory arrest and mandatory charging, of course arrest rates for everyone went up, but they went up for women more than anyone else, not because women had all of a sudden become more violent, but because of the way that those laws were being implemented. And so the increase in solo arrests and also, as you alluded to, dual arrests has been significant in the United States, and we have all kinds of survivors coming into the system because they acted in self-defence; because their partners were more persuasive to the police when the police came to the scene; because women who use force are more likely to admit to it than men who use force; because they don't always show injury, but a scratch as a defensive injury shows up a lot quicker than, say, a bruise caused by strangulation. So there are all these reasons why those laws are having a hugely negative impact on the people who they were supposed to help, and so that's a piece of understanding this as well.

As I said, I've been an opponent of mandatory charging in the United States for quite some time, because I don't think that it's doing the work that we thought that it was doing, especially against the backdrop of a criminal legal system that I don't actually think is solving the problem and is, in many cases, making it worse.

Ms. Jess Dixon: If you can talk a little bit as well about—again, when I was a crown, in some ways I started doing a lot of my own restorative justice, just on the fly. If you can explain a little bit more, from both perspectives, this idea of—a lot of people, when they think about consequence and punishment, they think of this idea that through restorative justice, there is no consequence and punishment, which is, of course, not the case. But can you talk a little bit about that?

Ms. Leigh Goodmark: Yes. It's interesting that people think that because, if you think about what punishment looks like in the criminal legal system, it never really forces you to reckon with what you've done. You can go sit in a jail cell—and most of our cases are prosecuted as second-degree assaults; they're misdemeanours. It's not a lot of jail time. So you go sit in your jail cell for some small period of time. You never admit to what you've done. You never reckon with what you've done. No one ever intervenes with you to help you think about what you've done.

In a restorative process, you have to accept your accountability and you really have to hear from the person who you've harmed what the impact of that harm has been on them. That is a process that requires active accountability, as opposed to kind of the passive accountability of criminal punishment.

Yes, it's not punishment in the same way, but I would argue that punishment isn't solving the problem. Punishment isn't making people change their behaviour. But actively having to reckon with what you've done, hear

about what that harm was and the impact of the harm on that person, and agree to a set of behaviours that you're going to engage in with accountability to people that you really care about? That's a kind of accountability that can make change in a very different way.

Ms. Jess Dixon: Yes, I really saw that in practice with victims who—we would have a conviction, but the whole time, he still denied any responsibility. He can deny responsibility to the very end.

Anyway, I'm going to turn over the last few to my colleague MPP MacLeod. Thank you so much.

Ms. Lisa MacLeod: I wanted just to point out how fortunate we are on this committee to have our lead—oh, sorry, Chair. I have to be recognized.

The Chair (Mr. Lorne Coe): No, no. Go ahead, please.

Ms. Lisa MacLeod: —to have Jess Dixon here as an expert on this file and as a former crown; and MPP Laurie Scott, who was the forebearer, really, of sex trafficking policy in the country for Canada; and MPP Wong-Tam, who has been a steadfast leader on gender-based violence and, of course, LGBTQ+ rights here in Ontario. So you have a very receptive audience.

And I must say, as the former minister responsible for violence against women and gender-based violence, I found your presentation quite provocative. I've agreed with some points, I disagreed with some points, but that's what politics is about and that's how we actually get to things that are really important.

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I also suffer from a mental illness that I didn't know—I was diagnosed a year and a half ago. That changed the trajectory of my life, because I understand now—I have bipolar—when I have bipolar anger, I don't remember it, and it's one of those things that comes out.

What you spoke about really moved me when you talked about adverse child experiences. You talked about addiction. You talked about trauma. Again, a lot of those issues—the perpetrator needs to heal first before they can even recognize that they've hurt another person. And so I thought that was very compelling.

I do believe that there needs to be incarceration for certain issues, but to your point, not all violence against women or intimate partner violence is the same. I think that, in most things in life, that's important.

I guess the question I would have—and this is what I used to challenge my bureaucrats in the women's ministry and in community and social services—is, give me a family. For example, in this case, give me a family of five where there's a mother who has been a victim, a father who's been a perpetrator. Assign mother and father with certain challenges that they may have and look at them as—in this case, let's say it's a mother and father of a teenage daughter. The mother then decided she couldn't stay, but then decided to have two more children, who are maybe five and six. How do you walk through the system once the abuse the found, whether that's 10 years later or whatever? I used to challenge them with this because that's how we were going to find the pressure points within the system. And it could be the justice system, it could be the mental health system, whatever. So, I would encourage you to look at three or four different types of those and then send them back to the committee with what you're talking about. I know that's a bit more work for you, but that's how can best deal with the public policy.

I do want to give you a few minutes, though, to talk a little bit more about accountability of the perpetrator. Say they are incarcerated, and our community will continue to do that as incarceration, what built-in proposals do you have when somebody is in jail or in a penitentiary?

Ms. Leigh Goodmark: There are accountability processes that are post-conviction accountability processes. One really promising form of restorative justice has been victim-offender dialogues and victim-offender mediation. The difference between those two things: Victim-offender dialogues are conversations between people who have experienced gender-based harm and people who are not their perpetrators but have perpetrated gender-based harm. In those dialogues, people are able to sit down with someone who's done a similar kind of harm and say to them, "Why? What made you do this? Was it about your victim? What was it about the situation? What could have changed things for you? What intervention would have helped?" It's a way of working out some of the pain and the questioning that the person who's been harmed has without having to go face to face with the person who harmed them. On the offender's side, it's a way of hearing from the victim, "This is how this affected me. This is what actions like yours did to my life," so, again, a very active form of accountability.

Victim-offender mediation is that dialogue but between the person who did the harm and the person who was harmed and, again, allows the person to say, "What should I have done differently, or could I have done differently? Why did you do this? Why would you have done this to your family? Why did you do this to somebody that you loved?" It really puts that person in the position of having to say, "This is why I acted the way I acted, and I recognize that it's problematic." You get to that—and "problematic" is not the right word; it's deeply harmful—years down the line.

So, that's not happening pretrial. That is happening after convictions have happened, after people have reckoned with what they've done. There's less of an opportunity, honestly—

The Chair (Mr. Lorne Coe): Thank you very much for that answer. I do need to interrupt you at this stage because we have other presenters that the committee needs to hear.

Thank you, MPP MacLeod, for the question, and the response thus far.

We do have copies of your presentation—thank you for that—and members have access to it and can look over and above what you presented here today.

WHITE RIBBON

The Chair (Mr. Lorne Coe): I'd like now to call on White Ribbon's chief executive officer to make his

delegation, please. For the record, please state your name, and then you can begin. You have 10 minutes, sir. Thank you very much.

Mr. Humberto Carolo: Thank you very much, Mr. Chair and committee members. Good morning to all of you. My name is Humberto Carolo. I am the chief executive officer at White Ribbon, based in Toronto on the traditional territory of many Indigenous nations. I have been with the organization for 20 years, taking on the role of CEO in the past five years. Intimate partner violence and gender-based violence are issues of prime importance to me professionally and personally, as I have dedicated my professional life to their eradication.

As a boy and young man, I grew up with violence, watching the women I love experience that violence at home and in the community. I am an adoptive dad of three young men who lost their birth family to poverty, addictions and family violence. I know I'm not alone in this, and I know how important it is for all of us to step up and put an end to the epidemic of intimate partner violence once and for all.

Men and boys have both an important role and responsibility to put an end to this. I am deeply interested in helping to raise the next generation of young people free from violence and discrimination. I want to desperately change our current conditions so that those at most risk of experiencing this violence, including youth, women and girls, Indigenous and 2SLGBTQIA communities, and men and boys too, can live free from it.

I want to focus my intervention today on prevention of intimate partner violence and gender-based violence. Primary prevention saves lives; it heals; it changes people's life paths; it grows acceptance, non-violence and equity; it's cost-effective; it's novel; and it's the smart and right thing to do.

Each year, the province mourns December 6, 1989, the Montreal Massacre, and all the women and folks whose lives have been lost by intimate partner violence since that horrible incident. We mourn the lost lives of the 14 women—women who had just embarked on a non-traditional educational journey that would have seen them secure careers in the engineering sector. Imagine if the misogynistic, hateful attitudes and behaviour that ended their lives had not existed. Conceivably, these women would be alive today, with fulfilling careers as engineers within the male-dominated sector.

But imagine more: What if that young man who committed that crime had been socialized and educated as a boy in the benefits of gender equity, healthy masculinities and allyship? Those values of hate, discrimination and violence would not have grown roots and flourished. Instead of his use of violence and hate, he may have created opportunities to show support to these women and encouraged their success. He may have spoken to his male peers and role-modelled respect, equity and inclusiveness.

We know that values and attitudes and behaviours are reinforced, embraced and entrenched throughout one's life cycle, but the good news is that these unhealthy attitudes and behaviours can also be transformed, particularly in children and youth. Primary prevention efforts that focus on changing social norms in men's and boys' attitudes and behaviours are not only important for the exact way we change our culture—so that intimate partner and sexual violence stop and are not carried on by the next generation.

Moving along this imaginary trajectory, what if these 14 women had stepped into their rightful place as engineers, but the sector was no longer male-dominated but based in equity, fairness and inclusiveness? They would not have faced incidents of sexual harassment, discrimination or gender-based violence that other women still face when working in male-dominated sectors.

You may know that White Ribbon's roots grew from this traumatic event of December 6, 1989. Two years later, three male advocates came together to create the White Ribbon Campaign to begin the process of changing men's attitudes and behaviours and to stand in solidarity with the women's movement. The late Jack Layton was one of those three men, and I am honoured to be carrying their vision of a violence-free world forward.

Now, White Ribbon is a worldwide movement, with more than 60 countries organizing efforts that engage men and boys in ending men's violence against women. We are the leaders in changing men's and boys' attitudes, behaviours and values. Our work is innovative, high quality, unique, life-saving and effective, and we are being engaged around the world as experts in violence prevention. We are a made-in-Canada expert focused on changing boys' and young men's trajectory.

With scaling up this work, along with sustainable, long-term investments, Ontario can be a leader in this work. This is the piece that is missing from Ontario's extensive supports and services.

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Investing in primary prevention saves lives and stops violence from happening now and in the future. It's the formula for transformative social change. We know how to replace harmful gender norms and stereotypes with norms of healthy masculinities that advance fairness, equity, kindness, respect, compassion and emotional intelligence. We know how to end this violence. Research has shown that it is preventable. It's possible. The formula for ending intimate and sexual violence is primary prevention.

Ontario's coroner's Domestic Violence Death Review Committee, as well as inquest after inquest, shows that primary prevention is key and that the focus needs to be on engaging boys and men on healthy masculinities and gender equity. We also need to work hard to eliminate the social stigma and discrimination experienced by the 2SLGBTQIA community, so that all forms of violence can be safely disclosed and addressed.

Primary prevention requires a long-term financial commitment to eradicate the entrenched values, attitudes, behaviours and systemic practices perpetrating gender-based violence and discrimination. It's a complex and serious social problem immune to brief responses.

A new Ontario legacy moves beyond short-term funded projects to enabling lasting long-term changes through primary prevention. It saves lives. It creates attitudes and

behaviours and values that perpetrate greater gender equity, inclusiveness and non-violence. It ensures the seeds of sexual harassment, discrimination and misogyny don't take hold in the first place. It creates safe homes, schools, workplaces and communities. It creates men and boys that believe in gender equality and healthy ways of interacting.

Intimate partner sexual violence is predictable and preventable. Primary prevention based on best practices in engaging boys and men is the way to transform the attitudes, behaviours and social norms associated with the root causes. Our experience has shown us that this work needs to increasingly focus on the younger demographic. Research has shown that boys who have witnessed or experienced family violence need early-intervention programming to support healing and the development of healthy masculinity.

In Ontario, exposure to intimate partner violence accounts for 45% of child maltreatment investigations by child welfare agencies. Without early intervention with boys who are exposed to and witness domestic violence, these learned behaviours are normalized and become a future pattern of behaviour, and the number one risk factor identified by Ontario's Domestic Violence Death Review Committee coroner's inquest.

Our trauma-informed survivor-centred programming helps boys to redefine their masculinity and helps them change behaviours even before the first warning signs of violence take hold. White Ribbon and our pilot project at the Yellow Brick House and Ontario-based violence-against-women shelters with boys and young men, are showing promising results and positively impacting their attitudes and behaviours. This project arose from a significant need for additional support and resources for boys and young men in the shelter to promote healthy masculinities, given their exposure to gender-based violence in the home.

Since the start of this pilot project, there have been increased calls from shelters for this program to break the silence of violence. We also know boys are being set up to behave outside the scope of what is deemed acceptable by online influencers and environments that promote unhealthy and inequitable attitudes of misogyny, hate and violence. The COVID-19 pandemic had dire circumstances on a high percentage of youth in terms of understanding acceptable behaviour and appropriate social interaction.

Boys and young men are drawn to the online spaces where they are in search of a connection and community, but sadly the dialogue often equates male disconnections or failing as the fault of women, arguing that women's success is at the disempowerment of men. This irrational thought feeds into some men's anger and hate and can and does lead to intimate and sexual violence. Embracing equity and healthy masculinities is the way out of this harmful rhetoric.

White Ribbon is world-renowned with our award-winning public education campaigns that change social norms and promote healthy masculinities, gender equity and the prevention of gender-based violence—

The Chair (Mr. Lorne Coe): Thank you very much, sir, for your presentation.

We're now going to start our questions and answers with the official opposition. Please note, sir, that we have copies of your presentation that we can refer to in our deliberations.

Starting with MPP Wong-Tam, please. Thank you.

MPP Kristyn Wong-Tam: Thank you, Humberto, for all your exceptional work and your personal dedication to ending violence towards women. I have watched you for years and admire everything that you bring to the table when it comes to the movement.

You have raised some really important issues specifically around early intervention and prevention. I think that we cannot end violence towards women and girls and gender-based violence without the involvement, the active engagement and participation of young men, boys and adults.

So, I'm going to dive right into it, because we are seeing in Canada, in the US, the rise of incel organizations where men and boys are being taught that they have been somehow held back despite the overwhelming evidence that the world is designed largely to support what men want and what boys want. So I'm just very curious how White Ribbon is navigating that space, especially since we're seeing incel tendencies, sensitivities, associations, indoctrination leading to high-profile femicides in Canada.

Mr. Humberto Carolo: Absolutely. The 2019 Toronto van attack happened just steps away from our office on Yonge Street, so we understand very well the impact of that kind of violence, so thank you for raising that question.

It's important that we understand why young men and boys are being drawn into these deeply problematic communities, including the incel movement. Young men and boys are looking for connection. They're looking for supports. These are often young men who are experiencing vulnerabilities related to their social connections, related to their needs of neurodivergence—needs that are not being addressed elsewhere. So they look for communities of acceptance, and they come across these groups like incels, but not just incels; other hate-driven groups. They say, "Come, join us. We'll give you community."

So what we are doing is helping educators and front-line service providers, youth and child workers, social workers understand the warning signs of those kinds of attitudes and better spot very early on the signs of young people's engagement, particularly boys' and young men's engagement in incel and other hate-driven ideologies. We're giving them the tools, the training, the information but also the lesson plans that they can use in the classroom to educate young people about these issues, to inoculate them ahead of time so that they know how to spot those problematic recruitment strategies that they're so often exposed to in the online world. Young people—young men and boys in particular—are then more likely to resist being drawn into those communities.

But we've got to do better at putting in place the necessary supports and interventions and programs so that

young people who are falling through the cracks, who are vulnerable, who are looking for those supports are able to meet their needs.

MPP Kristyn Wong-Tam: Humberto, thank you for the answer. I think you may know I have a young son. He's a beautiful little child. He's five years old. He's just so tender, a very gentle, kind-hearted kid. I have worries that we send him out into the world and there are going to be all sorts of expectations for him to harden up and toughen up and really sort of lean into the whole trope of "boys don't cry." I would hate to see his tenderness, his gentleness roughed out of him and pushed out of him.

So what can we do, especially with respect to government and the resources we have—obviously, education is a big piece of it, early intervention and primary investments to preventing violence. What can government do to ensure that young boys and men are nurtured in a way that allows them to be gentle and kind but also that they know that they are loved and cherished? And that we could ensure that that leads them down through a path of developing in all the physical ways that we would expect them to develop but also in the psychological and emotional ways with the maturity towards becoming a healthy individual and what you would describe as healthy masculinity—what do we need to do to ensure that?

1200

Mr. Humberto Carolo: I share in that concern. My three sons are gamers, and every day, I worry about the kinds of things they come across in those online worlds, and I appreciate your question.

We've got to start this education and engagement earlier on, right? We've got to start educating young boys very early about consent. What does it mean to ask permission to borrow a toy, for example? We often think about consent as much further down the line, about sexual activity and so forth—and of course, that is important, but at earlier ages, we need to educate young people differently about consent. We've got to start that education earlier.

So government can support by looking at the role of the education sector, changing curriculum, and incorporating this type of education early on, mainstreaming it throughout the curriculum, so that our young people are not only being exposed to this kind of education in grade 8. It's too late. Those norms, those gender stereotypes, those teachings, those pressures from popular culture are already deeply entrenched.

Everybody needs to play a role, from parents to educators to community members to technology to popular media. We need organizations like White Ribbon that are at the front lines of doing the work. We know how to do that work. We need the necessary support, the collaboration, the partnerships, the funding to do that in scaled-up ways so that we're not forever trying to do bits and pieces at a time.

So mainstreaming this work, incorporating it into the curriculum, supporting the work of the knowledge that already exists here in Ontario—we can do this. We don't need to bring outside-of-Canada types of frameworks and programs. We have that knowledge and experience here that the Ontario government has been supporting over the years in establishing those foundations, but now we need to scale it up. We need to really deepen the engagement within the education sector and beyond, right across the province.

The Chair (Mr. Lorne Coe): Thank you very much for that response. That concludes the time available to the official opposition. I would like to move, please, to the independent member, MPP Mantha. Sir, when you're ready.

Mr. Michael Mantha: Good morning, Humberto. It is so refreshing, actually, to hear both you and my colleague Kristyn here, sharing stories about your family.

I will share with you that I have two boys—two wonderful, caring, loving boys—who I have watched grow and mature and actually show signs of aggression through gaming. It was through an intervention by us, as parents, that we changed that course. But it's funny how this committee has been bringing so many thoughts, memories about my own upbringing, my family, my experiences.

I am somewhat hesitant about throwing them out there on the floor, but I think I'm going to have a follow-up conversation with you because I think it would be quite beneficial. But I do want to touch on a couple things that you talked about.

Let's say, in a perfect world, you get all the funding you need. I want you to walk me through two processes: one is the investment that is required in prevention, and number two, what is that programming going to look like?

I roughly have about four minutes, so I'm giving my time to you to give me that perspective, please.

The Chair (Mr. Lorne Coe): You have three minutes and 30 seconds.

Mr. Humberto Carolo: Thank you so much for that and for your vulnerability as well. And by the way, I do share my own personal experiences because, as men, we often don't talk about this issue as our issue. And this is one part of the key in responding to this, is to get men to think and to accept that this is our issue, that we need to play a role as well.

So what would we do with unlimited funding? Well, we would take a whole-of-society approach. We would take a life cycle approach. I would do the kind of work that I talked about doing earlier on—start early and involve youth, educators, young boys, all parents, the parents' community. We need to do this large-scale, not just in little pilot projects here and there. We need to do it right across the province, across the whole education system.

I would involve the tech industry. They need to be part of the solution to address and prevent the kinds of behaviours that you are seeing with your sons and that I am seeing with mine and that so many of us are seeing. It's deeply problematic, and we need everybody on board. The tech sector has an important role to play in this from a prevention standpoint, not just a response after the fact.

So we need a whole-of-society-approach lifecycle. We need to prepare parents to be able to have these important conversations with the youth in their lives. We need to educate the educators and engage policy makers. Preven-

tion needs to be prioritized; it has not been given the necessary scaled-up attention that it needs and deserves. We have to look at this differently, while continuing to support the necessary programs and services for survivors. That's so important too.

The Chair (Mr. Lorne Coe): Thank you, sir, for that response.

There's one minute and 25 seconds left, sir.

Mr. Michael Mantha: Thank you. We'll make sure that we ask a very long question, because the Chair is always lenient on giving you the opportunity to answer afterward.

I want to know a little bit more of the consequences that COVID-19 brought, and how they were raised and how it has actually impacted not only our youth, but the adults. You're one of the first ones who actually brought that up. It's there—we know it's there—but you're the first one that spoke to it, so I'm very curious on hearing what your experiences were.

Mr. Humberto Carolo: Youth were significantly isolated during the pandemic. Everything moved online, so youth at larger rates looked for community and for connection online, and you know what we find in online communities. There are plenty of safe and inclusive spaces, but there are plenty of deeply violent, harassing, toxic and misogynistic and hateful spaces. The incel movement is based online, and young people got increasingly connected and exposed to that.

In terms of the impact on adults, our Day After Day campaign demonstrates that: that the isolation impacted people's own ability to reach out for help and support. When that combined with men's hesitancy to seek help when crises or stresses or underemployment or financial stresses come up in their lives, it increased the level of stress and conflict in families and increased significantly the experiences of violence in the home. We're still dealing with the aftermath of that. It's concerning, and we have to continue addressing it.

The Chair (Mr. Lorne Coe): Thank you for that response.

We'll now move, please, to the government. I need a question, please, from MPP MacLeod.

Ms. Lisa MacLeod: Hi. It's nice to see you again. It's a real pleasure, actually. The work that you've done and continue to do is inspiring. You'll recall that when I was minister responsible for women's issues and violence against women, I walked with you with all of my male staff. I was just looking at one of those photos yesterday, just by chance, because one of those staff members passed away, and he was a great person. I remember them all walking in the heels, walking a mile in my shoes, and not being very comfortable, so it was good that you did that challenge.

You'll recall one of the things that I often would say was it takes strong women to support vulnerable women, but it takes strong men to support vulnerable women as well. My colleague Dave Smith from Peterborough is often known to say men can be tough, but they can also be kind. I'm grateful to have the men on this committee really stand up, just like you do, for my safety and strength, as well as the other members here, so I just wanted to mention their names: obviously Dave Smith, Graham McGregor and, of course, Michael Mantha, and then our Chair, Lorne Coe. Lorne has always been a great friend of mine.

I just wanted to talk a little bit about the organization that you've got and the reach that you've got across Ontario, because you do a lot of fundraising, but it's the awareness that's most critical, because it allows men to be vulnerable and have a good time while doing it when you do an event, and then to take that back to their workplace, to their home, to their family to talk about how easy it is to be kind and accepting, and really put that in the forefront of gender-based violence and violence against women.

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Mr. Humberto Carolo: Thank you so much. I remember that day very well. I remember your fiery speech, and I'm so glad to see you on this committee, because I know your heart is in ending this issue as well, so thank you. Thank you for supporting and addressing gender-based violence and ending intimate partner violence. You have been an ally of ours, too, over time. It's a really great example of how we all need to step up on this issue, right? This cuts across all facets of our society, all political parties. This is something for all of us to join.

And for men as well: We can be strong men, but we can be vulnerable, and being vulnerable is a kind of strength. I hope I demonstrated that as an example of sharing my own story, because we rarely talk about how violence has impacted our lives as men as well. We have to change that, because that's a sign of strength.

That's one of the key approaches that we use as an organization with boys and young men and adult men, is to say the answer in addressing our hurts, our traumas, our pains, our needs and our stresses is in being vulnerable. It's in talking about this openly. It's in seeking help. We've all grown up with this idea that men keep going at all costs, that pain is a sign of weakness if we show it. Well, we know how that shows up in relationships. When we can't express our emotions openly and freely, they come out with anger and frustration and upset and often with violence, right? We know that. So we need to change that. That is the kind of work that we do. It's at the foundations of our approach. It's reflected in Boys Don't Cry and Day After Day, those foundational campaigns that we've used to educate the public, but we've got to do more of it.

We've got to reach more men and engage more men in these conversations, including the men who are carrying around those traumas, those cyclical traumas; men like myself, who grew up with violence in our homes—but in my case, I had the right kinds of support. There were people in my life that were there alongside me that helped me, and here I am today, leading the kind of organization and the work that I do. We need to make sure that boys and young men who have those experiences get the right kinds of intervention so they can become like me, like you, like all your colleagues around the room. We can be strong allies and see the importance of us stepping up, making a

difference and changing our own behaviours, but also helping our male friends and family members and colleagues do that alongside us as well. It is a novel approach and important.

Ms. Lisa MacLeod: Thank you. I just have a quick statement, then I want to pass it over to our lead here.

Ms. Jess Dixon: You can keep going.

Ms. Lisa MacLeod: Oh, are you sure? Okay.

One of the things that I wanted to talk about, because we talked about vulnerability: I'm involved with a group called Dare to Be Vulnerable Project in Ottawa, and we mostly focus on men, because men have the highest instances of suicide and a higher prevalence of mental health and addictions issues. We've done a number of events around that, because I think that's an underlying issue for violence against women and gender-based violence, is undiagnosed, or medically diagnosed but ignored medication that deals with that.

So I just had a quick question about that, and then did you, Dave, want to ask any questions?

Mr. Dave Smith: No, I'm good.

Ms. Lisa MacLeod: Okay.

So if you want to just take your time to talk a little bit about what you guys have found with respect to mental illness and the importance of vulnerability in that in order to mitigate violence against women in the province—

The Chair (Mr. Lorne Coe): Before you begin, sir: You've got a minute and 34 seconds for your response, please. Thank you.

Mr. Humberto Carolo: I'll make it quick. I'll just say that one of the toughest aspects of my job is sitting on the Ontario Domestic Violence Death Review Committee. Although I don't speak for the committee, I can speak to what I see in the cases that I review and the connections that you just made: the connections between mental illness and substance abuse; men's inability to cope with those pressures in their lives; and men's lack of access to programs, not reaching out for supports—it's deeply reflected in the vast majority of cases that we review when it comes to domestic violence and homicides related to intimate partner violence. So those connections are deeply evident, and we need to do better.

We need to work from a public awareness and engagement aspect to help men access earlier-on supports for those mental distresses that they're experiencing, for past trauma, for addictions, for better ways to cope with underemployment and financial difficulties, because what you just mentioned in terms of suicide is well reflected in cases like the tragedies that we just saw recently in Harrow, Ontario. There are so many of those cases of murder-suicides in our families and our communities.

We've got to do this differently, and primary prevention and earlier intervention is key—

The Chair (Mr. Lorne Coe): Thank you, sir, for that response.

Ms. Lisa MacLeod: It was lovely to see you. Thank you so much.

Mr. Humberto Carolo: Likewise. Thank you.

The Chair (Mr. Lorne Coe): Thank you very much, committee members. The committee will now recess until 1:30 p.m. today.

The committee recessed from 1216 to 1332.

ONTARIO ASSOCIATION OF INTERVAL AND TRANSITION HOUSES

The Chair (Mr. Lorne Coe): Good afternoon, members. The Standing Committee on Justice Policy is resuming its deliberations on the study of intimate partner violence.

I'd like to call forward the Ontario Association of Interval and Transition Houses to this table, please. For the record, if you could please state your name and affiliation. Even though it's on our agenda, we need it for Hansard, please. Thank you.

Ms. Marlene Ham: Marlene Ham, and I am the executive director at the Ontario Association of Interval and Transition Houses.

The Chair (Mr. Lorne Coe): Thank you very much for being here this afternoon. We look forward to your presentation. It should be 10 minutes in length. What I will do to help you with that is give you a one-minute warning so that you have the ability to summarize your final comment on that, appreciating that there's a round of questions that will follow your deputation. We start with the opposition and the independent and with the government members.

Just so you understand the process going forward: It's not intended for me to interrupt you, but we do have a lot of presenters this afternoon, and that's my job, with my Clerk and the good members of this committee, to try to keep things on schedule.

Could you please start? Thank you.

Ms. Marlene Ham: Good afternoon. Again, my name is Marlene Ham, and I work as the executive director at the Ontario Association of Interval and Transition Houses, for the last 10 years. I would like to thank the committee for the invitation to participate in this very important process. Over the last few years, OAITH has been significantly engaged by government and with MPPs through various consultations and OAITH events, and I wanted to thank everyone for this engagement.

OAITH represents 88 gender-based violence organizations across Ontario, including shelters, transitional housing and community-based organizations. OAITH works with our member and ally organizations through advocacy, prevention, research and education to end all forms of gender-based violence. We envision a future where no gender-based violence services are needed at all.

Established in 1977, OAITH and our members bring close to 50 years of experience and leadership in policy development, service delivery, training and analysis on gender-based violence issues. A core area of OAITH's work is to monitor and publicly report about femicides in Ontario. This data has been used by researchers, organizations and government ministries to inform program and policy responses, and it was appreciated to see this data

reflected in the Ontario-STANDS overarching gender-based violence strategy.

I do want to thank the committee for taking the time to read and listen to the information that I must provide, and I hope we can all agree that we are unable to ignore the harsh realities that are appearing in the data.

OAITH tracks femicides across different relation types, including intimate partners, family members, known relationships, when relationships are not reported and when it's unknown what the relationship was between the victim and the accused. This data is derived from media reports made at the time of the killing and typically when charges are laid. The cases we review are when men are either charged or deemed responsible.

Between 2019 and 2023, sadly, there have been 237 confirmed cases of all types of femicides in Ontario, and 39% of these have been confirmed as an intimate partner femicide. We know this could be an underestimation, given some relationships are either not reported or only stated as a known relationship.

Over the last five years, there has been a 68% increase in all types of femicide in Ontario. Women were most commonly killed by a current or former intimate partner. Indigenous women, Black women and South Asian women continue to be overrepresented in femicide data.

Sadly, we're aware of 20 children under the age of 17 in Ontario who have been killed in the last five years. Most of these children have been killed by their own father or their mother's current or former partner.

Ninety-eight per cent of victims were killed by men they knew, reinforcing the reality that most femicide victims are killed by men closely known to them.

Forty per cent of victims have been between the ages of 18 and 35, while another 37% are between the ages of 36 and 54.

There is an increase in police services not releasing the relationship between the victim and the accused. In fact, in 2019, police reported two cases but in 2023 this grew to 13 cases where they didn't report the relationship. This trend is concerning because it leads to missed opportunities to educate communities, it minimizes truths, and misses the opportunity to connect those experiencing violence to the supports available to actually prevent femicide.

When we examined femicide just in the last seven months, between December and June of 2024, 35 women and children have been killed. Shockingly, 45% of these femicides occurred in May and June of this year, and we have confirmed that 37% of these are intimate-partner violence-related, and more femicides have occurred this year compared to last year.

The knowledge of these tragedies can certainly be a lot to hold and, I am sure, can make your heart feel heavy. I appreciate you all sitting here to listen to these realities. We all carry a shared responsibility to create a more caring society that values the structures and conditions for safety, non-violence, collaboration and ensuring we don't leave anybody behind in our efforts, and address the hatred, severe harm and femicides happening in Ontario. I imagine you will be learning from many experts on the many solutions throughout this process.

OAITH membership gathered in June in preparation for this committee's study on intimate partner violence and their greatest concern is around the sustainability of their services.

I'm just going to go over a few highlights:

Stabilization of existing core services needs investment into research to determine the actual cost of keeping survivors safe from harm and the lifelong impacts of intimate partner violence. Then, implement the budgetary planning process of these public essential services at the true cost for delivery, with transfer payment agencies. Provide sustainable investments into existing core GBV services and programs to stabilize and facilitate effective and coordinated responses to support survivors.

Provide services and service-delivery frameworks that are culturally responsive to the needs of survivors who are Indigenous, Black, racialized, 2SLGBTQ, for immigrant and refugee survivors without status, those who are older and those who are living with disabilities. Ensure programs and services meet both the needs of survivors with or without their children and those who are single; and create living spaces in shelters and transitional housing that better meet the needs of survivors. Provide operating funding for GBV-focused transitional housing and address poverty through increasing affordability of housing costs and reduce food insecurity.

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We need housing supports, affordable stock. We need income benefits so people can pay for the housing that is available, adjustments to COHB to access the housing that is available, purpose-built and supportive housing for survivors and their families.

In terms of social infrastructure and economical opportunities, we need income supports, so that it matches the housing that is available, so that they can afford it. We need employment and training programs for GBV survivors to lift themselves out of poverty. We need to:

—increase access to child care, including dedicated transitional child care so that survivors can rebuild their lives;

—develop and promote mandatory trauma-informed GBV training in traditionally male-dominated trades and workplaces;

—develop education and training for justices of peace, judges, crown attorneys, court assessors, bail and probation officers;

—develop comprehensive curriculum focused on gender-based violence, safety and equity from JK through to 12 in consultation with the Ministry of Education and the GBV sector;

—invest into more large-scale, province-wide prevention programs through school, sport, workplaces and professional sectors to reach men and boys and reduce violence and hate;

—utilize the child welfare system as an early intervention access point for the partnering parent who is causing

harm through accountability programs such as PAR and Caring Dads;

—develop standardized intakes for mental health and addiction providers to identify risk factors with those that they're working with; and

—early intervention programming housed within community-based organizations for aggressors to prevent involvement with the costly criminal justice system.

We need to stabilize supports for perpetrator monitoring across services and systems to reduce risk of severe harm, and femicide and awareness and prevention campaigns aimed at a cultural shift of building a non-violent, equity-informed and inclusive civil society to combat hate in all its forms.

A few key themes that came from our membership include that funding needs to remain flexible. That has been a good move that the government has made, so keep it flexible. Large-scale provincial prevention projects, they need investment. Multiple ministries need to invest and determine their GBV program and policy initiatives; build measurable thresholds to work towards and build accountability; evaluate to learn, understand and improve where needed; and build public awareness about services and supports available.

And while we acknowledge there is a need to increase GBV expertise across services and systems—

The Chair (Mr. Lorne Coe): Excuse me, you have one minute left in your presentation.

Ms. Marlene Ham: —it does not need to be at the expense of continuing to underfund the primary and core services within the Ministry of Children, Community and Social Services. The value and cost of service needs to be standard and equitable across all ministries, as we deliver this work.

In closing, we support Bill 173, to declare intimate partner violence an epidemic in Ontario, because of the inquest recommendations and because gender-based violence is a global epidemic, as identified by the World Health Organization. Doing anything less would only serve to detract from the good work that can be achieved through the national action plan and Ontario-STANDS.

Let's keep moving forward and working together to ensure we focus on the safety and well-being of survivors and their children, to prevent further harm and femicide.

I would like to thank you all for your time and consideration. I hope what I shared today will provide a moment of pause, guidance and support as you move forward with the important work ahead of you.

The Chair (Mr. Lorne Coe): Thank you for your presentation.

We're going to begin our questions and answers with the official opposition, please. MPP Andrew.

MPP Jill Andrew: Thank you so much, Marlene, and to your team at OAITH for the outstanding work you have been doing for too many years to raise awareness around gender-based violence and its impact on its targets, which includes children. And we have seen from the list that while this list is expansive, we know that the list doesn't include everyone, so I want to thank you for being here today.

As you know, the Ontario NDP has put forth legislation calling for the immediate naming of intimate partner violence as an epidemic because we know it is, one that was exacerbated during the pandemic.

While I'm glad to be here today, and I'm sure you are to share your words and your expertise, what I've heard from survivors, what I've heard from organizations, is that this exercise is one that many survivors and stakeholder organizations like yours have been dealing with and going through for years. The research is there, is what I'm trying to say. What would it mean to survivors and their families to immediately have intimate partner violence declared an epidemic, without "more research"?

Ms. Marlene Ham: I think it would be validating. I've received this question in the past and I do think it would be certainly validating. It would mean something. It would be an acknowledgement.

I also know, though, people want something that is actionable. They want to know what's going to actually come with a declaration. They don't want it to be a statement. They don't want it to be something that's performative. They want to know, is there a plan? What is in that plan, and what is it going to do ultimately? Yes.

MPP Jill Andrew: Thank you. You mentioned that you are happy with the government's current practice where funding is a bit more flexible, and that allows for organizations, the experts, to really help survivors and their families the best way possible. I understand that you will have asked for, I believe, $60 million over three years for all core GBV programs. Can you express to us how critical that funding is not only for your programs but for your operations, for staff, for having a staff capacity and complement that is full-time as opposed to the revolving doors that I have heard from many organizations that they're facing because of lack of sustainable funding?

Ms. Marlene Ham: Thank you for the question. OAITH has certainly been in conversation, in dialogue with government around our needs as it relates to human resources. So we definitely are under significant pressures. We did submit to the Standing Committee on Finance and Economic Affairs and provided some very good information that really sort of reflects how much offsetting revenues shelters are having to find to keep their doors open and the lights on, ultimately.

The demand for gender-based violence services is only increasing; it's not decreasing. But the funding flowing into these organizations just has not kept pace. So, many of them, as we know, are offsetting for their shelter programs. They're offsetting for other core programs, like counselling and their transitional housing and support program. And the investments that have come recently certainly have—they've helped, so I'm hopeful that that's going to look a little bit different. But we don't know exactly what that full impact is going to be until next year. So more of that needs to flow into the shelters.

We've got an $11-an-hour wage disparity between workers, and that's across the province. That can be in the

same community, the same region. They're both operating shelters, but workers are being paid vastly different because of the funding levels of organizations just have not kept pace. We have many shelters; most of them are still single-staffed. And if an organization happens to have a fundraising market, then they can double staff. You know, this is unfair. It's not equitable, and it's really not a good way for them to be operating an organization.

MPP Jill Andrew: Thank you for highlighting some of those systemic and economic barriers, especially considering it's often women who are on the front lines of these organizations that are tackling gender-based violence, intimate partner violence, violence against women regardless of gender, non-binary folks and whatnot.

It came to my attention recently that the government is actually fundraising on the issue of intimate partner violence, hosting ticketed events—an exciting opportunity, it's coined, to have a conversation with an MPP right here in committee, at a cost: $200 a ticket. And they're using intimate partner violence as the backdrop of this fundraising event. So I'm wondering—as a survivor, it was pretty painful and disgusting for me to learn that. I'm just wondering: When we find out yesterday or a day before that this government has not spent $7.8 billion—we learned that from the Financial Accountability Office, an independent office. How should we be better funding these organizations? And if they're going to sell tickets at $200 a ticket at a fundraising event, to increase political coffers on the backs of people who have been raped, who have been violated, who have died in their families, shouldn't that money at least be going to fund organizations that are on the front line doing this work, trying to save lives and help families?

1350

Ms. Marlene Ham: So, shelters are an essential service. They are in a contractual arrangement with government to deliver a service to Ontarians. I will always sit here to defend my members, that they should not be out there fundraising the significant amounts of money that they are fundraising to deliver a public essential service to Ontarians. We don't know of other organizations that have to fundraise significant amounts of money. That $60 million that we're asking for is really what they are offsetting to cover their core services. That's what we're asking for, so that they don't have to go out there and spend their energy and spend their time in fundraising.

Fundraising should be for extras, and there will always be room for that in organizations. They're charitable organizations; they're always going to fundraise. But we really need to go through this budgeting process between government and the transfer payment agencies, so that government understands what the true cost of delivering these services actually is as we move forward.

The Chair (Mr. Lorne Coe): Thank you very much for that response. That concludes the time allocated to the official opposition.

We'll move now to the independent member. MPP Mantha, please start, sir.

Mr. Michael Mantha: Good afternoon, Marlene. These are some of the realities that I'm faced with, with organizations and shelters across my riding of Algoma–Manitoulin. It's very similar across northern Ontario and very similar across this province. The fact is our shelters are not looked upon as essential services. The fact is they're full. There's no more room.

The fact is they have to do fundraising. Some organizations look at doing fundraising as a way of doing a stakeholder relationship in order to build a network. That is not the case when it comes to shelters. They do this to basically survive. The clients who they serve are on a waiting list, and the waiting list is quite extensive. They find out that there are no housing options for their clients. The funds aren't available for them, for individuals to get out of the environment that they're in. They're trapped. They're caught with no options.

We see across not only the province, but across the country, across the world, where the LGBTQ2S+ community is always facing an increase in hate and being targeted. Both men and women are feeling this hate and are feeling these targets that are being put upon them.

Now, in a perfect world—what I'm going to put to you is that you have all the funding that you need, everything that you absolutely need as far as funds. I want to hear from you: What programs are you going to put in place tomorrow morning to start addressing some of the issues?

Ms. Marlene Ham: Prevention programs.

Mr. Michael Mantha: And what are those prevention programs going to look like?

Ms. Marlene Ham: I know there have been a lot of people coming here to present on the importance of primary prevention programs, and I would definitely support those asks, because if we don't actually address what's facilitating the harm, which primarily is men's violence—if we don't address that violence from happening, we do need to reduce it. If we don't reduce it, we're going to have to keep coming back here asking for more housing and more beds. So that's where I think an obviously very important focus is, and that's why our members have talked very significantly about prevention programs, so definitely implementing those. But they need to be large in scale; they need to be province-wide. I suggest that because if we have patchwork projects throughout the province, they can't be compared against one another, so we're not really understanding what it is we're actually changing. So we do need to have those large-scale projects in place and in a variety of different settings: in sport, in workplaces, across various professional communities, in schools, in various community programs. That's definitely a start.

To address the bottleneck in shelters—because shelters are full, and the only way to address that bottleneck is to make sure we have housing. We know that's not going to be built tomorrow; it's not going to happen overnight, so as an interim measure, for survivors to be able to afford the housing that actually exists could significantly help us deal with the bottleneck right now. That's addressing things like COHB; that's addressing things around having

subsidies; that's—is there a transitional housing income benefit that can be provided so that survivors could actually afford the stock that is in the communities? That would clear and create a bit of movement within our system until the affordable stock is built or the supportive housing is made available.

Those would be some pieces that we could implement immediately.

The Chair (Mr. Lorne Coe): You have 36 seconds, sir.

Mr. Michael Mantha: I'll try to be quick, Chair.

That will be dealing with the acute stages and needs of what is needed right now. I would like to also hear about the aftercare. There needs to be a continuum of care afterwards, because we get into these shelters, or we get into the addiction centres and we get on these high—we're provided with coping tools; we get out of there; I'm put back in the same damn environment that brought me there in the first place.

What's needed? What's missing?

Ms. Marlene Ham: It's the continuum of supports, for sure. Those programs do exist in shelter. Of course, we need more of them—and that's looking at some of those life stabilization supports and the advocacy along that continuum.

We have to look at the whole ecosystem. That's not just about survivors, but we have to provide those supports to those who are also causing the harm, because if we don't look at that full picture, we are going to be in this cyclical process.

The Chair (Mr. Lorne Coe): Thank you very much for your answer.

We'll now move to the government members. MPP McGregor, please.

Mr. Graham McGregor: Through you, Chair: Thank you so much for being here, Marlene. Thank you for what you do on behalf of your members.

I want to echo Mr. Mantha's comments that housing is such an important foundation for everything else to get built on, and the frustration that we have for when you remove somebody from a situation and you resolve a situation, but then send them right back into that community without the housing being there. It's a critical component that government needs to make sure that we get right.

This is day two of witness testimony on the study. Yesterday, we heard from a bunch of witnesses about this issue we have in government that I hear about from my constituents regularly—this siloing. We had Gatehouse here yesterday, and they were talking about how at certain times somebody will go to CAMH for addictions issues or mental health support, and then one of the —the IPV is obviously a massive factor in their life, as well, and it needs to be addressed, but when they seek support to escape a bad domestic situation, mental health workers will say, "Oh, it's intimate-partner-violence-related. That's not my area of expertise. You have to go over here." We hear that frustration from those organizations.

Is siloing amongst government services and different facets of the problem something that comes up for your members? Is that something that is frustrating for your members? Could you tell us a little bit about that experience, if so?

Ms. Marlene Ham: From our side and our perspective, survivors coming through into a shelter environment or gender-based-violence programs—there was a time when we could sort of deal with one issue at a time, but we can't do that anymore, right? Substance use, trauma and gender-based violence, they're all at the same intersection. So trying to unpackage that and say, "You need to go here for that issue, and you need to go here for that issue" is really doing a disservice to survivors.

1400

There was some work done a number of years ago with Women's College. They did some extensive training. I believe it was called Making Connections—so, that's a bit of a plug to Women's College, if they're watching—and it was really looking at those intersections because we can't separate these issues.

So certainly, when they were talking yesterday, when Gatehouse was making that presentation—we also have to make sure that this is survivor-led and client-centred. And if that's what that particular survivor needed to address at that moment, that's okay. It's also okay for mental health and addictions services to be much more informed around risk and safety. We can do it concurrently. The issues are happening concurrently, so the work has to happen concurrently.

The other possibility there are relationships where mental health and addictions services connects with GBV. It's not about sending that survivor out the door to another service. What about us being welcomed in, right? How can we kind of create some pathways there?

Mr. Graham McGregor: Could I just zoom in on that one, the idea of being welcomed in? Do you have a success story that you can point to? How does that look in practicality? Is there a relationship one of your members has where they are welcomed in with another service and it goes well?

Ms. Marlene Ham: Yes. We've seen this happen in some child welfare organizations or child protection organizations where there's a collaboration between child protection and gender-based-violence services working with survivors together. We can do the same with mental health and addictions services, but the work has to be collaborative, and it has to be done in partnership and in relationship to one another. So, it's not about sending survivors away from that moment. That might be your moment; that might be your only moment. So, we really have to pay attention to what is happening in that particular moment, because it could be life-saving.

Mr. Graham McGregor: So, two questions coming out of that that I wanted to get to as well: Are one of those—oh. Can I get a time check, Chair?

The Chair (Mr. Lorne Coe): Two minutes and 22 seconds.

Mr. Graham McGregor: Ticking down by the second.

When you talk about the variety of stakeholders and partners, is there a role for law enforcement as part of that? How do you envision that role?

And then, two, are there examples of work that your members do well, or ways government can support your members doing that, of identifying people who are experiencing intimate partner violence or survivors of intimate partner violence? Because one of the other problems that we've heard and know is we can't just rely on self-reporting all the time. There are challenges with that and there's shame and all these factors that are at play there.

So, the law enforcement piece and how to identify survivors better and people experiencing it better—with the with the time we have left.

Ms. Marlene Ham: We have survivors who are not engaging with law enforcement. Those who do, I think there's been a lot of work done between shelters and their local police services on how to make that a better experience. Certainly, some have come a long way.

But we can't just look at police services, because someone experiences violence and maybe the police will be called, and then, from there, maybe there will be a charge, and from there, maybe they'll be held, but usually not. By the time we get to the end of that process where they then are in diversion for a PAR program, we've gone through a thousand instances of violence to probably about five that make it—

Mr. Graham McGregor: Wow.

Ms. Marlene Ham: —to the other side of that system, right? So that's why, in my submission, we do talk about the prevention, but we need to be able to find a way to offer these programs and this early intervention outside of the criminal justice system and sooner. Because by the time the police are involved, a significant trauma and a significant harm has already occurred.

Mr. Graham McGregor: Thank you.

The Chair (Mr. Lorne Coe): Thank you very much for that response and your presentation this afternoon. We now need to move forward with other presenters. Thank you again.

Ms. Marlene Ham: Thank you.

PREVNET

The Chair (Mr. Lorne Coe): Members, our next presenter is joining us by Zoom and that is PREVNet. My understanding is they are already available. I'm going to ask them to make their presentation. Thank you.

The staff from PREVNet, if you're available on Zoom, can you please identify yourself for Hansard and begin with your presentation. You will have 10 minutes. I'll let you know when there is only one minute left so that you can summarize your presentation. That will be followed by questions from the official opposition, the independent and government members. Could you please proceed?

Dr. Wendy Craig: Hello and good afternoon. Thank you for inviting me to your committee and for your very important work. My name is Dr. Wendy Craig. I'm a professor of psychology at Queen's University. I am also the co-founder and scientific director of PREVNet, Promoting Relationships and Eliminating Violence Network. I come here with lots of grey hair because I've worked in this field for over 35 years. I've published over 160 articles and held over $40 million in funding to address the issue.

I'd like to just say the theme of my talk today is: To prevent intimate partner violence, we need to address teen dating violence.

Just a bit about PREVNet: We're a national network that does research and knowledge mobilization. We bring together national organizations that work with children and youth and researchers to co-create tools, resources and programs aimed at helping to reduce interpersonal violence and promote healthy relationships.

Throughout my presentation today, I'm going to give you recommendations—I have 10—as I go through.

My first recommendation is to recognize that teen dating violence is a public health problem. This graph shows the latest data from Health Behaviour in School-aged Children, which is a national Canadian survey that has over 27,000 students in grade 6 to 10 in Canada. The take-aways from this are that they show the different forms of violence and the percentage that students experience of physical, psychological, cyber and then any form of victimization. So the take-away is 26% of boys experience teen dating violence, 40%—four in 10 girls—experience it and 42% of transgender and gender-diverse youth experience. So it's a public health problem.

The second recommendation that also comes from that graph is that there's a need to pay attention to social identities that have elevated risks of experiencing teen dating violence. Teen dating violence disproportionately affects youth who are marginalized due to their social identity. Indigenous youth are more likely to experience it; Black youth are more likely to experience it; girls are more likely to experience it; youth with disabilities; and gender-diverse and trans youth, for example. So we need to pay attention to those communities.

My third recommendation is that teen dating violence is harmful, so we need to intervene and prevent it. It's related to negative short- and long-term impacts on mental and physical health, sexual health, academic performance and social functioning. Most concerning is that victimization experienced in teen dating relationships relates and increases the likelihood that these youth will experience victimization in adult relationships, and in severe cases, teen dating violence can be lethal.

My fourth recommendation, which I'm going to spend some time unpacking, is that the solutions to addressing intimate partner violence need to be developmental, relational; they need to match the level of risk; and they need to be systemic. So let's understand each of these.

The first thing to know is that intimate partner violence doesn't just happen in adulthood. The seeds and the roots of that start much earlier and, in fact, begin in elementary school and in childhood. So early on, children who bully are learning to use power and aggression to harm another individual, and they have the intent to harm them.

1410

Our longitudinal research has shown that 100% of those children who engage in bullying regularly and frequently in elementary school also are going to be physically aggressive in their first teen dating relationship, and that happens around grade 7 or 8. So there's a link—and many other research studies have also shown this—that children who bully are more likely to engage in sexual harassment in grades 7 and 8, and those children go on to engage in sexual and teen dating violence, and then they become victims by adult partner violence. So there's continuity in the use of power and aggression.

The lesson here is that we need to take a developmental perspective, because it informs prevention and intervention efforts. What does this developmental perspective tell us? We need to start early to prevent later problems. To prevent intimate partner violence, we need to start in elementary school and deal with bullying kinds of behaviours.

The second thing that we know from the research is that the earlier we start that intervention, the better the response is. Younger youth are more malleable to change. They haven't become set in those patterns, and so we can then interrupt or disrupt that pathway if we intervene earlier, and our effect sizes of those programs are greater the earlier that we do them.

The third thing that we need to do is let's not work in silos. Risk behaviours cluster together. Bullying, sexual harassment and teen dating violence cluster together. These are the same youth who are engaging in these kinds of behaviours or who are victimized by these kinds of behaviours, so they share the same risk and protective factors. By targeting those risk factors and by promoting those protective factors, we can prevent all of those forms of behaviour.

The sixth recommendation I have is that the intervention needs to match the level of risk. Many things such as school curriculum kinds of prevention programs are what we call universal; they go to everybody in the class. They'll work for about 85%. They're the most effective, cost-effective ways to deal with it. They have the highest-effect sizes of effectiveness, and they reach the most people.

But there's a group of students who will need more targeted interventions or secondary interventions, and those people will need interventions where we work with them because they're at risk for engaging in that behaviour. They cost more money because they'll involve more partners and they're smaller and more targeted.

The highest-risk individuals, which usually represents about 5%, are interventions that focus on those who are already experiencing intimate partner violence or teen dating violence, and they'll cost the most, because they'll require the most services, because they're already experiencing all of that harm that I talked about. So we need to put in school-based programs at a universal level; we need secondary school programs, to target those who might be at increased risk; and then we need tertiary programs to target those who are already experiencing these problems.

My seventh recommendation is that we need to take a systemic perspective. We've learned a long time ago in this work that it's just not enough to work with individuals and change and support those individuals through a trauma-informed approach. Individuals are embedded in relationships. They're embedded in peer groups, embedded in schools, embedded in communities and embedded in our larger society, and all of those things interact with the individual. What the research tells us is that the more levels that we work on—like individual, interpersonal and in school contexts, for example—and the more levels that we intervene on, the more effective we're likely to be on that. So don't just work with individuals, but work with individuals in schools, in families, in communities and in society.

Let me give you an example of what works on an individual level. There are very effective curriculum-based approaches to teen dating violence that can reduce them by about 75%, and the ones that are effective focus on these kinds of individual skills. These are known as what are effective. They focus on social-emotional learning, empathy and perspective taking, masculinity norms, understanding the difference between healthy and unhealthy relationships, coping with stress, help-seeking skills and what is consent. We need to put in evidence-based programs that teach youth these very specific skills that we know will prevent teen dating violence.

We also know what works on the school level—that what works on a school level are intervention and prevention programs that take a whole-school approach. School is a natural place for the interventions because all youth have to attend, and effective programs work in classrooms with peers, they work with educators, they create partnerships with parents, and they have policies at the school level that name the problem and provide specific kinds of remediation. That's what works.

Recommendation 10—I'm not dealing with the communities; I'm just giving you a flavour of these—is that we have to address the societal causes of oppression that underlie teen dating violence. What happens at the individual level in teen dating violence reflects the larger societal oppression that shapes interpersonal interactions. So, effective violence prevention requires a focus on the systems of oppression.

The Chair (Mr. Lorne Coe): You have one minute for your presentation, please.

Dr. Wendy Craig: Just because I didn't have enough time to go through them, here are a few other tips or recommendations: We've done research with teachers. They tell us they don't have the confidence, the skills or the capacity to address it, so we have to invest in teacher training to develop those competencies.

We need to use to use evidence-based programs and recognize that one program won't work for everybody.

We need to collect data. Programs can do harm, so we need to monitor, evaluate and ensure that our programs are not doing any harm and they're having the intended result we wanted to have.

And, at your level, we need to develop a policy that defines what is teen dating violence and provides educated developmental solutions.

PREVNet has some free online resources to support teachers, and I'll be including them in my submission.

Thank you for listening, and I'm happy to take questions.

The Chair (Mr. Lorne Coe): Well, thank you very much.

To questions and answers, to the official opposition: MPP Wong-Tam, please, when you're ready.

MPP Kristyn Wong-Tam: Thank you, Professor Craig, for your very detailed presentation. I recognize that in between every sentence there could really just be entire paragraphs elaborating the point, but you did a fantastic job of just highlighting through for all of us what we need to be looking out for.

I'm sure you know, and I suspect it's not a surprise, that most of the speakers preceding you yesterday and even this morning all focused on the prevention side, and there's a universal, I would say, agreement across the sector, whether it's academic or front-line service providers to try to intervene as quickly as possible and as early as possible.

So I'm interested in the modules that you've created, because yesterday, we heard from another group of academics who talked about their program, and I haven't gone into any detail of which program and how does it land on someone who's 50 years old versus somebody who's 15 years old. So I'm just interested in the development of your modules, because they're targeting specifically young people. So how do you know that your module is effective and well received by youth, and did young people have a hand in co-designing, co-creating to make sure that the message is accessible to themselves?

Dr. Wendy Craig: Great questions, and thank you for those. First of all, our resources are free. They're not a program; they're just resources to support educators and adults working with children and youth.

Second of all, all of our modules and all of the resources that we've created have been co-created and co-designed with youth—with youth who are representative of very diverse identities and geographically across the country. We also work with a panel of educators who would advise us and review and helps us pilot test what works for them, what doesn't work for them, and helps us ensure that we're designing and co-creating these resources so that they can have the maximal effect.

Many of them are short. They come in kind of different kind of formats to keep the interest going, and because teachers have so many competing priorities, we actually make them very short. So some are a page long; some of them are a three-minute YouTube video—so, highly variable on a variety of topics.

MPP Kristyn Wong-Tam: Thank you. That's really helpful.

I represent the most urban part of downtown Toronto. In the heart of the most diverse city in the world, as you can imagine, we have people who speak well over 140 different languages, coming from every corner of the planet. So, being able to provide information that's linguistically appropriate to them, culturally sensitive—despite the fact that all the kids are going through public education or some form of education in Ontario, they need to be able to bring it home for themselves and make it relevant and so therefore the stories resonate and the lessons resonate for them. Is your material, the modules that you have, translated? And does it have a certain level of cultural competency and connectiveness to the major diverse groups that we have in Ontario?

1420

Dr. Wendy Craig: All of the resources are in French and English, so we could do better and represent more communities. We've tried to be culturally sensitive and we've tried to take an intersectional approach throughout all of our work so that we can understand, but we probably haven't represented all communities.

MPP Kristyn Wong-Tam: Okay. Thank you. Just one more question, and I'm going to hand over the floor to my colleague here. With respect to the issue of the intersection around poverty, we've heard from previous speakers that neighbourhoods and communities that see higher rates of unemployment, higher rates of poverty, additional financial stress on the family will see more violence, just because of the interactions around trauma. So can you explain to us how your work and the modules that you've created have that intersectional approach, especially when it comes to families and communities and young people who are experiencing and living in poverty?

Dr. Wendy Craig: Yes. Thank you again for that question. I think what's really important is that all of our resources are free-standing, but we have a lot of foundational understanding. So what does intersectionality look like? What does diversity look like? How do these things interact to impact teen dating violence? What does it mean when these youth experience teen dating violence from different communities? We really have the view that what youth experience, like youth who are food-insecure—they're experiencing this because it reflects the larger social structures in which they live, and that's the perspective that we share. So it's understanding that if we're really going to address these, we have to address the root causes, which are poverty, and that's what we try to educate everybody that comes to use the resources on.

MPP Kristyn Wong-Tam: Thank you, Professor.

The Chair (Mr. Lorne Coe): MPP Andrew, you have two minutes left in the official opposition's questions.

MPP Jill Andrew: Thank you very much, Professor Craig. I'm familiar with Dr. Debra Pepler's work—of course, one of the co-leads and co-founders of PREVNet. As a student academic, I had a chance to work with her around children and youth, and bullying and anti-bullying prevention.

I guess my question is: Can you express the impact of kids acting out at school when they're witnessing intimate partner violence at home; their parents, their mom being attacked; when they're witnessing gender-based violence in their communities? Can you express the impact that has

on kids and how it causes them to additionally act out and have behaviourals in classrooms, especially when we know that our schools sadly have been demonstrably starved under this government by chronic underfunding?

Dr. Wendy Craig: I think it's really important to understand that schools play a really important issue. We saw that in COVID: Youth who experienced homes that weren't safe or had high levels of stress, whether it be due to poverty or violence, lost out, and they didn't do well throughout COVID because they weren't going to school. So school, on the one hand, provides a context for them where they can have the opportunity to learn healthy relationships, to be exposed to healthy relationships with adults, to be supported.

But they also come into school with challenges. They come into school with emotional dysregulation problems, so they have to learn how to do conflict management. They come into school with high levels of stress, because of what they live in and live under, so they're unable to concentrate and focus and pay attention. These youth may come in with high levels of shame about their living home—

The Chair (Mr. Lorne Coe): Excuse me, Professor Craig. That concludes the questions and answers for the official opposition.

I'd now like to move, please, to the independent member. MPP Mantha, please, sir, when you're ready.

Mr. Michael Mantha: Good afternoon, Professor Craig. I'm a very touchy-feely-tasty kind of guy, and in the last two days, I'm actually disappointed in myself, and I'll explain to you why. I wasn't expecting a lot of the questions and a lot of the presentations to be so focused on students, on youth. It's something that I wasn't ready for. I'm quite overwhelmed with the amount of ideas, views, positions. And "Prevention, prevention, prevention" is what is coming from a lot of the presenters.

I tried to do my best to take all of your recommendations. I think I passed the test; I got seven out of the 10. I hope that you will take the time to put in a written submission, because I do really want to go over some of those comments that you brought forward.

My question is pretty simple. Why is it that a father of two boys—myself; I'm of average age, or maybe a little bit above average. How come I'm so disconnected from the realities that our youth are facing?

Dr. Wendy Craig: I think that's a really good question, and I guess the best way I can answer it is—to think about, what do we need to do? For me, one of the big things in prevention is, we need to engage boys and men and help them lead these kinds of things. If we can engage and work with boys and men, then they can lead these interventions and help shift the culture, because what we do know about childhood is that peers learn more effectively from other peers than they do from old people like me who are teaching them. If we can engage powerful young male role models to talk about these issues, to address these issues, to be what we call an upstander and not a bystander and defend others when these behaviours come, then we can start to shift the whole culture about the acceptability of violence. It starts with those little behaviours that add up and become significant and have a huge impact.

So I think engaging men and boys and educating them and connecting them with these issues is probably one of the number one things we could do.

Mr. Michael Mantha: If I'm looking at this from my perspective, coming into the committee work—and I was really looking forward to participating in these discussions. I'm looking at it from an adult perspective. I think that the youth perspective is not being captured—we're capturing here at committee, but I think in the general public out there, they're looking at this as, "Okay, they're having discussions under IPV at the committee stage over at the Legislature," but there's a big part of that that involves youth that is not out there. It's only because of organizations like yourself that it's coming here to committee.

How do we make the point—to making sure that we don't let the youth out there hanging and that they are engaged with this process?

Dr. Wendy Craig: The statement that I always like to make is that youth tell me, "Don't do anything for us without us"—

Mr. Michael Mantha: Pardon me; I didn't hear you.

Dr. Wendy Craig: Youth would reply and say, "Don't do anything for us without us." I think they should be involved in developing policy and legislation. I think they should be involved in deciding what best and where best to put our money to deal with it, and what are the key initiatives, because if they're empowered in it, they're going to increase the uptake, and we're going to have a greater impact.

So co-creating and partnering with youth would be absolutely essential in moving forward.

Mr. Michael Mantha: Because I'm in the schools—I'm talking to students; we engage about why they should be involved in policy. Some of the policies that we have actually created here at the Legislature are a direct result of engagement that I've had with students. So I'm disappointed in myself that this did not come up in any of the discussions that I've had, over the 13 years that I've been an MPP, with students, because I consider myself very closely connected with all the students across my riding. I'm very much accessible. I've got my own homework and soul-searching to do as to how I trigger these discussions so that they do become a common approach that students can take with me in having that discussion—

The Chair (Mr. Lorne Coe): Excuse me, MPP Mantha. Your time has concluded.

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We are now going to move to the government members with MPP Dixon.

Ms. Jess Dixon: Thank you so much, Professor Craig, for coming to present to our committee today.

I just have to say I'm delighted that MPP Mantha is getting so much out of this. I know that myself and MPP Wong-Tam, as the co-leads of this committee, are actually not surprised at all to hear this focus on prevention as that was one of the first things that came out of our many

meetings that we had together in designing this committee. We knew that prevention was a key piece that we felt had been left out of some of the conversation about intimate partner violence and sexual violence. And so PREVNet was one of the many groups that we identified as someone that we wanted to hear from having so much information on the prevention piece.

Because, really, the goal of this committee is to find to the best of our ability the real, immediate things that we can do, specific things like Professor Exner-Cortens told us about the idea of amending the Education Act so that teen dating violence is actually something that we specify, which is the type of suggestion that I love because it's actionable and you can track it.

One of the things I wanted to ask you was, in your presentation, you talk a bit about the idea of the value of data. As I've been working on this committee design for the past three months—it's been most of what I've been doing—I have seen again and again this dearth of data. Of course, without data, we can't know the nature of our problem; we can't know if our decisions and our choices have impacted it.

Can you talk a little bit more about the type of data that you think would need to be collected in order to do this? Are we talking surveys? Are we talking police data? Just sort of give me more information on that.

Dr. Wendy Craig: From my view, I think it's really important to ask the youth themselves. Youth who are victimized don't always reach the police level, and so we need to understand the real prevalence as experienced by youth themselves. So I think we are talking about survey data that go to youth themselves, and if we could do it in an anonymous way—we do that through the health behaviour survey of children and youth and we get over a 75% completion rate.

I think we need to monitor it, so that means we need surveillance data, but we can also be clever in how we collect that data. We can do experiments where some schools can use some programs, other schools could use a different type of a program, and we could actually collect data regularly, and I would suggest at least every two years, to monitor the problem. One, we can look at "Are the programs effective?" But then we can also look at really important questions which we don't know the answer to, which is "What works for whom?" or "What are the critical ingredients that are going to reduce this kind of problem?" I think that's what we want to do.

The second thing is that there are a lot of programs out there. Very few are evidence-based; very few have been evaluated. They all come from a really good place, but programs do harm inadvertently, and if we don't evaluate it, we're contributing to that harm. So it's absolutely critical to have data.

We don't have good programs at the secondary or the tertiary level. So I think we need to put in programs and evaluate those programs to see what works and what's the most cost-efficient and what has the greatest impact.

So yes, regular data collection that's universal, and that we can look at the trends. We can have accountability. We can set metrics about how we're going to do it. We could look at really important research questions about what works for whom, and for how long do we need to put these in, and what are the long-term effects of doing these programs over the long run?

Ms. Jess Dixon: Okay, thank you. I agree about the secondary and tertiary; it's still more in the primary. But one of the favourite things I've done as an MPP so far—second only to working with MPP Wong-Tam on this—is the $875,000 I got for Coaching Boys Into Men and about their data.

If we're talking about a survey right now, for example, in the—I'm going to forget the name of the act, but basically with the Solicitor General and the police act, there's a requirement for the Solicitor General: It simply says to collect data about, like, research into crime analysis. Do you think we would be looking at something as far as actual legislative change that would be mandating the ministry to commit to a survey or even going into regulations to sort of specify that that survey would be updated regularly?

Dr. Wendy Craig: I absolutely think that we should put it in a survey, and we should collect it and it should go through the education, because that's where we'll capture most students and most young people. My concern is that we will miss the highest-risk group, because those are the ones who may not be attending school, who may have dropped out or whatever, but we still need to collect data on the majority of youth and school is the best place to collect that data.

Ms. Jess Dixon: As far as those that are higher-risk, where do you think we would—are there places where we would find those children in order to perhaps get more information from them?

Dr. Wendy Craig: I think that's where we really need to engage—and I talk a lot about this—with partnerships. Who's servicing those high-risk youth? Who's supporting those high-risk youth? And we need to meet those youth and collect the data from there, where we're at, and we might have to be innovative, collect their stories, because we may not have the reading levels to answer the questions. So I also think that we have to have diverse data collection to represent the different groups that we're collecting from, and we have to find them where they're at and put the questions in a way that is culturally sensitive.

So in the HBSC, for example, when we work up north in northern communities that have high Indigenous populations, we work with the chief to make sure that we're collecting data in a way that's ethical, respectful and reflects their culture, and we have to do that with these youth as well.

Ms. Jess Dixon: Okay, thank you so much, Dr. Craig, for presenting to us. We really, really appreciate it.

The Chair (Mr. Lorne Coe): That concludes the questioning from all the representatives from both the official opposition and the government as well as the independent. Thank you very much, Professor, for your presentation and responses to the questions. We're now

going to move on to a new presenter. Thank you very much for joining us.

PROOF

The Chair (Mr. Lorne Coe): I'd like to call forward, please, the representatives from PROOF.

The microphones are operated by the technology staff to my right, so you don't need to push it on and off. I would suggest, please, if you try to bring it forward just for the benefit of the members of this committee so that they can listen very carefully to what you have to say.

You will have 10 minutes for your presentation. I'll give you a one-minute caution when you're approaching one minute left for your presentation. Please state your names for Hansard and then you can begin. That will be followed, as you just saw, with questions from the opposition and the independent and government members.

So please, again, state your names for Hansard, your affiliation, and then you can begin with your presentation.

Dr. Valerie Tarasuk: My name is Valerie Tarasuk. I'm a professor emerita in the faculty of medicine at the University of Toronto and I'm also the lead investigator for a research program called PROOF, which is a research program funded by the federal government through the Canadian Institutes of Health Research to investigate food insecurity in Canada. Thank you very much for including us in the program of this very important committee.

I want to start by defining food insecurity just so that we're all on the same page in terms of the problem that I'm talking about and how it connects to intimate partner violence.

The public face of food insecurity is food banks, and if you know nothing else about food insecurity, you'd be aware of them. They're the kind of on-the-ground representation of people struggling to get the food they need. But for almost 20 years now, Statistics Canada has been measuring and monitoring food insecurity in the country because it's such a serious problem. They do that in a very, very large population-representative survey with 18 questions that range in severity from people worrying about running out of food and not having money for more through to a couple of questions about compromising the quality of what they're eating because of a lack of money to buy better food. But most of the questions revolve around quantitative deprivation, so people not having enough to eat, skipping meals and, at its most extreme, going whole days without eating because of a lack of money for food.

So this is a very, very serious set of questions; it's measuring a very awful thing. The questions differentiate between the experiences of adults and children because of an abundance of research that shows that when families are struggling to manage with scarce resources, adults will deprive themselves of food as a way to free up what they have for their children.

So okay, where are we at? Well, our most recent data come from 2023, and in that year, 24.5% of people in Ontario were living in households that were characterized by some level of food insecurity, based on those questions. That's 3.65 million people. It's almost a million more people than the year before, so it's the highest number of food insecure people that were ever charted in Ontario.

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Now, the pattern in Ontario is not substantially different than other parts of the country. I mean, the prevalence rate in Ontario is substantially higher than some other provinces, but it is not the trend towards increases that is similar, and we think that relates, obviously, to the cost-of-living increases.

I've said that food banks are the public face of food insecurity. How do they compare number-wise? Well, those 3.65 million Ontarians living in food-insecure households—during that same year, 2023, Feed Ontario reported 800,000 people being served by food banks. This is typical. Food insecurity numbers that come from population-representative surveys are typically four to five times higher than the number of people using food banks. I emphasize that because it's really, really important that you as legislators not use food bank numbers to make decisions about this very terrible problem.

Okay, we know a lot about food insecurity, given how much measurement's been done. Who's most likely to be food-insecure? Well, obviously people with low income. The probability of saying yes to any of those horrible 18 questions rises with income falling. The problem is also gendered. The highest rates of food insecurity in the country are amongst lone-parent, female-led families, and right now, almost half of them are food insecure. Layered on to that, we have a problem that is racialized, most prevalent among people who identify as Black or Indigenous, but very, very tightly tied to economic circumstances.

How does it relate to intimate partner violence? Well, we don't have as much data on this topic as we'd like, but what we have suggests that these two problems are intimately intertwined. Drawing primarily on the literature that we can see from the United States, where there have been more direct measurements, the relationship between food insecurity and intimate partner violence appears to be bidirectional, whereby the conditions that give rise to food insecurity increase the likelihood that people will report intimate partner violence, but the reverse is also true: that people experiencing intimate partner systems are at higher risk of food insecurity. The probability and severity of intimate partner violence is moving linearly with the severity of food insecurity in households that are experiencing this.

There is also some literature from Canada looking at sexual violence and transactional sex amongst marginalized populations, and sadly, what we can see there that food insecurity is a trigger for transactional sex. It's also associated with higher-risk sexual behaviours amongst people who are sex workers in Canada.

What are the consequences of this association between food insecurity and intimate partner violence? Well, anything we can see suggests that intimate partner violence only exacerbates the already abundant health risks associated with food insecurity.

In Canada, food insecurity is associated with higher likelihood of all kinds of illnesses, whether chronic or acute. People who are food-insecure are more likely to develop diabetes. They're also more likely to develop depression. They are overrepresented in our health care system. They are more likely to be admitted to hospital. They're more likely to be treated in an emergency department. They're more likely to die prematurely.

Ironically, most of the evidence we have—the very best evidence, I would argue, in the world about the associations between food security and health from a health care perspective—comes from Ontario, where we've been able to look at food insecurity in relationship to OHIP data. There's no question that this problem, food insecurity, is a potent social determinant of poor health, and intimate partner violence only can magnify that. Most evidence that we were able to marshal for this committee relates to the higher likelihood of people in food-insecure situations, particularly severely food-insecure situations being treated in emergency departments for injuries that are unintentional or acts of violence.

We also have a lot of data, particularly in Ontario, on the association between food insecurity and mental illness. Again, while we can't attribute exactly the experiences or the treatment for mental illness to exposures to intimate partner violence, it's hard to imagine anything else could be so much of a trigger.

You asked in your request for submissions what we would see as the ideal situation. What we would argue is the ideal situation for the province is to take measures to insulate Ontarians from food insecurity. There's a lot of evidence that food insecurity is tightly tied to policy decisions, both at the federal and provincial levels, and there are some provincial policies that are very, very important in relationship to food insecurity and, I would argue, particularly important in this conversation about intimate partner violence.

The most important perhaps is social assistance, the income support program of last resort in this province and elsewhere in Canada. In 2022—that's the most recent data that we have available right now—76.5% of households that reported their main source of income as social assistance in Ontario, so either OW or ODSP, were food insecure—76.5%. Being on OW or ODSP—and with the data that we have available at this stage, we can't differentiate those two things. If we could, I think you'd agree that we are very much more likely to find food insecurity among those on OW because the rates are so much lower.

To be on social assistance in this province is almost a sentence to food insecurity. This is a real problem when it comes to thinking about intimate partner violence and people's decisions to leave relationships and to disrupt family settings where their only source of income initially may be OW.

So what could the province do? Well, improve those rates so that people who are forced to rely on those income support programs are not thrust into a situation where they are very unlikely to be able to feed themselves and their children.

The other policy that is very important in relationship to this problem is the Ontario Child Benefit. I should have mentioned this earlier. I said that 24.5% of Ontarians—

The Chair (Mr. Lorne Coe): Excuse me. You have one minute left, please.

Dr. Valerie Tarasuk: Perfect.

I said earlier that 24.5% of Ontarians lived in food insecure households in 2023. If we look at just the people in Ontario under the age of 18, that number rises to 30.7%. We're edging up to one in three children in this province living in a food insecure situation. The Ontario Child Benefit is a beautiful thing because it is targeted toward and reaches lower-income families. But it needs to be bigger; it needs to be stronger to better insulate those families from food insecurity.

Lastly, and I'll leave this for the question period if I may, we also have some suggestions for how to improve data on intimate partner violence and food insecurity to better isolate the connections and perhaps to titrate a little bit better our policy recommendations—

The Chair (Mr. Lorne Coe): Thank you so much for your presentation.

We're now going to start the questions with the members of the official opposition. MPP Wong-Tam, please. When you're ready.

MPP Kristyn Wong-Tam: Thank you, Professor Tarasuk, for your wonderful, succinct but really impactful presentation. There's a lot for us to discuss there. And to your lead researcher, thank you for your attendance here as well—I'm assuming there—Mr. Tim Li?

Mr. Tim Li: Yes.

MPP Kristyn Wong-Tam: Okay, fantastic.

These are alarming numbers with respect to who is facing food insecurity in Ontario. The 76.5% of households who are primarily relying on Ontario Works and ODSP for their source of income going hungry I don't think is a surprise, especially for those of us who pay attention to what the poverty advocates and what social program advocates have been talking about. I guess the concern that I have is we in the Legislative Assembly are not acting fast enough, because as the cost of housing, the cost of fuel and the cost of utilities continue to rise, that quantum, that minimum amount that these individuals are receiving every month is getting smaller. Anyone walking into a grocery store these days is making some really hard decisions as they're approaching the cashier.

How much do you think that Ontario Works or ODSP must be increased in order for us to reduce people's interface with food insecurity?

Dr. Valerie Tarasuk: I'll start. The heartbreaking thing about the food insecurity of people on social assistance is it's very likely to be severe because those incomes, especially on OW, are so meagre. How much does it need to increase? Perhaps to the Market Basket Measure. And I know what you're going to think: "Oh, yeah, right. Where will that money come from, and how will we do that?"

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I can tell you that every dollar of increase matters at that level. The levels of desperation in households that are dirt

poor and struggling with severe food insecurity are huge. We've seen evidence that even so much as a $100 increase is enough to reduce the hardship. So, honestly, anything would be a step forward.

OW is a particularly egregious situation because that benefit level hasn't increased since 2018, I believe, and so as prices of things as fundamental as milk have risen steadily since 2018, people on OW in this province have simply gotten poorer.

So any increase would make a difference. How much is enough—

Mr. Tim Li: Hi. Tim Li for PROOF.

The Market Basket Measure is one way. There's a lot of work that's being done by the Ontario public health units to look at how much it costs to live and afford a basic basket of food, as well as rent. I think looking at those and taking those into consideration for what to set the rates is a good direction.

Also, the fact that OW isn't indexed is a really big concern—and also the earning limits. For ODSP, the earning limits were increased from $200 to $1,000, but for OW, they haven't. The earning limits are important because they help manage the transition in and out of social assistance to work, and insofar as allowing people on social assistance to maintain more of their benefits as they're trying to get meaningful work, are important to ensure their food security.

MPP Kristyn Wong-Tam: I do recognize that that number is not readily available through yourselves today, but I think what I'm hearing from you is that the quantum that has to be increased is quite substantial, and it must be indexed to the rate of inflation.

With respect to what we are seeing—oftentimes, there's some encouragement from the government to fundraise, and I know that there's always some role for fundraising. But I'm just curious with respect to investments that could come from the province, that could go to food banks; that could go to community kitchens, gardens—is that a good investment of money here, or should we be putting the money directly into the hands of those individuals who need it?

Dr. Valerie Tarasuk: Every speck of evidence that we have and that others who work in this field have would say that you should be putting that money into the hands of people who need it. The opportunity cost of you putting money into more of these band-aid community food programs is just huge, especially with the numbers being as high as they are right now. If we ever lacked evidence that community-based food assistance programs don't work, surely to goodness the fact that we have 3.65 million Ontarians in this situation now is that evidence.

So, no, I can't say that strongly enough—that is, you are simply wasting taxpayers' money by pouring more into emergency-based responses as opposed to dealing with the fundamental causes of this problem.

MPP Kristyn Wong-Tam: By increasing the household incomes—whether they're on OW—or increasing workers' wages, what you're saying is that we will see a decline in food insecurity, but correlating to that, we will see a decline in financial stress that could lead to intimate partner violence. Is that correct?

Dr. Valerie Tarasuk: Yes, that's exactly what I'm saying. If you wonder where the money would come from to improve those benefits—I mentioned earlier the tight association between food insecurity and health care spending.

Several years ago, we did a study using OHIP data, through the Institute for Clinical Evaluative Sciences. Adults in severely food insecure households in the province then were burning up more than double the health care dollars in the course of a year as adults who were food secure. That was several years ago. That association now, I would say, would be even higher.

So the health care costs alone and the savings of moving people out of extreme hardship are important to recognize.

The Chair (Mr. Lorne Coe): MPP Andrew, please. You have less than a minute.

MPP Jill Andrew: In St. Paul's, many of our food banks go empty really fast. Even doubling OW and ODSP, you can't afford a one-bedroom. That said, we have called for at least doubling ODSP and OW.

I'm wondering what you think about that proposal because, currently, people are living in poverty on OW and ODSP. It is social murder because, frankly, it is not enough to rent. It is not enough for food prices. I want to know what you think about our call for at least doubling ODSP and OW, and absolutely indexed to inflation.

The Chair (Mr. Lorne Coe): Thank you for that question. That concludes the time for the official opposition. We're now going to move to the independent member. MPP Mantha, please, sir, when you're ready.

Mr. Michael Mantha: Can you please answer that question? And then, I have a story to tell you. I don't have a question. I hope you have a resource for me but start with answering that question.

Dr. Valerie Tarasuk: I think increasing OW and ODSP, especially OW—I know there have been measures to improve ODSP and I think those are really important, but it's critical to improve those benefit levels and to index them to inflation. That didn't seem to matter as much until we hit the last couple of years, and now, indexation just seems like it should be legislated.

Mr. Michael Mantha: I always go into food banks being happy that the shelves are full, but I always leave being disappointed that we actually need them, and I'm happy that, in my region, there's so much support for them.

I want to talk to you about an individual that I've been talking to for roughly about eight years now. I'm not going to give you her name; we're going to call her "Sarah."

Sarah is a single lady on ODSP. She is 58 years old. She doesn't have any children and she feels—she doesn't care who is in government. She doesn't care—red, blue, black, pink, blue. She just is mad at governance. She feels like people are discriminating against her and the government is discriminating against her, and I'll give you her story: She is actually contemplating MAID because she cannot

make ends meet. She has $43 left from her ODSP cheque at the end of the month, sometimes.

Most of the time, she has $25 left by the time she pays her rent, her medication and so on. She cannot get a job supplementing her income. She cannot go out and find some additional work. There is nothing for her. She's actually contemplated and said, "Are you expecting me, as my MPP, to go out on the street and prostitute myself so I can afford having food in my house? Do you realize what that is going to do for me? I have so many friends that are considering MAID."

This is a conversation that we have on a regular basis about her frustration, and somehow, she lives on, she continues on, but continues to be frustrated. She feels like everyone is discriminating against her because there is no help for her. There's help that comes for individuals that are on ODSP or OW, where they have additional kids. She has no options. She cannot work based on her medical condition.

I wanted to share that with you. I don't think there's a question in there, but I think that her story is one that is going across this province, that is attributing to a lot of what people are facing. And you're right: Providing them with additional funding is a beginning, but there's a structure that needs to substantially change. There's a mechanism that these individuals need to be—they're part of a community and part of the engine that makes the world go around. They've lost all hope, as far as "What about me?" And that's her question, as she often asks me, "What about me? You guys are forgetting about me."

I am actually at a loss because I was looking at asking you a question but the only thing that came to my mind was her story, and I wanted to share it with you. I'm sure you hear that often. What do we need to do, seriously, to change those things in order for a person like her—that she is seen and heard?

The Chair (Mr. Lorne Coe): You have one minute and 19 seconds left for your questions and in response.

Dr. Valerie Tarasuk: I don't know what to say either except thank you for sharing that story. It's great that you heard that story, yes, and that you're sharing it. There's no question that we've got a swath of people in this province that are in very, very rough shape, and the easiest way to identify them is that they're on OW or ODSP. And that's a provincial responsibility. There are many things that the federal government needs to be doing differently and better to insulate Ontarians from food insecurity, but ODSP and OW sit here.

1500

The Chair (Mr. Lorne Coe): Thank you very much for that response.

That concludes the time for MPP Mantha, as the independent.

We'll now turn to the government. MPP Scott, please.

Ms. Laurie Scott: Thank you both for coming forward today—lots of information. We're having these committee meetings for a reason.

You mentioned before that data is always fascinating and always helps. You've done a lot on the data, so I have a question. You said you might want to expand a little bit more on how to improve data on intimate partner violence and food insecurity.

I also want to ask the question about—a bit more in depth about the OHIP numbers, how you got them.

We go back to our constituencies; we hear these issues. I worked many years on the human trafficking file, so I'll ask you about that in another question. But just to help us compile, especially the OHIP numbers, food insecurity and—so, please, go ahead.

Dr. Valerie Tarasuk: Those questions are perfect because they connect very clearly—in my head, at least.

The information about food insecurity is ascertained, right now, through two groups: the Canadian Community Health Survey and the Canadian Income Survey. Both of those are very large surveys run by Statistics Canada. The samples are over 50,000 a year, but what that means is the sample for Ontario could be as high as 20,000, because we're such a populous province. What used to happen is that survey information was shared with the province in a way that it could be linked to provincial data, and so it was linked to health administrative records. It also had the potential to be linked to the social assistance database and to corrections, to education, to a whole lot of things. It was overseen by the Institute for Clinical Evaluative Sciences, which is a very, very highly regarded data management and analytic facility. So when we did our initial studies of food insecurity in relationship to morbidity and mortality, but also in relationship to health care spending, we used the linkage of these large Statistics Canada surveys with the Ontario Health administrative records, going through this ICES.

What happened in 2015, for reasons that are not at all related to the province, was that Statistics Canada had a concern about security and confidentiality and they suspended the linkages, and they've never been reinstated.

But when we started to think about what we could bring to this committee in terms of a request—that's it, because part of the reason, I think, the link hasn't been reinstated is, nobody has asked for it. And the beauty of it is that you're getting a huge amount of information and you're not spending any money because the information is already there. All that there is is a very low cost of linking these pieces of information. The costs associated with collecting data on health and food insecurity and whatever—they've already been spent.

So we're just talking about putting these pieces together in a way that somebody can step back and start to say, "Here we've got a family. They're food insecure. What does the health care utilization look like? What does the interface with the criminal justice system look like? Where can we see indications of intimate partner violence?"—because there are indications throughout our system. With linking these data sources, we'd be able to put all that together without imposing on anybody or without having to start de novo to get somebody to participate in a survey or an interview or whatever. The province could just start to look at these problems through their own administrative systems. That would help us to understand both the scope

but also, where are the trigger points, where are the opportunities to interface with people in these situations and with kids in these situations—because we'd also be able to see the experiences of families with kids going through the school system.

So it's a small ask in terms of cost, but it's huge in terms of the capacity. And Ontario is unique in this ICES facility—no other province would be able to do what Ontario can do in terms of putting these pieces together. Plus, in Ontario, we've got such a big population. We've got the ability to look across the province and amongst different groups, and it's huge.

Ms. Laurie Scott: That's a very valuable piece of information. Thank you.

How much time do I have left, Chair?

The Chair (Mr. Lorne Coe): You have two minutes and 56 seconds.

Ms. Laurie Scott: It's not your bailiwick, probably, but just to alleviate the—the world is changing rapidly in security, cyber security and all this. Do you see any other spot in the States or anywhere around the world that has figured out how to make this collaboration of data secure to people? Because they've stopped it for a reason: data privacy. Is there anything that comes to mind? You don't necessarily have to have the answer, but I just thought I'd ask that question.

Dr. Valerie Tarasuk: I think Statistics Canada does a very good job. The issue related to provinces—it was New Brunswick, and it was related to a lawsuit around tobacco. There was a concern that there could be a freedom-of-information act or something that would be able to access information, because they were linking tobacco usage to health and health care spending. But my sense is that Statistics Canada—everything we're hearing is that they're very, very highly regarded. Since that suspension happened—which was in 2015, right? It has been a while. Since that happened, things can only have gotten better in terms of their ability to manage privacy issues.

Ms. Laurie Scott: Yes, that's what I think, too. So it's just the approach?

Dr. Valerie Tarasuk: I think so.

Ms. Laurie Scott: That's very valuable. I really appreciate that.

I probably don't have much time. You touched on it very much; it's just more for education, to share: Especially in northern Ontario, when I was travelling—the whole survival sex, transactional—with especially low-income women, obviously. Anyway, you highlighted it. I don't know if you wanted to add any more, but it's just so people really realize it exists more than we think it exists.

Dr. Valerie Tarasuk: Heartbreakingly, also youth, not just women. One of the problems—and again, this is something that I think could be repaired with better data linkage—is that most of the information that we have is based on women, but what little we do have around men or around gender-non-conforming people is that they, too, are at risk in certain circumstances. But again, I think this is something we could learn more about if we had better ways to connect the dots.

Ms. Laurie Scott: Thank you. Great; very informative. I appreciate you coming today.

Dr. Valerie Tarasuk: Thank you for your questions.

The Chair (Mr. Lorne Coe): Further questions? Seeing none, thank you very much for your time and presentation that you've made.

DR. IRVIN WALLER

The Chair (Mr. Lorne Coe): We're going to move forward now, please, with a new presenter, and that would be Mr. Irvin Waller, who's joining us through Zoom, if I'm not mistaken. Through our technology staff, can you bring Mr. Waller up, please? Thank you.

Good afternoon, Mr. Waller. How are you?

Dr. Irvin Waller: I'm good.

The Chair (Mr. Lorne Coe): Thank you for joining the Standing Committee on Justice Policy in its deliberation on the study of intimate partner violence. You're going to have 10 minutes for your presentation, sir. For the record here, please state your name for Hansard and then you can begin. I'll let you know when you have one minute left in your presentation. Once that concludes, there will be questions from the members of the opposition and the independent member, as well as members of the government.

So, sir, if you would just state your name for Hansard and then you can begin your presentation. Thank you, sir, for being here.

Dr. Irvin Waller: Irvin Waller. I'm an emeritus professor at the University of Ottawa. I've worked at senior levels in government in the 1970s and I helped get a resolution through the UN General Assembly for victims in the 1980s. I ran an international centre for prevention of crime, and I now do books that translate science into knowledge that can be used by decision-makers.

Basically, my pitch is that Ontario could reduce intimate partner and sexual violence by 50%—yes, 50%—before 2030. I'm going to make six points. The first is that if you are going to do that, then you have to set a clear target of what you want to do.

Secondly, you need to have good ways to measure intimate partner and sexual violence so that you can see if you're making progress.

1510

Thirdly, you need to establish mechanisms to get knowledge used, one of which would be a senior office on violence prevention in the Ontario government, and then the equivalent at the municipal and First Nations levels. You would have to have people working there who have the skills to do the smart community safety planning that we need.

The fourth is that you would need to put into action the community safety section of the 2019 Community Safety and Policing Act, and I will elaborate on that a little bit more.

The fifth is you need to promote more awareness about the things that actually work and the things that actually work a lot more than increasing police budgets.

The last is that you need to get the political will to actually go from an epidemic of violence, of intimate partner and sexual violence, to get the funding and to get the changes that I mentioned.

I'm now going to tell you a little bit more about each of these. In terms of setting targets—I didn't invent this—the UN developed sustainable development goals in 2015. Canada has committed to those, as every other civilized nation—well, every government that is a member of the United Nations has adopted those goals.

Basically, what they talk about is the elimination of all forms of violence against women and girls in SDG 5.2. Also, in SDG 16—there are 17 goals—they talk about reducing homicides, and the general consensus on homicides is that countries can reduce homicides, including femicides, by 50% before 2030.

Ontario has partnered with the federal government around a national action plan. I'm not going to go into the details, but they're in my text. If you look at those details, in the first columns they are reasonable: You're going to measure self-reported violence against women, and you're going to—sorry, I should have said "intimate partner violence." They're going to do the same thing on sexual violence. That's all good, but when you look at what the targets are, the targets are not reducing anything, so I don't quite know how why governments would sign something like that.

The second point I want to make is, yes, the federal government has measures for intimate partner and sexual violence. In my view, these are very weak measures compared with the UK or the US. I am a very strong fan of the Centers for Disease Control and Prevention measures, which is a national survey on intimate partner and sexual violence. It links to both men and women and gives you prevalence and risk factors.

I've included in my text just one of many brilliant charts that they have, basically showing that, yes, we need to be concerned about intimate partner and sexual violence during the high-risk years that are something of the order of 12 to 30-something in there, but we need to be concerned about violence before that and we need to be concerned about the long-term consequences of intimate partner and sexual violence.

I've included one of my favourite charts that shows you the sorts of disease or mental health outcomes that result from this violence, and these are things like asthma or irritable bowel syndrome, chronic pain. I think we're all familiar with PTSD, but we see this as a short-term problem. It's actually a very long-term problem, and this is a reason why we need to get that data and to focus on it.

My third point is that Ontario needs to actually do the things that will enable us to implement the things that reduce violence. Top of my list is having violence reduction boards or crime reduction boards—the different phrases that are used. You will have seen a new Prime Minister in the UK, who is committed to cutting knife crime by 50% over 10 years. But if you look at what he is going to be doing under that mantra, you see violence reductions units spread across most regions in the UK, and the results measured not just by police data that is renowned to be not reliable, but also by injuries, by people going to emergency rooms.

I could say more, but I'm going to move to the 2019 Community Safety and Policing Act. The section on community safety is, in my view, the gold standard across the world. It talks about identifying risk factors that contribute, in our case, to intimate partner and sexual violence. It talks about strategies to tackle those risk factors. It talks about measurable outcomes.

All of that is great but, of course, sadly, Ontario has not done anything really to help local governments, cities and First Nations actually develop those plans. It hasn't done anything to get the planners whom we need or to get outcomes other than police data. I'm not against police data; we can use police data, but we need much better data if we're actually going to make progress.

So I see a high priority in Ontario to get a high-level office—this would be at the deputy minister level. At various times Ontario has had a deputy minister of prisons or corrections. We've had a deputy minister of policing. We need a deputy minister of prevention, and that office must have some of the smart community safety planners, and a budget equivalent to about 5% of what Ontario is spending on police and prisons.

The fifth point I want to make is we have to do a lot more to raise awareness about the programs that work. Chapter 5 in my book identifies a number of these programs—

The Chair (Mr. Lorne Coe): Excuse me, Mr. Waller, you have one minute left in your presentation, sir.

Dr. Irvin Waller: It includes programs like Green Dot and Fourth R, and I would be happy to talk more to that. I'm a particular fan of what the British are doing with their Youth Endowment Fund. They've spent $35 million a year to promote the things that work. We need to do this in Ontario.

The bottom line is prevention is affordable. It's achievable. We've got to get smart, and we can reduce intimate partner and sexual violence by 50% within the next five years or, if you want, before 2030. Thank you.

The Chair (Mr. Lorne Coe): Thank you very much, Mr. Waller, for your presentation.

We're going to now begin the questions and answers with the official opposition, please. MPP Wong-Tam? When you're ready, please.

MPP Kristyn Wong-Tam: Thank you very much, Mr. Waller, for your presentation. I just want to acknowledge that you, as our speaker, are coming to this committee with a very broad international lens. Your work on reviewing policy from abroad I think is really helpful for this committee's work. Oftentimes we have to be able to compare ourselves to other jurisdictions to know where we are going, especially when it comes to understanding the environment that we're in today. How we are doing compared to other provinces may be one measure of success and progress, but how we are doing with jurisdictions outside of Canada is another. So I just want to acknow-

ledge that you're bringing a very robust international lens to our discussion.

You had mentioned that Ontario could do better, and I think there's always room for improvement. Specifically, can you just elaborate on the areas that we can do better in?

Dr. Irvin Waller: You already have legislation—the community safety section in that act—and you need to put that into practice. The way that you would put that into practice is you would have a deputy minister in a ministry of community safety or a Solicitor General, and you would help cities have a similar office. You would invest in developing the planners, and you would promote awareness of things that work.

1520

So you would have to have the capacity to bring together examples. Some of these examples come from Ontario—Fourth R comes from Ontario; SNAP is from Ontario—but there are things that you can learn from other jurisdictions—

MPP Kristyn Wong-Tam: And, Mr. Waller—

Dr. Irvin Waller: —and so—

MPP Kristyn Wong-Tam: Oh, sorry. Are you finished your thought?

Dr. Irvin Waller: That's okay.

MPP Kristyn Wong-Tam: Sorry. I didn't mean to interrupt.

Mr. Waller, I'm very curious, and maybe I'll just explain. You're probably not a frequent watcher of the debate at Queen's Park, but I can assure you that every minister—and it doesn't matter which political party, but every minister—will stand up and boast about the good work that the ministry is doing. Oftentimes it doesn't come with what I would call the receipts and the evidence and the proof of outcome.

And so, what you're asking for is a certain level of accountability, because we obviously have legislation that needs to be enforced, that needs to be updated, that needs to be measured to ensure that we are getting the results we're looking for. Which jurisdiction is doing a good job of measuring outcomes? Because I think that would be very helpful for us in Ontario.

Dr. Irvin Waller: I don't think there's any jurisdiction that is the gold standard on measuring outcomes. I think the Centers for Disease Control and Prevention give you the gold standard on how to measure. I think the ways Fourth R was measured and the way that bystander intervention has been measured—these are all good ways to measure.

I want to just pick up on how we need to be looking at outcomes. We need to not just say we've spent this amount of money on more transition houses; we need to be able to demonstrate that the actions we've taken—and you can do this in quite short time periods, like a year, three years or five years. We need to be able to demonstrate, with this epidemic of violence, that we've made some impact.

MPP Kristyn Wong-Tam: Thank you, and I do think that what you've shared with us is very important.

Because there's a lot of reliance on government supports, whether it's the social safety net, which I think is critical to making sure communities are safe—but when it comes to the issue of intimate partner violence, it's not necessarily a sector of funding that you get to cut a lot of ribbons on. For example, if it was a highway, we would be able to get to cut a ribbon. The government can cut a ribbon when opening new hospitals. But when it comes to programming that has to be core-funded, that has to be sustainable, that has to meet the moment and the needs of the community, it's very difficult for advocates and service providers to come to government asking for funding that is sustainable, and base funding that's not reliant on project and application one-offs for two years or three years.

Where do we see in the world—just because you've got this world view, which jurisdiction has embedded gender-responsive budgeting, or perhaps put a gendered lens, a GBV lens, over government expenditures to get to the outcomes that they're trying to achieve?

Dr. Irvin Waller: I'm not aware of any government that is doing that. As I mentioned, the US is the gold standard on how to measure; it doesn't have the gold standard in terms of reducing it. So if you're going to see across-the-province reductions, this would be new.

You do have examples, like in the UK, where they are measuring street violence with hospital data and with police data. They are not doing that for gender-based violence. So we have a model to follow from the UK. We have a way of measuring from the US. We could do this.

You talked about cutting ribbons. I'm happy when somebody says we're going to put $1 million into replicating Fourth R, but you're not going to reduce gender-based violence across the province of Ontario with a few small projects funded by the federal government or funded by everybody. As you've said yourself, you have to have sustained and adequate funding.

I think, if you look at traffic crashes, then ministers can stand up and say, "Well, we've reduced traffic crashes by X per cent because we did this." I think there are things that you can do, and I think, given the interest, particularly of women, in these issues, a minister who could show even a 20% reduction in gender-based violence over a five-year period—I think they would get a lot of political support. We have that knowledge to do it. We know what we need to put in place. And yes, they can start and say, "This is what we're going to do," and then hold themselves accountable, then they can improve.

You see in the UK—it's street violence, but you see already 25% reductions in—

The Chair (Mr. Lorne Coe): Thank you, Mr. Waller, for your response.

We're now going to move, sir, to MPP Mantha, the independent. He has five minutes for questions and your response.

Mr. Michael Mantha: Good afternoon, Professor Waller. I just want to tag on to what my colleague was raising, the importance of setting targets and having those targets validated or validating through the policies that

we're going to be putting forward to achieving what we need, because every government—everybody likes cutting ribbons and showing that nice shiny item that everybody relates to as far as things that are working or progressing and so on.

I just want to get back to two things. One is, you talked a little bit earlier about the awareness programs that are actually successful in the UK. I'd like you to touch on those, but I also—once those targets are set and—you touched on how they can move forward with validation. What does that look like? What is it that you see as far as those programs that will make the reduction possible?

Dr. Irvin Waller: Well, I think they're Ontario programs that, as projects, have demonstrated that you can reduce sexual violence in schools. There are programs in universities that have done the same thing. And the way they demonstrated their success was with surveys. We know that very few victims of sexual violence go to the police, and we know that a few more intimate partner violence victims go to the police, but it's not that high a percentage, so we need to be using surveys.

If you look now, I think the new Prime Minister of the UK has promised a 50% reduction in—it's not in gender-based violence, but in street violence. You see the mayor of Boston promising a 20% reduction also in street violence within three years and she's actually got an 80% reduction, and I think she can celebrate that. The mayor of London has been re-elected on the results he's been getting.

So we have to apply some of the same logic to intimate partner sexual violence. We need to know more about the risk factors. And quite a bit of that is known without being as perfect as I would ultimately want. We need to address those risk factors, particularly in early stages in schools and universities, and we need to put money into this.

I'm not saying that if you form the next government that you would promise a 50% reduction within five years. Go for 20% and then overachieve. But you've got to put money. I like the rule of thumb of putting in 5% of what we're currently spending in policing and prisons into this and then seeing how far we get. Then, as we can demonstrate progress, we can fund it more. But you also have to promote more awareness of the things that have worked in Ontario and learn from those things that have worked elsewhere.

1530

Mr. Michael Mantha: How do we bring this to the public so that there is a vested interest in the public, so that they can recognize the importance of coming forward with these policy changes or setting these targets? Because we all know—"Okay, we need a new bridge. This is what we have to do." You see it. You visualize it. I'll use the example—there's a ribbon-cutting ceremony. There isn't a visual with this. Help me understand how we can bring that to the public so that there is a visual—at least, a mental visual picture of the progress that needs to be done and how we move those stakes forward by setting targets.

Dr. Irvin Waller: I think there are two parts to the question.

I'm amazed that anybody would doubt that the public recognizes the need. I think everybody recognizes the need to do something about intimate partner violence and sexual violence. So I think the need is there.

In terms of demonstrating the sorts of things that have worked, you have to take things like Fourth R—SNAP is another of my favourite ones; parenting programs that reduce conflict. There are a number of these things, and you turn them into—showing how they work, how much money they save, and showing how much human suffering they save.

That's why this UK Youth Endowment Fund is so interesting. They put $35 million for the UK, put $10 million in Ontario to promote these things. If you look at the UK, this guy is on TV, on all sorts of channels and radio; he's working with local governments. But you have to have a whole different mentality from a mentality today, which is—

The Chair (Mr. Lorne Coe): Mr. Waller, I'm going to have to conclude your answer to the question posed by MPP Mantha. The time has elapsed for his questions.

We're now going to move to the government. MPP Dixon, please.

Ms. Jess Dixon: Hello again, Dr. Waller. I've said this to you before, but I'm going to say it for the benefit of the committee, as well, and those listening—Dr. Waller is a very, very large part of the reason that we are all here today and that many of our witnesses have come forward and will come forward. He has written several books, but the two that I became familiar with are Science and Secrets of Ending Violent Crime, and then the first one that I found, which was Smarter Crime Control: A Guide to a Safer Future for Citizens, Communities, and Politicians.

Dr. Waller, your book landed with a politician back at the end of 2022, when I went looking for who understands this, and I found you, so your books have been a real motivating factor in a lot of what I've been working on and pushing for. I'm just so appreciative of all of your expertise and the amount of time that you've put into this.

When I was reading your books—I'm going to paraphrase, but I would like you to expand on my paraphrasing of your own words—what I walked away from was this idea of, we are so far past the point of pilot projects; this idea that we know what works, and the part that is missing is commitment from governments and politicians, and commitment on a longer time frame. Can you talk a little bit more about that?

Dr. Irvin Waller: I don't think I can say it better than you said it, actually. I think the main difference between what you just said and what is in my notes is that there is a growing interest across the world in actually reducing both street violence significantly by 50% and reducing—"gender-based violence" is the typical phrase used. You see some examples where politicians have identified a target and organized to achieve that target.

I would just like to talk very briefly about Boston. What did she do? Yes, it was street violence, but just put the words "gender-based violence" in place. She brought together some experts, if you like—like me—who know

the research on what has actually worked. She brought together people from the communities where it was happening. For gender-based violence, you've got to make sure that there are lots of women, LGBTQ—and some men, the whole spectrum. She brought together people from public health, from policing. They were there for two or three days, and then she announced what she was going to do.

I think your committee is a step in that direction. You have to begin from what we know today, and I've given a number of concrete things that you can do. I think it's very important to move from saying, "Yes, well, projects—that era is over. We've got to do it across the board." That's great, but it won't happen on its own.

You really need an agency in government—I would like to call it the office for violence prevention or violence reduction; you can find your own phrase if you want to put "community safety" or something in there—at a very senior level, a deputy minister level, and you give them the resources, yes, which includes money to do the programs; money to help people with planning, which is a smaller part of the budget; money to do the surveys; money to promote the things that are known to work, whether they come from Ontario or across Canada or from the US or UK or Australia. Australia has a number of these. You've got to do all those things.

Yes, whether you use the 50% number that I think that you should use, or you use "significantly reduce" and in the first five years we will go for a 20% reduction, you have to make a commitment and you have to organize to achieve the commitment.

Ms. Jess Dixon: I'll just wrap up with a question where I'm hopefully leading you to the answer: With all of your expertise, the amount of time you've spent with other experts, the amount of time you've spent studying what else is happening in the world and how all these different jurisdictions are addressing this, the number of programs that we know of, that you know of, that are presenting—Ontario likes to be good at things. Ontario likes to be best at things. Do you think it is possible—with what you are recommending, what many of our other experts are recommending, with these real, concrete changes in the government direction—for Ontario to become a world leader in prevention and the response to gender-based violence?

Dr. Irvin Waller: Yes, I do. And I hope my answers to the various questions illustrate we can learn from other jurisdictions, but we've got to do these things here.

I would like to see the equivalent of 5% of those budgets in reaction to get it going. I think promising something—50% is what I want you to promise, but if I were a politician, I would promise less, so let's go for 20%. Put the money in, get that deputy minister there, have an advisory group, promote the awareness and, yes, Ontario could become a leader on what is a very, very important objective.

Domestic violence has been behind closed doors. It's no longer behind closed doors in terms of the public debate. So let's bring it out into the open, measure it and set out the ways that we're actually going to achieve real reductions within a limited time period, where a limited time period for me is three to five years.

Ms. Jess Dixon: Thank you so much, Dr. Waller, for presenting to us today.

The Chair (Mr. Lorne Coe): Thank you, Dr. Waller, for your presentation. I'm now going to proceed, sir, on to our next presenter.

DR. JO HENDERSON

The Chair (Mr. Lorne Coe): I will now call on Jo Henderson to approach the table. Take a seat, please. Make yourself comfortable. Take your time.

The microphone in front of you will activate when you begin to speak. I have a technician behind me who will look after all that, so don't worry about pushing it on and pushing it off, okay?

1540

You just saw the process. You will have 10 minutes for your presentation. I'll let you know when there's a minute left in your time, and that will be followed by questions, as you saw, in rotation. So what you're not able to communicate in your 10 minutes, I think you will have the opportunity to communicate parts of that or enhance them through the question-and-answer process, okay?

Dr. Jo Henderson: Excellent.

The Chair (Mr. Lorne Coe): All right. Thank you.

For the record, I'd like you please to state your name for Hansard, which is our recording service here at Queen's Park. Following that, you can begin your presentation, please. Thank you.

Dr. Jo Henderson: Sure. Dr. Jo Henderson. I'm executive director of Youth Wellness Hubs Ontario, senior scientist and director of the Margaret and Wallace McCain Centre for Child, Youth and Family Mental Health at the Centre for Addiction and Mental Health.

The Chair (Mr. Lorne Coe): Well, thank you so much for taking the time to be with us. Could you please begin your presentation.

Dr. Jo Henderson: Absolutely. Thank you very much for the opportunity to be here with you today. I'm going to move to the punchline first and give you my four main messages, and then I will walk you through a little bit of my thinking.

So, mental health, substance use, gender, early experiences and intimate partner violence are intricately and complexly interwoven.

A developmental perspective is essential. The research related to youth experiences of intimate partner violence is in its infancy and needs to expand.

Prevention and early intervention have impacts on the prevention and exposure and the lifelong trajectories associated with exposure to intimate partner violence. The return on investment is good and cost savings and life outcomes are improved.

Lastly, we have an obligation to resist the urge to do pilot projects, as the last speaker was also saying, and to build specialized services. We really need to think as a

system, and this is our opportunity to leverage existing system transformation initiatives to build sustainable models.

I have the privilege and pleasure of speaking with you today, but my comments are the reflection of the work of many people, including the important voices of young people. But in particular, my written submission and my comments today were informed by Dr. Meaghen Quinlan-Davidson and Dr. Deb Chiodo as well.

I will use notes because I tend to chat, so I don't want to go over.

I guess I should really emphasize my focus is going to be mental health and substance use in young people. Globally, intimate partner violence is the most common form of violence and is consistently associated with mental health and substance use problems, particularly during adolescence and young adulthood. IPV, mental health, substance use, development and gender are interconnected in many complex and dynamic ways. Childhood experiences, mental health and substance use contribute to experiencing intimate partner violence, but also in perpetrating intimate partner violence, and are also consequences of exposure to intimate partner violence.

Exposure places youth aged 12 to 25 at risk for depression, anxiety, PTSD and suicide attempts. Youth who identify as girls or women, 2SLGBTQ+ youth, Indigenous youth, racialized youth, as well as youth with disabilities, youth in rural contexts, migrant youth and youth from lower incomes are at higher risk of experiencing intimate partner violence, yet little is known about how these intersectionalities interplay with our efforts to reduce such risk and improve outcomes.

People who perpetrate intimate partner violence have been shown to have their own mental health and substance use problems, including alcohol and substance use problems, panic disorder, depression, generalized anxiety disorder and psychological traits like anger, hostility and jealousy. Substance use has been found to be associated with perpetration by boys and young men and victimization amongst young women.

Police-reported estimates in Canada show that rates of intimate partner violence are seven times higher amongst 12-to-24-year-olds who identify as girls and young women compared to boys and young men, though I will comment on the role of stigma in some of those numbers. These rates are also higher than women who are over the age of 25. National estimates indicate that within the 12 months prior to being surveyed, almost 30% of girls and young women aged 12 to 24 have experience intimate partner violence and these rates are the highest out of any age group for women who are exposed to intimate partner violence.

Global literature review shows that transgender people, regardless of age, are 1.66 times more likely to experience intimate partner violence compared to their cisgender counterparts. Importantly, especially amongst boys and young men, stigma and other structural barriers may play a role in limiting our access to information about their experiences.

Intimate partner violence against women 15 years of age and older has significantly increased with COVID-19, and so this is also a really important piece. Estimates in Canada show a 19% increase in intimate partner violence, regardless of gender, between 2014 and 2022, 12 years of age and older.

I've included a Lancet Psychiatry commission on the interconnections between intimate partner violence and mental health in the written submission to help understand the connections between the risk factors, but the intergenerational transmission of intimate partner violence is really important to consider.

Youth survivors of intimate partner violence have complex needs, requiring health and social services as well as mental health and substance use services. Typically in a service like Youth Wellness Hubs Ontario, the government funds 32 networks across the province. We operate hubs in more than 35 communities. In these hubs we have mental health, substance use, primary care services and housing supports. We also have walk-in access to free WiFi, free food and those kinds of things—a really holistic approach co-designed by young people.

A young woman might walk in, come to the desk and say she wants to get pregnancy testing or tested for STDs, and so we connect them up with the nurse practitioner, and then the nurse practitioner does their due diligence in inquiring about the context within which this concern has arisen. Then they find out that this young person is worried that they had unwanted sexual contact while intoxicated, unconsented sexual contact, and this isn't the first time, because there are substance use concerns that have been present following exposure to adverse childhood experiences during their development. Having a model of service delivery that brings together all different aspects of a young person's needs is critical in responding to intimate partner violence.

So what's the gap? Well, the gap is currently that these service systems are completely separate service systems. There aren't very many services for people exposed to trauma. Where they do exist, there are specialty services sitting somewhere out here. With young people, it's not connected to mental health and substance use services. Young people have been clear over the last two decades that the kind of system they want for their mental health needs—primary care needs, substance use needs, these kinds of needs—is organized; that it's a system, not a collection of services; that it's delivered in a way that amplifies young people's voices and autonomy; that we as a system take responsibility; and that we equip all of our service providers with the tools and capacities they need in order to respond. So when we think from the perspective of intimate partner violence being preventable and that early intervention can change trajectories, we need to think about what's already available that we can leverage.

So the previous speaker—and I appreciated your questions about how Ontario can be a world leader in this regard. We happen to have some pretty good traction around an initiative called the Fourth R. David Wolfe, Deb Chiodo and others have created a curriculum that is being implemented across Canada and other places. That cur-

riculum has also been adapted for a community context, and we have more work to do in that context.

But like I said, from an early intervention perspective, we need to leverage our systems that are in place, equip service providers with the capacity to screen and then respond with appropriate early interventions.

The Chair (Mr. Lorne Coe): You have one minute left, please, so you might want to start summarizing.

Dr. Jo Henderson: Thank you. Oof—I'm just getting started.

1550

The Chair (Mr. Lorne Coe): Well, you can take the opportunity during the questions, as an example, to supplement what you've already provided.

Dr. Jo Henderson: Thank you very much.

Integrated youth services are a new model of service delivery. This is the model of service delivery I've been referring to. In Ontario, it's Youth Wellness Hubs Ontario. This has been gaining momentum across the country because we operate as a learning health system, which means we are not in the business of conducting meaningless pilot projects that have a start and a stop.

Embedding attention to intimate partner violence within these structures that allow us to leverage infrastructures that already exist, allow us to gather information about what's impacting young people—what this looks like in the context of social media, for example—and then embed responses, examine the consequences of those interventions, adapt and adjust, is really what's going to be efficient in terms of making investments, so—

The Chair (Mr. Lorne Coe): Thank you for your presentation.

I think the other aspect I'd like to add is that the members do have copies of what you made in the way of a presentation. I know, working with the members, they all undertake care in reading those. And that will inform the questions that will follow—starting with the official opposition, please. MPP Andrew.

MPP Jill Andrew: Thank you, Jo Henderson, for your presentation. I really appreciate it.

You're right, education is part of prevention; it's part of intervention, raising awareness.

Currently, we have an Ontario public school system that has been chronically underfunded by this government. One of the first actions that this government took when they got into office was to slash $25 million or so off of after-school programming, which we know promotes life skills, employability skills, healthy relationships—yada yada yada.

With the escalation of mental health crises in our schools, especially exacerbated by COVID, what's your opinion on this chronic underfunding of our health care system, our education system, community social services and local benefits? How does this continue to create the social conditions that are literally helping to water violence and increase it, whether it's intimate partner violence; whether it's community-based violence? How important is it to properly invest in our education system, our health care system and our community services?

Dr. Jo Henderson: The important place that I like to focus is on what we can do. As a person who both delivers services and conducts research, I have to operate within what I have, and I have to provide the evidence.

The really critical piece is that the right voices are at the table when we're making plans to address complex social issues. That means including the voices of lived experience, young people who have been exposed to intimate partner violence, and elevating and amplifying their voices to influence how investments are made and the kinds of outcomes we're seeking and monitoring.

That's why we actually have been very fortunate to have worked in partnership with government, but also people outside of government, to build a model of service delivery through Youth Wellness Hubs Ontario that reflects those values, and can both demonstrate a return on investment and be efficient with the kinds of investments we do receive, while at the same time delivering on a big vision that reflects the values that young people articulate to us, which is about holistic care, about having a place in the community, and having access to high-quality services that are evidence-based.

MPP Jill Andrew: I appreciate your response, Jo.

Circling back on mental health and the addictions crisis and toxic drug crisis that we're seeing, I also know, in the time I've been here, that the government has shut down some safe injection sites.

I'm wondering what your opinion, as an expert, is on the need for having safe injection sites as part of a harm-reduction approach to dealing with mental health and addictions in our community.

Dr. Jo Henderson: I'm glad you asked that question, because I think it's really important that we try to avoid the sort of binary options that are sometimes presented to us. I think substance use is a space where we really see this kind of dichotomization. It's like abstinence or harm reduction. There is a failure to acknowledge that harm reduction is part of a continuum. Harm reduction-based approaches have been shown to be really important in the context of young people who are already using substances.

We're always mindful about how we approach the work, to ensure that we're not having unintended negative consequences on young people who are not already using substances. We're really fortunate, I think, with the holistic model of care to have the opportunity to build new models of care, as a learning health system, to investigate. One of the major issues in being able to address the toxic drug supply and the crisis that we have in terms of morbidity and mortality amongst young people related to substance use is our capacity to deliver—mental health professionals, historically, across all governments, have been excluded from addressing substance use-related concerns. Those were seen as two separate streams of service. Part of what we've been really dedicated to doing is to bring those streams of service together but also to equip mental health professionals with basic skills around identifying and responding to substance use amongst the earliest ages, because difficulties with toxic drug supply don't start there; they start earlier.

And so, how do we get upstream and ensure that everyone who is in the lives of young people, that they're equipped with the skills they need to do that, those authentic inquiries into what's going on in your life, and to respond with evidence-based approaches that will move young people towards reduced risk and better quality of life and better outcomes?

MPP Jill Andrew: How much time do I have left, Speaker?

The Chair (Mr. Lorne Coe): You have one minute and 49 seconds.

MPP Jill Andrew: Thank you so much—oh, not Speaker; Chair. My apologies.

I wanted to say, I've had opportunities to speak with various organizations that support our community in St. Paul's. One such organization is WoodGreen. I think of Homeward Bound, and I think of the desperate need for housing, whether supportive housing, transitional housing, affordable housing—

Dr. Jo Henderson: All housing, yes.

MPP Jill Andrew: Housing seems to be a need in the province of Ontario.

How important to you is it that we have real affordable housing in the province of Ontario so that when, mostly, women—single moms, oftentimes—are in a program like Homeward Bound and they leave that program—we want them to be able to thrive, and market-value rent is not usually how they thrive right away. So we need those stopgap measures.

How important is real affordable housing and different types of housing to the effort of ending intimate partner violence, ending gender-based violence in our communities?

Dr. Jo Henderson: As you can imagine, my area of expertise is amongst youth and young adults, and certainly a proportion of those young people would be parents. However, in my context, the issue of affordable housing cuts across young people, generally.

Most particularly, Youth Wellness Hubs Ontario have been co-designed by young people experiencing precarious housing or homelessness and we partner with those organizations across the province. The need is at crisis proportions for those young people, and when we're able to support them to start to make positive life changes, we need housing that can help them achieve their life goals. It's a critical aspect of mental health—

The Chair (Mr. Lorne Coe): Excuse me, Dr. Henderson. That concludes the time that's been allocated to the official opposition.

I'll now move to the independent member MPP Mantha, who has five minutes for questions. Thank you.

Mr. Michael Mantha: Thank you. Dr. Jo Henderson, you seem to be the person that will look at a glass half full. You seem to be the person that doesn't ask the questions as to "why can't" or "why not." It's "we can" and "when will we get it done." You just seem to be that type of a person to me, and it's very similar to some of the qualities that I have.

Prior to being a politician, I worked as a resource coordinator, and I really enjoyed your hub description because that's one of the things that I was doing there.

We always forget about students. And my way of attracting them is I'll just put food out, the kids will come, and the parents will follow. But the purpose or the model of the hub that I was using is, all the service providers, I would put them on the outside. They would all interact, and the idea was to get the children in there because that's how you're going to get the parent there, but then the parent would look at those services and strike up a conversation—whether it was family services; whether it was health, diet, health care education or whatever, but you had that there.

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I guess my question to you is, if you were to implement a hub system to address some of the needs that we have with the IPV model—because we always see government agencies working in silos. Again, I've talked about this with earlier presenters: "This is my role. This is your role, and you deal with yours." How would you see that model working?

Dr. Jo Henderson: So, this is what I do day in and day out. This is the challenge.

Mr. Michael Mantha: That's why I'm asking the question.

Mr. Graham McGregor: One at a time.

Dr. Jo Henderson: Yes, one at a time. I think it's also about creating a shared vision that everyone can align behind. It's also calling it out. So, when I'm working with communities to get them started and we bring together all of the organizations around a common table, we explicitly say, "Are you more interested in your brand, in your territory, or are you more interested in the outcomes that young people are experiencing?" And you've got to put your toys on the table, and we've all got to put our toys on the table.

And then we incentivize that. We incentivize that working well so that networks that come together are able to deliver and then we are able to reinforce that. Then we can also support those who are really struggling, but we do that through human resources to actually build their expertise and capacity more meaningfully.

And then we monitor—measure, measure, monitor, monitor. We use social network analysis. We use all kinds of different approaches to monitor the extent to which integrated governance is being achieved, and then youth outcomes are following. Yes, it's multi-factorial.

Mr. Michael Mantha: One of the biggest challenges that I found was getting mental health services. It's so difficult to get them. Just recently, dealing with some family challenges, we're looking at 18 months to almost two years to get the services that you need. Other than mental health, if there was a target to really bring an impact or have a significant effect on what needs to be done when it comes to IPV, where would that investment go first for you?

Dr. Jo Henderson: So, I would say twofold: prevention, and I think we have a school system that reaches most

young people. We have a curriculum that was rigorously evaluated, is being used across Canada, is being used internationally, but in Ontario, it has been challenging, especially post-COVID.

I think moving that curriculum into community, into models where we're reaching young people so that—because what we know is that when we intervene early and we're not necessarily focused on the intimate partner violence, but we're actually focused on the broader relationship skills, the broader contributors to poor mental health, contributors to substance use, we have a bigger impact. So that's where I would invest first. Still, young people will experience intimate partner violence, either before that or as it unfolds. We need to equip our service sectors.

We have to move away from a specialist model. Are we going to train enough psychiatrists to do this? That's not going to work. We need to broaden the workforce, be more inclusive and really think innovatively about how we're expanding our reach in service delivery. It can't just be a small few with graduate-level degrees. You go to any psych 100 class at U of T—thousands of students. They use Convocation Hall. By the end of undergrad, we've gotten rid of all of them.

The Chair (Mr. Lorne Coe): Excuse me, Dr. Henderson. Thank you very much for your responses to MPP Mantha.

It's time now to take questions from the government members. I have MPP Smith, please.

Mr. Dave Smith: First off, Dr. Henderson, I want to compliment you on the submission that you gave. It was fantastic—very, very comprehensive, very well-thought-out. I would love to see other submissions done as well as yours was. If you want to offer up sessions on how to do that, I think that all of us would benefit significantly from it.

Secondly—and I'll preface with this—I have been with the ministry of mental health and addictions now for about five months; I'm very familiar with the work that you're doing and the work that CAMH is doing. We're looking at expanding the youth wellness hubs across the province, more than what we have right now. But I want to touch on something. I'm sure others in the public will ask the question. I think I know what the answer is; in fact, I know what the answer is, but I want to throw this out there. It's not meant as a negative. You have touted the success of the youth wellness hubs—and, again, I'll preface that with: We are going to be expanding them.

Dr. Jo Henderson: Right, right.

Mr. Dave Smith: But you've also pointed out that there has been a significant increase in the last four to five years of some of the challenges that the youth have been facing. You said that we don't necessarily need to be looking outside of the system right now—I think your quote was, "No more pilots; just do it"—that we have a lot of the services already in place.

If we have the services already in place and the numbers are increasing for it, why would you make the suggestion then that we have the services in place? Again, I'm prefacing this all with: I already know what the answer is going to be. I just want you to put it on the record for us.

Dr. Jo Henderson: Yes, sure. Thank you for the opportunity.

I guess partly I would say maybe part of it is that I misspoke. We have a system in place. We are building a system approach, which is very different than having a sprinkling of 400 different services across the province. We need those services to come together, to find efficiencies, to operate in a way that's experienced as seamless. Young people don't want to tell their stories of intimate partner violence over and over again. They don't want to go to one organization, another organization, and tell it again. We need to operate as a system. I think the onus is on us to, at every moment, think about, "Well, how does this fit with the system? How are we leveraging what we already have in place?"

We have done a randomized control trial of this model. We know it works. We need to now implement—and to implement robustly—across the province. And not just across the province; it's actually happening across the country, and we're really pleased to have been able to support other provinces and territories as well.

Now we can take that system and we can say, okay, we have a tailored piece of work we want to do. We want to build capacity around identifying intimate partner violence amongst young people, and we can embed it in this structure that's been built and do this really efficiently. You can't do that with a collection of 400 different services with 400 different boards and 400—you know? It's just not possible.

Mr. Dave Smith: Not to put words in your mouth, but I'm going to try to simplify it a little bit and suggest that perhaps we've had some really good programs that take a piece of it, but there is no soft hand-off, so to speak, from one organization to another, because they have been operating as separate entities.

What you're suggesting, then, with the youth wellness hubs is that this provides us with an opportunity to bring all of those together so that it's more of a concierge service for that individual and we're not saying, "You need to go over there, or go over there, or go over there" or, "That's not my problem; that's someone else's to deal with." It's all integrated together to provide that level of service because, when the individual presents themselves to you, you have a very short opportunity to take that initiative from them and do good.

Dr. Jo Henderson: That's exactly right. When a young person walks in and there is no desk, they walk into a space that's been co-designed by young people and they can hang out, they don't have to say anything until they want to, and then they say, "I'm here because I want to get tested for STDs" or "I'm having a mental health crisis. I want to kill myself"—this is what they say; more than half of them say, "I felt like I wanted to kill myself in the last two weeks"—we say, "We're here to help." We don't say, "Oh, that's an exclusion criteria for our specific service. Please go over there." We say, "We're here to help. We'll figure out back here which of us is going to help. You've

come to the right place. We're here to help." That's what our vision is.

Mr. Dave Smith: Thank you. I appreciate that.

I'll turn my time over to MPP McGregor.

The Chair (Mr. Lorne Coe): MPP McGregor, please.

Mr. Graham McGregor: Time check, Chair?

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The Chair (Mr. Lorne Coe): You have two minutes and 19 seconds.

Mr. Graham McGregor: Perfect.

Dr. Henderson, thank you for being here, and thank you for the work your team has done to bring a youth wellness hub to Brampton. We had a very good announcement; we are so psyched about it. I'm actually going to be at city hall on Monday with some of our partner organizations to try to speed it up as best we can. We know we're opening in 2025. Frankly, we needed one of these yesterday, and we probably need more than one.

In my community—we're the fourth biggest in Ontario, 700,000 people. That's on paper, never mind our large newcomer population and a lot of other systemic factors that lead people to question that number and guess that it's bigger. One of the challenges that organizations have to navigate in Brampton with that newcomer population is, obviously, making sure that services are culturally sensitive but also culturally relevant.

Can you talk a little bit about the work that you do partnering with community—or how we can replicate that across government—to make sure that services are culturally relevant, of course, for all kinds of diverse communities, but particularly in this case, newcomer communities? How do we make those services relevant to them?

Dr. Jo Henderson: It's so important. In the context of intimate partner violence, as well, there's so much stigma and there are so many variations. If we don't have culturally appropriate services, we're not going to reach people who can be very at risk—people who have been exposed to trauma prior to arriving in Canada, in particular. Newcomers come from all different contexts.

So there are a few pieces. One is that we do know some things about how to do that work—not necessarily about every culture, but we know the process we should follow in order to develop culturally appropriate services. The second is, there are lived experiences of culturally appropriate services that we need to tap into and amplify. That's why we're excited to work with Brampton—where a learning health system means we're learning from one another and we're supporting the sharing out of knowledge. Brampton is the perfect place. This is the place we want to work with, to learn, so that we can send those messages across the province.

Mr. Graham McGregor: For maybe another youth wellness hub coming in the—

Dr. Jo Henderson: Yes.

The Chair (Mr. Lorne Coe): That concludes the time that we have available for the government members' questions and answers.

Thank you for being with us this afternoon and responding to the questions and answers, and also your presentation that you've made—because the members all receive copies of it, they read it. And we're very impressed with the contents.

Dr. Jo Henderson: You're welcome. Thank you very much, again, for the opportunity.

DR. LYNDA ASHBOURNE
DR. MOHAMMED BAOBAID

The Chair (Mr. Lorne Coe): Our last presenters are with us right now.

I will ask you to state your names for Hansard, which is the official recording service here at Queen's Park, and then you will have 10 minutes to make your presentation to the members of the justice policy committee. I will let you know when you've got one minute left in your 10-minute presentation, and then questions will follow from the members you've probably been listening in to.

Please state your names and affiliations, and then you can start your 10-minute presentation.

Dr. Lynda Ashbourne: I'll introduce both of us, because Mohammed is here to assist in responding to questions, but I'll just be doing the presentation. I'm Dr. Lynda Ashbourne, professor emerita from the University of Guelph. My colleague is Dr. Mohammed Baobaid, who has been my collaborator in research and who is also the founder and former director of the Muslim Resource Centre for Social Support and Integration in London, Ontario.

The Chair (Mr. Lorne Coe): Thank you for that introduction. You can start your 10-minute presentation, please.

Dr. Lynda Ashbourne: I will do so.

I want to introduce where the expertise that you've invited from me comes from—you've seen the written submission that I submitted last week—the implications of that research and our suggestions for how we might implement those changes. And then, both Mohammed and I will answer questions.

My expertise is based on a few things: my early work in community development in the 1980s in Newfoundland and Labrador, working with women's issues, child care and parenting resources and looking at the importance of sectors working together when we want to offer services to families. I've also been a practising couple and family therapist for 30 years in Thunder Bay, KW and London, Ontario. My academic career spans 20 years, where I trained new professionals and conducted research into family relationships, violence and culture.

My practice experience has taught me the importance of listening to and sitting with both victims of violence as well as perpetrators of violence in families. It has taught me the challenges from within the system of accessing services and being able to meet the needs of diverse communities. And my training of future professionals and research has taught me the challenges of teaching how to move theory into practice, particularly for new professionals, and the value of listening to and collaborating with

other professionals, and thinking about the ways in which diversity, particularly cultural diversity, moves us out of our own experience into what we're hearing from others.

As I identified in my presentation earlier, what we do know from the research is that the established policy and practice for identifying intimate partner violence in North America and in Ontario specifically has been in place for more than 40 years. It's been designed with limited population groups that kind of centre what's viewed as the norm. It has an individualist focus, a primarily gendered lens, siloed funding and is effective, when we look at recidivism rates, for only about two thirds of the folks who manage to get into those treatment systems.

The Ontario population, as you know, is culturally diverse and it includes both well-established, long-term communities and newcomer communities who represent more collectivist cultures who have a primary focus, rather than on individual well-being, on the family and group well-being. And so there are some gaps in the policies and practices, and these gaps disproportionately affect both the help-seeking and the effectiveness of the IPV interventions for those culturally diverse groups.

That singular focus on gender and individual treatment is insufficient for understanding the experience of IPV across a diverse population. We know that IPV occurs in a context of both societal and family power relations, and so there are simultaneous forms of both privilege and oppression based on race, class, gender, sexuality—lots of things—and those play out in the exercise of and experience of violence in families and within intimate partner relationships.

We also know that it's important to consider the immigrant identity: what it's like to be an immigrant, but also the specific migration experience, which may include fleeing a conflict zone, and the challenges of post-settlement. So all of these things come into play both in the experience of IPV and in help-seeking.

So the ideal is that we would have a system that explicitly considered these cultural differences, not simply as a cultural sensitivity or competence but practices that bring together the major players in supporting and serving family members. So the target of support in a culturally integrated family safety response is the whole family, engaging as many family members as possible in coordinated interventions—with careful attention, of course, to safety and the competing and complex needs of each family member.

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Beyond those specific family interventions, there is a key organizing role for the cultural organization, or someone, to play in building and maintaining those networks before, after and during the formal service provision and the informal community supports for families, and that includes the opportunity to provide education and connection for both service providers and community groups. Examples of what the culturally integrated family safety response engages on include a range of positions in terms of informal up to formal intervention, prevention up to risk intervention, and the case of mandated services, for example.

One of the tools that has been developed to allow that kind of service is the Four Aspects Screening Tool, which looks at each of these aspects with cultural, value-focused, religious and faith beliefs; the migration experience; universal effects of trauma; couple and family relationships; work, poverty, health and all of those things; and looking at each aspect in terms of what are risk factors, what are protective factors and who should be involved. Then, we bring together a coordinated organizational response team that uses that FAST information, in terms of risk and protection factors, and involve service providers, religious leaders, community and family members.

So my proposals include funding for the coordination work of a culturally integrated model. It is essential that the relationship-building and the ongoing community work and communication across sectors be supported both during intervention and before and after, in order to continue to identify training needs and sustained trust, and this requires funding outside of case-specific work—

The Chair (Mr. Lorne Coe): Excuse me. You have one minute left in your presentation, please. Thank you.

Dr. Lynda Ashbourne: Thank you—funding for developing and providing training and what we already know about implementing CIFSR in several different communities, primarily London, but also other communities across Ontario. We want to be able to build on the acquired experience and knowledge, and provide support and mentoring for adapting that across other communities.

Finally, it's to ensure that the policies and procedures within the various sectors engaged in providing services work carefully to avoid silo effects of funding and limitations to those services, so explicitly incorporating funding and policies that support interorganizational communication and learning, as well as response coordination.

Thank you.

The Chair (Mr. Lorne Coe): Thank you very much for your presentation. We will now begin our questions and answers with the official opposition, please. MPP Wong-Tam, when you're ready, please. Thank you.

MPP Kristyn Wong-Tam: Thank you, Chair, and thank you, Ms. Ashbourne and Mr. Baobaid. Thank you both for your presentation. I recognize that Mr. Baobaid will be answering questions as well.

Obviously, Ontario is the most diverse province. Toronto, where I reside and also the area that I represent, Toronto Centre, is the most diverse city in the world. I think we all recognize you can't have a one-size-fits-all approach when addressing structural deficiencies or perhaps even how we determine safety for different communities. These are oftentimes very difficult-to-overcome systemic barriers, especially when the system is not designed to accommodate the hyperdiversity that exists in Toronto or Ontario.

But you are proposing that the model that you've just submitted—albeit very short comments; I recognize we don't have a lot of time—but you're suggesting that if we

follow your approach, we would be able to strive towards building programs and services that are going to be more culturally responsive to the communities that those programs are designed to support. Is that correct?

Dr. Lynda Ashbourne: That's correct.

MPP Kristyn Wong-Tam: Would you be able to quantify that? I know that there's going to be a lot more research behind it, but we have ethnocultural organizations that work in a space of housing, mental health, addictions, anti-poverty groups, and they are constantly struggling for government attention and funding. Then we have mainstream organizations that serve English-speaking populations that get a lot more resources but don't have the cultural competency, don't have the linguistic programs or resources in place, but yet, they're at every single—oftentimes, large government decision-making bodies. They're the ones who are able to come out to depute and speak to this committee in English. How do we ensure that those smaller ethnocultural groups are going to be at the table with the bigger organizations who oftentimes have access and opportunities to speak to government decision-makers?

Dr. Lynda Ashbourne: If I understand your question—because I hear kind of two questions. In terms of service provision, what we've demonstrated—and Mohammed can speak to this some more—what we're saying is the ethnocultural groups are able to coordinate and represent, taking the onus off the clients or the people requiring service; to support mainstream, more formal supports and bring in community supports so that the family in the middle doesn't have to advocate on their own for what they need, but that the system works better around them. But I'm not sure if you were asking that or if you were asking who gets to come to the table to speak to the government.

MPP Kristyn Wong-Tam: It is a combination of both, because the smaller organizations, the ones who actually have the deep connections and the relationship in the community that has, perhaps, the community's trust—and this is a topic that's surrounded with taboo, and survivors and victims oftentimes can't come out and speak publicly. So this is a real problem and a barrier to access to service for the ones who are most directly impacted, oftentimes women and children. These services across Ontario, across Toronto, are not offered to the most diverse communities.

So I guess I want you to quantify for me that the program that you're proposing is going to work, but also be designed with the community and the service providers who are oftentimes less resourced in mind.

Dr. Lynda Ashbourne: Yes, and that's in fact what's happening in London.

Mohammed, perhaps you can speak to this question.

Dr. Mohammed Baobaid: Yes. It's a very good question. I think for the first part of the question, I agree with you. The Culturally Integrative Family Safety Response actually challenges many service providers who are really well established to create space for equity-seeking community organizations, like the Muslim resource centre and other culturally based organizations, to be part of the intervention from the beginning. So, that's really one way—and, obviously, see them as a recipient of services and outreach. That's really what we are trying to do through this model.

The example that we have at the Muslim resource centre in London: We created this model and we worked with Anova, with London Abused Women's Centre, with Changing Ways, basically with children's societies, trying to work with them on different levels—on the prevention, but also on the early intervention and critical intervention.

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So the second point of your question also is critical. I think one way, really, to empower those marginalized community organizations is maybe to create space or create a different channel of support and funding. Because most of the time, even for us at the Muslim resource centre, it's difficult to compete with well-established organizations who have the expertise and have the resources to really write grants and compete better. So I think really, for me, it's important to have a different kind of support for this organization.

The last thing that I would like to mention here: When we talk about the Culturally Integrative Family Safety Response model, we're not really saying we need to try to create a specific program for each ethnicity and community. Oppositely, we actually want to create more space to consider cultural context in any responses and that's really—Lynda mentioned in her presentation—what is missing right now. It's not really about allowing people to do what they want to do.

Like, in our case, in our situation, the focus has been always the safety of women, for example. But then also then we look into all the factors and also all the key players who maybe will provide more support to make sure the women are safe, and their children, but also—

The Chair (Mr. Lorne Coe): Thank you, sir. I need to interrupt you. Thank you for your response and your colleague's responses to questions from the official opposition.

I now need to move to the independent member of the committee, who has five minutes for his questions. MPP Mantha, please.

Mr. Michael Mantha: Mr. Baobaid, I was looking at your impressive résumé that you submitted to the committee. You have a wealth of information that you're hiding inside of you, and I want to try and bring it out as much as I can.

I've heard myself speak enough today. I want to give the floor to you in the time that I have for you to give us points and views that you think the committee should be considering with the discussions that are on the table today.

Dr. Mohammed Baobaid: Well, thank you very much. Today, I'm here with my colleague and friend Dr. Lynda Ashbourne. Also, I will come on the 24th of this month to represent the Muslim Resource Centre. But thank you very much for your kind comments.

I think, really, from the experience that we have ourselves but also the practice, what is really missing—first

of all, within the policy context, is there is not really enough consideration for the role of culture. Most of the time, unfortunately, when we talk about culture, we see it as a negative element. Culture also could be, really, a protective factor. It could be something that we need to consider especially when we address intimate partner violence.

In our experience, for example, one of the challenges that we are facing that's maybe also important for the policy—you know, many women who are coming new to this country, most of the time, they know there are resources. There is legal support. There is justice system support. But the problem is, psychologically, they are really hesitant to ask for help because they don't know, for example, to what extent they can trust the system if they go to a shelter or maybe call the police. Because of that, what we have been doing through this model, actually, is creating a channel to reach out to those women who are experiencing violence or at risk of violence within the family, but they are not ready to ask for help. I think that's one of the critical points of this model.

But the problem is, when you ask for funding, there's no funding available to support this kind of work that's not really obvious, because really, it takes a lot of work to work with the imams, with maybe community leaders, with sometimes a different kind of support system—all this really informal support system that needs resources.

Lynda mentioned, for example, support for coordination. It's critical, and that's something that I think maybe the government should really consider: the significant work that this kind of organization can bring to the table to really make sure that women and children are safe. If, unfortunately, a tragedy happened, everybody would jump, which is important. But then what we're really suggesting here is that we have enough room to do a lot in the prevention and early intervention. I think really supporting the organizations which were mentioned, the small and marginalized, would be really the first step to make sure that everybody is safe in our community.

Mr. Michael Mantha: Thank you.

Dr. Ashbourne, I have about a minute and 30 seconds left. Do you have anything to add to Mr. Baobaid's comments?

Dr. Lynda Ashbourne: Well, as Mohammed was saying, they are presenting to the committee in a week or so, and so that's why we focused primarily today on the research, and the research we've done together.

I think the research supports doing this. The experience in London supports doing this. Now what's needed is to critically start implementing this, particularly in places like Toronto and Brampton, but also in Thunder Bay and in Windsor and in Ottawa, and other places where we have a diverse community that can't access or is reluctant to access a service that feels inaccessible.

Mr. Michael Mantha: So the model you've developed is adaptable to any culture?

Dr. Mohammed Baobaid: Absolutely.

Dr. Lynda Ashbourne: Yes.

Mr. Michael Mantha: Thank you very much.

The Chair (Mr. Lorne Coe): Thank you both for your presentation and responses to the questions today. I very much appreciate the time that you spent with the committee members. And committee members—

The Clerk of the Committee (Ms. Thushitha Kobikrishna): We still have the government.

The Chair (Mr. Lorne Coe): The government side, yes. I was getting ahead of myself.

Mr. Graham McGregor: No worries. Thank you, Chair. I'll try to be concise.

Thank you to both of the doctors for being here today. I really appreciate your insight and the efforts around cultural competency and cultural relevancy in how we provide service. Representing Brampton—or a little part of it, anyway—this is something that we struggle with any time we're rolling out programming.

Just having Dr. Baobaid here, I'd like to—you particularly talk about the Muslim experience. We've had a lot of witnesses so far; we haven't had anybody speaking about specific Muslim family-type programming. One of the things you spoke about is that distrust or unfamiliarity with authority. Words like "therapy" or "social services" can be stigmatized. I'm a big believer in cognitive behavioural therapy. I had my last session in April, probably due for a checkup sometime soon—big, big fan of it. I say that on the record because it's important. I think it's important to break the stigma writ large.

But particularly in the Muslim community, Dr. Baobaid—and Dr. Ashbourne, if you have insights on this, I would love to hear it as well: How do you break the stigma, attack the stigma and—not sell the idea, but I guess present the idea of getting social service, getting therapy? How would you approach that differently with a Muslim family than you would maybe with somebody that was non-Muslim in Ontario?

Dr. Mohammed Baobaid: Well, thank you. That's a very good question.

I'm talking about 20 years of experience in London, Ontario, starting before the Muslim resource centre was established, working with Muslim community leaders and anti-violence agencies. We have done a lot of education and engagement with the Muslim community—that also includes the imams—including providing capacity-building training, but also really training service providers to better understand how to work with Muslim families, in particular Muslim women, who may be experiencing violence in the family. That allowed us to create this space, the Muslim resource centre, and also to provide intervention.

I can just maybe specifically talk about our model—using the CIFSR model, actually—incorporating the faith responses. Just to make it short, we actually created for the first time a new model. We'll hire an imam who is working with the Muslim resource centre—not as an imam; as a faith support worker. He will be actually providing support based on the clinical decision. The team will meet. We use the FAST model to assess risk. Based on that, if we, for example, see the man is referring his action to his understanding of religion, then we have someone like this person who can maybe challenge him. But it also works

with the women, with the victims, with the family, so that really allows us to bring a lot of resources.

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I'm telling you, 70% of our cases now in the area of domestic violence come through this position, because there are many people who still believe the first place they go to is faith leaders. Our model actually tries to also empower women, through using religion, to support them, and not really using religion to justify the violence. So—

Mr. Graham McGregor: If I may, just with the time that we have—you talk about training imams in this model. And you've done that in London?

Dr. Mohammed Baobaid: Yes.

Mr. Graham McGregor: Mechanically, how does that work? How do you train an imam to use this model?

Dr. Mohammed Baobaid: In the CIFSR model, we have the prevention part; it's public education and capacity building. Part of the capacity building is that we have sessions for the imams to really discuss domestic violence.

I can refer you to one of the persons who is working with us now. He developed a serial of Friday sermons on domestic violence. We delivered about 15 Friday sermons specifically on intimate partner violence from the religious perspective. So we have done a lot of work in this area.

Now we are working with Ottawa and Kitchener-Waterloo through funding that we received from OH to transfer the culturally integrated model to address intimate partner violence in these two cities. Also, we got money from the MCCSS for Ontario to transfer this model in the area of child welfare. We have been working with five cities: Kitchener, Hamilton, Windsor, Chatham and Niagara Falls. We did that and—

Mr. Graham McGregor: Dr. Baobaid, when you work with these cities and with these partners and begin to train and educate on, particularly, Muslim family dynamics and sensitivities, what do they normally get wrong? What do they normally not understand—where maybe they would apply it to X Ontarian, treating everybody the same; that that's just wrong when you apply that to the context of a Muslim Canadian?

Dr. Mohammed Baobaid: I think that's a very good question, but also a big question. I'm telling you, from my experience, there are a lot of misconceptions. Many service providers, sometimes, because there is not enough education, target the religion or the culture rather than really stopping the violence, because maybe they come with some kinds of biases—"Because you're a Muslim, most likely you will be an abuser" or "Maybe you will be submissive, as a woman." We challenge both ends, because also within the Muslim community, we have faith leaders who think the women should not go and ask for help from outside. You have both kinds of misconceptions that really put women at risk all the time.

So with the culturally integrated framework, we want to create space for everyone. But at the beginning, in the prevention area, you can do a lot. We have conversation, dialogue—and we're actually preparing now for a conference, maybe soon, to bring faith leaders to talk about domestic violence in Ontario.

The Chair (Mr. Lorne Coe): Thank you, sir.

Thank you both for your presentations. I appreciate it very much. That concludes the amount of time that you have. We're going to excuse you.

I want to take a moment to thank my Clerk and the other staff from the Legislative Assembly who have assisted us over the past two days of the hearings that we've had.

The committee will now adjourn until Tuesday, July 23, at 10 a.m. in this room.

The committee adjourned at 1645.

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