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of Debates
(Hansard)**

JP-42

**Standing Committee on
Justice Policy**

Intimate partner violence

1st Session
43rd Parliament

Wednesday 24 July 2024

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des débats
(Hansard)**

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**Comité permanent
de la justice**

Violence entre
partenaires intimes

1^{re} session
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Mercredi 24 juillet 2024

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON JUSTICE POLICY

COMITÉ PERMANENT DE LA JUSTICE

Wednesday 24 July 2024

Mercredi 24 juillet 2024

The committee met at 1001 in committee room 1.

INTIMATE PARTNER VIOLENCE

The Chair (Mr. Lorne Coe): The Standing Committee on Justice Policy is in session. 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.

MPP Dixon, please.

Ms. Jess Dixon: I have a motion. I move that the committee request the Renfrew county inquest transcript from the Office of the Chief Coroner; and

That it be made available to the committee by 5 p.m. on Friday, August 2, 2024; and

That any cost associated with acquiring the transcript will be covered by the committee.

The Chair (Mr. Lorne Coe): Are there any discussions or comments on the motion moved by MPP Dixon? MPP Dixon, do you have any additional information you wanted to provide? If none, I will now put the question. All those in favour of the motion, please raise your hands. All those opposed? The motion is carried.

Moving on to the public hearings, 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.

ONTARIO NATIVE WOMEN'S ASSOCIATION

The Chair (Mr. Lorne Coe): I will now call on the Ontario Native Women's Association to make their presentation. Madam Clerk, I understand they're participating by Zoom. Can we have our technician please bring up the presenters on the screen? Thank you.

Good morning. How are you?

Ms. Cora McGuire-Cyrette: I am good. Thank you for having me today.

The Chair (Mr. Lorne Coe): I'm pleased to have you here with the members of the Standing Committee on

Justice Policy. You have 10 minutes to make your presentation. I will give you a one-minute caution when you reach that point so you can summarize your content.

You will have the opportunity to answer questions from the official opposition, the independent and the government members. I offer that because there is sometimes information that you can't convey in your 10 minutes that you can't otherwise frame in your responses to the questions.

Could you please state your name and your affiliation for Hansard, which is the official recording service here in the Legislative Assembly of Ontario? And then you could please start your presentation. Thank you very much.

Ms. Cora McGuire-Cyrette: Thank you. My name is Cora McGuire-Cyrette. I am the chief executive officer of the Ontario Native Women's Association.

The Chair (Mr. Lorne Coe): We're very pleased that you've been able to join us. Please start your presentation, thank you.

Ms. Cora McGuire-Cyrette: Good morning, Chair and committee members. ONWA is the oldest and largest Indigenous women's organization in Canada. For over 50 years, ONWA has been at the forefront of action to end all forms of violence against Indigenous women, to improve Indigenous women's safety and to restore their leadership.

One lesson we have learned is that violence against Indigenous women is perpetuated by systems intended to serve us, and by "serve us" we mean "to protect us." ONWA recognizes that Indigenous women are the medicine needed to heal ourselves, our families and our communities.

Before I begin, I want to acknowledge the bravery, wisdom and leadership of all survivors of intimate partner violence, as they are the experts. Their advice and lived experiences inform all aspects of our anti-violence work. ONWA has been working with survivors for many years. This experience forms the basis of our recommendations.

I want to emphasize three points: First, that Indigenous women's experiences with intimate partner violence are unique from other groups; second, there is a need for community healing and Indigenous-women-led community-based solutions for community-based prevention; and, finally, there is a need for core sustainable funding for Indigenous women's organizations and communities working to improve safety and enable healing.

First, I'd like to emphasize that Indigenous women's experiences of violence and the context in which it occurs

are different from non-Indigenous women. Indigenous women's experiences must be understood through the racism, sexism and discrimination that they face, both as women and as Indigenous people. The violence experienced by Indigenous women is unique because it is rooted in the legacy of colonialism and targeted assimilation policies in Canada, as well as systemic racism and the dismissal of Indigenous women's safety.

The murders and disappearances of thousands of Indigenous women and the 2019 Calls for Justice have not galvanized communities and all levels of government in the same way that the murders of Anastasia, Nathalie and Carol have. The murders of these three women have been the catalyst for the coroner's inquest and the 95 municipalities in Ontario, as well as the federal government, to declare intimate partner violence an epidemic. But no epidemics were declared after the National Inquiry into Missing and Murdered Indigenous Women and Girls found that violence against Indigenous women in this country constituted a deliberate race-based, gender-based genocide.

In 2014, the United Nations Special Rapporteur on the Rights of Indigenous Peoples reported that the rates of missing and murdered Indigenous women and girls in Canada are epidemic, with no action from Ontario or Canada. Close to 1,200 Indigenous women were reported missing or murdered in Canada between 1980 and 2012—that is 37 a month—with no level of government calling for an inquest or declaring an epidemic. This differential response is rooted in systemic racism and the normalization of violence against Indigenous women.

This brings me to my second point: Ending the violence against Indigenous women requires community-based healing and systemic solutions that are rooted—that are the root cause of violence and assist Indigenous women in reclaiming their leadership roles within their communities and nations. This calls for an approach led by Indigenous women and their organizations that considers the multiple systems that perpetuate and enable violence against Indigenous women.

It must be recognized that all of the issues that Indigenous women strive to overcome are interconnected and must be responded to in relation to one another. Improving Indigenous women's safety also means addressing the lack of safe, adequate and affordable housing; the over-apprehension of Indigenous children into child welfare; high rates of poverty and income insecurity experienced by Indigenous women; lack of culturally responsive mental health and addiction services and treatment programs; underfunding of Indigenous women's shelters; inadequate access to health care; and the discriminatory treatment of Indigenous women and their families by policing and the justice system, as well as multiple other systems. We know that these issues co-occur and are linked with Indigenous women's experience of violence.

Finally, to effectively address the intimate partner violence experienced by Indigenous women, the solutions must come from Indigenous women, our communities and organizations. Building the capacity of these groups, in-

cluding sustainable and core funding for Indigenous women's organizations, is a critical part of the solution. Call for justice 1.8 called upon governments to provide core and sustainable funding to Indigenous women's organizations, yet this crucial recommendation has still not been honoured.

Indigenous organizations working to improve Indigenous women's safety continue to operate with funding that is insufficient to meet the needs of their communities, and must continually compete against one another for short-term project-based funding. This competitive process is not reflective of Indigenous worldviews and replicates colonial structures that seek to divide us. Indigenous women's lives are not projects, and we cannot address systemic change through project-based funding.

Right now, there's an urgent need for sustainable investment into Indigenous-led and community-based prevention programs, which strengthen vital connections to land, culture and community. Improving Indigenous women's safety requires a holistic, preventative approach that focuses on individual, family, extended family and community healing across the life cycle. Indigenous-led solutions seek harmony and balance with the individual, family and community, in contrast to mainstream responses, which are often crisis-orientated, punitive towards the perpetrator and separate the family and community.

1010

Over the last three decades, ONWA has written and contributed to several reports on many forms of violence Indigenous women face and put forward multiple recommendations which remain relevant today. We encourage members of the standing committee to review these reports and recommendations which are based on the knowledge and wisdom shared with us by generations of Indigenous women over the last 50 years.

Our report, *Reconciliation with Indigenous Women*, provides a road map to keep Indigenous women and girls safe from violence and to reclaim their roles as matriarchs and leaders, restore and reconcile their inherent rights to safety and recognize that we are the medicine needed to heal ourselves, our families and our communities.

While we welcome the committee's study on intimate partner violence, Indigenous women know what we need to be safe. We need action now. Our lives depend on it. Chi meegwetch. Merci. Nia:wen.

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

We're going to begin our questions with the member from the official opposition. MPP Wong-Tam, please, when you're ready.

MPP Kristyn Wong-Tam: Thank you, Cora, for your deputation today. I am moved by your remarks, specifically around the fact that there was no broader call to declare IPV an epidemic after the missing and murdered Indigenous women report came out.

In your verbal submissions, you've identified that we're dealing with colonial structures, racism and gender bias. With respect to how governments interact and partner

with Indigenous communities to ensure that the safety and the social determinants around safety are embedded in community, you've noted that it's missing. So I'm curious to know if we could start with what would it take for a renewing of this relationship and this partnership with this order of government, because we're speaking at the provincial level. What would it take for us to reset that and rebalance that relationship with Indigenous communities, especially Indigenous women?

Ms. Cora McGuire-Cyrette: Thank you. Great question. I think the one part we have to remain focused on is that there are no jurisdictional bounds to violence. I think that's one thing that we are seeing potentially, because the federal government has initiated a nation-to-nation only approach, which is only to work with national Indigenous organizations. We can see it rolling out into communities and impacting our communities here in Ontario.

We really do recognize that good public policy comes from when everybody is at the table. We do know this: to ensure that Indigenous women on the ground, our agencies, urban Indigenous organizations, are included in public policy. That's what we're seeing here throughout the province. That needs to continue. We can't only be working with our First Nation communities. We need to be looking at ensuring we continue to work with all urban Indigenous organizations, the Indigenous community. And we have to ensure that those relationships continue to stay strong and that we continue to include people into the circle if we really want to have the holistic approach, because we know violence doesn't know jurisdictional bounds. We know that violence can happen in First Nation communities; it can happen in an urban setting like Toronto. We could have a missing person in one province and we can have unidentified remains in another province. So we have to look at how we are breaking down the systemic issues that's perpetuating the violence.

MPP Kristyn Wong-Tam: Thank you. That's a really helpful answer. I'm just recognizing that we see an overrepresentation of BIPOC members, men in particular, incarcerated. I know that in my conversations with MPP Sol Mamakwa here, who's our deputy leader of the official opposition, he has on several occasions remarked and shared his observation in the House about walking into facilities and institutions where everyone looks like him. The inmates are overwhelmingly Indigenous in background.

Because the criminal justice system has been identified on many occasions and through numerous studies on how it doesn't necessarily respond to the needs of communities, especially Indigenous communities, can you speak and explain to us what needs to change in order for us to develop different pathways to recovery, rehabilitation and to stop recidivism in the Indigenous community, so that we don't see this overrepresentation of Indigenous bodies in detention centres and in incarcerated facilities?

Ms. Cora McGuire-Cyrette: Great question. Yes, we do recognize that there is an overrepresentation of Indigenous women within the systems, whether it be federal—

and I know the provincial stats; there are, I think, just some issues around the data there.

But the essential issue—at a core level, what we're seeing is we need access to healing services right away. Mental health and addictions post-pandemic is a crisis that has continued to be exacerbated, and we really do need to have access to, like you said, the different pathway. We're investing into Indigenous healing practices, and, you know, every level of government is also responsible to uphold UNDRIP and the calls for justice. There are many recommendations in there.

And I do know one of them, especially when you're looking at the criminal justice system: A better pathway and one that's been proven to work is having a pathway towards healing programming and services instead of incarceration. When you're being put into the justice system because you have an addiction issue, the addiction issue is what needs to be addressed. We have to be able to address that trauma for that mental health and addiction issue. That's why you're seeing an overrepresentation of Indigenous people within the justice system: because that is the only pathway where we have to be able to look at—right now there are wait-lists to access addiction treatment services.

We're currently in an opioid crisis all across Ontario, all across Canada and around the world, I would argue, and we need to be able to have access to other pathways besides the pipeline of going into the prison system.

MPP Kristyn Wong-Tam: Thank you. And my next question is regarding trauma-informed care. This is our fourth day of hearings on the IPV study, and many speakers have come forward to talk about trauma-informed care and how there has to be a whole-government approach to this type of program execution; it should be embedded in everything that we do as a response. I'm just really curious on what trauma-informed care looks like for the Indigenous community, for women in particular, and non-binary and two-spirited people, but also Indigenous people in the north and Indigenous people in rural communities and urban centres.

Ms. Cora McGuire-Cyrette: That's another great question. Prioritizing programs and services identified as led by Indigenous women and girls is one way to be able to address this. If you look at why this call for trauma-informed care is there, it's because, at the root level, we as Indigenous women, Indigenous people, are facing systemic racism and discrimination when they try to access services.

So we're trying to figure out how you break down these systems to be able to address the systemic racism and discrimination. There's a couple of pathways for that. One is to have access to services that meet our needs, that are developed by us, for us. That's where the investment into Indigenous communities, Indigenous organizations—that's one part of it.

The other part is being able to look at these systems. The systems have to actually be able to be responsive to meeting our needs and not build in barriers, because when you're accessing mainstream services, it's not always safe

to access them. That's why, when looking at what a trauma-informed care approach looks like, it means that you're welcome there as an Indigenous person. You're not experiencing racism and discrimination when accessing services. You're being believed.

So there's this larger route around us having to educate these mainstream systems and services about what our needs are, what our priorities are, and to be able to break down and address that racism in the system. There are multiple systems and barriers that are in place that perpetrate the issues we're facing. One that we successfully had addressed was the birth alerts within the health care system and—

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

1020

We're going to move now with our questioning. To the independent: MPP Shamji please.

Mr. Adil Shamji: I'd like to begin by thanking you for sharing your expertise this morning and for taking a moment to join us virtually.

This is really important. I have the honour of serving as the Indigenous critic for the Ontario Liberals, but in my professional career I work as an emerg doc. I've worked in many Indigenous communities throughout Ontario, particularly in some of the more remote communities.

What we're discussing today is not a theoretical exercise. This is not something for a policy think tank. This is very real and this is happening every day to, honestly, people of both genders and disproportionately to Indigenous people across our province. So I'm happy that we're here to take this under consideration, to take it very seriously.

With that being said, so many of the things that need to change, we already know. They've been outlined in the Truth and Reconciliation Commission's calls to action. They've been outlined in the Missing and Murdered Indigenous Women and Girls final report. Many of the things that we need to do, we know those.

What I wanted to ask you is, what do you see has been the major barrier in actually taking those recommendations and turning them into action? Because that's the big challenge that I feel we're seeing right now.

Ms. Cora McGuire-Cyrette: Thank you. I think one of the barriers we're facing is that this is an everyone issue and an everyone solution. And so, being able to look at sometimes we're educating community, our society, and including whether it be systems and governments and multiple jurisdictional issues that we're facing—we need to be able to recognize that this is not only just an Indigenous issue; this is a community and an everyone issue. So we do need to activate communities, people in communities. We need to activate all levels of government to be able to work together on this issue. We need to activate the systems to be able to take up the recommendations that are there. And we need to, at a root, core level—I'm always looking at where is the success. With all my years of experience, what have I seen has been most successful?

I can tell you when we invest in Indigenous women and community, that's where the change happens. Investment into Indigenous women and prevention-based, not only just focusing in on crisis-based and interventions, focusing on investments kind of post-death or during violence, but those upstream investments, investments into our healing, into our education, into our leadership—that's where you're going to see change happening and you're going to see it happen very fast because we know that when Indigenous women are well and healthy in communities, we raise healthy, well children, and we therefore have healthy nations. And you're not going to need to be investing into an inefficient child welfare system that continues to do more harm than good.

Mr. Adil Shamji: In all of your experience, and for having observed across the entire province, I'm curious to know have you observed a model of support or care that has seen success in supporting First Nations women who have experienced intimate partner violence in your opinion? Have you seen anything that you think really works and that we can seek to exemplify and roll out across the province?

Ms. Cora McGuire-Cyrette: Oh, definitely. We would always have to restart and build something new all the time. We can look at what are those best, wise practices here across the province that we can invest in and continue to expand upon. We see that happening every day.

In ONWA's programming, we have our Indigenous anti-human trafficking program, which is a best practice on—you're seeing measurable results on the amount of women we're able to help safely exit from human trafficking. You're seeing our Breaking Free from Family Violence program where we're able to work with moms and reunify children from child welfare.

We've created our Parenting Across the Life cycle program, and we need to be able to continue to expand that because what we're seeing is that when Indigenous women have an advocate with them, the odds of their child being apprehended is drastically reduced. And so what we have to do is really look at where are we investing as a community? We need to stop investing in only apprehension services. We need to really see that lift and shift in programming and funding—lift and shift from ineffective programming towards prevention-based initiatives that we're seeing so much success happening across the province.

We see communities implementing, for instance, the Gladue program. We've got one of the only Indigenous women's Gladue programs, I think, in Canada—

The Chair (Mr. Lorne Coe): Excuse me. That concludes the time allocated to the independent for questions.

We'll now transition to the government members. MPP Dixon, please.

Ms. Jess Dixon: Thank you so much for coming to present here today.

You were just getting into a part that I am particularly interested in, which is the Indigenous-women-led programs that you see showing promise and results. I'm wondering, were you able to prepare any materials or

could you prepare any materials identifying those programs and some of the funding information for them?

Ms. Cora McGuire-Cyrette: Definitely.

We do have an info graph that we share regularly. We're currently in the process of updating our info graph.

Some of the programs that we do have, for instance, are our Courage for Change anti-human trafficking campaign I spoke about; we do have our Nihdawin housing program where we're able to help Indigenous women to access and secure housing, going from homelessness to housing; we do have our Parenting Across the Life Cycle program—just so many different programs. Our Gladue program, which we're able to help Indigenous—a little bit different pathways towards healing, instead of that pipeline to the justice system.

I would definitely be able to pull that together, and we could send it over to the committee, because we've also been able to—and we actually have shown the proven business cases of how much money we've been able to save the Ontario government, as well, within just measuring off of our programs.

Ms. Jess Dixon: That's wonderful. We would need it by the end of August.

I would suggest, if you can, to refer back to the guidelines for submissions that were sent with the invitation. As you can see there, the focus on program identification—we are not a funding committee. We have no authority to award any funding. However, a big part of being able to plan for how we address these issues is having some sense of the monetary contributions that are required. So that's a really, really big part of this committee. We know there are best practices out there, and we know that there are groups that are creating them, but they can be difficult to research. I was trying to find them, and I found something on the—I think it was the Public Safety Canada website, listing a lot of different Indigenous-led reconciliation programs, prevention programs, that type of thing.

Again, we want to go to the Ontario experts like yourself, but we can't do it without you providing us with that information.

Ms. Cora McGuire-Cyrette: In our written submission, we did include a lot of examples and wise practices, like our health care programs. We'll be submitting in our written submission the information that you're asking for.

Ms. Jess Dixon: Just as long as it's before the end of August, that would be great.

I wonder if we can talk a little bit about some of the programs you're talking about. If you want to pick one and help us understand, what does it look like when you have, say, a program that is designed to restore Indigenous women to their traditional roles and responsibilities in the community—the role of mother? What does that look like when the program runs successfully?

Ms. Cora McGuire-Cyrette: I can be able to speak to a bit of knowledge—what the program looks like on *[inaudible]*.

Our Parenting Across the Life Cycle program, for instance, is probably one of the great examples, where we can showcase that—a woman who has experienced family

violence, has experienced whatever type of violence, and we're able to come in and do referrals to programming and services that help her in the community, help her and her children, and we're able to prevent child welfare apprehending the children. That's one thing we have to look at—that when there is intimate partner violence, the police have a duty to report, so what happens is we end up perpetuating more violence against the mother who has experienced violence, by taking away her children. So once again, she becomes—they blame the victim. What we do is we work with the family together. We look at how we can help get healing supports for the perpetrator of violence, the partner, and look at dealing with the root causes of what's happening there on the ground: getting her safety; getting her safe, secure housing; helping her with her parenting so that we're breaking the cycle of violence, because we know children are in the home and they're watching everything that's happening. And so we're talking about all that, and then access to traditional parenting programming, and what we're able to see then is we're able to walk this journey, this healing journey, with the family.

1030

This is resulting in—just a clippet of how much we've saved the provincial government in one year alone is \$244 million to upwards of \$325 million, based off of these programs I'm talking about. And so you can really see, from an economic perspective but also an individual perspective, keeping the family unit together—the women have told us they don't know what they would have done do if it wasn't for these services and programs, and now we're working with them to get their education, because now they want to work in community. They want to be able to reclaim their leadership. We're working with them on all of that.

Ms. Jess Dixon: Thank you.

Chair, I lost track of time; I didn't hit my stopwatch.

The Chair (Mr. Lorne Coe): You have one minute, 45 seconds, please.

Ms. Jess Dixon: All right.

Can you talk a little bit more about—with some of these programs, what does it look like in really, really remote areas, in fly-in areas? What can be done there?

Ms. Cora McGuire-Cyrette: Yes. It's working, and we do have community members from all across the province, so what we're doing is being able to look at how we can provide services in those communities, whether it be through Zoom—we have a centralized intake system, and so we have one number, and it's up to us as a system to be able to coordinate services for them. So we have to look at removing those barriers, especially in the north, so we're able to ship up programming into communities and we can work with them online through Zoom.

We do sewing classes and traditional healing. We'll do cultural programming, which is proven to address mental health and addiction. We find that we have to be able to be there when the community needs us. That's why investments into our centralized intake system are critical, to be able to have one number where a programming service is

able to remove as many barriers as we can to meet their needs. That's the best practice that we need systems and services to do across the province.

Ms. Jess Dixon: All right. Thank you.

Thank you, Chair.

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

That concludes your presentation time. Thank you so much for being with us.

We're now going to move on to our next presenter, who is Teena Stoddart—

MPP Kristyn Wong-Tam: Chair?

The Chair (Mr. Lorne Coe): Yes?

MPP Kristyn Wong-Tam: Is there not a round of—oh. Actually, no, we don't have to split it. Sorry, Chair. I withdraw.

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

MS. TEENA STODDART

The Chair (Mr. Lorne Coe): Our next presenter is Teena Stoddart, and I believe she's going to be screen-sharing. Our technician—can you bring her in, please? Thank you.

Good morning. How are you?

Ms. Teena Stoddart: Good morning.

The Chair (Mr. Lorne Coe): Good morning. You will have 10 minutes for your presentation. At the one-minute mark left in your presentation, I will remind you to sum up. And now, if you would please state your name for Hansard, which is the Legislative Assembly's reporting service. Once you've stated your name and your affiliation, please start your presentation. Thank you.

Ms. Teena Stoddart: My name is Teena Stoddart, I'm a retired police officer with behavioural science experience, and I'll be speaking to you today about violence link pertaining to intimate partner violence and sexual assault.

Violence link, or the link that is known around the world, is the link between human and animal abuse and is found in violent crimes from partner assault to terrorism. When an animal has been abused, decades of research indicate that a human has been or will be abused by that same abuser. When an animal abuse is investigated thoroughly, it almost always turns up human abuse. We also know from the research that the recidivism rate increases for an offender when an animal has been used in the commission of a crime. Animal abuse has for decades been considered one of the five red flags for a serial predator. If something is predictable, it's preventable.

The first problem we face today is front-line workers like police officers, victim services, veterinarians, animal welfare investigators, judges and crown attorneys are not trained on the significance of threats to an animal and/or animal abuse, the fact that threats to an animal or animal abuse is linked to other crimes, or even how to identify animal abuse. Other than the animal welfare investigators, not one of these professions, including veterinarians, have specific training on how to identify animal abuse, and not one single profession receives mandated training on violence link.

The second problem: If these professions do identify animal abuse and/or the link, they do not know how to thoroughly investigate it, prosecute it properly, ensure sentences are imposed that reflect how serious and serial in nature these crimes are, and provide thorough and comprehensive assistance to stop victimization, nor is there any understanding that without intervention, the abuser will continue to abuse living beings.

Some of the research behind this: 89% to 93% of intimate partner violence cases involve abuse of an animal; 56% of women will stay, will not report or they will return to abusive situations to protect their pets. A woman whose partner had threatened pets was five times more likely to experience domestic physical violence in the relationship. Pets are used to coerce, humiliate and control their victims. Over 71% of female victims of intimate partner violence who have pets report that their batterers had harmed, killed or threatened the animals to coerce, control and humiliate them.

All animals and humans residing in a home where both animal abuse and domestic violence are known to co-occur are at a substantially heightened risk of suffering severe or fatal injury. Of the children exposed to intimate partner violence, 66% have also been exposed to pet abuse, and 51% said they had protected one of their pets from being hurt. Children witnessing animal cruelty experience significantly more risk of adolescent or adult interpersonal violence, and they experience more mental health issues, and that's on a long-term basis.

In 2019, I testified at the House of Commons at the justice committee to amend bestiality and animal fighting. Part of the research presented that day: Half of sexual offenders and one third of child molesters committed animal abuse during adolescence. The same study confirmed childhood sexual assault abusers use animals to lure and/or groom their victims.

An international study of over 44,000 adult males evaluated for sexual misconduct found that bestiality is the single-largest risk factor and strongest predictor of increased risk for committing child sexual abuse. In a test group of women who had past relationships with battering and non-battering partners, 41% of the battering partners forced them to sexually interact with animals, compared to 5% of the non-battering partners. It is very prevalent, and we need to make that known to all these professions.

Animal pornography is also linked to child sexual abuse. The Canadian Centre for Child Protection, when looking for online child pornography, found that 82% of bestiality cases involved the sexual abuse of a child. The number one item found on a pedophile's computer besides child porn is animal pornography. Pedophiles looking for victims online will send animal pornography to their victims to gauge their reaction and start that inappropriate conversation. Animal pornography is not illegal in Canada. It is in other countries. Maybe Ontario can visit that for Ontario legislation.

Other crimes where animals are used and/or abused to commit human crimes and that can look like partner abuse to first responders: human trafficking and elder abuse. So,

young victims often have pets that are used to coerce, control and intimidate the victims. If they do not have pets, the offender—who starts out, usually, as a boyfriend—buys them for the victim and then uses threats or animal abuse to force the victim to work in the streets. And there are other ways animals are abused in human trafficking.

Elder abuse: Animals are used to coerce, control or intimidate the victim into giving the abuser what they want—to sign over wills and cheques and other things.

Five recommendations: Number one is to run an awareness campaign similar to the impaired driving campaign on main and social media, advising that animal abuse is violent crime and often committed in connection with other crimes like partner abuse, child abuse etc., and it should be taken seriously. The message for violence-link cases to the media is to define it and then tell the public to call 911 if they see animal abuse or intimate partner violence.

The second recommendation: Mandate police, not animal abuse investigators, to take animal abuse calls. The research is clear: Animal abuse is most often not a stand-alone crime. Animal abuse can be the result of intimate partner violence, child sexual abuse, sexual assault etc. Animal welfare investigators are not trained on how to detect or investigate human abuse, and it's not their mandate. If it is animal neglect reporting, then absolutely, it goes to an animal welfare investigator, and that can be determined after the call comes in. Having said that, animal welfare investigators will play a crucial role in assisting police in Criminal Code animal abuse investigations as they have tools available to them that police do not have.

The third recommendation: Judges, crown attorneys, police, victim services, veterinarians and animal welfare investigators should all have mandated animal abuse training and violence-link training—two separate trainings. Animal abuse is unlike any other crime; the victim will never be able to tell you what happened to them, and they'll never be able to take a witness stand. With violence-link cases, where animals are used to commit the offence, there are specialized skills needed to investigate, prosecute and get victims the assistance they need. Judges need to understand that animal abuse is a sign of a much bigger issue in the offender's life, and the risk of the offender reoffending when animal abuse is involved is much higher. Mandated training ensures there are training standards in place and that the training will not be cut or substituted.

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The fourth recommendation: standardized violence-link questions for anyone working with victims of violent crime. This helps to ensure victims do not fall through the cracks, criminal charges are not missed, and offenders are brought to justice and get the appropriate psychological assistance if needed. I provide violence-link questions in my training, and I have included them in my written brief to you. They're in appendix A.

The fifth recommendation: that the Ontario government work with the federal government to implement a manner

of collecting both violence link and animal abuse data. At present, Canada is not capturing animal abuse or violence-link data. Without knowing the prevalence of a crime, how does any decision-maker, whether you're in government, a police chief or victim services, know what and how many resources are needed and where? While collecting Criminal Code offence data falls to the federal body of Stats Canada, having Ontario police services capture violence-link cases on their reporting systems is easily done by the Ontario Solicitor General issuing a directive to all police chiefs. Police services would then have to have their reporting system just add a check box to the flag system for violence-link cases, and this flag system already exists.

At present, Statistics Canada exclusively captures the most severe offences in the UCR reporting. This results in animal abuse rarely being captured. It does not provide an accurate prevalence rate of offending—especially those often accompanied with other offences. There is also no way of knowing if an offence involved the use of an animal to intimidate, control or coerce the victim, as Stats Canada does not collect violence-link cases or statistics. Although some Stats Canada incident surveys allow for up to four violations to be coded per incident, they cap the number of crimes reported per incident. The practice has serious ramifications on the reliability and coverage of crime statistics reported in Canada. It also is a deterrent for Canadian researchers because researchers rely on that data.

To improve Statistics Canada reporting, for everyone to have reliable data, they need to collect data on all offences reported, not just on the most serious crimes in Canada. This also alleviates the need for provinces to find a way of capturing Criminal Code animal abuse cases. They also need to make violence-link cases part of the flag system and police reporting systems.

As stated above, the solution is as simple as adding a check box to the police reporting software for violence link.

The Chair (Mr. Lorne Coe): You have a minute left in your presentation.

Ms. Teena Stoddart: Police services already use this flag system for gang, cyber and hate crimes. As such, processes are already in place for this option to work.

I missed a few slides because I didn't think I'd have time—but just some statistics:

The FBI reports that 96% of animal cruelty offenders have other documented criminal offences. They did that study in 2016.

The New South Wales police study—animal abuse is a better predictor of sexual assault than a previous conviction for homicide, arson or weapons offences, and animal cruelty offenders predominantly have criminal records related to sexual assault, domestic violence and firearms offences.

The Chicago Crime Commission did a study on their gang members. Some 35% of search warrants executed for animal abuse or dogfighting resulted in seizures of drugs and/or weapons; 82% of offenders arrested for animal

abuse had prior charges for assault, weapons offences and/or drugs.

The recommendation where we—

The Chair (Mr. Lorne Coe): Thank you very much. Your presentation has concluded.

We're now moving on to questions and answers, starting with the official opposition. MPP Wong-Tam, please.

MPP Kristyn Wong-Tam: Thank you, Ms. Stoddart, for your presentation. I recognize that you were rushing through the presentation because you have quite a bit of content to share with us, so thank you, also, for your written submission.

I'm curious to understand your journey to this particular field of study, because obviously we don't hear a lot about animal cruelty, even though we know it exists. Certainly, we hear very little, especially in mainstream media and popular culture, about the connections of animal cruelty—early signs that could be indicators of whether or not someone becomes a perpetrator of gender-based violence or sexual violence or intimate partner violence.

In your 30 years as a police officer, I'm sure you would have witnessed some horrific acts, so thank you for your service. It's difficult work.

Did you learn about this subject matter, these circumstances, while you were a police officer, and if yes, did you raise this with higher authorities to let them know that these were disturbing trends that you've now identified—and what can the police do to explore it further so it could be properly documented and that research then used to prevent crimes?

Ms. Teena Stoddart: In 2009, I became supervisor of major case management in ViCLAS section for Ottawa Police Service, and we—at that time, you capture all sexual abuse crimes, pretty well major case crimes. I started to notice a trend there. I did go to my police chief at the time and said, "This is an issue." The provincial ViCLAS unit asked me to come up there and work for them in the behavioural science unit, and so I did. I was specially trained by RCMP, FBI on it. Animal abuse, like I said, is one of the five red flags of a serial predator. That training came to me through my time at behavioural science. You can notice a trend up there because you're getting cases from all over the province. So there's a trend there.

I came back to Ottawa after serving my secondment to the Ontario behavioural science unit. It was victim services that reached out to me and said, "We're hearing from intimate-partner-violence victims that they're not leaving because of their pets. They don't want to leave their pets behind, or the pets have been abused, or they've been used to get them to do things that they don't want to do or not do things they want to do."

I worked with Humane Canada at the time. They asked me to come and head up their enforcement section, which I did, so I developed training because there was no training in Canada. Once I developed training, we did a pilot project at Ottawa police. It went over very well for the eastern region, so at that time, that training was sent out.

Then, I basically backpacked across Canada for a year, training Edmonton police; I went to various conferences, Canadian police educators conference—all over the place. Then, it was picked up down in the United States. The United States have had this training for many, many years. We're sort of behind the eight ball.

When I left policing in 2021, I started my own company called Violence Link Consulting, and I started to train police, victim services, veterinarians—people in this field. Everybody was very receptive of this. Police leaders have always been receptive of this. They tell me it's a no-brainer when I talk to them. Where it comes to a head is, they don't have the funds for non-mandated training. So they will provide some training—in Ontario, I've probably trained 400 officers right now, where we have—Ontario Provincial Police have over 10,000 officers, so it's a drop in the bucket. The funding isn't there for them, so if it's not mandated, they don't take it.

MPP Kristyn Wong-Tam: Teena, I just have a few more questions for you, and I have, I think, four minutes left. I just wanted to—

The Chair (Mr. Lorne Coe): Two minutes, 51 seconds.

MPP Kristyn Wong-Tam: So I'll speed it up even more.

Teena, I'm just curious about the data collection that you're asking for. All good decisions and all good policy and legislation, training frameworks—all of that needs data, but you've identified that we don't have Statistics Canada collecting this type of disaggregated data, or when they do collect it, it's the most violent crimes that make it into the check box. So with respect to when you appeared before the House of Commons, asking them to change the way they collect data with Statistics Canada, I'm curious to know, number one, their reply; but I'm also curious to know, what can we do at the provincial level to ensure that, number one, the data collection is there but also that training for officers and everyone who works in the justice system is going to have this particular violent lens connection that you're talking about, so therefore it's much more prevalent and top of mind?

Ms. Teena Stoddart: I've been to Parliament. I've talked to Arif Virani, who is our Attorney General right now. I've talked to Nate Erskine-Smith. I've had meetings with them. They have in turn spoken to Stats Canada, and Stats Canada says, "Oh, it's just such a big undertaking to make. We'd have to go to the province and have them sign on to memorandums and that." They're focusing on the provincial animal welfare charges; I'm talking about the criminal charges, which is in their purview to collect.

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Stats Canada has just refused to do it, basically. They've come up with a bunch of excuses that don't—I mean, the flag system already exists in police reporting systems, so the fact that they say we have to be trained on that, that's false. So we've met with a brick wall all the way, but again, with Ontario, it's an easy fix, because Ontario—you send out a directive to the police chiefs and you say, "We want you to include a box for violence link the same way you do for gang violence and everything else." Gang vio-

lence, cyber crimes—we use that flag system already. It’s just adding a box in whatever police reporting system you use. So, for instance, Ottawa police have Versaterm. They add a check box, and any time where there’s an animal abused in the commission of a crime, police are told to make sure that check box is checked, so we have some form of collecting it.

With Stats Canada collecting Criminal Code animal abuse cases, they have to report on all charges that police put in the reporting system, not just the most severe.

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

We are now moving on to the independent on the committee. MPP Shamji, please.

Mr. Adil Shamji: Thank you, Teena, for sharing your expert testimony this morning. One of the things you mentioned, that animal abuse is very strongly linked to human sexual abuse or human intimate partner violence: Reflecting a little bit, I know that the link between animal cruelty and clinical forensic pathology has been well established. It’s one of the diagnostic criteria for conduct disorder and anti-social personality disorder, what is colloquially known as psychopathy. But the question that I have for you is, within the overall population of intimate partner violence, what proportion of victims can be predicted by having perpetrators who have committed animal cruelty? In other words, we may see a strong link between animal cruelty and intimate partner violence, but can we always find that link in the majority of women who suffer intimate partner violence?

Ms. Teena Stoddart: Well, evidence-based research from Canada, United States, Australia and around the world has said yes. The research goes, anywhere from 89% to 93% of women who have pets, the pets are used to commit intimate partner violence through coercion, intimidation—the pet is not always abused. Sometimes—

Mr. Adil Shamji: Right. Sorry—just to redirect you: I guess what I’m saying is, what proportion of cases where there is intimate partner violence is there a pet for us to look for signs of animal cruelty or animal abuse?

Ms. Teena Stoddart: Well, I mean, the studies include—it depends where you take your studies from. There are studies that include just women who have gone into shelters, and then there are studies that include women who have reported abuse. So, of the people reporting abuse, you have 89% to 93% of them. So we know partner abuse isn’t reported a lot, right? It’s just not reported. They’ll go to victim services, they’ll talk to their counselors, they’ll talk to other people, but they don’t report it to police a lot. So that’s a high number. If you’re talking 89% to 93% of those people that have reported to police have said that their animal was abused or used to coerce, intimidate and control them, that’s a very high number.

Now, over the overall population, I don’t know, because I don’t think anybody has reached out to the overall population with a survey saying, “Hey, have you been a victim of intimate partner violence, and has your animal been abused?” I don’t think that’s done, not to my knowledge.

Mr. Adil Shamji: I was thinking about the challenge you described about being able to get some of this data from Statistics Canada and what seems as though—a lack of will to do that. I know physicians, if they have reason to suspect that a child is being abused, they are by law required to report that. Do veterinarians have the same obligation if they suspect that an animal is being abused?

Ms. Teena Stoddart: Yes. In Canada, veterinarians have a duty to report animal abuse to—not police. They can report it to animal welfare investigators. Animal welfare investigators very rarely lay charges under the Criminal Code. Police will lay those charges. So that data is really never collected on animal abuse.

Mr. Adil Shamji: Is that a possible avenue to explore if we can’t get this kind of data from Statistics Canada, some sort of link between police services and whoever these animal wellness officers are or the agencies that represent them?

Ms. Teena Stoddart: Well, like I said, if we mandate police to take these calls, it’s automatically going to be collected.

Mr. Adil Shamji: Now, you had mentioned in your work on the behavioural science unit that there are five behaviours that are linked to serial predators. One of them is animal cruelty or animal abuse. Would you help me understand what the other four are?

Ms. Teena Stoddart: Bedwetting, fire-setting, animal cruelty—and I forget the other two. I’m sorry.

Mr. Adil Shamji: Okay, no problem. I actually was just very curious.

One of the things—it’s kind of in the name. Intimate partner violence is typically perpetrated by individuals who are known to the victim. To what degree may there be a link between—does that challenge any of the knowledge that we have around these five criteria and be able to predict perpetrators of intimate partner violence?

Ms. Teena Stoddart: Sorry; I don’t understand your question.

The Chair (Mr. Lorne Coe): The time has concluded that’s allocated to the independent.

I will go now to the MPP Riddell, please. Thank you.

Mr. Brian Riddell: Thank you for being here today. What my question is: What are your immediate policy recommendations to address the link between animal and human abuse effectively within the legal and community support frameworks that exist today?

Ms. Teena Stoddart: Sorry; what are my recommendations for policy?

Mr. Brian Riddell: What would you recommend?

Ms. Teena Stoddart: My five recommendations are what I recommend. If you put police-mandated—if they have to take training and they have to take animal abuse calls, they will automatically make their policy around that.

With Ottawa police in 2019, when SPCA got out of the business of investigating animal abuse and it went to the province, there was a time delay in there when the animal welfare unit got up and running. In Ottawa police, myself, and an inspector and a superintendent, we did policies on how to take animal abuse calls and what to do with them.

We got a detective trained in each of the sections and stuff like that. You will automatically create policies if you mandate the training and you mandate the reporting.

Mr. Brian Riddell: Okay, thank you very much.

The Chair (Mr. Lorne Coe): MPP Saunderson, please, when you're ready, sir.

Mr. Brian Saunderson: Thank you, Teena, for taking time today to share your expertise. It's very interesting to me, your police background but also the connection that you've formed between this type of behaviour, animal abuse, as being a predictor of IPV and gender-based violence in an early stage but also during a relationship, using animals to coerce their partners.

We've heard some testimony from forensic psychologists talking about predictors and the tools that the police use like the ODARA. Are you familiar with that?

Ms. Teena Stoddart: Yes.

Mr. Brian Saunderson: Yes, I see it from your experience. So, I think it would be very helpful for this committee moving forward to have ways to predict behaviour so that we can try to prevent these things upstream or flag issues, as you said, through either animal welfare or violence-against-women service providers to understand the connection and to be able to highlight that.

So, in your opinion, having worked in the police force and utilized the ODARA protocols, do you feel, based on the evidence you've seen and the studies, that the connection is sufficient enough that this is something that we should be highlighting and pursuing?

Ms. Teena Stoddart: Well, with respect to ODARA, I and others have tried to get ODARA to put some violence-link questions on the ODARA question because police officers aren't trained to even recognize a violence-link case when they go in there. If you want to get a woman out of this violent situation, you have to know that you need to protect her pet, because she'll stay or return or not report, right?

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So we talked to ODARA about that, and ODARA wanted police services to pay for their research to do that. The research is already there. I've given you a brief where you've got pages and pages of research, and we provided the research to ODARA—Zoe, who is the head of ODARA. We provided that research to them, and they still come back. We even went to the federal victim ombudsman and they spoke to ODARA about that. They just said, "No, we want somebody to pay for research to say to us that it's value for money."

So ODARA doesn't fix the issue of those violence-link questions not being asked in the first place. Police officers need to be trained to ask them when they go into these situations. I, myself, as a young constable missed cases and then found out later on the reason why the female wasn't reporting. A neighbour called in a domestic violence going on next door. We went and it ended up, "No, no, nothing happened; it was just the television that was too loud," and this and that. Weeks later, she came running down the street—I was in a storefront police building, and she came running down the street and said that she was

being beaten and stuff. I asked her at the time if this is what was going on. She said yes and then she cried. She had two little dogs; she didn't want to leave them. This was back in the 1990s. I mean, I know I missed it.

Every time I give this violence-link training to officers, somebody comes up to me and says, "I missed it; I missed this." I gave training to probably 12 intimate-partner-violence domestic coordinators for the Ontario Provincial Police. They were astonished at this, and they wanted to roll it out to all of their constables on the front line because that's who—if a detective doesn't see that in the file when they get it, how did they know it has even happened?

Mr. Brian Saunderson: So Teena, in your discussions with Dr. Zoe Hilton, were there discussions about what the cost of the studies would do? How would you move that forward? What tools would you need to move forward that discussion?

Ms. Teena Stoddart: Well, funding was the number one thing, and most police services won't pay for funding for another organization to do research. So it was funding; it was resources as well. They needed resources from an intimate-partner-violence detective unit. They don't have the resources to give those. In Ottawa alone, each one of the detectives are carrying 80 to 90 files per detective, so there's no way they can give up resources as well. Those are a couple of the things that they wanted, and so it went dead in the water at that point in time.

Mr. Brian Saunderson: For the initial creation of the ODARA risk assessment tool, who funded that?

Ms. Teena Stoddart: I don't know. Was that not the Ontario government? I think that was the Ontario government.

Mr. Brian Saunderson: All right. So then, in your conversations with front-line officers—and when I'm talking front-line officers, I'm not just talking about police now; I'm talking about animal welfare service providers or violence-against-women wraparound services—have you had any discussion with that sector about the connection and your research that you've seen between the linkage between animal abuse and gender-based violence?

Ms. Teena Stoddart: I've trained a lot of different victim services organizations, animal welfare—our own Ontario animal welfare unit. I did training with them. I've done training with veterinarians. It's recognized.

Where veterinarian and animal welfare officers come into play—of course, they're not trained on detecting human abuse. Even our officers who take an animal abuse complaint, they go there with the blinders on that it's an animal abuse complaint only. They don't understand that animal abuse is not just a stand-alone crime; it rarely is. Animal neglect is, hoarding is sometimes, but intentional animal abuse rarely is a stand-alone crime.

The Chair (Mr. Lorne Coe): Thank you very much for your presentation today. We need to move on to our other presenters who are waiting. Thank you again.

Ms. Teena Stoddart: Thank you.

MS. VIVIEN GREEN

MR. RODRIGO MORENO

The Chair (Mr. Lorne Coe): I will now call Vivien Green and Rodrigo Moreno to the table directly in front of you, please.

You'll have 10 minutes for your presentation. I'll give you a one-minute warning about wrapping up, and then there will be, as you've just seen, questions from the official opposition, the independent member and the government members for you.

State your name for Hansard, and then you can start your presentation, please.

Ms. Vivien Green: My name is Vivien Green. I appreciate the opportunity to be here to discuss this critical issue. We're going to split this presentation. I'm giving an overview of some key issues, and then my colleague Rodrigo is going to give some case examples and more particular details.

From our vantage point—we work with a partner abuse response, PAR, program—the criminal justice response to IPV is in crisis. It often does nothing to effectively manage the risk posed by abusers. Most importantly, it often does nothing to protect women. I want to say, I'm speaking of Toronto now primarily. However, in our discussions, we also are in touch with many people across the province, and there are these serious concerns all over.

At worst, the original specialized domestic court process has deteriorated, so much so that now it often increases the risk to survivors of IPV by providing minimal consequences for abusive behaviour to the abusers with little or no follow-up after the initial court involvement. We see an urgent need for the full implementation of the DV specialized violence court process as it was originally defined and still is defined by the Ministry of the Attorney General, to ensure adequate protections for victims and survivors.

Along with restoring this process, we see the need for ongoing evaluation of the specialized courts, which has never happened in the last 20 years, to ensure their effectiveness and see that they meet emerging needs.

We need a significant increase in funding and program development of PAR programs because annualized PAR program funding has not been increased since 1997.

We need policies and practices put in place to ensure that the dominant or primary aggressor is prosecuted. What we're seeing now is many cases of women who are defending themselves against their abuser, who are being charged—and they then become criminally charged for abusive behaviour.

A bit of background around this: I was the executive director of the Woman Abuse Council of Toronto, from 1991 to 2007. And I was actively involved in the development of the specialized domestic violence courts and the implementation of the first two pilots. I'm going to give you a very quick overview of those courts and then show you what we see as the deterioration.

There are four pillars to the DV courts. The first is that there are two streams. There's an early intervention pro-

cess that's meant to be for first-time offenders, where there's no serious injury—a “he said, she said.” In that case, the accused stays on bail, is supposed to accept some responsibility and is mandated into a PAR program. Once he successfully completes that, originally the case was resolved by a conditional discharge with him staying on some term of probation. It's a much quicker process; there's no trial. All other cases—we're talking repeat offenders, serious injury, strangulation—are meant to go to the full trial.

The second pillar was vigorous prosecution of cases going to trial. You would hope that's always the case, but then, in DV, that means using 911 tapes, photos of injuries and videotaped statements. Women were often asked to come in and provide a video statement soon after the charge. It means DV specialists in every sector within the criminal justice system—so police specialists, crown specialists and probation specialists who were trained in domestic violence—and it means coordination among all of these sectors, and that was primarily through domestic violence court advisory committees; there was a mechanism set up to effectively coordinate.

Each of these pillars has been watered down and deteriorated, leaving victims with less protection and abusers with much less monitoring and risk management.

First pillar, early intervention: The current priority for the courts—particularly in Toronto, but I think all over the province—is getting cases resolved as quickly as possible. This means we are seeing at PAR accused who are not appropriate for EI being streamed regularly, and Rodrigo has some stats for you. We regularly see accused who have strangled their partners being put and screened into the EI courts. Strangulation—I'm not going to go through all of the evidence; it's massive; it's in our written submission—has been proven to be an extremely high indicator of lethal violence.

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The resolution for EI cases has now been changed, and the accused receives a peace bond for one year, with no follow-up—no probation, no criminal justice oversight. We also see repeat offenders, cases of serious injury. We have guys who have been on probation before, and then they come in with another charge and they're on EI. Our solution is to restore courts to the original mandate and criteria that is still on paper and ensure continuous monitoring and evaluation of those courts. And if—because the courts are in such a chaotic state due to COVID—there is some need for a quicker response, make sure that any high-risk offender has follow-up—i.e., probation, some criminal justice oversight.

The second pillar: DV cases are meant to be vigorously prosecuted. Cases that go into EI, there's no evidence collection. There's no trial, so nobody is collecting evidence. And when we see high-risk cases of strangulation/serious injury, we know there is evidence; it just has not been collected. Our solution: Ensure evidence is collected wherever possible, monitor that this is taking place and reinstate police policies that require 911 tapes, photographs to be used in DV cases.

The third pillar: specialized trained DV and IPV staff in every sector. We see a serious insufficient number of DV specialists among police. In Toronto, there are very few. Crown attorneys, there are some. Probation, there are absolutely none. Again, this is in Toronto, but I think this is probably across Ontario. Again, the solution: to identify specialists, train them in IPV and trauma-informed work, as was mentioned earlier. This is all part of a piece of understanding what it means to be a victim of domestic violence.

And the fourth pillar: coordination. Only one court of the five courts that were in Toronto has had a working Domestic Violence Court Advisory Committee, and that is Scarborough, for the last three years. These committees are critically important in being able to bring our sector partners together—PAR, crown, police etc.—to discuss problems, solve those. Again, our solution is: Senior leadership must ensure that DV court advisory committees meet and function in a meaningful way, and sharing information is a key aspect of that which we do not get across sectors.

Really quick, a few other areas that I wish to touch on—hopefully giving Rodrigo some time—PAR programs, as I mentioned, have been seriously underfunded. We have not seen a change in the funding since 1997; that means effectively a 57% cut in our funding. We also need differential funding. We're one-size-fits-all now, and we know that is not the case. We see offenders going through PAR three, four, five times—clearly they need a different kind of response. The solution is to develop a new funding formula and update and expand the PAR model, and using a collaborative approach, working with PAR agency staff who have been doing this work—under huge duress—for the last 20 years and who have the knowledge.

The last issue I'd like to raise is the situation of a dominant aggressor. We are seeing a really serious and significant increase in the number, as I said, of women being charged for defending themselves. We did a study—which you have in our submission—where we interviewed women and, in talking to police services, one police service said there had been a 25% increase in the number of women who were charged. The stats and our research—the limited research—show that women are defending themselves against their abuser, and their abuser then uses various ways to make sure that she gets charged. This has hugely negative consequences on women and their children. The solution is, the system must be much better at identifying self-defensive use of force and use the tools in the system to drop cases that shouldn't be going forward—i.e., crowns could drop these cases because they're not in the public interest.

Rodrigo?

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

Mr. Rodrigo Moreno: I'll jump right into it.

With what my colleague has said, I just wanted to add that we pulled some statistics from the last three months of referrals that we've gotten at our agency, at Counterpoint, and we've seen 91 cases come in through EI—early

intervention—apparently low-risk, first-time offenders. Out of those 91 cases, 30 we marked as high-risk—we have a way of doing that. And out of those 30 cases that were high-risk, we're seeing 21 of those clients coming through our doors with a charge of choking or strangulation.

So we're seeing the rise in this type of more aggressive behaviour and maybe we're seeing post-pandemic situation occurring here, but the need for all of us to be on the same page to be able to identify what we consider high-risk, how we are going to all be on the same page around dealing with these high-risk situations—because, as an agency, we've already experienced a femicide back in 2021, of which the participant was active in choking/strangulation in his charges and was streamed through EI with numerous charges at that time.

The Chair (Mr. Lorne Coe): That concludes the time allocated for your presentation. The additional information that you would want to convey, you'll have the opportunity to do that in response to the questions that will be posed by the members of this committee.

We're going to start with that, please, with the official opposition and MPP Wong-Tam—when you're ready.

MPP Kristyn Wong-Tam: Thank you to you, Ms. Green and Mr. Moreno, for your presentation. I recognize that we're quite pressed for time, so I'll try to make it as quick as possible to get through my questions.

With respect to the crisis that you're seeing in the justice system, this is not necessarily something that hasn't been heard by the government. We've had survivors, on numerous occasions, come before the government—and also everyone who is in the Legislature—about the need to see judicial reform, and then specifically around the backlogs in the court and making sure that those who have perpetuated crime are held to account but also that there's a pathway to rehabilitation to diversion. And so your comments, I think, will be heard in a way that, yes, we know there's a problem and you have put a fine exclamation point to the fact that this is a crisis that's been largely manufactured, probably due to neglect and underfunding.

Previous speakers have spoken about implementation and the need to be able to get to a resolution and that sustainable funding. So I'm curious to know, because you have a relationship with the different ministries—you are active administrators of the PAR program—what has been the response from the ministers or perhaps the ministry staff when you've identified this as a problem for you?

Ms. Vivien Green: I'll explain, and I also have a suggestion.

Frankly, it differs in probation. Probation folks see this as a real issue. Basically, they talk about the fact that they had a huge turnover, that they do not have enough resources. A lot of it, of course, comes down to funding and to leadership and to ensuring training for new people.

In the crown system, it really is all over the map, I would say, because we really get the sense that the priority is to get these cases through. And when we raise issues around high-risk—and for us, “high-risk” is defined as “serious injury or potentially lethal” cases—and we use a

danger assessment, which has been created by Jacquelyn Campbell. It's used all over the world, which we encourage and would like to see used across the whole system.

One of the things that—I have been around for a long time, and it was, in the past, every single ministry had a woman abuse unit and that woman abuse unit was in Sol Gen, was in MAG, was in health, and those people would come together so that we could work in a coordinated fashion so that we wouldn't have to argue with our crown counterparts, so that doctors would also know. All of that has, again, deteriorated. As far as I know, that is not the case. For me, one of the things would be to go back to many of the things that we used to do, which is identifying intimate partner violence—which we're calling it now—as a critical issue, which the government has decided, but put in those kinds of mechanisms.

And frankly, in terms of implementation with the PAR Program, there has been huge amounts of work done by PAR agencies to say, "This is what we need. This is what we want to propose." Differential programming, even ideas around the amount of money—we just need to work and see some follow-up.

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MPP Kristyn Wong-Tam: And so, because of the lack of follow-up and the desperate need for funding and resources to keep women safe, at the end of the day—we need to keep individuals, Ontarians, women safe. When the structural failings are there and decisions are made to perhaps invest in other places, it's just not necessarily the top priority. When there was a women abuse unit embedded in every single ministry, do you recall what was the catalytic decision, and who made it, that that was to be removed? Why is the system so dismantled in a way that women no longer are a priority for the province?

Ms. Vivien Green: That's a really good question. I was trying to figure out when it was dismantled. I'm not sure. It would be interesting to find that out.

There's a whole thing about the new issue on the block and that kind of thing. I think the thing is that to deal with this issue—it isn't a sexy issue. It is an issue that has continued to be there forever, intimate partner abuse. I don't know what it means as leadership who continue to say, "This is important," because you're right. I don't even know. And all of these other things that have happened to this whole specialized court process of it being whittled down—it's the banality of evil, just small cuts.

MPP Kristyn Wong-Tam: I know that many in the women's community and in the gender-based violence sector have been really quite demoralized by the lack of prioritization and funding for this sector. We're seeing the social safety net break down with respect to lack of housing, lack of employment services and so forth. If women and girls are not centred in the conversation around decision-making and budgetary allocations, we won't necessarily see those outcomes.

And so, would you say that the result that you are seeing—the crisis in the courts, the crisis with the lack of supports for survivors, as well as the perpetrators of violence—is largely because the issue has fallen off the table?

Ms. Vivien Green: Yes.

MPP Kristyn Wong-Tam: So nobody really owns it at the province. There isn't someone who says, "This is the issue that we care deeply about and we're going to take a whole-of-government approach to fix the problem."

Ms. Vivien Green: That's right, and a collaborative approach—absolutely, I completely agree.

And just one other piece around that is that for a long time, working with perpetrators was kind of really on the back burner. Of course, originally, we had to deal with women's safety in terms of physical safety, but in the long term, it is, dare I say, the men who have the problem. We need to fix those.

The fact that the PAR program has had so little attention, has never been evaluated, has never had a funding increase since 1997, to me, that also indicates this lack of attention to the issue. Frankly, working with men is equally, if not in some ways more important than working with women, because it's the men we want to change.

Mr. Rodrigo Moreno: I was just going to say that as a PAR facilitator, I think we work really hard on the front lines. I'm the intake worker for our agency and I see the guys come—most of them come through me. As a facilitator, as well, I'm always thinking about what is the most effective way I can get across to each PAR participant, so that he can practise the tools that we're offering. What do we need to do?

We're constantly faced with some challenging participants around drug addictions. Sending a participant through an early intervention process with drug addictions is setting him up for failure. He's not going to be able to follow through. He's going to fall through the cracks. I've got to send him back to the courts, and once he does go back to the courts, I don't know what happens to him. We don't have that communication between the courts and our agency. We don't have a way to be able to see recidivism. Who is recommitting after the PAR program?

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

We're now going to move to the independent member. MPP Shamji, please. You have five minutes, sir.

Mr. Adil Shamji: You have described the need for differential programming for offenders, particularly for those who have been repeatedly mandated into PAR programs, but have shown little or no change in their behaviour or understanding the impact of that behaviour. Could I ask you to elaborate a little bit on what differential programming might look like and what sort of funding and supports you would require in order to administer that?

Ms. Vivien Green: I'll respond, and then I'll give it over.

We have 12 weeks right now. Originally, PAR was 16 weeks; however, it was cut to 12, which is very, very short. We have men coming in, some who are completely inappropriate for a group—they are too aggressive, they're too angry, they just can't handle a group setting—and PAR is run by groups. We have men, as Rodrigo said, who have serious mental health issues, and it's, again, setting them up for failure. They're not able to take in. We have

people with substance abuse issues, we have people with gambling issues, all that stuff. So when we talk about differential programming, what we're talking about is the ability to have a standard approach and also be able to do some individual programming. Right now, we do have to do that, but we're not paid for that. We're only paid to run the group. So basically, those individuals that we serve, we're not getting paid for. When we have someone who literally cannot be in the group because of his aggression, we work with him for free.

We see the possibility of running groups with a mental health professional for people that have mental health issues so that we could at least integrate some of the issues and deal with them in a collaborative way. So that's what we're talking about, is being able to have some discretion. Guys that have been in the program two, three, four times and are coming back to court clearly need a much more concentrated and probably individualized approach, ideally in conjunction with probation.

Mr. Rodrigo Moreno: It may work a bit more effectively through probation, where they have the supports of their probation officer. Then, at some point, I recommend to the probation officer, "This gentleman needs a bit more supports before he comes to the PAR program. I want him to be successful while he's here." And so I'll talk to the probation—or the probation officer will put other means for support, whether it's mental health, addictions, alcohol, in place before coming to the program. But at some point, they'll be waiting on some kind of waiting list before that can happen because they're also limited with resources, having an all-around effect on the whole process.

Mr. Adil Shamji: There was something that you had mentioned in your testimony that was especially worrisome to me, especially as we all convene here around the committee on justice policy. You mentioned that there are victims who are offering evidence to police of the ongoing nature of the abuse that they've suffered but that that evidence is not getting submitted to the crown. May I ask you to elaborate on that and why that may be the case?

Ms. Vivien Green: It comes out in a couple of ways. In terms of women who have been charged, many of them talk about the fact that police attended their home numerous times before. One of the quotes was, "What's wrong with you guys? How come you've been to my house 20 times?" And yet, that wasn't entered into evidence when they charged her—and, in fact, they charged and convicted her of domestic violence.

We also hear of cases where a woman is trying to submit photos, for example, give them to police. This is when the man is being charged as the abuser, and we hear that the office said, "I don't need that. I'm away for two weeks, so don't worry about it."

The standard way it used to be was where officers were videotaping women and doing interviews and taking photographs. We're just not seeing that happen, and I think, again, it's because the leadership in the police—it's not an issue that they're concerned about. The other thing about EI is that it's not a trial, so if a police officer knows

that the case is probably going to go to EI, they don't even have to bother collecting evidence, so it's so much easier for them. That's the point: Right now, we see the system taking the easy way out.

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

That concludes your time, sir.

We're now going to move over to the government members, starting with MPP Dixon, please.

Ms. Jess Dixon: I'll start my timer. Your submissions and reports are excellent. Thank you—really helpful. I can tell you, I was a crown for 10 years and really validate what you're saying, to be honest. That's why I'm here, to be blunt, having experienced a lot of what you're talking about.

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When I was practising, I definitely saw that change, and then it was really amplified by COVID. The idea that, all of a sudden, I couldn't detain anybody, I couldn't sentence anybody—it felt to me like the pendulum just never swung back again to where it should have been. I also saw us screening people for a peace bond with PAR. That was not ideal, but having no other opportunities to do anything—and from the crown perspective, it was this feeling of, "I'm not going to be able to put this to trial. This is the best I can possibly get with the resources that I have available."

You were talking about this idea of the shortness of the PAR program, that type of thing, and all of the different barriers there. When we look at PAR—I wasn't able to find a lot of information in my own research as far as its origins and regular reviews of its efficacy. Are there models out there other than PAR that are better or evidence-based, as far as the idea of counselling for abusers?

Ms. Vivien Green: Yes. Our PAR program is based on the Duluth model, which has been used—

Ms. Jess Dixon: That's how I found you.

Ms. Vivien Green: Yes—around the world, and there are some other models. We've taken PAR and adjusted it to our own kind of context here.

I'll let Rodrigo say a few more things, but I just wanted to say one thing in terms of practicalities—because we deal with crowns and police all the time; we know the chaos of the system. So one of the things that I really wanted to bring forward here—because I've tried to talk to others in the system about this—is that if, in the time being, we end up having to have high-risk offenders go through a streamlined process, we can still do something about that, and one of the ideas is a specialized bail program. Our concern is to keep monitoring that person. In a worst-case scenario, if you still have to not have a trial, at least if you see that there's a high-risk offender, or a repeat offender, serious—anyway; that there be a specialized—there's a specialized mental health bail program, apparently. So at least have that person on some criminal justice oversight, because otherwise it's just PAR who's looking at him, and we don't have any wherewithal around—we work with her.

Ms. Jess Dixon: Obviously, PAR is generally on the back end, but it's clear from your materials and presenta-

tions that you're very familiar with all stages. What have you seen—because I know what I've seen—as far as trends in bail, with JP releases, bail reviews? Again, with COVID, I started finding that no matter how serious it was, I wasn't getting results. I also saw an increasing trend of JPs refusing to accept evidence of prior occurrences that had not resulted in a conviction. I'm wondering if you've seen that at all.

Mr. Rodrigo Moreno: We see that all the time. I think the case that I brought up that we experienced, this femicide, had a previous police occurrence. I don't think he was charged, because there was just a file number for that occurrence, but that in itself gives us the notion that this individual needs to be monitored or needs to be taken seriously. Then we're seeing him come through the early intervention with five charges, one of them being strangulation—and so, again, increasing his high risk, ability of committing femicide, which eventually did happen.

Just to go back a little bit on what you were asking for in regard to the PAR program: I think as facilitators, we continue to use all the tools that we find most effective as we go. We have the base of the Duluth model to work with, which gives us a good foundation of our approach, but as facilitators we're always looking and pulling from all the information that's available that is going to be effective in our delivery of the program.

Having said that, as Vivien mentioned, we've gone from 16 to 12, and we've looked at US models that are doing 50 sessions or 30 sessions in one take and then maybe following up with 20 more later on with that same individual and are seeing some positive results.

We know that 12 weeks in a person's life, which is 24 hours if you add it all up, is minimal, and we can't expect—and having said that, we are making a difference. I don't want to sound like everything is pessimistic; we do have guys who are really taking it to heart, who are maybe at a different stage in life. Some of these guys are guys who have maybe dealt with addictions in the past and have gotten supports for their addictions and understand what needs to be in place for them to get through the domestic piece of their life, and we see that they're more successful when there are more supports in place.

Ms. Jess Dixon: We've got about a minute and a half left. Can you talk a little bit about the victim's side of things? Obviously, we generally put people on a no-attend, no-contact blanket. I think our system is generally designed as though the goal is for the relationship to end as of that moment, which, of course, is not what happens. If you can talk a little bit about what you see as far as the impacts on the victim as far as those types of decisions and their participation.

Ms. Vivien Green: Well, I think what we see is that the criminal justice system—we always knew this—is a very blunt instrument. And again, the EI court was meant to change that a bit, and so there is the possibility of contact. But the system is still very, very difficult for women to access.

For example, women have very difficult times getting a hold of police officers to make reports. They have an

impossible time talking to crowns, and these days, we're hearing they're not even allowed to talk to crowns. We do partner contact. All PAR programs do. We, however, do quite a bit of work with the women, because we also see that they urgently need the kind of social supports—housing etc.

I think many women will say that the experience with the criminal justice system is worse than the abuse—and I am sure you have probably heard that—because of the way they're not taken seriously, the way they're treated, the lack of consequences—

Mr. Rodrigo Moreno: The trauma they suffer.

Ms. Vivien Green: The trauma that they suffer.

The Chair (Mr. Lorne Coe): Thank you very much for that response. That concludes the time for your presentation this morning. Thank you so much for the presentation. Members of the committee have copies of your presentation, so there could very well be questions that arise out of their reading of it, and they'll contact you directly if that's the case.

Ms. Vivien Green: And if you want some more information about other batterers' programs, we could provide you with some of that.

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

MS. ERIN LEE

The Chair (Mr. Lorne Coe): Members, I will now call on Erin Lee, who is joining us by Zoom. Please, sir, bring her in.

Hi, Erin. Good morning.

Ms. Erin Lee: Good morning.

The Chair (Mr. Lorne Coe): How are you? Good?

Ms. Erin Lee: I am well. Thank you. How are you?

The Chair (Mr. Lorne Coe): Good, good. You're going to have 10 minutes for your presentation, and I'll let you know when there's a minute left in your presentation so that you have time to sum up. It's going to be followed by questions and answers, so if there is information that you're not able to convey in the 10 minutes, you'll have the opportunity in response to questions to provide that information, okay?

Can you please state your name for Hansard, which is the recording service here at the Legislative Assembly? And then you can begin your presentation.

Ms. Erin Lee: My name is Erin, last name Lee, and I am currently the executive director of Lanark County Interval House and Community Support.

The Chair (Mr. Lorne Coe): We're pleased to have you with us this morning. Please begin.

Ms. Erin Lee: Good day, members and Chair. Thank you for the opportunity to be heard. As I said, my name is Erin Lee, and I am currently the executive director of a rural-based community supports and shelter program. I am also a member of the Ontario Domestic Violence Death Review Committee, I was a member of the CKW inquest working group and I have continued to work on the CKW inquest recommendations and implementation process over the past two years.

In my approach to today, it was difficult to decide whether to echo my peers or offer something unique to rural communities, so I've decided to offer you my best suggestions and information rooted in my 30-plus-year history in this work.

My first suggestion speaks to recommendation number 1 of the CKW inquest. It's not complex: Send the bill back and pass it and acknowledge the epidemic, full stop. Since the bill was presented, femicides have continued in small and large communities across Ontario, including Sault Ste. Marie, Durham region and Harrow, and two days ago, we learned of another femicide with a young woman, 17 years old, whose life was taken at the hands of violence. Whether Indigenous, migrant or immigrant, lives continue to be taken and at risk. Multiple-victim homicides imply higher volatility, and children as victims and fire as a tool have also been seen as an increased issue in recent years.

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Following that, I would want to speak to recommendations number 23 to 29 of the CKW inquest: providing funding for education, public engagement, prevention and training. While I understand this process is about studying IPV and this is not a pre-budgetary negotiation process, this is a process to inform committee and to offer suggestions that can increase the capacity of our province to respond and reduce the issues of intimate partner violence. I believe that recommendations 23 to 29 provide such information as it relates to education.

If we look at almost all inquests, DVDRC recommendations, they all recommend public engagement and prevention, whether that be for perpetrator programs, legal clinics, shelters, community-based organizations and sexual assault centres. Yet, as we know, there is yet to be corresponding annualized funding to anti-violence agencies in order to provide that education and prevention work. As a result, while many of us ensure that that remains a priority, we must fundraise or seek other funding to ensure we're fighting upstream.

By way of example, in our rural community, we created a campaign called See It, Name It, Change It. It includes public training, billboards and tools to engage bystanders, as well as perpetrator engagement. There is no formal government funding. That came as a result of seven murders in rural eastern Ontario beginning in 2015. The concept of See It, Name It, Change It is not staggering. It really implies that when we were kids, we learned about fire and we should stop, drop and roll. See It, Name It, Change It really implies that when you see violence, you should name it. That way, we can have a discussion, we can stop it and we can change it.

In my submission, I've articulated how the government can insert funding for public education, prevention and such kinds of programs. My suggestion is that the government decide to provide funding in 48 communities. Why 48 communities? Well, there are 48 coordinating committees across the province of Ontario. If the government attached 48 roles for public engagement, public education and prevention work to each of those committees, each of those committees in their own community could decide

where the priority is, what part of the community that fund should rest in. And I would say that it's really critical at this stage, when we're talking about prevention and engagement, that we actually look at how the government can fund ongoing public education and prevention work.

Well, I have to speak to the issue of annualized funding. As a shelter executive director, it is a reality. Recommendations 18 to 20 of the CKW inquest speak to the reality of the fact that project funding is not adequate. We cannot start a program, try to sustain a program, create need and respond to a need and then have to continuously negotiate and look for funding. In a rural community, it is exceptionally difficult because our geographic area is quite large, but our donor base is actually significantly smaller.

When we talk about annualized funding, I think it's really important that we recognize that many agencies do with what they have, and many agencies raise funds in a significant amount. Prior, we used to talk about this 80-20 split with the ministry and with our agencies and our funding bodies in the community. Now, I would say that it's fair to say it's more 60-40. I think we need to improve, and we need to respond to that.

One of your speakers last week spoke to the fact that the research might help us understand what happens and what leads to the tragedies that happen in our communities and what happens leading up to all of that. I would suggest that a lot of that information is rooted in community and with community organizations. I think about sexual assault centres, SA/DV hospital programs, shelters, situation tables and dedicated legal resources that hear these stories, that hear these stories before they reach the tragic levels and before, sometimes, there is police involvement. I think it's because it's important to recognize that anti-violence agencies are often your first responders. We are the people who are on the ground who are speaking with and building bridges with victims in our community, yet there's no safety net, there's no recognition or inclusion of us as first responders of sorts.

As a rural-based agency, we haven't seen an annualized increase of any significance in more than 10 years. This also impacts retention and staffing, because our realities are that, in many communities since post-COVID, it's very hard for us to retain staff, and we don't have the capacity to offer signing bonuses. We raise approximately \$200,000 to fund positions in our agency and adequately support our existing programs. And we need to be more competitive in our compensation, our benefits and a pension plan of some sort to support the future. That really does speak to recommendations 18 to 20.

Implementation of recommendations 2 to 5 of the CKW inquest: Implementation is critical. As a member of the Ontario Domestic Violence Death Review Committee, there are hundreds of recommendations, much evidence and the capacity to create meaningful change. There needs to be a bridge between the government and the DVDRC, inquest tables and commissions to give implementation a green light for go, which leads me to a very strong final suggestion for all of you to consider. That is to re-create a table—a round table, a circle—and commissioner role to

ensure open communication regardless of the government in power. Create a statute of some sort that provides for and demonstrates to survivors, those enduring, advocates and families who are actively engaged that the government will tackle these issues by working alongside leadership from the community. That speaks to recommendations 2 to 5 of the CKW inquest.

Lastly, I want to say that in rural communities we're very, very creative and we lean in on each other because we don't have very many other options. In our community we created a victim advocate program. It's a partnership with the OPP and our community-based organization. It really allows an opportunity for victims to get support as they navigate the system once they are in a situation where there have been charges. This program has been supported through project funding with our police services board. The problem is that five years in—really great stats that I can share with you if you're interested, but this program is now at risk, because the funding is project-rooted.

So, I know the committee has a lot of voices to hear and many ideas to consider. I leave you with asking you to keep victims and survivors at the centre of your processes and all reporting mechanisms. Thank you.

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

We'll begin our questions with the official opposition and MPP Wong-Tam, please. When you're ready.

MPP Kristyn Wong-Tam: Erin, thank you very much for coming before the committee and sharing your very broad body of knowledge, and also just to say thank you for your remarkable advocacy for all these years. I know that the work is thankless and tiring and perhaps emotionally exhausting. But here you are, once again asked to provide your expert opinion.

I'm just going to go to the Renfrew inquest report, because I feel like that's a very important place for us to start. The reason why we're here in committee is largely because of Bill 173, asking the government to call intimate partner violence an epidemic, as recommended in the report. But it's only one of 86 recommendations. This report now has been sitting out for almost two years. I'm just curious to know: Are you aware of the communications that may have taken place with government on the status of the report in terms of where the government's intention is to adopt the rest of the 85 recommendations?

Ms. Erin Lee: I am only aware of the initial correspondence between the government and the inquest members that happened early in year one in terms of the status and in terms of hearing from the government on many recommendations that they were either partially accepted or firmly rejected. Since then, I have not heard of any formal status report on the remaining recommendations.

I certainly can comment that I know that the privacy commission has done amazing work and has reached out and worked with communities to look at the inquest recommendation related to them, as well as the coroner's office. But I have not heard overall from the government of Ontario.

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MPP Kristyn Wong-Tam: Thank you. And I think because we are not getting a whole—there's not a full-picture review here, so every advocate and the different stakeholders are having multiple conversations with the ministry or perhaps the minister or perhaps members of this committee, let's just say. In order to stitch it all together, a round table that allows for accountability and transparency would go a long way in giving confidence to the sector that the work has been adopted, there's an agreement that it has to be done, and then some correlating funding to make sure that implementation is rolled out.

So that's why you're calling for a round table that's going to survive the political cycles—because, obviously, there was a round table under the Wynne government and then there was no more round table when it was disbanded under the PC government. But that's why you're calling for this round table—accountability circle—is that correct?

Ms. Erin Lee: Absolutely. I think that a round table fortifies a position in the government—for the government to be adequately informed, for there to be open communication, for there to be transparency, and for families and survivors to feel like their voices are heard.

I think that a round table could be mimicked in terms of the model that was implemented by the Wynne government, but I think it could be re-created as well. In my submission, formally, I suggested a 12-member round table representing the various regions, including the far-reaching north. I think it's important to hear from northern and rural folks in the round table.

But I also suggested not only that we have 12 members and two co-chairs but that we also consider having a government commissioner on IPV. And that person would be able to, in that round table, interact with the DVDRC and the coroner's office, could interact with inquest tables and could really do a comprehensive review and inform the government about what the trends are and the priorities and the things that would benefit in terms of the tackle ahead of us to reduce and to end intimate partner violence.

MPP Kristyn Wong-Tam: Thank you, Erin.

In the absence of the government creating a survivor advocate role as suggested by the Renfrew inquest or some type of woman-abuse unit that was suggested by Counterpoint, who spoke previously, we have a hard time tracking performance. I mean, there have been some comments that organizations and perhaps those in the GBV sector are not tracking the performance, when my observation is that government doesn't seem to be doing a very good job, including the ministry, of tracking its own performance. The Domestic Violence Death Review Committee has now decades of reports on recommendations that can go forward to eliminating gender-based violence, or IPV in this case. We have the Renfrew inquest. We have the missing and murdered Indigenous women commission. And so all these reports are floating out there, including millions of dollars of research with respect to what it takes to bring a whole-of-government, whole-of-system change to ending gender-based violence, but there is no tracking of these reports, and you have to FOI this information, as

I've learned, because it's not readily available on anybody's website, especially government reports that are sort of backdated.

So I am curious to know: The themes of accountability, transparency, implementation and core funding have come up in almost every single day of hearings so far. Would you say that those are the four pillars that we need to embed ourselves in at this committee in order for us to move forward with this work?

Ms. Erin Lee: I would say likely—excuse my use of time, but I would probably push for five, because I think that education and prevention needs to be included as a pillar. But yes, I would say that those are the critical pillars for us to move things forward and create change.

MPP Kristyn Wong-Tam: Okay. Thank you for that. I really appreciate what you're bringing to the discussion today because I sense that advocates, especially those like yourself, who have been working so hard, pushing up against this massive hill on system reform, progress made—the boulder slides back down again depending on what government is in power, and we're trying to sort of overcome that now.

And so I'm just in awe, to be quite honest, because I have now sat through four days of hearings, and I've read a lot of the submissions that have come in, but everything that is being said is not new. It is what has been sort of floating about out there for some time. So as this committee has the work to thread it all together—because there's an expectation for us to deliver a report that's going to hopefully become an action plan—if we don't have the accountability mechanism that you've described, the round table, then all of this effort is lost again, would you say?

Ms. Erin Lee: I think we'll be back to trying to have conversations in meeting rooms via Zoom with various ministers, doing it in silos and not uniting ourselves on the issue of gender-based violence. I think we don't need more evidence that there are solutions, that we do have capacity. But without an organizing body and a united voice, I would say we're going to be rolling our wheels again—

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

To the independent member, please. MPP Shamji. Thank you. When you're ready, sir.

Mr. Adil Shamji: Thank you, Erin, for taking the time to meet with us this morning. In the brief that you provided, in the introduction, you discussed some of the challenges unique to delivery of services in rural environments. One of the challenges related to county boundaries, and I was wondering if I could ask you to elaborate a little bit on how that impacts your work in practice. Is it due to an inability to get funding for work outside of those boundaries or an issue with regulatory frameworks? I just thought it was very interesting. I'd love for you to elaborate.

Ms. Erin Lee: Sure. I'd be happy to do that. Thank you. Lanark county, geographically—the population is, say, 70,000, and we also include the town of Smiths Falls, so

another 12,000. What happens in geographic areas in rural communities is I might live in Merrickville, which means I actually live in the neighbouring county, but as it relates to transportation and access, it is much easier for me to go and access service in Smiths Falls. I should perhaps be accessing services in Brockville. As a bird flies, that may seem quite simplistic, but as it relates to actual transportation in a rural community, it means I could actually access service in Smiths Falls.

Where we have these boundary issues, we are bound to deal with and support people within our county, and we have to extend those boundaries in order to ensure that service is provided adequately. When we look at the OHTs, which were formerly the LHINs, they were very clear around their boundaries and service access.

And it's really important: Our county is rural. We have 15 beds for a population of over 80,000. Our priority is for Lanark county and the town of Smiths Falls, but we cannot negate the challenges that come for people who are living isolated in communities where they are closer to be served by driving 15 minutes outside of their county in order to access service.

So I think it's a boundary and a reality that maybe in the city—we don't deal with it in urban centres as much as we do in rural communities. It means we're dealing with multiple police service agencies, so we don't just deal with the OPP and the Smiths Falls police; we're also looking at Brockville police. We're also looking at Ottawa police, Kingston police and various others, depending on the access points.

Mr. Adil Shamji: It sounds unbelievably complicated to navigate.

You mentioned that more resources need to go towards prevention of gender-based violence. Roughly speaking, do you have a sense of what the current breakdown is in terms of the percentage of funding right now that's going towards prevention, versus actual response to gender-based violence? And do you have a sense of what that proportion should be?

Ms. Erin Lee: I would say with confidence that our agency was primarily funded by the Ministry of Children, Community and Social Services, and with a small amount of money from the Ministry of Health; 0% of that funding is allocated or directed towards prevention or public education.

We fundraise to provide public education, because it's a priority issue, so that we can do prevention and engagement. We engage with all of our local high schools. We engage with all of our programs in our community who are varying community-based organizations, like the BIA and various others, in order to ensure that prevention is something we're talking about in business, and we're talking about it in schools and in doctors' offices. But 0% is actually allocated towards prevention, community-based engagement.

1200

Mr. Adil Shamji: And what would you like to see?

Ms. Erin Lee: I would like to see that 48 communities are allocated \$80,000 a year per community in order to

have a dedicated prevention, community engagement and public education role. I think our communities are more than asking for tools, for what-to-do scenarios for how to engage and talk to somebody who might be acknowledging perpetrating violence. I think that we need to do that if we want to get upstream.

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

That concludes your time, sir.

Now over to the government members, with MPP McGregor, please, sir, when you're ready.

Mr. Graham McGregor: Thank you very much, Chair, and, through you: Good morning. Thank you for sharing your expertise with us this morning. But also, more importantly, thank you for 30-plus years of advocacy and work in the space helping people. It's day 4 of the committee hearings today, and I think one message loud and clear is, the work of the on-the-ground organizations is incredible and a huge asset to Ontario.

I wanted to talk a little bit about the rural context. Just for your info, I represent Brampton North. We're in Peel, and one of the things we've heard from witnesses is the challenge of overlapping needs of victims of intimate partner violence. So if you're a victim of IPV, you may also have food insecurity, you may also have mental health issues or addictions issues and these kinds of things.

One of the ways that we've tried to tackle this problem where I'm from is an organization called the Safe Centre of Peel, where you have all the agencies under one roof. The idea is, rather than having to face a desk for each one of these different problems and drive different places, you get it all there.

We've heard from another witness talking about how that doesn't make sense in a rural context—that type of model, that hub model. Could you tell the committee: Do you agree that that wouldn't work in a rural context? And why do you think it wouldn't? Or do you think that's a great model, and is that something we should bring to rural communities?

Ms. Erin Lee: Thank you for your question and for the work you're doing in north Brampton.

I think that it's important to recognize that, in rural communities, having a publicly accessed hub can actually compromise and create more safety issues for victims of violence who are visiting that hub.

In our agency, during COVID, we actually had to create drop-off and pickup supports for women and their children. We would use like an Easter basket to put a cellphone in that basket so that the woman would have access to that cellphone so that she would be able to have contact with the agency, because everybody had to stay at home.

Mr. Graham McGregor: Wow.

Ms. Erin Lee: So we have to be really, really creative. When you live in a rural community, your laneway could be a kilometre long. But it is not going to take very long at all for your neighbours to be recognizing there's a different car going up your driveway, who was in that car.

I think that hubs can be really great pieces, but I think a hub that is focused on IPV service access could increase

risk, and then we would be mitigating those risks, because abusers may be loitering outside. In our rural community, our courthouse is very small, and often you are sitting in very close proximity—victims to alleged perpetrators—so it's really important for us to think about that context.

Certainly there are food insecurity programs that are amazing in our community. It's really about relationships. It's about building relationships with community organizations so that we can safely support people to navigate to get what they need.

Mr. Graham McGregor: I appreciate that. That's kind of the exact reason that we heard from the witness prior. I didn't want to lead you to that context. I wanted to get that on the record and hear that, and so that's consistent without prompting. If that's case, how can we tackle that challenge? One of the things that we've heard is that it's tremendously hard for somebody to put their hand up and ask for help, especially victims—the shame that's associated with it; the overlapping, intersectional issues that a family dynamic can have; and cultural dynamics and all these things. One of the ways that we're seeing to solve that problem in urban areas is, as I said, the hub that doesn't work in rural models because, again, your neighbours will see you. That totally makes sense to me. What kind of solutions can government do to solve that problem?

I just hate the idea that people are putting their hand up for help and government services turn people away. I know they never say, "Go away." They generally say, "Go over here." But you know and I know it's hard enough to ask for help once—the barrier to entry to ask for help a second or a third time and kind of cart around.

So how do we do that in rural areas? How can we make sure people aren't slipping through the cracks just because they got sent to another agency when they finally showed tremendous courage to ask for help in the first place?

Ms. Erin Lee: I think we need to build bridges. Earlier, I alluded to the fact that relationships are critical. We need to use our community safety and well-being plans. We need to use our high-risk tables to build relationships that create processes for somebody who is in need of support—and perhaps we're not the support, but they have found the courage to make the call here, so let's see them across the bridge; let's take the time to see them across the bridge to the service that they need.

A perfectly great example is the victim-advocate program. People are engaged with the OPP; there has been an incident; they're not sure that they want to engage any further. Everybody who's a victim of violence experiences trauma, and trauma is in all of our levels, right? So whether it's a hub or whether it's engaging with police, trauma exists. So if that person is in contact with the police as a result of an incident, they can reach out to the VA, or better yet, the VA can reach out to them, with permission, and follow up with them within a couple of days to see, "Can we help you navigate any further?"

I do think it's about building bridges that are specific. If you go to Lanark County Mental Health and you identify historical violence and you need to address that

violence, how does Lanark County Mental Health have a relationship with us to build that bridge and help somebody get over the bridge? Whether they decide to cross the bridge and engage in service and whether that's their time is up to them. But we have to create bridges in rural communities to break down those barriers. We have to work more united versus working in those silos, and we need to recognize that harm reduction is a part of that.

Mr. Graham McGregor: Chair, time check?

The Chair (Mr. Lorne Coe): You have 29 seconds left.

Mr. Graham McGregor: How does training play a role in that?

Ms. Erin Lee: Training is critical. We can't work with all of our services without understanding how our individual mandates also intersect with intimate partner violence, with food insecurity, with the housing crisis, with judicial interference, with bail conditions—all of those things around training and trauma, training on harm reduction—and looking at how the community can build their capacity to recognize when they see something that's not overtly violent but gives them a niggly. How do we support them—

The Chair (Mr. Lorne Coe): Thank you very much for your response to MPP McGregor's question. That concludes your time this afternoon.

Members, the committee will now recess until 1:30 p.m. in committee room 1 at the Legislative Assembly of Ontario.

The committee recessed from 1209 to 1330.

The Chair (Mr. Lorne Coe): I call this meeting of the Standing Committee on Justice Policy to order.

CHILD WITNESS CENTRE

The Chair (Mr. Lorne Coe): I will now call forward to the table in front of us the witness from the Child Witness Centre. Please come forward. Thank you.

Do you have water there?

Ms. Robin Heald: I do.

The Chair (Mr. Lorne Coe): Okay, good. You're going to have 10 minutes for your presentation, and I'll let you know when you have a minute left to make that presentation. And then, following that—and you were in the audience earlier; I noted you—there will be questions from the members of the opposition, the independent member and members of the government.

You can please state your name for Hansard, which is the recording service for the Ontario Legislative Assembly, and then you can start your presentation, please. Thank you.

Ms. Robin Heald: I want you to imagine you're the victim of intimate partner violence, domestic violence or gender-based violence, or a child who is wrapped up in that trauma. Imagine that you're deciding whether or not to come forward. Imagine that you're worried about what others will think, that you feel shame for being a victim or to blame for the abuse, and you're anxious about the entire process. Some of us are not imagining right now; we're

remembering the unique cycle of abuse in our family instead.

My name is Robin Heald, and I'm the executive director of the Child Witness Centre of Waterloo region. I'm also here wearing my hat as part of the Family Violence Project of Waterloo Region. And lastly, I'm here wearing my hat as a former child victim and witness of child sexual abuse and child witness of intimate partner violence, to share my experience as well as my professional expertise.

I want to thank each of you for reaching out to ask for input on this issue and for investing your time in searching for a well-informed solution to our incredible problem.

Currently in our province, the level of care you receive as a victim of crime, intimate partner violence and gender-based violence is dependent on your postal code. Each community has vastly different levels of support and varied capacity for service. Though each organization that provides services for child victims in Ontario receives support from the provincial government, the impact of that contribution is different.

The Chair (Mr. Lorne Coe): Excuse me. Can you just back up a little bit from the mike?

Ms. Robin Heald: Yes.

The Chair (Mr. Lorne Coe): Thank you very much. We're just getting a little bit of feedback. Thank you.

Ms. Robin Heald: At least five different child and youth advocacy centres this year will receive a newly increased annual allotment of \$200,000 per year, regardless of the number of children they serve throughout the judicial process. Though the impact on each organization is varied, there is one commonality: It isn't enough.

For our agency, our Ministry of the Attorney General provincial funding allotment supported 21% of our need this past year and is projected to cover only 25% of our need for our Child Witness Program this year. The rest of our budget for this program and those of our counterparts is raised through the competitive grant game and community donations.

When we receive government grants instead of annual allotments, we are only able to hire short-term contracted employees or fund projects. There are many challenges to this, including:

- grant-funded project-based funding allows for short-term and high turnover of staff;

- contract employees are not eligible for benefits and the field in which they work has a very high amount of vicarious trauma; staff unsupported by mental health resources are prone to fast burnout, and high incidence of turnover;

- it takes approximately six weeks of training and shadowing to be trained in our field;

- over the last year, we've had eight grant-driven contracts on our staff, and the estimated net loss of approximately 70 weeks of staff time relating to short-term grants and contracts has an impact on the value of our service and the number of children that we serve or place on a wait-list, with an estimated net loss equivalent of \$70,000 or the care of 70 children per year; and

—provincial grant deadlines are tight, with long wait times for answers that span budget years.

Our Safer and Vital Communities Grant was submitted in February of 2024, and we and other hopeful recipients wait anxiously on word if we will be the winner in this competitive grant process. While these short-term grants work to help us serve more child victims and witnesses during these most critical times, I don't believe this is the most impactful use of taxpayer investment.

What I believe will work better is adequate core funding that is specifically dedicated for the implementation of psychoeducational materials, referral management and client support through the judicial process to reduce secondary trauma and mitigate trauma from crimes committed against them. This would allow us to address key risk factors such as high adverse child experience scores, food insecurity, housing insecurity, mental health needs and the very wide assortment of individual needs that are risk factors for each victim of crime.

There is no doubt that it is traumatizing to go through the judicial process. Reflecting back on my own 55 years of life, I consider the shame, exposure and guilt that I navigated alone throughout the judicial process one of the largest traumas of my life. In my view, as an unsupported victim, the trauma of the judicial process was larger than the decade of abuse that I suffered silently. Sharing your story repeatedly to strangers and throughout the court process is a huge stress and, without adequate support, traumatizing. Throughout this process, we now know that victims are better able to support police, crown staff and tough-on-crime mandates if they have strong tools in place to understand the process and the needs of all staff who are working toward convictions.

The abuse and trauma cycle—it's on page 3 of your handout—shows how trauma cycles through the life of an individual or family, with commonalities such as behavioural changes, addiction, numbing, self-soothing, physical and health impacts, then revictimization or becoming a perpetrator of abuse. We have the opportunity to end that cycle for victims who come through our door.

Victims of crime are either entering the cycle for the first time or circling through the cycle repeatedly during their lifetime and sometimes for many generations. With adequate services, we have the opportunity to break the cycle of trauma by recognizing their individual needs and offering resources suited to their age and developmental stage, to maximize the potential of their successful outcome and ability to thrive once again.

The risks of continued unsupported children and youth are increased incarceration rates and increased addiction. Our proposed solution will allow us to serve all victims when they walk in our door with all the resources that are needed that day, and increase the protective factors and reduce the risk factors within a wraparound support model.

Trauma-informed approaches and their successes in care for those exposed to trauma have been explored by the Canadian government with four principles of implementing trauma and violence-informed approaches. In my view, the best way to target these proven pillars is to

provide wraparound support, including a safe space for child victims, to maximize return on investment in intimate partner violence and gender-based violence.

Today, I'm requesting four main areas of investment:

Establish two new safe centre hubs per year, where victims of all ages can receive wraparound support in a safe, trauma-informed hub where a multitude of services are present to support victims at an estimated cost of \$10 million per year. An example of this would be Safe Centre of Peel. Investing in expansions of these wraparound programs and the establishment of larger safe centres will allow for better wraparound services in each community, despite your postal code. These spaces will also allow for police services as well as child and family service organizations to be part of the solution without raising as much historical trauma triggers for those families who have been victimized by these organizations in the past. Providing an additional \$2 million per year for wraparound expansion funding is also requested to be shared among existing wraparound teams to take on smaller expansion projects that allow scaling up by including additional wraparound partners.

Another recommendation is to invest in core funding for victim services. We are asking for your voice to be added to ours in advocating for per capita funding for our services that moves us toward being funded 50% by the Ministry of the Attorney General. To maximize investment return, we would also like you to target the same amount of resources directly to those newly entering the abuse and trauma cycle, to increase the impact of services to them.

For victim services that are currently 100% provincially funded, examine the needs and gaps in service to better allocate funds to these organizations as well.

Victim support services must continue to be free services where barriers for mental health resources are removed. Mental health resources must be in place as soon as needs emerge. Wait-lists for these services must end or be mitigated with free crisis counselling available to all ages and regions.

Having an adequate funding model will allow victim services to de-silo to better support victims of crime in a wraparound model where each victim is given tools and resources to support police and judicial staff in gaining convictions. Having an entire dedicated, wraparound team supporting all victims where they are in collaborative programs will be a game-changer for victim support.

1340

The Chair (Mr. Lorne Coe): You have one minute left.

Ms. Robin Heald: Thank you.

Reframing the perspective of victim services as upstream care is essential. Each survivor coming forward is an opportunity for this government to end the cycle of abuse for that family and each generation to come. With adequate investment now, downstream services for victims will become less necessary in generations to come.

Please consider our detailed proposal package that explains the growing unmet need and projected future

challenges that we are facing. The expansion of critical victim services will end the cycles of abuse more effectively at a better cost to serve and protect our growing population that needs to hear that this government is tough on crime. Supported victims will be better able to navigate the judicial process, step up as prepared witnesses and make our community safer.

While you navigate through this consultation process, feel free to reach out again for more details, more metrics and, of course, more support for your research and end product. I have confidence that social service for those impacted by intimate partner violence and gender-based violence will be better for our investment of time and effort.

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

Before we start the questions: Committee members, yesterday, we split the independent's time. I'm not sure whether our colleague is returning or not, but for the sake of our first presenter, is there an agreement to do that? It would be two minutes and 30 seconds for the government, two minutes and 30 seconds for the official opposition. Agreed? All right.

So we'll now start the questions and answers with the official opposition, please. MPP Fife, when you're ready, please.

Ms. Catherine Fife: Robin, we really appreciate you coming to this committee today. It's an important perspective on the IPV file, and I appreciate your presentation. The work of this committee should absolutely impact the next budget and the fall economic statement.

From your annual report, I'm going to quote one of the testimonies. It says, "At 12 years old, I was referred to Child Witness Centre after disclosing sexual abuse to my school's guidance counsellor. My caseworker helped me overcome my fear of testifying and walked with me through the entire court journey. Today, I am a university graduate, pursuing a successful career. I am grateful for being supported through a very difficult time in my life so that I could move forward." This is the return on investment that you're talking about, right? It's the healing. It's a part of the healing process.

Your annual report is full of similar testimonies of survivors who are grateful for the support your organization provides, but it also means that this support is not being provided by the justice system. You are filling the gap in government services, and in fact, you're fundraising, I believe, to try to fill some of those gaps. So I just wanted you to explain to the committee the lack of support, as victims go through the justice system, that some of your clients face.

Ms. Robin Heald: For sure. I can speak to that personally, as someone who navigated through the process without the support of an advocate. In my experience, it was terrifying. The police, although kind, as they absolutely are, were not as trauma-informed as could have been helpful and cathartic, at the time. They, like every other public service industry, don't have enough time to do all of the things that they need to do as well as they would

wish to do it, and the same goes for the crown. So I found that going through the process with minimal direction and information from both police and crown, it was a terrifying experience, and it was a trauma for me, and I think that there are very many people who would have a very similar perspective on that.

Our role is to supplement some of those deficits by walking with children and their caregivers through the process. We have one program at child and youth advocacy centre that walks them through the investigation process and our child witness program that walks them through the entire court process, from when charges are laid on, and we supplement all of those services with referral management through the entire process. We—

Ms. Catherine Fife: Excellent. And so that's why you referenced the whole wraparound services that need to happen, right?

Ms. Robin Heald: Yes.

Ms. Catherine Fife: And in your opening statement, you also talked about the traumatizing experience of the justice system. Obviously, when people have the courage to come forward and to disclose, they don't need to experience further pain after that process.

Access to justice and timely justice is of interest also to this committee. Although Lydia's Law is not part of this debate, it is part of the solution, I think, in ensuring that that traumatizing experience with the justice system is not prolonged—the pain is not continued.

Can you speak to the importance of timely access to justice? And what impact do delays in justice have on your very young clients?

Ms. Robin Heald: Our caseworkers have a few very, very difficult parts of their role, and one of the most difficult things that they do is when they contact a client after the crown has let them know a case will be stayed because the clock has run out. Those children or youth who have gone through the process, expecting their voice to be completely heard through the judicial process, find out that their voice is not going to be heard in the way that is laid out by our society as a way to revolve these issues. It's an expectation that they've had coming in that they're going to have a resolution—maybe not a guilty verdict, but a resolution—and not being able to go through that process is incredibly upsetting for someone who has stepped forward to tell their story and get some resolution for that. So that is challenging on both ends of that, and we see that with our clients.

Ms. Catherine Fife: This also happens with children. I think that this is the important piece. We know that 1,326 sexual assault cases in 2022 were thrown out, 1,171 in 2023. The sexual abuse cases that have also been thrown out of court—it's incredible when people learn this is happening in Ontario.

Can you talk about the trickle-out effect of that, where (1) there is no justice, and (2) there is no healing, but also you have an offender who is still in society who can reoffend? This is a really important piece for us to consider.

Ms. Robin Heald: And then adding in the victim impact of that, meaning there's not resolution for that particular person—so they're not labelled as a sex offender; they're able to navigate in their social circles in their community, just like everyone else. That person very often decides to move away because the triggers are just unimaginable for them. So they are going to be displaced—

Ms. Catherine Fife: So the victim is displaced—

Ms. Robin Heald: The victim is very often displaced in those circumstances.

Ms. Catherine Fife: —and revictimized again.

I was talking to one of your clients recently who said that because her court case took almost two years to take place, she was terrified. She felt like a prisoner in her own home because he was walking out in society.

This is a sad state of affairs. It also contributes to reoffending. There is a cost to not ensuring that survivors of sexual violence receive justice. Do you agree with this, Robin?

Ms. Robin Heald: I do agree. It's a journey that I've walked and felt that displacement, as well—the need to displace because of that. It's something we cannot mitigate alone. We have to provide enough wraparound services. We need to support the judicial process better than we are. We have a broken system. At Child Witness Centre, we work with the system to try to mitigate the trauma of each of those challenges that come through.

Ms. Catherine Fife: Just to conclude, I want to say thank you for the work that you're doing on the committee. Also, thank you for being so honest and sharing your own personal journey.

This is personal work for us, because I don't know too many women who have not experienced sexual violence, sexual harassment—or know somebody very close in their world. And when these cases get thrown out, those survivors are revictimized. We can do better in the province of Ontario.

Ms. Robin Heald: We can.

The Chair (Mr. Lorne Coe): Thank you very much, MPP Fife.

We'll now move to the independent. MPP Shamji.

Mr. Adil Shamji: I'm sorry that I missed your earlier remarks, but I'm very grateful that you're here with us today.

I wanted to ask if you could elaborate a little bit on the challenges that you are facing in terms of funding and resources.

Ms. Robin Heald: With our last financial statement, as of March 31, we had a look at our government funding. Throughout the entire last fiscal year that ended March 31, 22% of our budget came from allocations of government funding that we knew was going to be coming in regularly. Thirty-one-point-something per cent came from government funding that we were just—it was the roll of the dice. We were applying for grants in that competitive game that all of us are part of in the non-profit world, and then the other 46-point-something per cent was us doing all of the fundraising that we do, our events in the community and our asking for foundations, that sort of thing. The dollar

amount of that is over \$700,000 of us trying to bring that all together.

1350

Mr. Adil Shamji: Now, the government grants that you described, is that from all levels of government?

Ms. Robin Heald: Yes.

Mr. Adil Shamji: Okay. Do you have a sense of what it is—and I realize I'm asking you off the top of your head. Do you have a sense of what it might be strictly provincially?

Mr. Robin Heald: Yes. Did you get the document that I sent around? I've got it in that document. I'm happy to share my copy with you.

This is for only our Child Witness Program. This is what we received provincial funding for. It's page 7 that you can pull to for that answer. So, the MAG funding is close to the middle column; I guess I should have labelled them. You'll see \$165,000 coming down to \$200,000, and then right beside it, the percentage of the cost of that program covered by MAG. So last year, 31% of our child witness program was covered by MAG. The program need was much higher in that I factored in our wait-list in that. We cost that at \$1,000 per child on average.

Mr. Adil Shamji: Would you describe the situation of your Child Witness Centre as being representative of others like it across the province?

Mr. Robin Heald: Yes and no. There are so many differences with different child and youth advocacy centres, child witness centres; we're called a lot of different things throughout the province. Some only support, like we have at child and youth advocacy centre, through the investigations stage. Some only support through the child-witness-program-type stage after charges are laid. And some, like us, do both ends of it.

There are different challenges. Very few of us have wait-lists. With Child Witness Centre, we have such a strong foundation in the community. We've been present for over 42 years. We're incredibly well known in the community. The #MeToo movement hit us hard. The court backlog hit us hard. We now have a wait-list, and that's pretty unique to our services. Not everyone is feeling that because some of them don't support child witnesses; they only support the investigation stage. So there are a lot of commonalities, a lot of differences.

Mr. Adil Shamji: Reflecting on your experience supporting so many young people, do you have suggestions for improvements within the judicial system to ensure more streamlined and effective process?

Ms. Robin Heald: Unfortunately, it will take more investment. I get a chance to see notes from caseworkers troubleshooting issues at different courthouses. We have the Kitchener courthouse and the Guelph courthouse. We keep notes on things that we'd like to see different or improved, so I get a chance to see those.

The biggest thing is communication. So, communication between crown, crown staff, judicial staff and victims and their advocates or caseworkers is challenging, to say the least. Most of the problems come down to, there isn't enough time to give adequate heads-up to victims and their

caseworkers for each new stage. An example might be, on a Thursday afternoon, we find out that there's going to be a plea in a case, and a victim impact statement needs to be ready Monday. You think, "Okay, that seems like it's doable," but the logistics of—the staff member that is assigned to that is off the next day. It's Thursday afternoon at about 4 o'clock that we find out about that—

The Chair (Mr. Lorne Coe): Excuse me. That concludes the time for questioning from the independent. Thank you, sir.

Over to the government members: I have MPP McGregor.

Mr. Graham McGregor: Thank you, Ms. Heald, for being here today. I know you were halfway through an answer. I just want to give you time to finish that answer, if you'd like.

Ms. Robin Heald: Funding for additional staffing in the crown office, I think, would improve communication, meaning—their intentions are wonderful; they just don't have enough time to do all of the follow-up that's needed in all of the cases, to be the most respectful to our clients.

Mr. Graham McGregor: Perfect. And I just forgot to hit my stopwatch.

You brought up a success story. I represent Brampton North, so we've been very familiar with the Safe Centre of Peel and that kind of hub model. It's something we're trying to roll out in the government, writ large. If you followed the youth wellness hubs that CAMH is kind of leading on—very much in that way of we don't want to lose people. It's hard enough to put your hand up and ask for help the first time, but if you have to go to different services for every single step of the way and you're met by a desk and a clipboard and an intake form and whatnot, that can be a huge barrier for people accessing services.

You mentioned the desire to roll out models like the Safe Centre across Ontario. I couldn't agree more. What can government do, logistically? I know funding is a component of it, but logistically, how can government—part of the success of the Safe Centre is the, I think it's 17, partner agencies all co-operating. How can we help facilitate that across Ontario but specifically in your region and Waterloo region?

Ms. Robin Heald: I love the Peel Safe Centre. I've been there and I think it's an absolutely incredible model that we aspire to. And looking at the wellness hub in Chatham-Kent and how there are strengths in both of those systems—and we'd like to create hybrids of both of those views to make an even better one in our region. That's one of the things that I have on my list that I take copious notes about: "Oh, wouldn't it be nice to have that."

I think the answer to that is allowing the opportunity for those who are in the collaborative process to scale up. An example is: At the child and youth advocacy centre in Kitchener-Waterloo, we have a proven partnership since 2015 and we opened our doors in 2016. That collaborative of three organizations is now seven organizations with an eighth one kind of wanting to come in and join. We are all, like, stacked upon each other in the office. There is not enough office space. And the partners that are there are letting their staff know, "Okay, to have enough desks, can

you work from home tomorrow?" And what an unfortunate system that that brings about. It's a very unwelcome atmosphere and then that person changing all the things that they planned for the day to do remote work instead.

If we have the opportunity to scale up and have that building, that allows us to bring on not only additional partners but allows us to scale up what we're doing with the existing partners. That would be absolutely phenomenal.

Mr. Graham McGregor: And your, kind of, catchment area is across Waterloo region, right? There are rural components. We have those in Peel as well, but I think there's substantial rural components in Waterloo. Does that change your desire for the model, having the rural components in the region, or—

Ms. Robin Heald: Absolutely not.

I understand very intimately the difficulties that were spoken about earlier in Lanark county. I used to live in Lanark county and have a really strong knowledge of the Interval House there.

I think that there's always going to be a need for service outside of a wraparound hub. There is always going to be imminent and ongoing danger for some clients, and the wraparound service is not the answer in that sort of situation. There needs to be something more secure. I think that's amplified in the rural areas outside of Kitchener-Waterloo, outside of Guelph, in those more rural areas. I think there's going to need to be ramped-up support for those secure services. But the wraparound model allows us to amplify the work that we're doing and do it even better and serve all of these children, youth, women much better.

Mr. Graham McGregor: Just looking at my time here, I want to make sure that—before this question too, thank you for the work that you do for people and families and children, and thank you for being so courageous in sharing your story as well and being vulnerable. I can't even imagine how hard that is to do and to do what you do, so I admire you for it and thank you for it.

I want to talk about child witnesses, and investing in and supporting child witnesses. Can you talk to us a little bit about the kind of justice outcomes and holding offenders accountable and conviction rates when child witnesses are properly supported?

1400

Ms. Robin Heald: Their outcomes are improved significantly with support. Many children are terrified of the system. They see Judge Judy shouting at people who are coming before her and they're expecting that contention that they see in media. They're expecting that trauma, the attack by defence.

To have someone support them and give them an idea of what it's going to look like—we have resources for every age and stage of child coming through our door. An example of that: We've got what looks like a drawer with a handle on it, and what it is is a courtroom in a box. We pull this out and set up the tables and chairs and let them know where the judge sits, where the prosecutor and

defence sit: “This is where the judge sits. He’s nothing like Judge Judy. They don’t shout at you.”

They help the child through the process, find out what their fears and their triggers are and then work around that and help them either advocate for themselves or advocate for them. For example, they might have wishes for an accommodation or pronouns to be used, and our caseworkers and advocates either help support them to advocate for themselves or support them by advocating for them in accommodations that they might need throughout the whole process.

Mr. Graham McGregor: Just with the last 30 seconds or minute we have: We can’t rely on self-reporting to find and make sure that we’re supporting every victim of intimate partner violence. What are other ways government can support making sure people don’t fall through the cracks?

Ms. Robin Heald: I think prevention work—we cannot discount that. We are so busy covering the bases with our wait-list right now that we’re not investing enough time at the child and youth advocacy centres on prevention. I know that we have children and youth coming in our door who are entering onto cycles where they’re statistically likely to be revictimized 10 more times in their lifetime based on their risk factors that are already present. So we have the opportunity for more preventative work in that sense, and then with our grade 8 students in our youth symposium program.

Mr. Graham McGregor: Thank you.

The Chair (Mr. Lorne Coe): Thank you so much for your presentation. That concludes the time that is available for you this afternoon.

Ms. Robin Heald: Thank you. I really appreciate the opportunity.

The Chair (Mr. Lorne Coe): Very impactful presentation—thank you so much for sharing it with us today. I need to move on now, though, with the agenda.

MUSLIM RESOURCE CENTRE FOR SOCIAL SUPPORT AND INTEGRATION

The Chair (Mr. Lorne Coe): I’d like to welcome the Muslim Resource Centre for Social Support and Integration. Welcome, sir. For the record, could you please state your name for Hansard?

Dr. Mohammed Baobaid: Yes, thank you very much. My name is Mohammed Baobaid. I’m the former executive director of the Muslim Resource Centre for Social Support and Integration.

The Chair (Mr. Lorne Coe): Thank you very much. You will have 10 minutes for your presentation. When you have one minute left, I’ll let you know, and that’ll be followed by questions from the official opposition, our independent member and members of the government. Please start your presentation, sir.

Dr. Mohammed Baobaid: Okay. Do you see my slides?

The Chair (Mr. Lorne Coe): Yes, sir, we can.

Dr. Mohammed Baobaid: Thank you very much for inviting me to address your committee today on this

critical issue. I’m going to focus on two main points. One, I’m going to share with you some of the key challenges that we consider mainstream service providers would maybe experience working with survivors and perpetrators from collectivist, newcomer and immigrant communities. The second theme that I’m going to share with you is a promising practice called Culturally Integrative Family Safety Response that is developed and implemented at the Muslim resource centre.

So, let me first start with some of the key challenges. Some of the key challenges that I would like to share with you today relate to the conflict between two systems. On one hand, we have an individualistic-based model of intervention that is used basically by mainstream service providers. But also, on the other hand, we have survivors and their families who are coming from a collectivist background, which really is more relational and family-oriented communities. So that really represents a lot of challenges for both.

The current issues that we are really experiencing in this area, working with newcomers and immigrant communities, is support systems are focused on individuals, and there is not enough attention on family connection and community connection. That really creates more barriers but also, at the same time, creates mistrust and misunderstanding between, in particular, survivors of intimate partner violence and mainstream service providers.

What we really need to do here is to try to find a different way to integrate best practices that are working well to ensure women and their children are safe but also, at the same time, without annihilating family connections and things related to their identity and belonging to their communities.

That’s why, for example, at the Muslim resource centre, we developed this model called Culturally Integrative Family Safety Response model. That’s helping us basically balance the safety of women and children who are maybe at risk of intimate partner violence or family violence with, of course, understanding their lived reality, in particular their concern about any kind of backlash if they would ask for help in terms of their connection with their community and with their families. So that’s a promising practice, the Culturally Integrative Family Safety Response. The Muslim resource centre has been using this model for the last 15 years, since 2009.

The Muslim Resource Centre for Social Support and Integration has been focusing on five areas of work, most of it really in relation to domestic violence. A public education and awareness campaign is really one of the major programs that we have been doing for many years; community engagement, in particular engaging with community leaders and specifically faith leaders, to engage them and to really encourage them to be a support but also to be part of the solution and not part of the problem; also counselling and social supports for families, family-centred programs. At the same time, we also conduct research and then also share the knowledge in our findings with our community, the Muslim community, but also the broader community in general.

I want now to give you an example about the implementation of the Culturally Integrated Family Safety Response and how it works in the area of family violence or intimate partner violence. The focus of the Culturally Integrated Family Safety Response actually is prevention and early intervention. If I take an example of working with a newcomer, something that we really have been able to do is to connect with settlement services, so then we would have access to families who have come first to Canada, sometimes maybe within weeks. And we have developed a culturally informed risk assessment tool that helps us then maybe do some kind of intake. What we do in this stage is early identification of risk factors of intimate partner violence or family violence in general. This way, we can also maybe start really implementing early intervention or intervene at the early stage.

For example, in London, within the orientation session for the settlement service, one of our social workers will be there and then make a connection with any family or any individuals who maybe need help. But also, when we realize there are some risk factors of intimate partner violence, then it's easier and also more effective to intervene at the early stage and work together, not just really with settlement services but also bringing other service providers.

We put here an ethnocultural community organizations—in our case, the Muslim resource centre. Basically, we do two things. One, we act as a mediator between the family and the system. Secondly, we also provide different kinds of services that support survivors but also include perpetrators.

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I'd also really like to share with you a particular example of the implementation of the Culturally Integrative Family Safety Response in the area of child welfare. I know we're talking about intimate partner violence, but we also know it's all connected.

For the last 15 years, from 2009 until today, we've had a wonderful relationship with the Children's Aid Society of London and Middlesex. Within our relationship, we have been able to create a protocol of understanding that states if a Muslim family will be involved with CAS, CAS will contact MRC—of course, if the family agrees. As we see here, by involving the Muslim resource centre at the beginning, we can work together with the family, but also with children's aid society as a mediator, but also, at the same time, providing maybe counselling, working to reduce the risks and, most importantly, really, coordination and engaging community leaders. We have found, this way, we could see positive impacts on the safety and well-being of the child, but also the families would not be alienated and would also be understood.

This is an example that shows the impact of our work with the children's aid society from 2009 to 2013. Because we have been able to work together, as I said, in the prevention but also in the early intervention stage, you could be able to reduce the number of children entering care during this period of time to zero. And you can even see, for example, that is really saving money for the gov-

ernment, because every time the society will apprehend a child, it costs a lot of money, but also, sometimes the outcome is not great.

So the Culturally Integrative Family Safety Response actually helps us to bring everyone—the community leaders, including faith leaders—of course, based on our assessments of, for example, risks and safety concerns, but also working closely with mandated services, including, for example, child protection agencies; the police, sometimes; and we work a lot with the victims' services. But also, we have a strong connection with Anova, the woman's shelter in London; LAWC, the London Abused Women's Centre; and Changing Ways, the organization that runs the PAR program.

Also, we now actually have men coming through probation. Within the last year, we worked with about 30 Muslim men involved in intimate partner violence and referred by the probation office. Using the culturally integrated intervention program, we try to cover not just the abusive behaviour, but also to understand the migration experiences of these men.

The Chair (Mr. Lorne Coe): You have a minute left.

Dr. Mohammed Baobaid: Some of them are actually coming from a traumatic background because of pre-migration experiences, but also the culture shock that would be the result, also, in some kind of conflict because, of course, of the limitations of language barriers and some other difficulties.

So, as a conclusion, I would really like to recommend supporting equity-seeking organizations, to really create space for them so that they can be part of the solution from the beginning. At the same time, I think it's really important that within any coordination in this sector, you need to bring the cultural context part of that. And lastly, we need to build capacity within equity-seeking communities, so then they can really understand intimate partner violence, including risk factors, and also, they can use informal support within their communities, including faith support, to make sure that the women are safe, but also to reach out to men before they get convicted and—

The Chair (Mr. Lorne Coe): Sir, that concludes the time for your presentation.

We're now going to move to questions from the official opposition, please. MPP Fife.

Ms. Catherine Fife: Thank you, Chair. I thought we would cycle through.

I want to say thank you so much for coming to committee today. You bring a very unique perspective to what is happening in Ontario.

I noted that one of your projects is called Creating a Safe Environment for Muslim Women and Girls, and it's funded by Status of Women Canada, so it's federally funded. This project, to the best of my understanding, is dedicated to strengthening capacities to address and respond to gender-based violence and to support safety for women and girls. I do want to get a sense of how this project is going, but I'm also very interested in learning about what impacts the delays in justice have on the Muslim community, the community that you're working

with, sir. And are you aware of any cases where survivors did not want to come forward due to the way the justice system would handle the case? So my goal, specifically, because you have presented your experience as the founder and former executive director of the Muslim resource centre, is how delays in justice uniquely impact the Muslim community, because this is part of the work that we should be looking at as a committee.

Dr. Mohammed Baobaid: Really excellent questions. I can start from the last question so that I don't forget it. It's really important.

Generally speaking, I think the way the justice system responds to intimate partner violence presents a lot of challenges because intimate partner violence also is a complex phenomenon; it's not black and white. When you look at intimate partner violence within collectivist contexts, it becomes even more complicated because the women who are experiencing this kind of violence, even though they would be sometimes aware about the services—but then psychologically, they are really hesitant to ask for help because of the consequences on their connection with the community. If you take the involvement of the justice system that is also not, most of the time, sensitive, then it just creates more barriers for them to ask for help, because they know the solutions sometimes may just be jail time or separation, without also maybe putting any kind of efforts to understand what kind of dilemma the woman would go through. I think I would say for the justice, of course, it's important. But if we see that from the perspective of prevention and early intervention, I think that presents a lot of challenges. So we just—

Ms. Catherine Fife: Yes. We heard yesterday about some cultural biases around acceptance of violence in certain cultures, and of course, this can be disproved very quickly.

We also heard that, specifically for the Muslim community, women finally—because you addressed some of the barriers that exist for—even though you said Muslim women will know about some of the resources that exist, but there is a resistance or a reluctance to seek the help. I just wanted you to unpack that a little bit.

Yesterday, we heard that sometimes children are the motivators, because women who are experiencing gender-based violence and intimate partner violence are afraid that one day their children will also fall victim to that same violence.

Is this something that you are also seeing in your community?

Dr. Mohammed Baobaid: Yes. Let me say this: In each scenario, for example, there is some truth. There are, of course, some women who are experiencing really unique kinds of barriers because of the consequences of losing their connection with the community. If you are coming from, let's say, the Muslim community, and a woman is experiencing violence, she would maybe most of the time say, "What would be the consequences? What would be the price?" Maybe she would ensure her physical safety, but then also the consequences will be maybe more on her kids' connection, on her connection in the commun-

ity. But that doesn't really mean that's the only truth. Also, at the same time, there are biases and discrimination and Islamophobia within the system—for example, how they understand the dilemma of Muslim women experiencing violence.

I want to mention here one very important point. There is a difference, for example, of trying to stop the violence or maybe rescuing someone, like a woman, from what they think the problem is—religion and culture. So sometimes religion could be used, Islamic teachings could be used to justify some violence, but it doesn't mean that religion itself promotes violence.

That's why, for example, I think it's important for us to understand the big picture and to really go to where the women are at and try to find ways to integrate both what is working within this individualistic system and what, for example, collective nature believes.

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Ms. Catherine Fife: So you've talked about what is at stake when Muslim women seek assistance because they're experiencing violence, and you've talked about some of the barriers. And this is really important: You said that women would fear losing community if they come forward because their community is, I would imagine, their family. How do you integrate that into the work that you're doing around creating safe environments for Muslim women and girls? Is this part of the core work that you're doing to ensure that that's not at stake?

Dr. Mohammed Baobaid: Yes. That's exactly in our—also, to one of your questions, for the last 20 years, even before the Muslim resource centre was started, we have been really engaging the Muslim community, especially the faith community, to make sure religion would not be used to justify violence against women in our community. In the last 15 years, even the project that you mentioned is actually creating a space for honest conversation between young women, women, men, but also faith leaders to really talk about, "Okay, how can we really make sure women and girls are really safe in our community?" We have done a lot of work in this area.

By the way, we even have, for example, someone who is an imam to work with us in the context of social support services, really to support women but also to challenge men who maybe could use religion to use justify violence. But I want to be careful here—

Ms. Catherine Fife: Sorry, I have very limited time—

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

We're now going to move on to our independent member. MPP Shamji, please, when you're ready, sir.

Mr. Adil Shamji: Absolutely. Thank you very much, Chair, as always.

Mohammed, thank you very much for taking the time to be with us and for the important work that you're doing in your community and for your community.

I understand your organization was founded in 2002 in response to a number of gaps and barriers in access to support services for Muslim families. You've already been speaking a little bit about that in response to my col-

league's questions, but I was wondering if you could elaborate a little bit in terms of—in that time, since 2002, those gaps and barriers that you have been seeking to overcome: Have they gotten better or worse? What is the landscape right now for access to services and the kinds of barriers that are impacting Muslim families?

Dr. Mohammed Baobaid: We actually have done a lot of work, and we could see the impact of our work over the years. The Muslim resource centre was established in 2009—

Mr. Adil Shamji: Oh, I'm sorry.

Dr. Mohammed Baobaid:—but from 2002 until then, we had been really doing a lot of education, not only working with the Muslim community, but also working with mainstream service providers to help them better understand how to address violence when it comes to Muslim families.

I can tell you, of course, that the demographics within the Muslim community are also changing. In the last 10 or maybe eight years, we have also seen an influx of refugees coming from Syria, from many other areas. That sometimes complicates things.

But at the same time, I'll give you one good example. We have a strong relationship with all the mosques and all Muslim community organizations, and we do work together. Not only this; through our faith support worker here at the MRC, we actually organized maybe about more than seven Friday sermons on domestic violence. It is actually a booklet that was published by Imam Abd Alfatah Twakkal on our website, engaging with not just the imams, but also the community. So I think overall, there is really very good impacts and outcomes.

But, you know, this is a long process. But we can say there are now more women who are coming and asking for help. Our work with Anova, for example: We have many women who stay with Anova, and one of our social workers will be there maybe once a month to consult with them. So, basically, I can really say we actually created a safety net for women.

But also, at the same time, we actually created some kind of support system around men. You can't, for example, talk about supporting women and stopping intimate partner violence without engaging men, and engaging men not just when they get convicted. No, we engage with them in different kinds of stages, including education. We have young men who are really involved in many programs. We have engagement in different kinds of settings, in mosques, in diverse cultural community settings.

To answer your question, really, there is—I don't have the number. I think in the last year, we have maybe engaged with about maybe over 2,000 individuals, just addressing domestic violence in our community. As I said, about seven Friday sermons focusing on domestic violence.

We actually have programs where we can build capacity within leaders in the community not just to understand the impact of intimate partner violence but also to build capacity on understanding warning signs, and then maybe make sure that the advice that would be given

through imams, for example, would not really mislead the women or men in this regard.

I think, overall, I can say with confidence the culturally integrative model actually is a continuum, doing education, prevention, early intervention and faith intervention. That's where I can see it's a holistic approach that has, really, a good impact in terms of the safety of women and children.

Mr. Adil Shamji: How quickly are you able—

The Chair (Mr. Lorne Coe): Twenty seconds, sir.

Mr. Adil Shamji: What's your wait-list right now?

Dr. Mohammed Baobaid: This is a very good question because lately—because MRC does not have any annual funding. So most of the grants, even the grant that the person just mentioned is finishing now, so then we have to reduce the number of—now, the waiting list may be about three months.

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

We're now going to move to the government members. I have MPP McGregor. Please, sir, when you're ready.

Mr. Graham McGregor: It's very good to see you again, sir. I know you were here as a witness for CIFSR last week. It's good to have you here in your role with the Muslim Resource Centre for Social Support and Integration. I know we spoke about some of these issues then. I'm grateful that we have a chance to do a bit of a deeper dive here today.

You spoke in your presentation about the difference between collective cultural identities and individual cultural identities. Obviously, here in Canada, we're very individualistic, and I think that's a good thing. Obviously, the Muslim community is not the only cultural community in Ontario that comes from that collective background. Last week, we spoke about and we've heard from other witnesses about the need for—it might not be realistic to expect to have a member of a cultural background at every single social service. So you can't expect to have a Muslim worker at every agency that we have, but we can strive to make sure that all of the non-Muslim workers are trained and culturally competent and culturally relevant and engaged in anti-Islamophobia training.

You do a lot of that work with—we'll call them mainstream agencies. What are some of the biggest things that mainstream agencies get wrong about the collective perspective on culture and how that relates to when they provide services for victims of intimate partner violence?

Dr. Mohammed Baobaid: A few things that I would like to mention: Number one, when we talk about collectivist versus individualistic, we don't really suggest in any way to maybe develop a specific kind of program or services for different cultures. We're talking here about integration. What does that mean? I'll give you a very simple example: the work that we're doing with CAS. The focus is on child safety, child well-being, but then we need to work together towards—that will be the focus of the board. But then we want to challenge CAS, the way, for example, they also respond to a family that's coming from a collectivist background.

The same thing when we work, for example, in the area of intimate partner violence: The focus is really on the safety of the woman. We never, for example, compromise that, but then also, at the same time, we need to challenge each other. We want to challenge service providers if they have some kind of a stereotypical attitude towards a Muslim woman or a Muslim man. We do that case by case, and that, for example, we call it culturally integrative. Really, basically, we work with the premise to support women, but also, at the same time, we need to broaden the understanding of risk and protection, so we make sure the woman is protected, but also, at the same time, we listen to them about their concerns with respect to their connection. So that's something I want to start with.

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As I'm talking with you now, we have a program, a project that's funded by Status of Women Canada, working with Ottawa and Kitchener-Waterloo. Basically, we do the same thing: We want to re-transfer the culturally integrative family centre response to address gender-based violence in these two cities. What we do: We have two Muslim community organizations. They are connected with maybe over 20 mainstream service providers. They try to figure out how they can do this work together. The same thing in the child welfare area: We have worked with about five Muslim community organizations and CASs in different cities in Ontario through the MCCSS support.

So, basically, anything we do when we talk about culturally—and that's why, for example, the term “culturally integrative” is not to compromise the essence of our mandate to protect anyone who needs support and help. But we really need to push everyone. If, for example, someone from my community will try to have justification of violence against women because of protecting the family, there is no room to support that, but to understand the important role of the family is really key. Collectivist communities are family-oriented, and an individualistic society is more individualistic—really about the self. And both are right, but then when we, for example, address intimate partner violence, if we don't understand the context or the lived reality of an abused woman in this context, we're not going to help her. That's why, for example, we wait until tragedies happen, and then we overreact. But if we use the culturally integrative model, we can really reach out to them in the early stage—prevention and early intervention.

Mr. Graham McGregor: Yes. And with 1.2 million Muslim Ontarians, the need to integrate cultural relevancy into the practices, I think, is a need across every sector of what the government does and I think particularly in this case.

That integration you talk about, of educating agencies in anti-Islamophobia practices etc., rings very true. It occurs to me it might also go the other way, where for a lot of families their imam or a head of their place of worship helps with their family issues as well. An approach we could take on the other side is making sure that we have the resources and the training there for imams or other religious heads to have trauma-informed—the best

insight on how to manage those kinds of issues. Can you talk a little bit about the work your organization does and what we should be replicating across Ontario, in your view?

Dr. Mohammed Baobaid: Yes. I'll give you an example. This really—if you take the faith support—I agree with you. There are, for example, men who maybe use religion to justify intimate partner violence. Now, I don't have the numbers right now, but we have someone who is working as a faith support worker. Many cases are coming through him to our agency. So we created this—through the culturally integrative model, we have the CORT, the coordinated organization response team. When we do the assessment, if we find, for example, faith could be used to justify violence, then we can maybe bring the faith person to sit in the coordinated response in the case conference. So it's not just, say, about policy or education; it's actually about dealing with cases. That's why, for example, the model is really unique, from not just education—actually dealing with real cases, and there is not any room to justify any kind of violence, regardless of really what kind of justification you bring. Of course, I can't, for example, control what any imam would do in any mosque, or any priest. But within our model, we have, actually, the opportunity to create space—

The Chair (Mr. Lorne Coe): Excuse me, sir. That concludes your time for delegation today.

Thank you, MPP McGregor, for the questions.

Thank you, sir. We're going to move on with our agenda and bring in the Chiefs of Ontario, please. Thank you.

Dr. Mohammed Baobaid: Thank you very much.

CHIEFS OF ONTARIO

The Chair (Mr. Lorne Coe): Good afternoon and welcome to the Standing Committee on Justice Policy. You will have 10 minutes for your presentation. With one minute left, I'll let you know so you can sum up, please.

Could you state your names for Hansard, which is the official recording service for the Legislative Assembly of Ontario? Once you've done that, you can begin your presentation.

Ms. Sarah Whelan: Sarah Whelan, policy analyst on the women's initiatives team at Chiefs of Ontario.

Ms. Rebekah Ederer: Rebekah Ederer, research lead, Chiefs of Ontario women's initiatives sector.

Ms. Rebecca Timms: Rebecca Timms, policy analyst for missing and murdered Indigenous women and girls at the Anishinabek Nation. I am also a member of Chiefs of Ontario's First Nations women's caucus.

The Chair (Mr. Lorne Coe): Thank you very much for making yourselves available to present to our standing committee. We're looking forward to your presentation. Please begin.

Ms. Sarah Whelan: Greetings, everyone. My name is Sarah Whelan. I'm a policy analyst in the women's initiatives sector at the Chiefs of Ontario. I'm joined by my colleague Rebekah Ederer, the sector's research lead, and Rebecca Timms, a member of the Ontario First Nations

Women's Council and a MMIWG policy analyst at Anishinabek Nation.

This submission will focus on four main items:

—first, the understanding that intimate partner violence and sexual violence are distinct experiences which must not be conflated;

—second, that Indigenous women, girls, and two-spirit, gender-diverse and LGBTQQIA+ people are disproportionately prone to experiencing violent victimization, including intimate partner violence and sexual violence over their lifetime;

—third, that moving forward in a distinctions-based manner is imperative. This, in essence, means moving forward respective of the unique experiences of First Nations, Métis and Inuit people, as opposed to taking a pan-Indigenous approach. This is especially important considering that regional disparities in victim services greatly impact the healing journey of survivors;

—lastly, that the Chiefs of Ontario First Nations Women's Council recommends that funding and resources are provided for First Nations community-built and culturally reflective restorative justice and healing frameworks, and that service delivery gaps be filled through a process of service mapping to highlight the cracks in the system.

For background, the Chiefs of Ontario is guided by the Chiefs-in-Assembly of the 133 First Nations in Ontario, and we support all First Nations as they assert their sovereignty, jurisdiction and their chosen expressions of nationhood. The First Nations Women's Council of the Chiefs of Ontario acts as an advisory body to the Chiefs-in-Assembly on issues that primarily, though not exclusively, affect women, girls and the 2SLGBTQQIA+ community.

The Chiefs of Ontario's appearance before the standing committee today is not to be interpreted as consultation or engagement, and therefore does not satisfy the duty to consult. Our submission to the Standing Committee on Justice Policy simply reflects the input of the First Nations Women's Council regarding Bill 173, Intimate Partner Violence Epidemic Act, 2024, as it stands.

I'll now hand it over to my colleague Rebekah.

Ms. Rebekah Ederer: Thank you.

Intimate partner violence is not exclusively sexual violence, and sexual violence does not only occur in an intimate partner context. They are unique experiences and should not be conflated.

Intimate partner violence is a complex form of gender-based violence that is defined by actual or threatened physical, sexual, psychological or economic violence occurring between current or former legally married or common-law spouses or dating partners.

Sexual violence refers to any form of unwanted sexual contact, including sexual assault and sexual harassment. Sexual violence can happen to anyone. It can happen between people in romantic relationships, in families, at work, and between friends, acquaintances or strangers.

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The Statistics Canada Survey of Safety in Public and Private Spaces confirms that 61% of First Nations women

report experiencing intimate partner violence in their lifetime.

A small study conducted by 2-Spirited People of the 1st Nations estimated that 60% to 75% of two-spirit people in Toronto had experienced some type of intimate partner violence in their lifetime.

It is noted in the literature that intimate partner violence against First Nations women and two-spirit people remains under-reported due to distrust in the justice system and police.

Intimate partner homicide is the most severe outcome of intimate partner violence. Consistent with the overall disproportionate risk of intimate partner violence, the average homicide rate for Indigenous women between 2015 and 2020 was six times higher than that for non-Indigenous women. Despite accounting for about 5% of the population, Indigenous people accounted for one quarter of victims of homicide during this period.

I'll pass it back to Sarah.

Ms. Sarah Whelan: Thank you, Rebekah.

Regional disparities in victim services greatly impact the healing journey for survivors of intimate partner violence and sexual violence. Based on email correspondence we've had from Ontario, it is apparent that approximately half of Ontario First Nations do not have recognized victim services programs in their communities. Anecdotally, we are aware of situations of unreported sexual violence due to a lack of accessible and culturally safe victim services. We have heard of cases where, despite reporting a sexually violent act, rape kits have not been available. Rape kits aid in the criminal investigation and prosecution of an offender, and failing to have resources such as these speaks to the abhorrent and chronic underfunding and under-resourcing of victim services in Ontario First Nations. Some northern remote First Nations communities like Sandy Lake First Nation, to name one, are more than 250 kilometres from a sexual assault or rape crisis centre.

Experiences of intimate partner violence and sexual violence in First Nations communities need to be understood in the context of the violence of colonialism and the brutality of the residential school system. Sexual violence is among the most insidious of colonial legacies, the effects of which manifest in experiences of intergenerational trauma. Culture is an important part of healing the wounds inflicted on those who experience violence and those who perpetrate it. First Nations offenders are also ultimately victims of the colonial system.

First Nations cultures and structures provide options for safety, strength, resiliency and belonging and help to build solutions to interrupt and heal from the lasting effects of colonialism and the present realities of neo-colonialism. There is evidence of dramatic improvements over short periods of time in the health and well-being of communities that utilize principles of restorative justice based on cultural values and First Nations ways of being and knowing.

We know that perpetrators of abuse often minimize or outright deny their abuse when asked about it. The denial of the victim's experience of assault causes unique and

devastating trauma to victims, and yet the core of our criminal justice response to intimate partner violence and sexual violence offences facilitates this denial rather than acceptance of responsibility by offenders. Non-admission of guilt has been made to be the norm in the criminal justice system. The processes in place are unlikely to promote acceptance of responsibility by an offender. In contrast, restorative justice initiatives may provide a more effective avenue for offender admission of wrongdoing, and consequently, enhance victim and offender recovery.

Comprehensive, accessible victim services and enhanced sustainable funding must be adopted in order to address and prevent intimate partner violence and sexual violence in First Nations communities. First Nations communities must have the autonomy to develop their own strategies and frameworks for holistic community healing, like that modelled in Hollow Water First Nation, Manitoba. Competent service delivery requires training, mentoring and front-line worker supervision to ensure First Nation communities are able to develop internal capacity to successfully implement restorative justice and healing practices for their community members. In order to do so, it is critical that First Nation communities have the necessary resources to implement such frameworks that uniquely respond to their experiences and meet their needs.

This concludes our verbal testimony. I will add that while we appreciate all questions, we are here only to convey the input of the First Nations Women's Council on this bill as it stands. Therefore, we will be happy to bring each of your questions to the First Nations Women's Council for collective discussion and to provide a written response of the consensus to those questions as soon as possible. We can send you that through the procedural services assistant. We are also very glad to know that many other Indigenous organizations are appearing here to provide testimony on an issue that so disproportionately affects Indigenous women. Meegwetch. Nia:wen.

The Chair (Mr. Lorne Coe): Thank you very much for your presentation. We'll begin our questions with the members of the official opposition. MPP Fife, please. Thank you.

Ms. Catherine Fife: I want to express my deep appreciation for taking the time to also bring a very powerful discussion paper to this committee. I love the fact that your commentary is embedded in research and policy analysis and that that will help this committee immensely. And we need the help, I think. I think that's an honest thing to say.

I do note that from your discussion paper, Ending Sexual Violence and Sexual Exploitation in First Nation Communities, you say, "Ending the intergenerational cycle of violence requires realistic and effective healing options demonstrated in Indigenous restorative justice models to prevent self-destruction of First Nation communities and its members. The key to successful implementation of holistic community healing models requires application of Indigenous knowledge and using principles of restorative justice for healing."

This is clearly not happening in the justice system in Ontario, although I will note there are some pilot projects. When I toured at Vanier, there was a women's program as well there.

My question to you, and you can decide who is best to answer this, is—and I also want to say, you did comment on some of this, but I just want to give you an opportunity to emphasize some of the key points. What changes need to be made in our current traditional justice system for more holistic, more restorative justice methods to be effective and how that can apply specifically and directly to intimate partner violence? Please go ahead.

Ms. Sarah Whelan: Thank you for your question. We'll be bringing the questions back to the First Nations Women's Council. We are here on their behalf. So, we will bring that back and discuss. We will only be commenting today on what's in the paper itself or providing additional context based on what we've said. Though we appreciate the question, we will be able to reply in a written format.

Ms. Catherine Fife: Okay. Then I'm going to give you another question to also pass on, if you will.

Ms. Sarah Whelan: Perfect, thank you.

Ms. Catherine Fife: The discussion paper also notes that "Western law puts people through adversarial processes which add to whatever feelings of antagonism exist between them." Meanwhile, restorative justice recognizes "that both the individual who was harmed and the individual who caused the harm require healing to mend breaches of trust, safety, and respect." And then, can you comment on how the lack of support in our traditional justice system impacts your community and the process of healing both individually and as a community?

Is this another question that you'll refer back to—

Interjection.

Ms. Catherine Fife: Okay. Then I will ask you one question about—as women, do you believe that intimate partner violence is an epidemic in Ontario, in Canada, in our communities? As individual women—and I would like to give you an opportunity to comment each on that.

Ms. Sarah Whelan: I can start by saying, I know that from our organizational perspective and from the perspective of the Women's Initiatives Sector, at least, at Chiefs of Ontario, yes, we've had discussions about that. If we're answering on a personal level, aside from my organizational role, then, yes, I personally believe that as well.

If the others would like to comment, I will let them.

Ms. Catherine Fife: Okay, thank you. Thank you for your honesty. Would anybody else like to comment?

Ms. Rebecca Timms: I will jump in. Both professionally and personally, myself, I know more people that have been impacted by intimate partner violence than I know people that have not. My family actually has a long history of intimate partner violence and, yes, it's very easy when your family has that history to kind of repeat the same patterns and follow that same path. It's not as easy and entails a lot more resilience to kind of veer away from that path onto one that is a lot more healthy and a lot more sustainable as an individual. Meegwetch.

1450

Ms. Catherine Fife: That's very, very powerful. Thank you. I mean, that's part of the work of this committee, is to look to interrupt those cycles as well, right?

Anybody else?

Ms. Rebekah Ederer: I'll echo the sentiment of both Sarah and Rebecca and say, absolutely, personally and professionally, I believe that IPV is an epidemic, not only through our personal experiences, but as the research lead for Chiefs of Ontario. I refer back to the statistics that we have in that paper. It's something like six in 10 Indigenous women who will experience intimate partner violence across their lifetime, and I think the statistic for non-Indigenous women is four in 10. So it's very high across the board—too high.

Ms. Catherine Fife: Okay. Thank you very much for your honesty.

I'm going to share my time with my colleague MPP Wong-Tam.

The Chair (Mr. Lorne Coe): MPP Wong-Tam, please, when you're ready. You've got one minute and 55 seconds.

MPP Kristyn Wong-Tam: My question to the three speakers: You began your presentation by stating that this presentation today should not be considered as true, meaningful consultation with the Indigenous community, especially Indigenous women. We will be travelling through Ontario in phase 3—that's most likely in October—and we want to be able to hear directly from Indigenous communities, Indigenous women, survivors and victims and families.

So, I'm just curious to recognize that we don't want to retraumatize, we don't want to ask people to tell their story again, but we do need to hear from the communities. Would you be able to work with us to co-design what that consultation process looks like? Because I think it's very important that we get it right, but we also want to make sure that we don't set anything into motion that doesn't include the voices of Indigenous women centred from the beginning. Is that something that you could do to help us and guide us?

Ms. Sarah Whelan: That will definitely have to be something we take back to the First Nations Women's Council, as it would be ultimately up to them and the capacity that they have right now. It sounds promising, and I'm happy that you've asked. We'll bring that back and get you a response on the consensus to that.

MPP Kristyn Wong-Tam: Thank you very much. I appreciate that.

The Chair (Mr. Lorne Coe): We'll move now, please, to our independent. MPP Shamji, please, when you're ready, sir.

Mr. Adil Shamji: Absolutely. Thank you so much.

I actually wanted to elaborate a little bit more on MPP Wong-Tam's question, because I think it's actually very important. You had all spoken explicitly about the inter-generational trauma, the ongoing and lingering effects of residential schools. Without a doubt, that has an impact on trust between Indigenous peoples and the government and crown. That is especially important when we're talking

about something as sensitive as intimate partner violence and sexual violence.

In your remarks, I had also noted your statement that, essentially, your comments are advisory and this does not count as consultation. Could you paint a picture for us: If we're serious about this—and I believe everyone in this room is serious about this—what would constitute meaningful consultation on this?

Ms. Rebecca Timms: I can provide a bit of a response. I think first and foremost, it would be acknowledging and following our traditions, which is presenting us with tobacco, to have those conversations, acknowledging our sacred items that are available at that time.

And then it would be approaching our leadership first and foremost, because part of the reason why we're putting forward this First Nations distinctions-based approach is although we represent many individual First Nations, they all have their own unique ways of operating and of conducting themselves. So those conversations would initiate with our leadership, and then our leadership would trickle that down to our First Nations communities who, ultimately, would make those decisions that our leadership would advocate on their behalf for. Meegwetch.

Mr. Adil Shamji: Thank you very much.

May I ask any one of you to elaborate on the level of funding that First Nations and Indigenous communities would require to develop their own comprehensive strategies and to continuously train front-line workers? Do you have a sense of what that might look like?

Ms. Sarah Whelan: Thank you for the question, first of all. We had a similar discussion the other day about this question, and it is very hard to provide a number. But from our team's perspective and the work that we've done—and please, Rebekah, correct me if I mess up the words here—but I believe it was 50% of the current budget for child welfare, directly for First Nations, Métis and Inuit.

I don't remember the other estimate that we had, and it's an anecdotal estimate based on years of experience. But Rebekah, if you wanted to elaborate on that, please go ahead.

Ms. Rebekah Ederer: I know what you're talking about, Sarah. Unfortunately, I don't remember the number that we were tossing around either, but what I will say is that this is something that I think should be talked about through a consultation process.

So as Rebecca highlighted some of the practices that could be taken to engage in meaningful consultation, I think this is a topic that should be brought right to First Nations communities. Again, it's something that we can bring to the First Nations Women's Council as well.

Mr. Adil Shamji: Great. Could I ask you to speak to any ministry-led initiatives that are currently under way that explicitly address intimate partner violence or sexual violence in First Nations communities and speak to their adequacy or inadequacy?

Ms. Sarah Whelan: Rebekah, I don't know if you want to speak about REDAP at all?

Ms. Rebekah Ederer: No, I don't think—they're not a ministry-led initiative.

Ms. Sarah Whelan: I was thinking ministry-funded, I guess. Okay.

Yes, so I guess from the Chiefs of Ontario perspective, we're not a service delivery organization, so I think the communities themselves would have a better understanding of the impact felt by any ministry-led programs, policies and funds etc., since most of the time, the communities themselves are the ones applying to grants, whereas we advocate and support them to do that work and to have the human resources and knowledge to do that.

So we work to support, but as has been mentioned, asking, engaging with and consulting with each community would probably give you the best idea of which funds are making the most impact.

The Chair (Mr. Lorne Coe): Thank you very much for that response, and that concludes the independent's time for questions.

We're now with the government members, and I have MPP Dixon, please, when you're ready.

Ms. Jess Dixon: You just started getting into some of the areas that I'm particularly curious about. Part of the goal of this committee—I should clarify, which I think you understand, but to just restate: We're not a funding committee, so we don't have a pot of money that we can award projects out of or funding out of. However, we are looking at it this from the perspective of identifying best practices and practical solutions versus a wide-ranging commentary. It's like where the rubber meets the road as to what do we actually do.

So it may be from what you said before that these are questions that you'll have to take back, and I would encourage you to do so. We are hoping to have submissions for this process concluded by the end of August, because if it's after that, it's going to be very challenging to accommodate fitting that in.

What I'm sort of curious about, and I'll double-barrel the question, is looking at what steps are necessary to develop a restorative justice model that's informed and designed by First Nations community, and do you think it's possible to arrive at a consensus of a restorative justice model? What do you think could be done with one to two years of dedicated funding that would be designed to, "Okay, go away. Come up with a proposal that you have consensus on and bring it back for our review then"?

1500

Ms. Rebekah Ederer: I can speak to this one a little bit.

First, I'll say this is definitely something that we'll bring back to the First Nations Women's Council, but just to address the point of a dedicated funding amount and a dedicated period of time—I just think that it's really important that a good amount of time is put into that effort. My feeling is that one to two years is likely not enough time to consult appropriately and to get consensus, as you said, which is so important on a restorative justice model. I think that it would take more time.

Ms. Jess Dixon: Because—I mean, this conversation is usually something that, frankly, I do in the prep meetings offered, but I would be saying that, given that you're

telling us that you would be going back with this—and again, we are not a funding committee. But from the perspective of this sort of—as a government MPP, like, personally, a lot of what I find challenging is when the government is asked for funding, asked for problem-solving, but when we get right down to it, if I were to put my fingers on the keyboard and say, "What are we actually going to do?" sort of nobody knows.

So I would say, looking at this idea of—you're clearly proposing a restorative justice model. I was a crown attorney for 10 years. I've seen them in practice. Frankly, I think that they're something that would be better made available to all and I would certainly be interested in that as an opportunity as well, which is—you know, how could restorative justice principles, First Nations restorative justice principles, also be used to advise a system for dealing with those that do not have that cultural connection.

But I would say, you know, go back and look at this idea of—all right, even if it's out of the pre-proposal proposal, which is, what do we think that we would need from a timing, funding, research personnel perspective to be able to come up with a program that we think would be workable? And then sort of that idea of what it would be, because—and again, we're sort of talking high-level here. But I'm hearing what you're saying about the community healing and about Hollow Water—I looked that up—but we're missing what it would actually look like.

And to sort of put a government hat on, when you're thinking about it, which is—you know, we would be very challenged to fund 40 different models that we aren't able to sort of assess or measure or even have any understanding of the population numbers that it would be identifying. I think it would be important to reach consensus because we wouldn't want to be in a situation where we are picking one First Nation's proposal over another, so it would be something where—you know, can you come up with a consensus? So I would really suggest doing that if you're willing to take that back.

Ms. Sarah Whelan: Yes, absolutely. Thank you for the comments and questions.

Ms. Jess Dixon: And I would also keep in mind a couple of different sorts of questions as well, which is, if you're going to be talking about a restorative justice model as implemented, how can we show efficacy? How could a model be adapted based on efficacy? Because that is an important part, this idea of—what this committee has really, really seen in the past few days is that things that maybe we didn't think could be measured in fact can be measured. There are a lot of incredibly brilliant researchers and people out there that are able to actually evaluate, and that's a really important thing when we're talking about funding.

Again, I would consider that idea of, if you're going to do the work on this model, would you be able to look at, "Hey, this is something that could be developed for a non-First Nations cultural community as well"? Because, like I said, I think it's a very valid process that I wish was available to more.

I would also look at helping us understand the impact of the remoteness and practical challenges, as far as—you know, it's not as easy to just say Zoom now when you're in an area that may not have broadband access—to kind of help us understand that as well. So it's really trying to be as practical and picky as possible as to what this would look like, because from what I'm hearing, we're not at a point where we would be able to say we have a best practice that we would be prepared to have evaluated and endorsed. But there are opportunities to work on that and focus on what would be needed to come up with that and allying yourself with other academic institutions, professors, that type of thing—the idea of how to say that we have this program and we want to be able to show you that it works for us.

So I'll leave it at that, but I'm happy to continue the conversation.

The Chair (Mr. Lorne Coe): Thank you very much. That concludes the time allocated for your presentation this afternoon.

Thank you so much for joining us. I'm going to move on to our next set of presenters.

NISHNAWBE ASKI NATION

The Chair (Mr. Lorne Coe): I will now call on the Nishnawbe Aski Nation. The representatives are with us right now on Zoom.

For the record, please, for Hansard, which is the official recorder of presentations that you're about to make, could you please present your names? Thank you.

Ms. Loretta Sheshequin: Good afternoon. My name is Loretta Sheshequin. I am the director of women's initiatives at Nishnawbe Aski Nation.

The Chair (Mr. Lorne Coe): Thank you. And your colleague?

Ms. Loretta Sheshequin: I'm calling—sorry?

The Chair (Mr. Lorne Coe): The person sitting beside you, please.

Ms. Loretta Sheshequin: Oh, colleague.

The Chair (Mr. Lorne Coe): Yes. Could you please state your name? Thank you.

Ms. Loretta Sheshequin: She's still muted, I believe. Oh, there we go.

The Chair (Mr. Lorne Coe): Okay. You're going to have 10 minutes—

Deputy Grand Chief Anna Betty Achneepineskum: Wâciye—

The Chair (Mr. Lorne Coe): Go ahead, please. Thank you.

Deputy Grand Chief Anna Betty Achneepineskum: Yes, wâciye. Good afternoon. My name is Anna Betty Achneepineskum.

The Chair (Mr. Lorne Coe): Thank you very much. You have 10 minutes for your presentation. I'll give you a reminder when you have one minute left so that you can sum up, please. That will be followed by questions from members of the official opposition, the independent member, as well as members of the government.

Please start your presentation. Thank you very much.

Deputy Grand Chief Anna Betty Achneepineskum: Good afternoon. Wâciye. Boozhoo. My name is Anna Betty Achneepineskum, and I serve as the Deputy Grand Chief for Nishnawbe Aski Nation. I would like to begin by thanking the standing committee for inviting Nishnawbe Aski Nation to present to the committee on justice policy's study on intimate partner violence or IPV.

IPV is an epidemic in Ontario and the rest of the country. This is supported by the fact that almost 100 municipalities across the province of Ontario have formally declared intimate partner violence as an epidemic. The declarations are not symbolic. They are pleas to government on behalf of victims, family members and survivors—pleas to be heard and, most importantly, pleas to be effective and for a meaningful response.

The 49 communities that make up Nishnawbe Aski Nation territory are sadly no different. Though they may not have made formal declarations, I can assure you that IPV is widespread and crosses all demographics. Since 2013, Nishnawbe Aski Nation chiefs and assembly have mandated NAN to support the ending of violence and abuse in our communities and have encouraged our member First Nations to work proactively to do the same.

Many of the communities that Nishnawbe Aski Nation represents are remote and isolated, accessible only by air or winter roads. This remoteness poses a unique challenge to supporting IPV victims, survivors and their families.

1510

Although there are many commonalities in victims' and survivors' experiences of domestic and family violence, and the barriers to leaving violent situations, including fear of their partners' threats if they leave, economic concerns for themselves and their children, limited means to leave the situation, and societal and/or familial pressures to stay in the relationship, there are issues specific to peoples experiencing IPV who live in the remote and rural communities of Nishnawbe Aski Nation.

Geographical isolation intensifies the experience of IPV and can be used as a form of control by the perpetrator. As detailed in our written submission, due to a lack of infrastructure and supportive programming, often there are no safe spaces for the victims to seek refuge.

Geographical isolation is also a barrier to accessing support or disclosing violence in NAN communities. Our communities already lack access to basic essential services; for example, timely access to medical doctors and allied health professionals. Specialized services like emergency shelters, individual and family counselling, safety planning, alcohol and substance use treatment, and legal assistance are extremely difficult to access when living in the remote north.

Ms. Loretta Sheshequin: A long-standing need has been the availability of SAEKs, or sexual assault evidence kits, and trained medical staff required to administer the kits at the community level. Currently, there is little to no such availability throughout NAN, which means that already traumatized survivors must leave their homes and travel hundreds of kilometres to an urban centre with

SAEK capacity. This can cause even more trauma for youth and minors.

Survivors from NAN communities are less likely to call the police, and when they are called, the response time may be longer due to the under-resourcing of the Nishnawbe Aski Police Service. Female survivors also often talk about the lack of empathy or feeling that they are not believed when turning to the police for help. Indeed, there are very few resources and protective services that IPV survivors living on-reserve in the NAN territory can access. We have only two emergency women's shelters within the NAN territory—two shelters for 49 communities. Sadly, our women are often left to fend for themselves and are forced to continue to remain in an unsafe relationship and continue to be victims of IPV simply because they have nowhere else to go.

Another reality is that when survivors and their children do leave the community to access emergency shelter in urban centres, they become even more vulnerable due to being displaced, far from home without their community support systems or other family members, and in unfamiliar settings.

The lack of affordable housing and lack of supportive wraparound supports for victims and their families often sees the family unit being broken down as child welfare agencies become involved and apprehend the children. All of this causes further trauma.

Deputy Grand Chief Anna Betty Achneepineskum: I personally know of a recent case where a NAN woman died at the hands of her partner. She began a relationship because she had nowhere to turn to for assistance. She didn't have the support of her community and her children had been apprehended by a child welfare agency. Sadly, because she felt alone and with nowhere to go, she is no longer with us today.

I have many similar stories that I could have shared with you today. The victims and the survivors of IPV from the NAN territories need and have a right to services that are holistic, trauma-informed and culturally appropriate if they are to have any chance of returning to a life that is free from harm.

It is my hope that the justice policy study of IPV will bring tangible results and improvements to a system that is supposed to serve survivors. The women, children and families of the Nishnawbe Aski Nation are valuable human beings, and it is time that the policy-makers and government funders recognize that, by committing the financial resources to assist them, support them and to keep them safe.

Thank you for your time, and I'm grateful for the opportunity that you have provided for us to speak about these difficult truths—but they needed to be said.

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

We're going to begin our questions with questions from the official opposition. MPP Wong-Tam, please, when you're ready.

MPP Kristyn Wong-Tam: To our two presenters, thank you very much for bringing such powerful testi-

mony to this committee today. I think, oftentimes when we live in urban centres—and not everyone in the committee does, but I certainly do—in downtown Toronto, I see the barriers and the structural gaps within the system in terms of how survivors can access services and supports and access to justice, it's really magnified a thousand times and more for communities that are even more remote. And in this case, with Indigenous communities, with the further impact of colonization, I can see that there is a lot of pain there.

I want to be able to honour that you've taken time to speak to our committee today. The previous speakers talked about how it was important to centre the voices of Indigenous women so that, therefore, any programs and services that are coming out of this committee—solutions—have to involve them. And they cautioned this committee to not consider their testimony—this is regarding the Chiefs of Ontario—to not be construed as consultation, not engagement with the Indigenous community.

So our committee will be travelling through Ontario, and we still have yet to determine where we need to go. But your community there, with the 49 communities—and it takes hundreds of kilometres get from one end to the other—I'm very curious if you have any advice for this committee on how we should design the stage of consultation when we want to go out to speak to Indigenous women and their families, including First Nations, Métis people. What would that look like for you, and where should we go to within the NAN territory?

Deputy Grand Chief Anna Betty Achneepineskum: My response to that is, if you want to get the true picture of being able to address the gaps in the policy and resources and services, you need to come into one of our communities. You need to see and examine what type of police services are there, and what type of resources are available for the women and children, and you will see that there is none. You will see that there's a lack of housing, where a woman, at many times—when we say she has nowhere to go, that is so true, because we're talking about some communities where we have 15 people living in one house. How would you be able to define that as a safe space for a woman and her children to go to? So we do have many places that we can suggest, but that would require us to consult with our communities before we put their name forward.

1520

MPP Kristyn Wong-Tam: Thank you very much. I invite you to do so. I think it is very important that we visit and see for ourselves before putting pen to paper to what the recommendations that this committee will come forward with in the final report.

I want to speak a little bit about the remote access, especially when it comes to the rape kits that you touched upon, the sexual assault kits. Recognizing that we don't have enough—or actually, not even that they don't have enough. I recognize that they don't seem to be making their way to every single health clinic or hospital. I recognize that they need to be administered by a particular nurse practitioner. I also recognize that it takes hours for

the rape kit to be administered and oftentimes we're asking the woman—predominantly women—that they have to remain untouched, so, unbathed, “Don't groom yourself,” essentially, for hours, because your body is a crime scene, and sometimes it stretches out into days. I've heard these stories where women cannot take care of themselves because they have to provide this evidence. So can you describe to me how, oftentimes, you hear where individuals who have experienced sexual violence that cannot access the administered rape kit in a timely fashion?

Deputy Grand Chief Anna Betty Achneepineskum: I would say, in cases, it would be just possibly one out of 100 that would be able to access a kit.

MPP Kristyn Wong-Tam: Oh, one out of 100—just to clarify, one out of 100 will access, meaning 99 individuals have no access?

Deputy Grand Chief Anna Betty Achneepineskum: That's correct. First of all, not all health clinics will have the kits available, or they don't have a nurse or a doctor that will be able to administer the kit, and it's even worse for children. I think it's under 16 where the kits have to be done in a health facility.

We're aware of a recent case where a young woman—she was told that she couldn't shower and that they were going to be arranging for a scheduled flight for her. And in some of our communities, we don't have daily flights, and then we have to deal with weather as well. So by the third day, they were still working on trying to get her a flight to Winnipeg so that she could get the test. By then, she had given up.

MPP Kristyn Wong-Tam: Thank you for your very powerful statement just now. That's horrific—horrific—all the more reason why we need to come see you.

Chair, how much time is there left? I suspect—

The Chair (Mr. Lorne Coe): You have 24 seconds.

MPP Kristyn Wong-Tam: Okay.

I just want to say thank you to the two of you on the screen. Your testimony today was particularly powerful and moving, and I'm indebted to you for coming forward today. Thank you.

The Chair (Mr. Lorne Coe): We'll now move on to the independent member. MPP Shamji, please, when you're ready, sir.

Mr. Adil Shamji: I wanted to thank you for being here today.

When I'm not an MPP, I work as a physician, and I actually spent a lot of my time working in Nishnawbe Aski Nation, most of my work in Moose Factory, Fort Albany, Kashechewan, Attawapiskat, Peawanuck. What you're describing is no easier to hear today, but I've seen it before, and I've heard it from my patients who've gone through precisely these experiences. We can't move fast enough on this.

I want to turn to some of the recommendations that you've made. For example, you have recommended that we have more sexual assault nurse examiners. I know one of the challenges that we face is, even if we have those nurse examiners, the turnover in the nursing stations is so high.

What do we need to do? How many more nurse examiners do we need to hire so that even with that increased turnover we still always have someone that's available to the community? Is there more to it than this? Is there a health care worker retention piece to this so that we've got people in the nursing stations and in the hospitals who are known to the community, who are always there and available to the community? Tell us exactly what we need to do and how many of these nurse examiners we need.

Deputy Grand Chief Anna Betty Achneepineskum: First of all, thank you, and thank you for serving those communities as a medical physician. I think, at times, there has to be an alternative process to deal with these matters; that it just be an affidavit, perhaps, that would provide the evidence and witnesses to confirm the evidence that a sexual assault did occur.

But I also think that if a person is requesting that she or he does get the rape kit done, then there should be options that should be made available. We have a process where if there's a house fire, we have a special fire marshal that comes into the community and does the investigation. Perhaps this is something that we could look at in some of our communities where we would have a specialist come in and conduct the kit instead of that person waiting for days or where, in some cases, a person has to travel a great distance. Thank you.

Mr. Adil Shamji: Thank you.

One of the things I wanted to ask—and certainly that I remember from my time working with the James Bay communities—they, like many other Indigenous and First Nations communities, struggle with an epidemic of suicide. I remember Kashechewan and Attawapiskat in particular have declared states of emergency about this.

I was curious to know if, on the basis of any of your reflections or experiences, to what degree intimate partner violence and sexual violence may be a contributor to this suicide epidemic. And I ask that because every time one of the First Nations communities declares an emergency, all the levels of government come together and they send lots of funding, and then once the state of emergency is declared over, everybody forgets, but the IPV and the sexual violence continues until it happens again.

Deputy Grand Chief Anna Betty Achneepineskum: I want to remind you all that our history already contains trauma of violence. Many of us have parents, siblings or ourselves have gone to Indian residential schools, or through the Sixties Scoop or other forms of the genocide that was impacted on our people. So when we're carrying those traumas already and we have developed these unhealthy coping skills, we deal with anger in a negative way; violence exists in most of our lives. We are now finally having these conversations and identifying ways that we could address this, so we continue to fight for the resources.

1530

Also, it has to be community-based. Many of us have advocated that the answers come within the community, within our families; the sad thing is that those do not fit into the criteria of many existing proposals. For example,

in my former professional work, I did healing circles, and I did restorative justice—

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

We'll now move to the government members. MPP Dixon.

Ms. Jess Dixon: Thank you both very much for presenting to the committee today.

I want to focus a little bit more on this idea of proposals. I have to start out by saying, which I know was in the submission guidelines—but I have to repeat that we're not a funding committee; we have no authority to award funds. However, a large part of what we're trying to do here is to say, "Our strategies aren't working. How do we find the best practices elsewhere for a myriad of issues?" So we made sure to invite a number of First Nations and Indigenous organizations here because, again, we've heard over and over about the value of self-determination as far as the solutions, justice, restorative justice.

In your submissions—and I would invite you to take what I'm saying back, if possible—I would really, really love a bit more specificity, because we're not in a position to try to decide what could fix the problem. So when we're talking about the sexual assault kits and the lack of nurses—I know this is not an immediate solution, but a proposal could be, "What would it take for funding to support increased training of First Nations women from these communities to potentially deliver those kits, to train as nurses?"

I haven't heard a lot of updates—I can't remember the name of it, but there was the new health unit in Moosonee that partnered with Queen's University that was focused on training, as best as possible, Indigenous people to fulfill those roles in their own communities. Again, because that is an issue—because we don't have those kits, those scans aren't happening—what would it look like to theoretically fix that, even if it's not an immediate fix, even if it's a fix or a response that takes a little bit longer, or that we're looking at a multi-year lead-up to that?

Same with the idea of shelters—because we definitely hear what you're saying about the incredible lack of safe spaces to go and the devastating consequences that arise when someone doesn't have a place to go. But I don't know anything about what would be required to build or staff additional shelters, so it's sort of like—what would be required of that from a funding perspective? I don't know if those proposals exist elsewhere and have already been made. If they do, I would really encourage you to send them to us. If they don't, I would, again, really encourage you to sort of think about that, because a part of this is recognizing that so many of these things that are happening require a First Nations-driven response, but also we—I'll say "I"—don't have the experience of living somewhere that you can only fly in or get to by winter road. There are so many challenges and problems with that that I wouldn't even be able to conceive of when trying to develop my own idea of a proposal. So, really, we'd be relying on you for that. I don't know if you have sort of

more specific proposals. I'm happy to hear about them, but also really happy to receive more information about them before the end of the committee process in August.

Ms. Loretta Sheshequin: I don't have a specific or any specific proposals at this moment. To build new shelters would be a very large undertaking, of course, right from surveying the land, finding serviceable lots in our First Nations, which there is a lack of, to getting the capital funding that's required, which is difficult, to actually build that infrastructure, because we don't have enough housing, never mind infrastructure for community services, whether they are essential or not deemed essential. So that would be something that we would have to do more research on to see what existing proposals are out there and, if there isn't anything, then to start building that information.

Ms. Jess Dixon: Yes, as I said, I don't want to create any false expectations; we're not a funding committee, but absent any information about what the ask would be, it's really, really difficult to even look at how it could be addressed. Even if we're doing sort of a shoot-for-the-moon, pie-in-the-sky type of idea, we really need it fleshed out, because otherwise, I'm just trying to fit in a sort of unquantifiable ask into something and haven't looked at the challenges. Sometimes, when you engage in that process, you find things you didn't expect, like, "Oh, modular construction," or that type of thing.

But I really, really encourage you, because we aren't familiar with these challenges that you're talking about—you can tell us about them, but we haven't lived them—to sort of take us through: What would be needed to address that? Because even with what you're talking about, the idea of having specialists available—still, in so many cases, we have the challenge of getting them there and of waiting.

I don't personally know some of the other obstacles to utilizing one of the sexual assault kits. I don't know if there's any way, for example, that we can look at a policy that would make that easier or more accessible in a First Nations community as far as the person that is able to do it or a specific credential program that we could hypothetically come out with.

It's just sort of to encourage you to think about what the specific asks could be, because otherwise, it's just so challenging to think about how we would address that when it's not specific. We're accepting additional submissions until the end of August, certainly, and I would really encourage you. If you have any of that information or want to present additional information, I would certainly love to receive it.

Deputy Grand Chief Anna Betty Achneepineskum: Thank you. Am I able to make just a very quick response to that?

Ms. Jess Dixon: Yes.

Deputy Grand Chief Anna Betty Achneepineskum: First of all, thank you for admitting that you are not familiar with our territory. I believe that any person who is a public servant, as part of their orientation, should be made aware of—an Ontario representative has to be aware

of and learn about Ontario as a whole and not just a radius within the metropolises of Toronto or Ottawa. They should be learning about all of Ontario and the challenges, and also the great—in terms of the challenges and barriers that we face, so that when we—I would welcome that, if there was such a process.

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

Thank you, MPP Dixon.

SEXUAL ASSAULT SUPPORT CENTRE OF WATERLOO REGION

The Chair (Mr. Lorne Coe): We are now going to move on to our next presenter, from the Sexual Assault Support Centre of Waterloo Region.

Thank you very much for joining us. You're going to have 10 minutes for your presentation. I will let you know when you have one minute remaining in your presentation so that you have the opportunity to sum up. There will be questions and answers from the official opposition, our independent member on the committee, and the government members.

Please state your names for Hansard, and then please begin your presentation.

Ms. Sara Casselman: Sara Casselman.

Ms. Lyndsey Butcher: Lyndsey Butcher.

The Chair (Mr. Lorne Coe): Thank you very much. Please start your presentation.

Ms. Sara Casselman: Good afternoon, committee members. I am Sara Casselman, the executive director of the Sexual Assault Support Centre of Waterloo Region, or SASC for short. I've had the privilege of working at our centre for 22 years. Since 1989, SASC has supported survivors of sexual violence and has worked to prevent sexual and gender-based violence through education, advocacy and collaboration.

I'm grateful for the opportunity to speak with you today, and I especially want to thank our local MPP Jess Dixon and MPP Kristyn Wong-Tam for their leadership on this committee. I believe Catherine Fife is also there—hello, Catherine.

I know that many decisions made by this committee will profoundly and personally impact the lives of so many Ontarians. I know this committee was initially formed to review Bill 173 and its mandate was expanded to include Bill 189, so today my focus is going to be on the latter.

Sexual violence is too often overlooked in broader discussions about gender-based violence.

There are two key points I want to highlight today, the second of which was the focus of the written proposal that we submitted.

First, I want to talk a little bit about the need to stabilize the sexual violence sector in Ontario. Over the last decade, there has been a significant shift in public attitudes about sexual violence. Jian Ghomeshi; Bill Cosby; Harvey Weinstein; sexual assaults in the RCMP, in the military, on university and college campuses; concerns over police

responses to sexual assault—headline after headline, and with each, more survivors reached out. Recognizing the growing and urgent needs of community-based sexual assault centres, also called SACs, in Ontario, in 2018 the provincial government promised a 33% increase in funding to SACs province-wide, but that commitment was withdrawn, which was truly devastating to survivors and to our sector.

We used to consider 30 survivors on our waiting list for counselling and advocacy to be a crisis; in recent years, that number has averaged close to 300 survivors, with many waiting almost a year for support after they've reached out.

The demand for our services has tripled in recent years while core funding from the province for sexual assault centres has decreased by 18.3% over the last 12 years, when you factor in inflation.

As you know, last November, Ontario's bilateral agreement associated with the national action plan was signed and Ontario-STANDS was launched. We watched that announcement in anticipation, and to our dismay, sexual violence wasn't even named, save for questions raised by reporters during the question period. When associated funding rolled out, our centre received an additional \$25,543 annually. This shifts the funding decrease I just mentioned from 18.3% to 13.5%.

Chronic underfunding of community-based sexual assault centres has led to a care crisis in our province. Survivors deserve to be wrapped in care when they reach out, not added to a waiting list. This underfunding has also caused issues attracting and retaining qualified staff. Ensuring we're able to compensate our staff fairly—staff who do intense trauma work daily—is a gender equity issue in and of itself. We need stable, core funding, not project funding, to move our sector forward and create change.

Investing in community-based sexual assault centres is also an investment in prevention. Anyone familiar with addressing social issues knows that you need to balance the downstream services with upstream solutions to address inequities. Our public education program focuses on raising awareness around issues of sexual violence and educating for social change. We work with individuals, schools, groups, workplaces and communities, more broadly, in prevention work. We provide training, such as bystander intervention, healthy relationships, consent, healthy masculinity, and how to be a male ally.

If I had more time, I'd focus on our Male Allies program as a definite best practice in GBV prevention. In 2017, our centre was the first sexual assault centre possibly in Canada to develop a dedicated program to engage men and boys as allies in the work to end gender-based violence; since that time, many other sexual assault centres across the province have followed suit. Some of the highlights of this work include developing anti-sexual-violence curricula for the OHL; providing more than 25 trainings to Hockey Canada staff, administrators, coaches and players; and participating in the Olympic committee's safe sport visioning session.

I know this committee hasn't been formed to simply hear that funding increases to community-based services are needed—I know that very well—but it also can't be overlooked in the recommendations put forth by this committee.

In particular, I'd ask that, moving forward, Ontario STANDS include an intentional focus on the needs of survivors of sexual violence.

I'd ask the province to reinstate the 33% funding increase promised to sexual assault centres in 2018. Sexual assault centres are on the front lines of this issue in our communities, working with all survivors—the 6% who report their experiences to the police and the 94% of those who don't.

And I'd ask the province to invest in prevention and, in particular, Male Allies programs. Our centres have been doing this work without sustainable funding, and we've had to turn down so many requests for trainings due to a lack of funding.

Now I'm going to focus on what we submitted in terms of our proposal.

In 2021, a local court reporter called me because he had just witnessed a woman being convicted and fined for breaching the publication ban in her own sexual assault trial. To be clear, her attacker had been found guilty. She shared a portion of the judge's ruling in writing with some of her friends and family. The attacker found out and reported her to police, who chose to charge her. Then, the crown chose to move forward with prosecuting this case. And then, a judge decided she should be found guilty and fined. This reporter asked me, "What do you make of all this?" Honestly, I just about lost my mind when I heard that situation.

We know that the criminal justice system frequently fails survivors of sexual offences, leading to low reporting rates and high attrition rates in prosecutions. This systemic failure perpetuates trauma, fosters distrust among survivors and allows offenders to evade accountability, undermining justice and equity. Many survivors experience revictimization through an adversarial approach that has been adopted by the justice system, which often prioritizes, like in the case I just talked about, procedural aspects instead of the well-being of survivors.

The case I just spoke about is one of the things that inspired our centre to approach the Law Foundation of Ontario with a proposal to create a dedicated sexual violence legal support program. At the same time, citing this case, lawyer Pamela Cross, who is one of Canada's leading women's advocates, called on Ontario to implement a province-wide system of community-based sexual assault legal advocates, similar to Ontario's Family Court support workers, who could provide case management and support to survivors through legal proceedings.

With two years of funding from the law foundation, we created the Sexual Violence Legal Support Program to address these issues, by providing victims with the necessary information and support to navigate the criminal justice system. Services include legal information, system navigation, safety planning, emotional support, accom-

paniment to police interviews and court proceedings. This program fosters trust and accountability and offers holistic and survivor-centred support.

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In two years, 215 survivors were served, speaking to the demand for the services before the program was even fully advertised. Survivors in the program reported feeling validated and empowered, and better understood their legal options. Clients reported feeling deep appreciation for their support worker and very grateful for the support they received. A quote: "I probably would not"—

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

Ms. Sara Casselman: "I probably would not have reported my assault to the police if it wasn't for the worker's support and guidance. I wasn't sure how to make the report and what would happen if I did. The advocate walked me through my options, helped me feel confident and validated my choice. I'm so grateful for her."

So based on the success of that project and many years in this sector, we're recommending that the province support the rollout of sexual violence legal support programs at community-based sexual assault centres across Ontario.

To be clear, we've always had these services. We've always been trusted sources of information for victims for their families, and sexual assault centres have long-standing relationships with local police and criminal justice partners, although they operate independently from the criminal justice system. That said, with limited resources, sexual assault centres haven't been able to develop specialized legal programs and haven't been supported to ensure their workers have the very best tools and training—

The Chair (Mr. Lorne Coe): Thank you very much for your presentation. That concludes the time you had for that.

There will be questions, starting with the official opposition, please. MPP Fife.

Ms. Catherine Fife: I want to thank both of you, Lyndsey Butcher and Sara Casselman. We're so fortunate to have the Sexual Assault Support Centre of Waterloo Region.

We're learning through this intimate partner violence committee how resources are so unevenly, if you will, applied across the province. We actually heard about an on-reserve rape case where the victim had to wait three days just to access a rape kit, and the rape kit never showed up and she gave up. It's heartbreaking to hear this.

I also want to thank both of you for your support on Lydia's Law. You informed this piece of legislation from the lived experience of survivors of violence, and I appreciate your contributions.

Sara, you have been a long-time advocate for those who have to deal with the justice system. Thank you for raising the publication ban issue. It's incredible that this is still going on right now in the province on Ontario.

I just want to give you an opportunity, though, to really talk about and inform the committee on how delays to the

justice system and in the justice system impact survivors' decisions to report. Because we know that this is happening on IPV, intimate partner violence, because the system is hostile and it's retraumatizing. This is one of the barriers that we see and what we've been hearing from. Can you please expand upon that, Sara or Lyndsey?

Ms. Sara Casselman: Absolutely. And I'll just let you know that my colleague Lyndsey is here as the person who drafted the proposal that we put forward, so if there are specific questions related to that, that would be her area of expertise.

I'm on vacation this week, and I'm scrolling through my social media feeds and I see another case in Ontario where another sexual assault charge has been stayed due to timing out of the system. Obviously, going through the process is so challenging for survivors. It's such a lengthy process. And to find out at the end of reporting to police, going through all these legal procedures, putting your life on hold, essentially—which is what happens—that the charges have been stayed, it feels like there's no justice, that there is no justice system.

Because we know there's no statute of limitations on sexual assaults, but you better report at the right time, when there are enough resources in our justice system, because it could very much turn into a situation where you have no more legal recourse even when the evidence is very strong.

So that message is something that survivors across the province and across our country hear. I know that both the province and the country itself have a role to play in terms of ensuring that cases are really brought through the court in an appropriate amount of time.

But with all the resources that have gone into our criminal justice system, it should be very clear and very well publicized why cases are dropping off through prosecution, and having charges stayed is completely unacceptable in the case of sexual assault.

Ms. Catherine Fife: Exactly, and child sex abuse cases are also being thrown out as well. I was just talking to a reporter about this, and he said, "This is a complex issue to explain to people," and I said, "It shouldn't be—it's not that complex to understand that rapists shouldn't walk free," right? Especially in this tough law-and-order talk that we hear. This is something that we should be working towards.

Lyndsey, I want to give you an opportunity to talk about the proposal that you submitted because the legal support and legal guidance is also a barrier to women seeking justice and getting justice when they've been sexually assaulted. Please, go ahead.

We can't hear you.

Ms. Lyndsey Butcher: There, okay—

Ms. Catherine Fife: There, now we can.

Ms. Lyndsey Butcher: So our program, the Sexual Violence Legal Support Program, what we found is that by being able to meet with survivors before they made their reports, they had so much more confidence reaching out to police. They understood what the investigation

would entail, they were prepared for their interviews, and they sort of went in with their eyes open.

For too long, we've heard from survivors, "I wish I knew this is what would have happened if I had reported. I wish I understood how long and how lengthy this process would be," and our legal support workers are able to walk with them every step of the way through that journey, and when they have questions or if they have doubts or have concerns, we're able to offer that emotional support and liaise with the different criminal justice actors in the system.

We found it to be incredibly impactful in terms of their level of confidence in the justice system and feeling like they can actually endure the process, which is, honestly, quite traumatic. I hear you've heard from other folks just how difficult that is for survivors to go through, especially on their own.

Ms. Catherine Fife: Yes, and would you say, Lyndsey, that this is actually even—not more important, but would have greater weight—to report violence against your partner, against your husband or boyfriend, uncle, family member, that's emotional labour on a level that we can't really define. But having that guidance, that legal advice and support and education—would you think that that would carry greater weight, if you will, versus in an intimate partner violence situation?

Ms. Lyndsey Butcher: I think, obviously, it would be equally important for—and we're coming from the point of view of survivors of sexual violence, so that's what I'm able to speak to. But I think all victims, especially of gender-based violence, because there are so many myths that go around gender-based violence within policing and within the criminal justice process, that having a support worker that can help you through that—it's incredibly emotionally draining, to come forward to police interviews. They can last two to three hours long and then the investigation can go on for months and months before you have any conclusion.

So having that person that is independent of police, independent of the prosecution, that can be with you every step of the way just creates so much confidence and empowerment, really, for victims to feel good about coming forward.

Ms. Catherine Fife: We actually heard earlier from the child witness program as well, and they provide the same guidance too, so thank you so much for being here today.

The Chair (Mr. Lorne Coe): Thank you so much to MPP Fife. That concludes the time available.

We'll now move to the independent. MPP Shamji, please, when you're ready, sir.

Mr. Adil Shamji: Thank you very much for your submission and your testimony this afternoon.

Your briefing document outlined the demographics of sexual assault victims within Canada, noting that individuals with intersectional identities are disproportionately impacted. Could I ask you to elaborate on how a survivor-centred and culturally sensitive approach could impact those numbers?

Ms. Lyndsey Butcher: Would you like me to go ahead, Sara?

So, absolutely, we know from the data that sexual violence impacts at higher levels certain groups within our community compared to others, and so racialized people, trans folks, the Indigenous women and girls especially have much higher rates of sexual violence. It's so important.

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They also have disproportionately negative experiences with the criminal justice system and with the police systems, as well, and so having independent support workers who can support them through that system, which can often be harmful to those groups, in their corner, walking alongside them so that they can access justice—because they deserve justice just as much as anyone else, and so having that support can make a huge difference in them being able to successfully go through the criminal justice system, where they feel safe and supported—that there's some trauma-informed guidance with them, so that they recognize that it's not just an individual experience; it's a systemic experience that they're going through.

Mr. Adil Shamji: Thank you.

Now, in your report, you've outlined a funding model for what the sexual violence legal support programs across Ontario could look like, based on your pilot project that was conducted in 2021. But that funding was from the Ontario law foundation.

Ms. Lyndsey Butcher: Correct.

Mr. Adil Shamji: As it stands right now, where are you in the process of securing additional funding, and what barriers are you facing there?

Ms. Lyndsey Butcher: Currently, our board of directors has committed to continuing to fund the program through our fundraised dollars that we fundraise from our community. That's how we've been able to keep it in operation. We currently have no outside funding for this program, but it's a commitment from our centre. We believe in the program. We know how impactful it is, and so we've committed to keeping it going until we can try to secure funding.

We've met with our local MPP, MPP Dixon, to talk to her about this program, and she has encouraged us to submit this proposal. We're trying everywhere to try to secure funding for it. We've spoken with our partners through the Ontario Coalition of Rape Crisis Centres, and I've met with Action ontarienne, our francophone counterparts, to try to work together, to see if there's a way that we can secure provincial funding to see this program rolled out the same way that the Family Court support program has been rolled out across the province.

Mr. Adil Shamji: How much money are you looking for?

Ms. Lyndsey Butcher: For the full program, in phase 2—it's ongoing—it would be about \$3.3 million to have it rolled out across the province.

Mr. Adil Shamji: Okay. And the Sexual Violence Legal Support Program—I understand it aims to provide victims with resources to navigate the criminal justice

system, provide legal information, emotional support, those kinds of things. Do you see opportunities to partner with other actors in the criminal justice system or existing programs such as the Partner Assault Response Program?

Ms. Lyndsey Butcher: Certainly if it's an intimate partner situation, then the PAR program could be a partner that we could work with. When we have survivors of sexual violence and it's an intimate partner situation, then certainly PAR would play a role there, absolutely.

Ms. Sara Casselman: We would see this position really being embedded in our response as a community, so working in partnership with our court partners and other community partners, and even having it recognized, because one of the things that we—as we started up the pilot, because this program hadn't existed before, it took a long time for our justice partners to recognize the role that we had and the value that we had in terms of how processes were improved for survivors who we were working with.

And so, a broader process across Ontario would allow, really, the workers to be accepted into their local court systems in a much easier way than we were. Even though we have a great relationship with them and we have a Family Court support program at our centre, it was something really foreign, and so the idea of having it across Ontario—

The Chair (Mr. Lorne Coe): Thank you very much for your response. That concludes the time allocated to the independent. Thank you, sir.

To the government members, please. MPP Dixon, when you're ready, please.

Ms. Jess Dixon: Good afternoon. Thank you so much. You did a wonderful job on your proposal. As I said, sometimes talking to me seems to mean more homework, because I actually wanted to ask you to potentially do a little bit more—not in this exact second.

What we've been hearing a lot of—I knew it before, but it's really become a big theme in the past few days—is this idea of centralized resources, a one-stop shop, like the Safe Centre of Peel, the youth wellness hubs. Because the nature of the program that you're recommending has a significant pre-charge component, in a way—this idea that you're not brought in simply after a charge happens; part of your role is people who are uncertain if they want to go that route or want to know what it's about. We keep hearing that when people are going for mental health help or substance abuse help, often they will end up disclosing that there's a sexual assault concern or IPV concern, and then the substance abuse place is like, “Well, we don't know how to handle that. You could go talk to these people,” but then it's another step for the survivor to go on.

This is just me throwing this out there, and you can certainly give me any feedback you want right now: I would love if you could expand it a little bit further to talk, theoretically, pie-in-the-sky, about how you could be potentially connected or embedded with that idea of the more holistic—I know you've got a great space there, but even if it's a satellite worker, that concept, who would be at a hypothetical safe centre. I would just love to get your

thoughts on that now, but also in a more detailed format, just because it's been such a theme of this committee.

Ms. Lyndsey Butcher: Certainly. I did watch the child witness presentation as well, so I understand what you're talking about. I think it would be wonderful if our workers could have satellite space in centres, like a safe centre model. I think that would be fantastic.

We work very collaboratively with our community partners. We're on a first-name basis. We walk down to different agencies and do warm transfers with clients into mental health supports, addictions supports, things like that. So we take a community—wrapping our clients in community care.

We've been around for 35 years. We're quite well known and we're quite embedded, and that's the same across the province with our sister centres, that we are part of the community. We're community-based and have those relationships, and we're always open to collaboration. So I can follow up with the Child Witness Centre and just see what their proposal looks like and if there are any opportunities to collaborate in that way.

Ms. Jess Dixon: Like I said, I'm sorry to give you more homework, but I would suggest talking with, looking into the Safe Centre of Peel, because, as I said, that keeps coming up, as well as the youth wellness hub, because, obviously, the Ontario government is already putting funding into that model. We heard from their director the idea that they wanted to have more IPV resources in their model because of teen dating violence, and they weren't really equipped to necessarily handle that. So I would say to look at those models, and then with your sister agencies and the ones that you feel would be rolling out this program, to maybe connect with them a little bit, to see, "Hey, would you have opportunities? Are you in an area that has a youth wellness hub or is already working towards that centralization of services?" Because I think it's something that is going to be trending more and more.

Because your proposal is excellent, I think it would be really helpful to couch that proposal in what we are seeing as a trend, which is this idea of victims and survivors and people with challenges not just falling through the cracks of—I mean, I've had that experience where you just cannot do it again, you know? I've postponed appoint-

ments for years at a time, because I called once and I got the answering machine, and it took all of my effort to call that one time, and I was never going to do it again. I can really see that happening.

So I would definitely encourage you to look at those systems, even what we have currently existing and specific to Waterloo region, like what Robin was talking about as far as the idea of what we can do there. But couch it in that idea that it's not necessarily a program that we would be investing in that is then in its own discrete location, but this idea that you could potentially have people who are trained to deliver the program who could be embedded or connected, even if it was just digitally connected or Zoom-connected, with those services—I think would be a very helpful way to just add a bit more oomph. I would have told you to do it earlier, but I didn't know until the past few days that this was going to be such a heavy focus. I'd like your proposal to reflect what we've been hearing.

Ms. Lyndsey Butcher: Yes, absolutely. Actually, after I saw Robin's presentation—I reached right out to her already, so I'll follow up again—

Ms. Jess Dixon: I just need it by August 30.

Ms. Lyndsey Butcher: Okay. I'll work on that.

Ms. Jess Dixon: Thank you so much for all of the work that you do and the work that you've done on this. I know you turned it around in a really short period of time, and I'm so appreciative. I'm looking forward to seeing the amendments based off of what I've suggested.

The Chair (Mr. Lorne Coe): Thank you, MPP Dixon. You have a minute left, but I don't see any other government hands going up.

I want to take a moment to thank the staff—legislative research and Hansard and the technicians—who have been keeping us in order so we can do this, and of course our Clerk for her continued guidance as we worked through the past four days.

To the members, thank you very much for your level of participation, your thoughtfulness and care in directing your questions to all the people who participated.

This committee will now adjourn until Wednesday, July 31 at 10 a.m., committee room 1, Legislative Assembly of Ontario. This committee is adjourned.

The committee adjourned at 1612.

STANDING COMMITTEE ON JUSTICE POLICY

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Vice-Chair / Vice-Président

Mr. Sol Mamakwa (Kiiwetinoong ND)

Mr. Will Bouma (Brantford–Brant PC)

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MPP Kristyn Wong-Tam (Toronto Centre / Toronto-Centre ND)

Also taking part / Autres participants et participantes

Ms. Catherine Fife (Waterloo ND)

Mr. Adil Shamji (Don Valley East / Don Valley-Est L)

Clerk / Greffière

Ms. Thushitha Kobikrishna

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