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Assembly  
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**Official Report  
of Debates  
(Hansard)**

JP-43

**Journal  
des débats  
(Hansard)**

JP-43

**Standing Committee on  
Justice Policy**

Intimate partner violence

1<sup>st</sup> Session  
43<sup>rd</sup> Parliament

Wednesday 31 July 2024

**Comité permanent  
de la justice**

Violence entre  
partenaires intimes

1<sup>re</sup> session  
43<sup>e</sup> législature

Mercredi 31 juillet 2024

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Chair: Lorne Coe  
Clerk: Thushitha Kobikrishna

Président : Lorne Coe  
Greffière : Thushitha Kobikrishna

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
JUSTICE POLICY**

**COMITÉ PERMANENT  
DE LA JUSTICE**

Wednesday 31 July 2024

Mercredi 31 juillet 2024

*The committee met at 1000 in committee room 1.*

**INTIMATE PARTNER VIOLENCE**

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

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

**MR. TIM KELLY**

**The Chair (Mr. Lorne Coe):** I will now call on Mr. Tim Kelly, who is joining us by Zoom. Mr. Kelly, good morning. How are you, sir?

**Mr. Tim Kelly:** I am fine. Thank you.

**The Chair (Mr. Lorne Coe):** Thank you for joining the standing committee.

**Mr. Tim Kelly:** Yes, I appreciate it.

**The Chair (Mr. Lorne Coe):** Mr. Kelly, I'm just going to outline the parameters of your presentation for a moment, please, sir. You will have 10 minutes for your presentation, followed by questions from the members of the committee.

Would you please state your name for Hansard, which is the official recording service of the Legislative Assembly of Ontario, and then you may begin your presentation. I'll let you know when you have one minute left in your presentation, sir. So, again, please state your name for the record, and begin your presentation. Thank you so much.

**Mr. Tim Kelly:** Tim Kelly.

**The Chair (Mr. Lorne Coe):** Thank you, sir. You can start your presentation.

**Mr. Tim Kelly:** I just want to state what an honour it is to be here and to be a part of the work that's going on here with this government, and to be invited to make this presentation and submission.

I wanted to start by adding my voice to the many voices that have come before me to encourage the government in the passing of Bill 173, the gender-based-violence epidemic bill. There are way too many men killing women in this province, and many of those men end up killing themselves. In almost all cases, I believe these were preventable and these were preventable deaths. This is an issue that will take strong, declarative stances from political leadership to demonstrate clear commitment to end this tragedy.

I'll start with giving a little bit of my own background. My presentation will be more of a narrative than anything else. I've worked for over 35 years with men who have caused harm in their intimate relationships and have caused harm to their children. I was the executive director of a social service agency in southwestern Ontario based out of London. Changing Ways was the name of that agency. We ran PAR programs, as well as many other support services in three counties: Elgin county, Kent county and Middlesex county. Our dedicated work was to work with men to help them change in her behaviour in terms of their intimate relationships. During that time, I witnessed profound impacts of men's behaviour on the children in their lives by exposing them to intimate partner violence and the abuse of their mothers, as well as direct abuse themselves. I believe behaviour change is possible if men are held responsible for their behaviour and they reside in a community that's accountable for holding these men responsible and providing the support and treatment needed.

We have developed over the years many interventions to impact men's behaviour. We developed an intervention to disrupt the impact on children witnessing or experiencing abuse called Caring Dads. We ran that program out of the agency that I worked at, and the intention of this was to help fathers value their children and respect the relationship between their children and their children's mother.

Along the way, we also realized that men's changed behaviour—we needed to understand the relationship between several factors in their lives: the risks they posed to partners and their families, the need to engage these men in meaningful dialogue and then to better understand early points of intervention in their lives. We developed several points of intervention with them. We saw the need to involve those closest to him to begin to address this behaviour. The public education campaign Neighbours, Friends and Families was and is intended to invite and encourage

early points of contact with those closest to him to begin to identify support and change.

One of the biggest concerns that I have had over the years, which I know is identified as a significant risk factor, is often the isolation that these men live their lives in, so we call upon those who live near him or around him and engage with him to be a part of supporting him towards making change.

Caring Dads is a program that is intended to be an early point of intervention and change through the involvement of child welfare. We know that many of the men who become involved in the criminal justice system in their lives as a result of intimate partner violence, if there are children involved, become involved with child protection much sooner than the criminal justice system. We get referrals to children's aid societies across this province from police who are called out to homes where they may not see enough evidence to lay a criminal charge, but children were present, and the referrals come to the children's aid society. I've often seen children's aid as a point of intervention and prevention to change the path and the trajectory of both the women and mothers in these children's lives, and men.

We have studied the best way to engage men who are reluctant to work towards change in their behaviour. With the intention of helping inform best practices working with men, we have applied our learning and our understanding on how to engage moderate-to-high-risk men by reducing the risk they pose to their partners.

After retiring from Changing Ways, I moved to work in child protection five years ago. I was hired to manage the family violence counselling program that is embedded in the Children's Aid Society of Oxford County. This was an opportunity to see if child protection could be an early point of intervention and prevention. It can be. With leadership from the Oxford children's aid society and Family and Children's Services St. Thomas and Elgin, we engage in intensive training of front-line and managerial staff at this agency to better engage fathers, understand the risks they pose to their families and create opportunities to make changes for the outcome of children, their mothers and for the men themselves as fathers in gender-based violence.

Last week, a man we have been working with called us to tell us that he was afraid about how he was thinking. He was afraid about what he was going to do and what he would regret. We were able to respond immediately, create a safety plan with him and provide support to change the outcome. This is the importance of the kinds of connection and involvement that organizations and agencies need to have with men who are at risk.

We have come to rely entirely on the criminal justice system to deal with a social justice issue. We need to work more collaboratively with services across our community to address the needs: to provide interventions to help men while changing, and by providing safe, secure refuge for women and children.

I would propose that in this province we begin a journey to address the epidemic by re-engaging our communities

to examine the best ways to address men's violence in their local area and identify best supports for engagement. Other preventers have said the solutions are local, diverse and collaborative. This is an opportunity for the government to collaborate with local resources to find the best responses. We know what to do. We have spent 30 years with recommendations to guide us. We are in need of political will to move upstream to make prevention happen.

I have a few recommendations I'd like to share with the committee:

Consider child welfare as a strong and early intervention point.

Look at family-violence counselling models, such as the one at Oxford county, and talk with us about what it takes to train and prepare staff to work more effectively with fathers.

Support collaborations between the children's aid societies in this province and PAR providers to partner in offering interventions, like Caring Dads and others, that will provide supports for fathers who are involved with using violence and abuse in their families.

#### 1010

Develop workforce capabilities to work with men who are using violence in their relationships: The pathway to develop expertise for this work with families experiencing IPV, intimate partner violence, is not clearly outlined. Developing competency-based frameworks for gender-based-violence specialists is a priority.

Make improvements to the PAR programs themselves: PAR programs, partner assault response programs, in this province have been a large investment over many years in this province, and an underutilized resource that could be providing much different and much more intensive types of supports across this province.

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

**Mr. Tim Kelly:** Okay.

Increase the length of these services to the recommended 22 weeks and incorporate individual sessions for risk management and funding to serve voluntary self-referred or community-based referrals.

In addition to that, I would recommend we expand and refocus the efforts of programs like Neighbours, Friends and Families to invite communities of those closest to men who are creating harm in their families, and support women and children, through public education in and including communities.

There we go.

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

We're going to begin our questions and answers with the official opposition. MPP Kernaghan, please. Thank you, sir.

**Mr. Terence Kernaghan:** Thank you, Tim, for your presentation. I think the word that we can certainly focus on after your presentation is that of "preventable." This type of violence rips a hole within the fabric of our

communities, and I want to thank you for 35 years of work addressing this very preventable issue.

I wanted to know: Why is it important, along with declaring intimate partner violence an epidemic, that it is specifically stated that this is men's violence against women?

**Mr. Tim Kelly:** I think what's important about making it clear in our language and more precise in our language is because the vast majority of those experiencing gender-based violence as a victim experience that at the hands of men in their lives or partners in their lives.

We do know that violence in intimate relationships happens across a broad spectrum of relationships. The issue for me, in terms of understanding why we need to make this declaration, why we need to identify who it is that's causing harm, is it helps us pinpoint and focus in a much more exact way on how to do the interventions and preventions that we're talking about and where we work with men to identify points of contact where that work can begin to take place.

Is that good enough?

**Mr. Terence Kernaghan:** Absolutely.

I also wanted to focus on your comments about holding men responsible for their behaviour and that the community also needs to hold them responsible. How can this government become an active partner in holding perpetrators of violence responsible?

**Mr. Tim Kelly:** I think that's a good question. Over the years that I've been doing this work, I've given that a great deal of thought—where government's position is, what they should be doing. There are a couple of areas, but I do think government can see themselves as partnering with local experts and in communities to really identify and develop locally based responses to this issue.

When we think about the gender-based violence that occurs in, say, Kenora, and the uniqueness and the complexity of what that looks like in a northern community versus downtown Toronto—over the years, what I've experienced is we develop programs, and then what we try to do is take them from an experience in one community—and I'll use Toronto as that community—and then try to just overlay those in other places. They don't work in exactly the same way. So where government's leadership around that can be is working closely with local communities, taking the ideas that we have and then finding out ways that they can do that.

As I was getting ready this morning, I was thinking about something that crosses my mind a lot: Governments invest in projects. They have calls for proposals, and projects come out. And if we think about government as a corporation and we think about what corporations do with research and development, they put that out there, they trust people to develop, and then what they look for is the projects that rise to the top. That's what they'll invest in. I've never quite understood why that isn't a model that we can adopt here, so looking at scattering out projects, looking at local innovations, seeing which ones look best and then working with those to try to make those grow and support them in ways that they need to grow.

I think government is important in that kind of leadership. I think they have a broad reach across the province and can influence things.

**Mr. Terence Kernaghan:** Thank you, Tim.

I'd like to pass my time to MPP Sattler.

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

**Ms. Peggy Sattler:** Thank you, Tim, for being with us today. It's great to see you again. I want to thank you for your leadership in London and across the province—across the country, in fact—especially around the PAR programs. It's great to hear about the innovative work you're doing now with child welfare.

I wanted to go back to PAR. You talked about some of the changes that could be made to improve PAR programs—allowing voluntary referrals; increasing the length of the program. Can you talk a little bit more about the importance of those kinds of improvements to the PAR Program?

**Mr. Tim Kelly:** Sure. I think it's important for us to understand where PAR programs began. This was over 20 years ago where we started this work with the criminal justice system, and we had a model at that point. The work itself and the practice of engaging men in intimate partner violence has progressed beyond those initial sorts of thoughts.

Some of the things that we've come to understand that work, and that we've tested out that work, are, during a treatment program, points of intervention where we're able to do better risk assessment, at different points, and we're able to do individual supports and engagement in those kinds of ways that then help to deepen the understanding and provide that support as it goes forward.

With the model that we're currently working with, of a 12-week prescribed program, while it's good in providing some information—and we do think that information is helpful—in order to have an understanding of longer impacts, of longer-lasting change, we do need to understand how to provide this work differently. We also need to understand that there are opportunities throughout our communities where earlier points of intervention are really important for us to pay attention to, where someone could be coming into a program like a PAR program before hitting the criminal justice system, and we're able to do some earlier prevention work in that.

In London, where my agency was, we were fortunate enough to have locally funded United Way funding to provide that support for men who were referring themselves within the community, and we did see a significant impact on having that early support in that. It's not available across the province. Support and self-referrals aren't available across the province. For me, I see that as a missed opportunity to redirect and to change the trajectory of men's lives, women's lives and if they have children.

**Ms. Peggy Sattler:** Thank you very much for that. In your years of experience with the PAR Program and your interactions with other PAR providers, do you feel that there has been sufficient investment from the government

in terms of funding these programs to be as effective as possible?

**Mr. Tim Kelly:** I think where we're at in terms of funding is really just a base point, where you have programs across the province that are treading water, keeping their head above water, trying to respond to the demands that are as a result of the criminal justice system. I do think that the funding envelope for PAR programs could absolutely be looked at and to look at, sort of, ways—

**The Chair (Mr. Lorne Coe):** Excuse me, Mr. Kelly. Thank you for that response.

It's time now to move on to the independent member of our committee. MPP Hazell, you have five minutes, please.

**MPP Andrea Hazell:** Good morning, Tim Kelly. Thank you for coming in and presenting to us on this. I always call this a very sensitive topic and I think you nailed a lot of points on why we have this.

I want to narrow down your presentation, because, in my vision, we've got a serious situation here when it comes to gender-based violence in Ontario. I want to ask you, do you think that intimate partner violence is an epidemic in Ontario, for the record?

1020

**Mr. Tim Kelly:** Yes, I do.

**MPP Andrea Hazell:** Do you have data to support that? I want to get as much information as you can share for the record on that being epidemic. That's why we're all here, right?

**Mr. Tim Kelly:** Yes. I'm sure others have come before me to give you the numbers and the statistics that are there. What I will tell you is the small community of—I live in Port Stanley, Ontario, which is in Elgin county, at the south end of the county. Over the last less than a month, maybe a bit more than a month, there have been three murders of women by men in our community alone, just in my little corner. One would be too many; three is an outrage and, from my perspective, it's indicative of a pattern of behaviour that women are experiencing that can result in homicide that we need to pay attention to, and it is growing and increasing. So that, for me, just in my own community, when I wake up in the morning and I look on my local news and I see another woman has been murdered is—we need to sit up and take notice.

So, yes, there are statistics out there; I'm sure you've heard them all. I'm not the first one to come in here and talk about that. But I do want to say, anecdotally, This is what I've seen. This is what I know. I don't have to go too far outside of my own community to see women being murdered by men and then men killing themselves.

**MPP Andrea Hazell:** Tim, thank you for sharing that.

I have another question for you. We see this a lot—and then you also spoke about some solutions that you are bringing forward to the table. Most of the time, when women are being abused, they will call out, they would report these incidents, and I would say 90% of the time, when the police show up, that partner has already lost their life. You talk about early intervention. Can you detail what that looks like?

**Mr. Tim Kelly:** Sure. We know what it looks like. We did some work early on interviewing men who were already in the PAR Program that we were offering, asking them, had they sought out help prior to being arrested by the police? The vast majority of them had reached out to talk to somebody. They had reached out, talked to their family physician, talked to a co-worker, talked to clergy, talked to family members well in advance of being arrested by the police. What they consistently said was what they were looking for they did not receive in those outreaches.

So, for example—without criticizing the medical system, because it's an amazing system—often, the response from the medical professional was prescription of antidepressants, as opposed to having a conversation about what's actually happening at home. For me, those are really early points where if someone is talking to their medical doctor, for example, and the medical doctor says, "What does this look like at home?" and they're talking about the sort of conflict that's there, then that doctor should be able to make a referral to a program that could support and address that, which is what the men all said they were seeking: "How do I deal with what I'm doing at home? How do I deal with the impact on my health?" So those are very early points of intervention.

In addition to that, public education and outreach would support that work going forward, as well, and programs like Neighbours, Friends and Families, which provide supports for those around men and women who are experiencing violence and perpetrating violence: How do you have those conversations? How do you support them? How do you reduce the isolation in which he's ending up living in because of his behaviour?

**The Chair (Mr. Lorne Coe):** Thank you very much, Mr. Kelly, for that response. Thank you, MPP Hazell, for your questions. We're now, Mr. Kelly, going to move to the government members for question. I acknowledge MPP Saunderson, please.

**Mr. Brian Saunderson:** Thank you very much, Mr. Kelly, for participating today and providing your experience and expertise. You've been in this sector for a long time, and it's interesting to me when you were talking about PAR starting over 20 years ago. That's a criminal justice interaction, but what I take from your comments today is we need to be focusing on investing money upstream on prevention.

We've heard a number of delegations from forensic psychologists and others in the field talking about risk assessment. One of the tools the OPP uses is the ODARA system, and then I understand that on the victim services end, they use another program—"danger" is the acronym for that.

I'm wondering if you can talk to us about the effectiveness of those tools to help identify—you've talked about trying to identify these things early at a more local and organic level than having a criminal interaction. So I'm wondering if you could talk a bit about the role that you see those types of tools playing and how we could work to integrate those more at a community and local level.



**Mr. Tim Kelly:** We've thought a lot about risk assessments over the years. One of the risk assessments that, as an agency, we started using was called the B-SAFER, which was a dynamic risk assessment that we could use in real time when we're interviewing and talking with men. So if we have time, we'll talk about that.

What I do think is important about us—to understand what risk looks like and what risk assessment is—is that across our community we all come to an understanding of what factors represent risk, what those risk factors mean, and what our interventions are going forward with that. So whether it's ODARA, whether it's the Danger Assessment, whether it's B-SAFER, whether it's SARA—whatever the risk assessment is, what I find in communities that I've worked in is when we come to a common understanding of “these 15 things represent significant risk and heightened risk to women or children or men in our communities,” then we can begin to form an action in response to that. It's when we don't agree on what represents risk that we run into trouble.

I'll give you a really clear example. For me, a heightened risk factor is when a man who is involved with using violence quits his job or loses his job. For me, that heightens the risk, because what that says to me is that he's got more time on his hands to look for where she is or to try to understand where she is, or just to sit and ruminate. So when I look at employment, for example, as an important reduction of risk—if they're working, then they've got eight hours a day in which they're focusing on that or could be focusing on that, and we have a better understanding.

So we start to put all of those different risk factors together, and we begin to understand a picture of the kind of supports that this person might need in order to reduce the likelihood of future harm. Then, we have a better understanding, as a community.

When I think about how communities work together and understand risk, when they have employment services and I have counselling services and mental health services and addiction services and men's services and women's services coming together and putting a plan in place and identifying, “This is a high-risk situation. This is a high-risk person. What can you do, what can you bring to help reduce that?”—that, for me, is what's important about this.

So ODARA—police use that to identify, using their formula. Danger Assessment does a really good job of identifying over time what risk looks like and harm looks like. What we need to do, as a community, is work more collaboratively to understand, how that then does influence and impact how we go forward working with the family.

**Mr. Brian Saunderson:** Thank you for that.

You talked about your work with Caring Dads, behaviour, and then more recently with the Family Violence Counselling Program. So kind of picking up on that thread, how did most of your clients find their way to your door, in both those roles?

**Mr. Tim Kelly:** I'd say one of the most common paths when I was at Changing Ways and we were running the

Caring Dads program, which is a program for men who abuse their children or expose their children—and here at the children's aid society, where I'm located now, many of those referrals come through, really, two streams. One of the streams, the most significant, is through child protection. So a child protection file opens, or if it closes, there is still a referral for the father, if there's a concern about his behaviour, to that program. We pick that up, and we do that work with them over that time. The other stream that we often get men through into those programs: A small number will come through corrections or through the criminal justice system. Many just reach out on their own, where they've found the information, they know they have an issue, and they'll do that outreach, and then we'll accept those and work with them to provide safety and support.

I think what we need to understand is there are multiple ways in which people access service. What we've done is funnelled them all into one way and then required this sort of threshold of a criminal act in order to get the service, when we know that we could get in front of that a lot sooner to prevent that. If we're looking at possible ways of economizing and saving money, it costs a whole lot less to actually do this early work upfront than it does to have a response in the criminal justice system—from police response to justices of the peace, crown's and lawyers. So we can do this work early, and in my mind, if we can even redirect a significant percentage out of that system by providing safety and support, then I think we've done a good job for this province.

1030

**Mr. Brian Saunderson:** To try to tug this thread a little more: How would you see, then, integrating these support services in the community and providing more education and access to those services in an upstream way?

**Mr. Tim Kelly:** Well, the services exist in communities. I think that what we have to do is rethink how we connect with those services, how we reinvest in looking at providing that support so that family service agencies or community and health services or PAR programs or whoever is doing that work are really given that mandate to begin to do that work earlier on, and so that then becomes the conversation in community.

If I go into this community right now, Oxford county, and I say, “Open the doors. Anyone can come in here, a man who is concerned,” I know they will come or a good percentage of them will. But when there are hurdles that they have to overcome, when women are faced with significant hurdles in their lives as a result of all of this, then they're too busy focusing on the crisis they're in, as opposed to getting in there sooner and saying, “We have these supports. We'd like you to come and do this.”

I know it's a rethinking about how we do this work and provide those services, but I do think existing services can be reimagined given the mandate to do that early work.

**The Chair (Mr. Lorne Coe):** Thank you, Mr. Kelly, for that response. Thank you, MPP Saunderson, for your questions. Mr. Kelly, that concludes the time allocated for

your presentation. We appreciate very much, sir, you joining us this morning.

DR. LEENA AUGIMERI

**The Chair (Mr. Lorne Coe):** We now need to call to the table in front of me Leena K. Augimeri, please. Thank you very much. Good morning. How are you? Good?

**Dr. Leena Augimeri:** Good morning. I'm great, thanks. Thanks for having me.

**The Chair (Mr. Lorne Coe):** Good. Well, thank you for joining us. You will have 10 minutes for your presentation, and I'll let you know when you have a minute left. Could you please state your name and affiliation for Hansard, which is the official recording service of the Legislative Assembly of Ontario? Then you can begin your presentation, please.

**Dr. Leena Augimeri:** My name is Dr. Leena Augimeri. I am an independent researcher at this point, but I'm also affiliated with the University of Toronto. As well, I'm the chair of the youth justice task force currently.

**The Chair (Mr. Lorne Coe):** Thank you for that. You can now please start your presentation.

**Dr. Leena Augimeri:** Good morning, everyone. It's an honour to be here. I'd like to extend a heartfelt thank you to MPP Jess Dixon for inviting me to participate as a witness for the standing committee today on gender-based violence and intimate partner violence. This is a deeply concerning issue that goes beyond isolated incidents. It's woven into the very fabric of our society.

The statistics are staggering, as you heard. One in three women globally will experience physical or sexual violence in their lifetime, often at the hands of someone they love, an intimate partner. Think about it: one in three. The same number applies to children in Ontario: one in three. This statistic reflects the realities that are faced by our mothers, daughters, sisters, friends and even ourselves. The implications extend beyond personal tragedy, and they resonate through families, communities and our society at large.

I'm here to talk about its profound impact on children—the children who witness and experience the fallout of intimate partner violence and gender-based violence. Their reality, as I said, is stark. When we talk about such violence, we must understand that it's not just a problem faced by adults; it creates a generational cycle of trauma that deeply affects children. These young lives can be forever altered by witnessing violence or living in its shadow. Therefore, we must also confront the narratives of the perpetrators. Many who engage in violent behaviours were exposed to violence in their formative years, often lacking the emotional support or tools to express themselves in healthy ways. We have a critical opportunity to intervene early and disrupt these cycles of violence before they become deeply entrenched, and this is where I emphasize my why: our children.

Please remember this powerful stat: seven years of warning, seven-year incubation period. Youth who end up in court at the age of 14 and a half for committing a serious

violent offence—if you go back into their record, you will see that these problems started as early as six and seven. Any kindergarten teacher can tell you who they may be concerned about.

I have worked in the field of children and youth mental health and crime prevention for almost 40 years. I have dedicated my life to understanding and addressing these challenges faced by our most vulnerable populations.

I want to highlight five reasons for why what I say matters.

First, I'm proud to be the co-founder of the longest sustained trauma-informed, gender-sensitive, evidence-based model program scaling in Canada, and also internationally, as a result of its robust outcomes. It is designed to meet the needs of children displaying disruptive behaviour problems and their families. It's called SNAP, Stop Now And Plan, which I believe you heard about on July 17.

I'm also the co-developer and original developer of the EARL risk assessment tool, which is also being translated into numerous languages and is used around the world. It is a risk assessment tool that is used to predict future offending so that you can do really good risk management.

I also have the honour of working with thousands of children, youth, their families, organizations, professionals and communities worldwide. However, the most rewarding aspect of my career has been connecting with incredible children and youth who, despite their adverse circumstance, still show a glimmer of hope in their sad or angry eyes—even those who have committed murder at the young age of 12 and those who have grown up in the juvenile justice system.

Currently, I'm the chair of the youth justice force, appointed by Minister Parsa, which will provide recommendations on how to improve the youth justice system.

Today, I serve on the scientific board of the Melissa Institute for Violence Prevention and Treatment, formed in memory of Melissa Aptman, a 22-year-old beautiful woman brutally murdered during a carjacking as she returned to university for her graduation. Her parents shared that, three days before her death, Melissa had written, in a final exam about violence against women that attempts “to break the human spirit and destroy the state of mind of those involved ... women almost always find some source of strength.”

In the months following her death, her parents desperately tried to determine the best way to honour her. They knew they had two choices: to curse the darkness or to light a candle. And they lit a candle.

Lastly, I want to tell you something personal. I came from a loving, supportive family. My dad emigrated from Ukraine, and my mom from Italy. As all families, we face various challenges. Our secret: family violence. This was a result of my dad's unresolved trauma from the war as a young boy in Ukraine. I learned you can have three boys from the same family, who've experienced adverse childhood experiences—one will be okay; one may get in trouble and get back on track; and one may either die, be incarcerated or have serious mental health issues. This issue is extremely important to me, as it mirrors the real-

ities of my brothers and is part of my enduring quest to understand why.

Three critical areas that change the trajectory of these high-risk, vulnerable children and significantly improve their life chances and community safety: (1) early intervention; (2) emotion regulation and self-control; and (3) effective risk identification leading to risk management.

Let's begin with early intervention. Early intervention is the key to altering the trajectory of violence in society. I will say it again: Early intervention is the key to altering the trajectory of violence in society. Research shows that children who grow up in homes where violence is prevalent face significant risks socially, emotionally and academically. We must intervene early to break that cycle. Early intervention is not just an option; it's an ethical obligation. Culturally responsive and relevant programs designed to identify children at risk can provide them with the support and resources they need before harmful patterns take root, reshaping their lives and repairing damage caused by violence, by offering therapeutic interventions and educational support at an early age. We can steer children away from the path of despair and towards a future filled with hope.

The second point I want to emphasize is emotion regulation and self-control. Many children exposed to violence often struggle with managing their emotions. This lack of self-control can lead them to adopt aggressive behaviours, perpetuating the cycle of violence they witness. When we talk about emotion regulation, we are focusing on the ability to understand and manage one's emotional responses. It is essential to teach children how their thoughts, feelings and actions are all interrelated—healthy ways to express their feelings, cope with distress and negative conflict constructively. Our educational and community programs, which are the heart and mind of our community, must include comprehensive emotional support to help children develop these skills. I stress here evidence-based strategies, programs and solutions. These children and their families need the best possible evidence for them to heal and keep families and communities safe.

**1040**

I'd like to highlight SNAP again. It has shown to significantly improve self-control and emotion regulation in children. It's about teaching children how to stop and think before they act and make better choices in the moment, empowering children to break the cycle of violence by focusing on problem-solving and developing healthy relationships and coping mechanisms. What if I told you, in just 13 weeks, SNAP can actually repair a child's brain, moving them from that fight/flight to more executive functioning from your—I call it the lizard brain—to your lizard brain. The evidence is compelling.

Risk identification: Let's talk about that, how it plays a pivotal role in managing future violence. Risk identification involves recognizing the signs and conditions that put children at greater risk of experiencing or perpetuating violence. By implementing structured assessments, professionals in our schools and communities can identify risk factors early on. These assessments should focus on

individual, family and barriers-to-treatment indicators that capture risk factors such as domestic violence, mental health and family instability. Once these risks are identified, we can implement risk management strategies tailored to each child's individual needs, helping them have better life chances by improving their life trajectories. For example, using tools like the Early Assessment Risk List, which I brought a copy of, allows educators and mental health professionals to gauge the likelihood of future anti-social behaviour, providing a basis to develop comprehensive intervention plans. This means that rather than waiting for a crisis to occur, we can proactively address the issues before they escalate.

So my call to action for you in these last seconds is: seven years of warning, seven-year incubation period. You have the opportunity to change these lives. Focusing on early intervention, prior—

**The Chair (Mr. Lorne Coe):** Excuse me. You have one minute to complete your presentation.

**Dr. Leena Augimeri:** Okay. Thank you. That's all I need.

Seven years of warning, seven-year incubation: In focusing on early intervention, prioritizing emotion regulation and self-control through programs like SNAP and enhancing risk identification leading to effective risk management, we can change the trajectories of vulnerable children affected by gender-based violence. We must create a system where every child receives the support they need to flourish and break free from violence and fear.

As we move forward, let's challenge ourselves to transform our approach to gender-based violence, and let's invest in our children to build a safer and compassionate tomorrow. The time of action is now. Good enough is no longer enough.

As Pam Leo says, "We don't want to raise children that have to recover from their childhood." Thank you.

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

We're now going to begin our questions with the official opposition, please. MPP Sattler, when you're ready.

**Ms. Peggy Sattler:** Thank you, Dr. Augimeri, for your presentation. That was very helpful.

I'm an MPP from London—London West. We've had a brutal summer for intimate partner violence, including most recently the loss of a 17-year-old student who was murdered by her former intimate partner, an 18-year-old student. So I totally understand the importance of investing early, because the thought that we could have disrupted that trajectory of that perpetrator's life is really—it's just profound.

You talked a lot about what kind of system we need to build in order to help those at-risk youth to make better choices. What I'm interested in is the implementation. What do we need to do as a province through our education system, through our community support services? What specific actions and investments do we need to make to create that system that you talked about?

**Dr. Leena Augimeri:** Thank you, MPP Sattler. So, just to say I'm sorry about what's happening in your community, because 45% is what we're hearing, of young people, I believe under the age of 15, who are experiencing this type of violence—50%. So if you have children, one in two is experiencing this.

So when we think about a system, we absolutely have to first work together. We have to break these silos down between systems. Whether it's education or health or mental health or justice, we have to work together. What I feel is really critical and important is, in the comprehensive mental health and crime prevention framework that I've been developing over 40 years, the first thing is, how do we get kids through the door? How do we open doors when kids are struggling? Is there a one-stop number? I know we have Kids Help Phone, but in the communities that you live in—you know, connect. Is there a program that they can call if they're struggling, to get to the door of the right services, whether you're a child, a family or a youth? That's the first step.

The next step is, when they come to the door, how do we assess them for level of risk and need? And that's what I talk about, the importance of risk identification. It's finding out good mechanisms about risk identification, and there are all kinds that I put in my submission when it comes to children under 12 as well as youth, because that was my focus.

And the next thing is, do we have—and I'm going to stress it again—evidence-based solutions, programs that we know work, that we can invest in right across the province?

So those three aspects: How do you get kids through the door? How do you assess them for level of risk and need? And then, do you have evidence-based programming that is also culturally responsive?

**Ms. Peggy Sattler:** Yes and thank you very much for that. One of those evidence-based programs, as you have highlighted, is SNAP. This committee had heard about SNAP earlier. Can you tell the committee how accessible SNAP is across the province? What are the opportunities that we have to roll out that program more widely, so that more young people can benefit from those evidence-based interventions?

**Dr. Leena Augimeri:** Sure. So I think SNAP is probably in about 32 sites in Ontario—32 organizations; 32 communities—so there's a lot of room for this, especially when we think about London. I don't think we have a program. I don't think we have SNAP in London yet. So I think that's an example. What I feel is really important and pertinent is, how does government work together to determine how we can roll the program out?

SNAP has three levels of programs. One is a universal prevention program, which is SNAP for Schools, where it could be just implemented in schools. The next thing is, we also have a SNAP clinical program, and it is gender-specific for a number of different reasons, so the SNAP Boys program and the SNAP Girls program; kids who are non-binary can decide what program they are best suited for. And then there's a SNAP Youth Justice model. The

most evidenced one is the SNAP clinical, which has been around since 1985, and SNAP for Schools, around 2012, I think—quite early too. So it's about how we bring those programs into the facilities or how we bring those programs into schools.

The Child Development Institute has an excellent scaling, research and development unit that is trained to go in and work with communities who would like to implement SNAP. It is really cost-effective. You could spend \$1.5 million for one serious, violent and chronic offender—a child from zero to 25—or you could spend around \$5,000 for SNAP.

**Ms. Peggy Sattler:** Okay. Thank you very much.

The other question that I wanted to ask you is about the role of school boards, educators, adults who work in classrooms. Are the kinds of early interventions that you have focused your research on—are we able to support educators to implement those kinds of interventions in a school setting?

**Dr. Leela Augimeri:** Yes, absolutely. I wrote a paper, a commentary, a number of years ago for Dr. Debra Pepler, who is the leading bullying expert, and we talked about—in my paper, I wrote that schools are the heart and mind of the community. These are where kids are. So therefore, we need to think about how to implode our schools with the proper resources. We're fortunate because, under Minister Lecce, he was starting to bring SNAP for Schools into schools in Ontario, but we still have a long way to go.

But, absolutely. For example, the Toronto Catholic District School Board: We trained over 400 of their staff to start on how you assess them. How do you assess kids for risk and need so that they're not reactive; they're proactive? If they're concerned about a child in their school, how can they look at it from a proactive lens and say, "Okay, how do we catch this kid early, before something does happen?"

I can't tell you how many times I've been asked to go into the United States or into whatever because of a school shooting or a major crisis that happened. We need to be proactive and get to the—there are great solutions. The EARL is not the only one, SNAP is not the only one, but how do we do this?

And one thing I would love to do is have a demonstration project. Have a demonstration project where you bring in and implode one particular high-risk area with all the various resources from kindergarten all the way to high school in that community, and determine what would work and what wouldn't work. I think that would be a huge saving to society overall.

**1050**

**Ms. Peggy Sattler:** And one of the things this committee has heard from the previous presentation, as well, is the importance of solutions that are local and that respond to local realities. Is SNAP able to have that kind of localized—

**Dr. Leena Augimeri:** Absolutely. What happens is our unit—or my unit that I used to work with—would train the committee. So we enter into a licensing agreement—

which is hardly anything; I think it was at \$1,500. At one time it was a dollar, and now, it's gone up a little bit more. We work with the organization. We train them—because they're the expert in their community, not us. All we are doing is providing those ongoing fidelity and integrity checks to make sure the program is being delivered the way it's intended, because if we know we can, the outcomes are really great, the outcomes and—

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

We're now going to move on to the independent member. MPP Hazell, you have five minutes, please, when you're ready.

**MPP Andrea Hazell:** Thank you for coming in and thank you for presenting to us. Oh, my goodness, have I learned a lot from your presentation. Some of the stories that you shared were so touching. Thank you for representing our next generation. We're losing our future leaders. They come into a world of violence that they're not even responsible for.

At zero to 14—you've shared two numbers that really broke my heart. I hope I get this right: You said seven years of warning and seven years of incubation period. I want to hold that statement there for a bit, because that meant a lot to me. You shared the story of the three brothers, and let me tell you—

**Dr. Leena Augimeri:** My brothers, yes.

**MPP Andrea Hazell:** Your brothers—that story resonated with me, as well, because I hear that in my riding and I hear it all the time.

I want to talk to you about our culture, because I think—yes, you're working on great solutions; yes, you have based facts, data as well, but I'm talking about our culture. We don't talk about these things. We've trained our kids to keep our heads down and get the work done in school. You come home and you're coming back home to that same violence in that home.

My question to you is—let's stay on the school system for a bit: Who is intercepting and working to identify these kids that are being affected, that are showing signs? Because we don't show signs until it gets very late and our sons end up in jail—with no hopes of coming out, by the way.

**Dr. Leena Augimeri:** I will never forget Emma, in the United States, when she stood up in front of thousands of people and she said, "We knew since he was in grade school he would be the one"—where he killed all of her classmates. "He would be the one." And nobody did anything.

So when you ask that question, it is all our responsibility in the education system. Teachers are the ones who spend the most time with these kids.

I'll never forget this one thing somebody asked me: When we go into a school—what I would love to do, if I could, in the next piece of my career, is be able to go into schools and say, "Put every child's picture on the wall." And I'd ask every teacher and every administrator who is in that school to tell me if they know every child in that school. I will tell you, there are a group of kids that nobody

knows. When you think about the Columbine murders, they were the internalizers. They were not the externalizers; they were the internalizers.

We have to really think about our schools. We have to think about how we train our teachers. Teachers have a job to educate, but they also—it's like police. Police officers are crime prevention, but they're also doing other jobs when they're going in, about mental health, as well as teachers. But there are student support staff. So the moment a teacher recognizes that something is off, they should be connecting with their student support team, and it's up to their student support team. That is the one that should be doing the risk assessment, not the teacher. They should be, but the teachers can—as MPP Sattler said, they could be delivering the program. We can train them. It's on an iPad; it's on a computer. It's so easy to use the SNAP for Schools program, for example. So that's important.

I want to leave this with you, around the seven years of warning: The best thing that I have ever—and I had this discussion with this young man yesterday. He's now in his forties. I have him on video telling me he'd either be dead or in prison by the time he was 18, because everybody in his life had experienced—this was a racialized young man. Guess what? He's now a director implementing SNAP state-wide in a different country. That is your best success.

That has been my mission. Having been the chair of the youth justice system, I am seeing so many fricking—I'm sorry—racialized children in the system. We need to bring those kids out of that system and give them hope.

**MPP Andrea Hazell:** That's why I'm asking this question, because I live around that and I see that. It affects us at a very high percentage.

I love all the prevention—

**The Chair (Mr. Lorne Coe):** Thank you, MPP Hazell. That concludes your time for questions.

**Dr. Leena Augimeri:** Thank you.

**The Chair (Mr. Lorne Coe):** And thank you for the response.

We'll now move to the government members and MPP Dixon, please, when you're ready.

**Ms. Jess Dixon:** Thank you so much, Leena, for coming. Your work in this has been incredibly helpful to me for a long time now, and your passion and dedication towards this subject is always very inspiring to me.

**Dr. Leena Augimeri:** Thank you.

**Ms. Jess Dixon:** I wonder if we can talk a little bit more about the idea of—you put it in your submissions—Tyler's Troubled Life. Can you take the committee through a little bit of why that is such an impactful report?

**Dr. Leena Augimeri:** Yes. If you can read anything, read that one. This is a prototypical but fictitious case from Tyler from birth to 25. It walks you through not only what are some of the risk factors that happen, what are the mediating factors, but also the costs associated with those. I think at the end of three years old, it's already at \$32,000. It goes through risk factors like that mom was a very young mom. She was a teenage mom. Her partner was a bit violent and also involved; they also experienced violence.

It goes through the story of how Tyler ended up going through, as a young boy, brand new baby—and I always say that. If I was to tell you to take this brand new baby and turn him into somebody we would see in a juvenile justice system or in prison, what would you do to them? We know all the risk factors. They're all in here. We know all the kinds of risk factors.

Therefore, what it shows is that, by the time Tyler is just before 12, for example, daycare doesn't want him. He's starting to have disruptive behaviour. He is picking the wrong friends. He's hanging out with the wrong friends. He ends up getting kicked out of all these different programs. And then at the end what you see is that he's considered a high-risk juvenile offender, which is around \$1.5 million. It goes from \$0 to \$1.5 million by the time he's 25.

What it does at the end: It shows, if somebody had intervened in Tyler's life with these three types of programs—seven years of warning, seven years' incubation period—not only where he would be but the cost savings. They identified SNAP as the very first one with the most averted cost, and then I think it is the YIP program, and then MST.

I'd be happy to send my PowerPoint, which breaks it down, lovely, in a really nice way—because I had permission to do that with Public Safety Canada. I'd be happy to do that.

**Ms. Jess Dixon:** Please do. That would be wonderful.

With SNAP being evidence-based, how important on a larger scale—so not just in SNAP—is it to track data, to be able to measure what is happening, and then, if we make decisions, if they had any impact? And what do you see in Ontario right now?

**Dr. Leena Augimeri:** Thank you for asking that question, because that's my big thing. I'm about measurement-based care, and you're only as good as your data, right? That's why I try to capture it—is it evidence-based, why we need to invest.

Data is critical. Over the last 40 years going into organizations, training them, working with them to deliver, for example, SNAP—a lot of them never track data. They would track utilization rates, like “how many kids in my program,” but not data. So tracking outcome data helps us determine if the program is working for that particular family and child, if yes—and, if not, why. Is it that they need more services, because we need to think about dosage? Data is critical.

Also, we found out, when we were trying to do payment for results or a social impact bond at one point, we found that one standard deviation change in a measure like the Child Behaviour Checklist, which measures externalizing and internalizing problems—you can determine that could be a payment.

1100

So data is really important on two levels: (1) How is the child and family doing, and what do we need to shift and do something different, in case? And (2) to ensure that what we are doing actually works and is financially responsible.

**Ms. Jess Dixon:** When I first got really interested in this topic of violence prevention, as a crown and then later on as a politician, what I kept encountering with some groups and organizations that work in wide-ranging social services is, when I would raise this idea of showing efficacy, of showing that you've got a result, I would often get pushback that it was impossible because we were measuring non-events, things that didn't happen. As my research went on, I started to think that that might not be the case.

When we're talking about wanting to have the maximum amount of impact for the maximum number of Ontarians but doing so responsibly with public funds, is it fair to say that there are many organizations that simply will never be able, that can't show their results—or can we?

**Dr. Leena Augimeri:** From my experience, I will say yes.

When we were scaling SNAP across Canada during 2017 to 2021, the target was 100, using a venture philanthropy model, where we raised \$12 million ourselves, through government funds—but a venture from donors—to help organizations implement and adopt SNAP. A lot of the organizations didn't have a monitoring system, didn't do outcome monitoring because they didn't have the capacity or the ability to do that. So we built a system called SNAPiT, which is a SNAP implementation tool that—all the standardized measures were in there, so it made it easier for an organization. Having those systems like that to help organizations is critical, because you have no idea if what you're doing is working.

The other issue is, you might be implementing an evidence-based program, but if nobody is monitoring it, you don't know if it's being delivered with high integrity and fidelity. Therefore, if someone turns around and says, “Well, it didn't work,” how do you know what the fidelity was of that program? So that is really critical.

Like I said, you're only as good as your data, and data is critical.

**Ms. Jess Dixon:** Absolutely.

Chair, what's my time?

**The Chair (Mr. Lorne Coe):** You have 42 seconds.

**Ms. Jess Dixon:** We've been talking about SNAP for intimate partner violence and sexual violence. Would SNAP have impact on other types of offences, like car thefts, home invasions, retail robberies?

**Dr. Leena Augimeri:** It's all about emotional regulation, learning to stop and think before they act. If we teach these kids how to make better choices in the moment, any outcome is possible, whether it's—not to debase violence, but it's also theft, shoplifting or car theft, absolutely.

**Ms. Jess Dixon:** So with SNAP potentially implemented province-wide, we wouldn't just be looking at reductions in IPV and sexual violence; we could probably expect to see reductions in other types of—

**Dr. Leena Augimeri:** Absolutely. SNAP was started because Canada's response to raising the age of criminal responsibility from seven to 12—it was the only program of its kind designed to help kids in conflict with the law.

**The Chair (Mr. Lorne Coe):** Thank you for your presentation. That concludes the time allocated for your presentation. We do have copies of what you read today.

ASSOCIATION OF MUNICIPALITIES  
OF ONTARIO

**The Chair (Mr. Lorne Coe):** I will now call on the Association of Municipalities of Ontario to come to the table, please.

Good morning. You will have 10 minutes for your presentation. Please state your name for Hansard, the official recording service for the Legislative Assembly of Ontario, and then you can begin your presentation. I'll let you know when you have one minute left.

**Ms. Lindsay Jones:** Good morning, members of the committee. My name is Lindsay Jones. I am the director of policy and government relations at the Association of Municipalities of Ontario. Thank you so much to all of the members here today for giving me the opportunity to speak with you as you consider Bill 173.

When one thinks about the priorities of municipal governments, intimate partner violence and gender-based violence aren't something that would typically spring to mind. You might be surprised to learn that in the spring of 2023, along with 93 of our member municipalities from across the province, AMO recognized that gender-based violence and intimate partner violence is an epidemic in Ontario that requires urgent and coordinated government action.

This is unusual for the municipal sector. We're characterized by significant diversity across geography, across demographics, economics and local character. As an association, we do on occasion organize resolution campaigns to bring attention to issues that are affecting the sector as a whole. This was not one of those instances. These resolutions came as a strong and immediate reaction at the grassroots level to the province's response to the Culleton, Kuzyk and Warmerdam inquest.

As the front-line order of government closest to the people, municipal governments are deeply invested in the safety and well-being of their residents. Municipalities are also confronted by the reality of gender-based violence in communities across the province.

As municipalities, we understand that there's no magic associated with declaring something an epidemic. Funding doesn't appear out of thin air, and neither does obligation to act or to coordinate. But failing to take this critical step to recognize the pervasive and worsening nature of what's happening to women highlighted for municipalities a real disconnect between the provincial government and the impacts of intimate partner violence in communities and families across Ontario.

Christa Lowry, the mayor of Mississippi Mills, who is a real outspoken advocate on this—Mississippi Mills is a small rural community in eastern Ontario near Renfrew county where the incidents and the inquest took place—described this failure as a slap in the face. In a delegation that AMO organized at our annual conference last summer

with the Solicitor General, the Minister of Community and Social Services and the Associate Minister of Women's Social and Economic Opportunity, Mayor Lowry described the impact on her community when one of her fellow municipal council members was murdered while trying to protect his daughter from her partner.

At the same delegation, Councillor Rowena Santos, another really strong advocate on this issue from Peel region, passionately described a growing number of victims of gender-based violence in Brampton and the importance of culturally appropriate resources to address the specific needs of the South Asian community there.

Councillor Colleen James spoke to the impact of gender-based violence in the Black community in the region of Waterloo and the desperate need for programming and transitional housing dollars there.

AMO views the passage of Bill 173 and the declaration of intimate partner violence as an epidemic as an important and necessary step to moving forward on this issue. We really commend the government, in addition to the opposition, for recognizing the importance of this step, for addressing its initial misstep, and in tasking this subcommittee with a further examination of the issue. It's an important step, of course, but now we need to get on with the important business of actually making it concrete and real.

What does this look like? We know there's been a significant increase in the number and severity of reported cases of intimate partner violence since the beginning of the COVID-19 pandemic, with roots that are complex and varied, with cultural, legal, economic and political factors all playing a role.

On the municipal side of things, since making our declaration and since having the municipalities all make theirs, we've seen a lot of municipalities grow, expand and initiate new responses to intimate partner violence and gender-based violence in their communities. Municipalities play a multi-faceted role in responding to this issue. A key lever that we have is the community safety and well-being plans, where municipalities play a critical role in convening community organizations, members of the public, police and health sector partners to identify gaps and make local service improvements. Community safety and well-being plans remain unfunded by the provincial government, and municipal governments are frequently and increasingly filling funding gaps from property tax revenues to support these plans and to supplement funding for community-based organizations.

Municipalities are also delivering training and awareness programs to their staff, residents and councils to better equip them to identify and respond to intimate partner violence through municipal services and within the broader community. We see this as a real critical role and an area where municipalities can make a real difference.

**1110**

In addition, municipalities are responsible for resource planning and service delivery for community housing and homelessness prevention programs, emergency shelters and public health. These programs and services are fre-

quently used by people experiencing intimate partner violence, and it's especially important that they're adequately funded to ensure that there's capacity to respond to community needs. In many cases—and this is, of course, a systemic issue that AMO has been highlighting across a number of issues—municipalities fund over and beyond their obligations to sustain these services.

As an organization, as AMO, we have acted on our declaration of the epidemic by approving AMO's own action plan on advocacy and member education on gender-based violence. Over the coming year, AMO will be undertaking a number of priority actions to support our members and to inform our advocacy on the issue.

A really critical partnership that we have is with the Ontario Native Women's Association and the Ontario Federation of Indigenous Friendship Centres to address violence against Indigenous women and girls. At our last conference, AMO signed a MOU with ONWA—I know that you've heard from the CEO at this committee. As part of conversations on this issue, ONWA has highlighted to us both the support that they give AMO and municipalities for acting on the issue, but also just how hurtful many Indigenous women and girls find it when there is such an outpouring of support and reaction in the context of intimate partner violence in the non-Indigenous community and how that really underscores the need for municipalities in particular to become more aware of and connected to the organizations of Indigenous women and girls in their communities to put resources behind this.

The response to date on implementing the calls for justice has not been met with the same urgency as the inquest recommendations by any order of government, but we have now committed as AMO to rectify this discrepancy.

Since declaring intimate partner violence as an epidemic, AMO has then sought many meetings with the Ministries of the Solicitor General; Attorney General; and Children, Community and Social Services to better understand their responses and their plans for addressing intimate partner and gender-based violence and, again, to really position municipalities as a willing partner here. We're willing to do our part, but we do see a real benefit to coordinated political will and action across a number of different fronts. And to the government's credit, we definitely commend all of those ministries for seeking and looking for opportunities and ways to work with us and for asking for and responding to our feedback on the launch of STANDS, the Ontario approach to gender-based violence.

But to fully address the epidemic, significant and sustained action is going to be required across government, both across many areas of the provincial government and in collaboration with municipal governments and the federal government in a way that is both culturally appropriate and targeted to the diverse communities within Ontario.

Another theme that we see as connected to and very much being tied into the gender-based violence epidemic is the impact of decades of policy decisions by successive

provincial governments in and around areas like income security, affordable housing, as well as approaches to mental health and addictions. This systemic underinvestment over the past 30 years has impacts across all elements of society. We see this in the opioid epidemic, the homelessness crisis, as well as multiple impacts from an economic and social and fiscal level in communities across Ontario.

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

We will now move to questions, to the official opposition. I have MPP Kernaghan. Please, sir, when you're ready.

**Mr. Terence Kernaghan:** I want to thank you very much for an excellent presentation, Lindsay.

In beginning my comments, just last week, my community of London was mourning the loss of 17-year-old Breanna Broadfoot, who was murdered by her former partner. Breanna wanted to be a child psychologist, and she wanted to help others. Breanna was trying to break up with the man who murdered her. He had previously assaulted her by choking and suffocating her and was released with conditions not to communicate with her or go within 50 metres.

Advocates have said that the criminal justice system failed to protect Breanna.

You mentioned in your presentation about coordination, and I believe in AMO's letter to the Solicitor General, you talked about a robust implementation approach.

Would you like to see systems and organizations work together collaboratively to address the issues so that people like Breanna will have the protection that she deserved?

**Ms. Lindsay Jones:** Absolutely. We see that the only solution and the only way to make progress on these issues is to bring all of the different parts of the system that have parts to play together and to coordinate and collaborate. We see this happening in a variety of different communities. For example, Peel region and the Peel Regional Police, in particular, have a model that is incredibly robust. I think also that builds on a lot of the successes that have resulted from some of the action on anti-human trafficking, in a similar way. So we think that that coordination and building of bridges across different parts of the sector, from public safety and police to social services, on the housing side of things, on the food bank side of things, on the children's services side of things and, of course, the health sector as well—anywhere that folks enter systems looking for help, if there is a way that we can coordinate there.

We see municipalities as having, really, a critical role in convening those partners at a local level, being able to build those relationships, assess and take stock of gaps and come up with local solutions to address them, and the community safety and well-being plans, we think, really lay out a wonderful architecture to be able to do that. As with so many instances, funding is the challenge. But if we can figure out a way, collectively, to leverage both municipal funding, funding from the health sector, from the



emergency services sector as well as the provincial government, we really see a lot of opportunity to make that process a lot more robust and impactful.

**Mr. Terence Kernaghan:** I want to thank AMO for your leadership in declaring IPV an epidemic in the spring of 2023, as well as the 95 municipalities that have been leaders in this field.

Also, you mentioned in the letter to the Solicitor General sufficient resources, clear accountability mechanisms, the robust implementation, as we've discussed. In terms of the sufficient resources, many voices in the sector have discussed the problem with project-based funding as opposed to reliable, year-over-year, stable base funding.

Do you think organizations can solve the IPV epidemic with project-based funding alone?

**Ms. Lindsay Jones:** I think that, definitely, the issue of stable, predictable, adequate funding is a critical issue in responding to intimate partner violence—and not just intimate partner violence, but the range of social challenges that kind of come together and really feed a whole host of challenges. This is a systemic issue. There has been underinvestment and a lack of a system established effectively across a range of those really critical social supports like housing, like income, like health, in particular, for individuals who are low-income and who are vulnerable and who have increasingly complex needs. So there is absolutely a need to fundamentally revisit the way that those really critical services are funded.

**Mr. Terence Kernaghan:** In terms of your comments about emergency shelters and housing, also recently, in the London community, Cheryl Sheldon, a 62-year-old, unfortunately was murdered due to intimate partner violence after having been turned away from a shelter that was full. Even though she was given a warm hand-off to another shelter, she never made it there alive.

I think your comments about gender-based violence, income security as well as affordable housing are quite important for this committee to hear.

I wonder, with the increased burden on municipalities for the provision of housing because of downloading from this province—could you discuss that provincial downloading, how it has impacted municipalities and their ability to deliver shelter beds as well as affordable housing?  
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**Ms. Lindsay Jones:** Absolutely. I would say that the number one issue for municipalities across the province is the inadequacy and the “out-of-date-ness” of the provincial-municipal fiscal framework. That's driven both on the growth side of things by a huge growth in housing, requiring big investments in infrastructure, but then equally, on the operating side of things, these increasingly complex social and health challenges are really being looked to municipalities to solve in a way that we don't have the revenue tools to do. Nowhere else in the country are responsibilities for social housing, for public health, for land ambulance, for long-term care the responsibility of municipalities alone.

AMO has done the math and, in 2022, municipalities spent \$4 billion more than the province provided for

responsibilities that are provincial. This fundamentally impacts our ability to meet needs, as well as to meet needs on the infrastructure side of things in areas where we absolutely need to be investing to be able to keep up with the growing population.

It's, again, a systemic issue that requires a systemic conversation. But it is the root, I think, of so many of the challenges that we see playing out in communities across the province that have really fundamental economic consequences, as well as results for our quality of life.

**Mr. Terence Kernaghan:** Thank you. Would you like to see the province resume its historic responsibility in the creation and provision of that truly affordable housing? It's something the official opposition has put forward with the Homes Ontario plan, for the government to partner with municipalities, to partner with co-ops to deliver that truly affordable housing that Ontarians need. Would you like to see that implemented?

**Ms. Lindsay Jones:** At this point, I think what AMO has said is we absolutely need to fundamentally revisit the way that social and community housing is funded in Ontario—

**The Chair (Mr. Lorne Coe):** Excuse me. We're now going to move to our independent member of the committee. MPP Hazell, you have five minutes, please.

**MPP Andrea Hazell:** Lindsay, thank you for coming in and presenting a well-thought-out and detailed presentation. I made sure that I listened, and I can relate to some of the points that you were making. You talked about economic and social levels. We all know that that needs to be improved.

Let's talk about funding, because a lot of the programs that you've spoken about, the projects that you've spoken about—the socio-economic factors—you need funding for that. Without funding, I don't see how everything else that you spoke about that is very important is going to work.

What are you lacking in funding right now to get your programs off the ground and to help minimize or decrease the situation that we're in right now?

**Ms. Lindsay Jones:** Absolutely, the number one issue is housing: social housing, community housing and homelessness prevention. This is not anything new to this committee or the government. The province is in a housing crisis. There's been a lot of really great progress made in terms of thinking about market housing and how we might increase the supply there—and be more affordable. Where we really need to focus is the non-market housing side of things. That's where there is potential for the provincial government to really enhance its role.

**MPP Andrea Hazell:** Have you reached out to the provincial government? Have you sent in your letters? Have you had your meetings? Where are you with that communication piece? Because that for me is very crucial.

Also, have you detailed your road map of success with them, and what does that road map look like?

**Ms. Lindsay Jones:** These are important questions. Our consistent communication over the past 18 months has been, “We really need to do this together”—the municipal governments and the provincial government sitting

down together. These are big systemic questions, and it's really going to take commitment on both sides.

We have not gone out and made our own plan and detailed this because we think that, to do this right, we have to do it in partnership, so that is the ask on the table from municipalities. It's been an ask with the Premier and with the ministers for the past 18 months. We are very, very hopeful that at our upcoming AMO conference in August, we will receive a commitment from the provincial government to sit down with municipalities and to put funding on a sustainable path. All leaders of the opposition have committed to doing this, but we cannot wait until an election to really have this move forward. We need to start the conversation now. The funding mechanisms are out of date. We haven't had this conversation for 15 years, and we can see the impacts in communities.

**MPP Andrea Hazell:** Thank you for nailing that because that's a very strong presentation that you've given for the record.

What I want to add to that, and I want to add this to the record because this is happening in my constituency of Scarborough–Guildwood: Women are living in their cars because they do not want to go back to their partner because they're just afraid of the outcome. And the shelters for these vulnerable people—there is no space.

So I just want to thank you for what you're doing. Thank you for coming on board. Keep pressing; do not give up. I will be at AMO and I wish you all the best.

**Ms. Lindsay Jones:** Thank you so much.

**MPP Andrea Hazell:** Thank you.

**The Chair (Mr. Lorne Coe):** You have 57 seconds if you had another question.

**MPP Andrea Hazell:** I'm good.

**The Chair (Mr. Lorne Coe):** All right, thank you very much. To the government, please, and MPP McGregor. Thank you, sir.

**Mr. Graham McGregor:** Thank you, Chair, and through you: Ms. Jones, thank you; good morning. Thank you so much for coming.

We appreciate our partnership with AMO and I look forward to the AMO conference again this year with a full suite of Doug Ford government ministers who are going to be there, the way that they are every year at the AMO conference, to engage with our municipal partners, as well as the regular board meetings that we have with our Minister of Municipal Affairs and Housing and all kinds of ministers. I do invite you—if there is trouble getting specific ministers to the table then certainly let our Minister of Municipal Affairs and Housing know, because I know from experience that he and that ministry put a lot of effort corralling government to make sure that your members are getting the customer service that they deserve out of our government. We take that very seriously.

I wanted to talk a little bit about one of the challenges that I think you've identified, and something that we're grappling with: the variation of size and scope of partners across Ontario and specifically, I guess, in this case, municipalities. We have 444 municipalities. This is what Google said: The smallest municipality in Ontario is

Cockburn, with 16 people. I'm from Brampton where, just in speaking to you right now, we've probably had 16 people move to my community just while we're talking.

One-size-fits-all doesn't work. I Brampton, we're lucky to have the Peel Safe Centre, which is an amazing model where you have all these services under one roof in one building to help mitigate the impact of somebody going for help with addictions and then running into somebody who's not trained in intimate partner violence and being unable to access that service right away.

We've heard that doesn't work in rural municipalities, some of the challenges, because of the close-knit area of the community. If you have one building that's a social service hub, everybody is going to kind of know, and we know how dangerous it can be for victims of intimate partner violence to get out of those situations. It's dangerous for themselves, their kids, their pets etc.—some real, terrifying challenges that victims face.

With all the work that AMO and the partner municipalities have done around this in declaring it an epidemic, have there been success stories from rural communities that have been shared with AMO that you think provincial support, either through resources or the collaborating force of the provincial government—that we could roll out successfully in rural communities all across Ontario?

**Ms. Lindsay Jones:** Thanks so much. I also wanted to acknowledge, first off to your original point, it is absolutely the case that the government, and Minister Calandra in particular, has really put a priority on building back relationships with AMO and municipalities over the past year, and it's something that all of our members see and appreciate really significantly.

It's also the case that our members are incredibly diverse, and the needs and the circumstances across all of the communities are very different. Something that we hear that is a really critical issue in rural communities related to intimate partner violence is transportation. When there is no transit and you're not able to get to services to access them or—

**Mr. Graham McGregor:** So just to focus—this is day five of our study, and we want to get the proper solutions here. Are there success stories for transportation being a barrier? Is there a municipality that's doing that particularly well that AMO would like to highlight for the government as a model that we can use to roll out with other rural communities in Ontario?

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**Ms. Lindsay Jones:** I would say that, no, we wouldn't go with, "This is what we should do everywhere." You've got a wonderful framework with the community safety and well-being plans in a way that actually brings together the right players and tasks them with figuring out what makes sense within their local circumstances. It's really now just a matter of how do we make that process, how do we give it teeth, and then how do we leverage everybody's resources to make that a more meaningful kind of follow-through?

**Mr. Graham McGregor:** How successful have the community safety and well-being plans that you just

mentioned—what’s AMO’s assessment or your members’ assessment on how successful those plans have been at addressing intimate partner violence at a local level?

**Ms. Lindsay Jones:** It’s a mixed bag. One of the recommendations in the inquest, in fact, was to mandate that all of the community safety and well-being plans should identify intimate partner violence as a priority. The province understandably said that they couldn’t commit to that, because that’s a municipal responsibility. Well, if that is something that, in fact, we kind of collectively or jointly choose to commit to, that could be a wonderful driver and focus of political action. So it is mixed in terms of a community’s experience with those plans.

In particular, in smaller rural communities where funding is definitely a challenge, folks have struggled with how to make those meaningful. In larger communities, such as Brampton in particular, I think there has been a commitment at the municipal level to really step in and fund those gaps. It depends on the ability of each municipality to be able to kind of put its own money on the table, which is a systemic challenge, because we’re not going to be able to address things systemically unless everybody’s able to have a sustainable way forward.

**Mr. Graham McGregor:** You’ve mentioned in your deputation a little bit about starting off with saying intimate partner violence maybe isn’t something you would typically associate with municipal funding, but then you spoke a little bit about member municipalities of AMO going over and beyond their obligations. Does AMO have a point of view or a perspective on what is the proper level of municipal obligation in this space? How should those responsibilities be divided?

**Ms. Lindsay Jones:** This is very much a function of local democracy. It is very much the job of municipal councils to take stock of what their community needs and to set priorities accordingly. But I do think that a sector level, we do not see the property tax base as the appropriate funding mechanism for social programs. Anything related to wealth distribution should not be on the property tax base. That is not a progressive tax base. Municipalities do not have and should not be levying those responsibilities on people without a consideration for how much they can actually pay. You can’t have seniors on fixed incomes or struggling small businesses who happen to have to pay property taxes to be funding housing programs or income support or health programs.

**The Chair (Mr. Lorne Coe):** Thank you for your response. That concludes the time allocated for your presentation today. We have a copy of your presentation that members have.

BARBRA SCHLIFER  
COMMEMORATIVE CLINIC

**The Chair (Mr. Lorne Coe):** Members, I will now call on the Barbra Schlifer Commemorative Clinic to come forward, please. I believe they’re on Zoom. Can you bring them in, please, sir?

Good morning.

**Ms. Deepa Mattoo:** Good morning.

**The Chair (Mr. Lorne Coe):** You will have 10 minutes for your presentation. Could you please state your name for Hansard, which is the official recording service for the Legislative Assembly of Ontario. Once you’ve done that, you can begin your presentation. I’ll let you know when you have one minute left for your presentation. Please state your name. Thank you.

**Ms. Deepa Mattoo:** My name is Deepa Mattoo.

**The Chair (Mr. Lorne Coe):** And your affiliation, please.

**Ms. Deepa Mattoo:** I’m executive director of Barbra Schlifer Commemorative Clinic, and a member of—

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

**Ms. Deepa Mattoo:** Good morning, honourable members. Thank you for this opportunity. As I said, I’m Deepa Mattoo, executive director of Barbra Schlifer Commemorative Clinic and a member of the Domestic Violence Death Review Committee of Ontario.

Since 1985, Schlifer clinic has been providing trauma-informed legal services, counselling and interpretation for women and gender-diverse survivors. Our approach is rooted in intersectionality, innovation, client-centred services, empowerment and amplifying voices of survivors, driving system change. The clinic is based in downtown Toronto, working locally and provincially, with some initiatives across Canada and internationally. The clinic offers comprehensive support services, capacity building, research and law-reform initiatives.

We all know gender-based violence is recognized as an epidemic at the global level, with 94 municipalities declaring it as such, and convening of this committee is in itself evidence of this fact. This implicates all of us. Among us, marginalized and racialized women and gender-diverse people, immigrant, non-status, disabled, people living in poverty, survivors from Indigenous communities and rural women face disproportionately higher rates of violence and challenges. These challenges include discrimination, bias and stereotypes.

The economic impact of gender-based violence is profound, costing billions annually and affecting both victims and the justice system. Addressing these issues requires comprehensive legislative action and systemic change. Declaring IPV as an epidemic is the first step—put the right message into the communities.

I would like to quote Arundhati Roy. She said, “To never simplify what is complicated or complicate what is simple.” This quote is beautifully capturing the essence of addressing the complex issue of gender-based violence. In our written submissions, we have strived to address this complex issue with the necessary depth, avoiding oversimplification and undue complication. We also acknowledge and honour the valuable recommendations that have been put forward by other sister agencies and distinguished individuals. We aim to contribute meaningfully to this committee’s efforts to create effective and inclusive strategies.

I will highlight some of the problem statements and suggested solutions made as recommendations in our written brief today. I'll start with lack of monitoring and data.

Lack of monitoring and fragmented data collection hinder effective interventions and policies, sometimes actually leading to misdirected efforts. We recommend investing in a robust data and monitoring system and establishing standardized protocols across agencies such as police forces, child protection, health, justice and not-for-profit agencies. This requires the creation of a well-resourced framework that supports longitudinal studies to track impact and collective. Let me be clear: I'm not asking for data collection for understanding the scale of violence. Our recommendation is to enable the system to be more accountable and transparent, making informed decisions and providing targeted supports.

The next problem statement that I want to highlight is unstable and inadequate sector funding. The sector specializing in providing supports to survivors faces financial instability due to inconsistent funding, leading to continuous precarity, high staff turnover and reduced service capacity. To address this, secure, stable, multi-year funding for services is required. This also includes treating services as essential and fundamental for the survivors. Investing in sustainable funding which is long-term and adapting models that support worker retention and development are essential.

There is a connected issue: under-resourcing of organizations with increased service pressures. I will focus and elaborate this point with the clinic's own experience. The clinic has seen a significant rise in clients, from 8,761 clients served in 2019-20 to 16,524 clients in 2023-24. Imagine nearly doubling the number of people you serve in just four years without equivalent additional resources to support this. This is a harsh reality for us and many other organizations addressing gender-based violence. These constraints have not only intensified, but they have also increased post-COVID-19 pandemic. To address these challenges, we have made a series of suggestions based on our analysis of service pressures and the #SHEcovery project. These recommendations are backed by the evidence of the increased demand on our services, and we are prepared to provide further details if requested.

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Some tangible, targeted investments could include \$200,000 annually each for specialized legal supports, Criminalization of Women programming and court support work in family courts; and additionally, \$150,000 for enhancement of the counselling services. These funds will allow for the services to be provided at the level they are needed, but at the same time, this would mean that we could potentially bring improvements in the services where needed as well.

I would like to move on to the next point, which is related to the need for increasing investment in language interpretation. Survivors need culturally and linguistically appropriate support, yet interpretation services have not received additional investment in over a decade, reflecting

chronic underfunding. We recommend a structured increase in interpretation remuneration, updated funding for training programs for interpreters, expanding service availability and integrating the latest technologies.

Coming to the problem statement of access to justice challenges, survivors face legal obstacles, including barriers to accessing justice. Limited resources, systemic issues, delays in the courts and inadequate legal representation in family, immigration and criminal law are some of these challenges. We have made several recommendations in this category; however, they are just a few among the many more needed to address the broader access to justice problems.

Meaningful legal representation is what is needed in all areas of law, and here are some additional examples.

In family law, we have observed over the years that there is a need for reviewing the mandatory charging policy that leads to dual charging or charging of the survivors in cases involving coercive control and psychological abuse. It is needed because it not only criminalizes survivors, but it also has a profound impact on their family law cases and parenting arrangements. We have also recommended considering statutory amendments to allow survivors to access compensation from their abusive partners, and we have also recommended statutory changes for survivors who are divorced abroad to be able to access spousal support in Ontario.

In immigration law, there are series of recommendations made, but the one I want to highlight here is adjusting Legal Aid Ontario criteria for enhancing outreach and training of lawyers for migrant and non-status IPV survivors to get actual representation and meaningful representation.

In sexual assault, we have recommended expanding funding for the independent legal advice services in Ontario and initiatives such as It's My Choice at the clinic to be invested in.

There is lack of compensation for survivors in Ontario. Reintroducing a public compensation scheme for survivors of violence, as recommended by the MMIWG inquiry and CKW inquest, is one of our other recommendations.

Coming to the last point on access to justice, we find many survivors facing double victimization, where they are charged, leading to far-reaching consequences across criminal law, immigration law, child protection law and many other areas of their lives. The clinic has been contributing in this area for decades through our Criminalization of Women project, and we recommend enhanced trauma-informed training for police officers, crown prosecutors and enforcement agencies with a focus on the understanding of coercive control to reduce the misapplication of law that harms survivors, particularly from marginalized communities.

Inconsistency in risk assessment: The current lack of consistency in risk assessment hinders the ability to address immediate and long-term safety concerns of survivors. We recommend implementation of a consistent risk assessment—

**The Chair (Mr. Lorne Coe):** One minute left for your presentation. Thank you.

**Ms. Deepa Mattoo:** —protocol.

**The Chair (Mr. Lorne Coe):** Carry on. You have one minute left, please.

**Ms. Deepa Mattoo:** We recommend application of a consistent risk assessment protocol. The clinic's RISA tool and DVDRC's several recommendations can come very handy and helpful in this process.

Lastly, our recommendation is that there is a need for an ongoing consultation framework. We do appreciate that there is an effort right now for effective legislative policy measures and there are consultations happening. But for ongoing efforts, there is a need to establish an ongoing consultation framework involving all relevant parties. That includes people like us, who serve survivors, but also survivors themselves.

In conclusion, I would like to say recognizing gendered violence as an epidemic highlights the urgent need for sustained action. This requires unified effort from all stakeholders to turn ideals of safety and equality into a tangible reality. Moving forward, maintaining momentum is essential. We express our sincere appreciation to the Standing Committee on Justice Policy for your dedicated work this summer. We hope this submission contributes to the—

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

We're now going to move to our questions, starting with the official opposition. MPP Sattler, please, when you're ready.

**Ms. Peggy Sattler:** Thank you, Ms. Mattoo, for joining the committee today and for your presentation, as well as the detailed submission that you provided to the committee. I really appreciated some of the recommendations that you made dealing with sexual assault because, of course, this committee is not only looking at the declaration of intimate partner violence as an epidemic, but also looking at how we can better support sexual assault survivors and some of the recommendations that were made by my colleague, MPP Catherine Fife, in her bill, Bill 189, Lydia's Law. That private member's bill referenced the independent legal advice program that you talked about in your recommendations. It also referenced the Victim Quick Response Program versus the Criminal Injuries Compensation Board as a way to provide financial support and compensation for survivors.

So I wondered if you could tell us a little bit more about the importance of the independent legal advice program and whether it currently has the resources that it needs in order to become more accessible to survivors of sexual violence in Ontario, and also if you could talk a little bit about the lack of compensation for survivors and what the government could do to make that happen.

**Ms. Deepa Mattoo:** Thank you so much for the comments and the questions. In terms of the independent legal advice for survivors, I want to say that Ontario was the first province in this country where independent legal advice became a funded program from the provincial

government's resources, so I want to actually applaud where applause is due for this government to have made sure that that service was available for survivors and has been available for all these years.

The problem with that service has been that it has not been evaluated and there have not been any additional resources allocated to it; although in the last budget there was an announcement, and I think some decisions are being made as we speak. But there are some real, pressing needs with that program, one of them being that we need opening of the existing list of the lawyers who take the certificate side of independent legal advice. We also need more resources allocated to the clinic, because as you probably know, that clinic is one of the only organizations which provide independent legal advice to the survivors. Survivors have a choice in Ontario when they access that service: They can either call the clinic or they can call a certificate-side lawyer. Sometimes, we would refer them to a certificate-side lawyer and vice versa.

So in my opinion, it's a very good program—it's super helpful—but that needs to be enhanced. It needs to be made more robust. There need to be more resources allocated to it, and most definitely, there is a need to open that list of lawyers, because many of those lawyers, as we understand, do not practise this area of law, or some of them got elevated to the bench. So we really need to look at that list operationally.

Coming to the compensation: In the province of Ontario, we used to have something called the Criminal Injuries Compensation Board, as most of you know. There were lots of benefits of that program. Of course, there were probably challenges, because of which the program was let go of, but the program had some really good benefits for the survivors. One of them was that there was availability of long-term investment into counselling services that survivors could get. There were also not tight deadlines around, "You can only apply within 45 days of your experience of violence."

There were so many other ancillary benefits, and one of them that I always talked about when it was offered was that it was a space for survivors to get validation. They could sit in front of a decision-making body, talk about their experience of violence and get validation that what happened to them was wrong. I think all of those good benefits of the compensation scheme have been taken away. The VQRP has not replaced any of those things. Unfortunately, it's very short term, it requires survivors to apply very quickly, and they usually don't have the resources.

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As you can understand, we know from the science of trauma that once you're traumatized, you don't have time to quickly think about, "Where do I apply for compensation?" You're actually sustaining and surviving the violence. That's why I recommended, as in the CKW inquest as well as the MMIWG inquiry, that there should be a robust compensation scheme brought back for survivors.

**Ms. Peggy Sattler:** Okay. Thank you very much for that.

I also appreciated your comments and the data you included in your submission about the increased demands on the services of the Barbra Schlifer clinic. Certainly in my community of London, we have an agency, Anova, which is actually a merger of the sexual assault centre and the domestic violence women's shelter. They are also experiencing a real surge in demand, to the extent that the women's shelter is turning away five to seven women each day, over 2,000 women a year.

We recently had an intimate-partner-violence murder in London in June where the victim had actually reached out to services in our community and was not able to access those services because there were no beds available. So your call for stable, increased, multi-year funding so that services like Anova and the Barbra Schlifer clinic can provide the support that resources need, I think, is critically important.

I wondered if you could talk a little bit more about the situation that shelters like Anova find themselves in without access to that stable, core, increased funding that they need.

**Ms. Deepa Mattoo:** I think in most of the organizations like Anova or the Schlifer clinic, we try to make do with what we have. From my perspective, I can tell you that we spent a lot of time trying to raise money with the help of the donors, private citizens and supporters.

The challenge, though, is that when a woman makes a call to a shelter or she comes to the door of the Schlifer clinic—the difference between her life and death could be that one call; the difference between her life and death can be that one visit. And if we have to make a decision of not serving a client because we don't have the capacity, that could mean life and death. Therefore it's really, really important to be looking at it at an epidemic level. When you're looking at an issue at an epidemic level—

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

We need to move forward now to our independent member. MPP Hazell, you have five minutes, please.

**MPP Andrea Hazell:** Thank you for your very, very detailed presentation. I am trying to pull some important parts that I can reflect on out of that.

Looking at your page number 2 and the stats that you have shown on this page, I just want to say congratulations to your organizations for really pushing through and supporting women who experience these horrific experiences. You said your clinic has become an indispensable part of the community, assisting more than 16,000 individuals in 2023 and 2024. Can you give us some detailed information of how you were able to assist 16,000 individuals, and where are some of them in the system? Have they been healed? What's the post-experience of their lives right now?

**Ms. Deepa Mattoo:** Unfortunately, I wouldn't be able to tell you how this specific group of 16,000 people might be doing, but I can maybe give you a journey mapping of what happens when we work with a client.

**MPP Andrea Hazell:** That's good.

**Ms. Deepa Mattoo:** A clinic has a standardized central intake system where everyone gets the same safety planning and the same risk assessment. Clients come to us through the door or through the phone and get the same standard risk assessment. That risk assessment decides and helps us triage the client in terms of the level of service that they need and the kind of service that they need, and how immediate that service is required. That then decides whether they need a lawyer, a counsellor, a court support worker, a case manager, an interpreter or sometimes all of them, including a transitional housing worker, a mental health support worker. Depending on their needs, they might be working with one person, they might be working with multiple people, they might be working with some people here at the clinic and we might also have to refer them out to someone outside. So the service is really a wraparound model. There are lots of services available under the one roof. We don't have to refer them out, and if we refer them out and the case is a high-risk case, we would have a case manager who would walk with them.

In the clinic, five years back, we decided that we would not let the clinic be a revolving door for people where people come to us, they have a high-risk situation or high-need situations and then we will refer them out and they will come back to us. We created a position called the case management position. These case managers have a lower caseload, but they make sure at the end of the cycle of their work with us they are not coming back to us because they have not been served outside in the community. So not only do we provide services; we are fierce advocates for the clients who come through the door to us.

The journey of the clients can look like quick, brief counselling, getting back on their feet, fighting the fight they need to fight, but living their life with all the resources provided. But sometimes their journey can also be long-term counselling with us for 12 to 14 weeks while they're still trying to figure out what they want to do next. People come to us at different stages of their experience. Sometimes they come to us when they're still surviving violence. Sometimes they come to us when they have survived violence. Sometimes they come to us because they have been experiencing violence of a historical nature which now is triggering them and is not letting them live their life. That encapsulates or quickly gives you a sense of what the journey—

**MPP Andrea Hazell:** In essence of time, I need to add another layer of question here. Are you working with other organizations to help meet your organization's visions and goals for these women who are affected?

**Ms. Deepa Mattoo:** Absolutely, honourable member. This year alone, when we looked at how many organizations we collaborate with, the number runs in the hundreds. I don't have it at the tip of my tongue, but I can send it to you later on if needed. We collaborate with hundreds of organizations. We can't do this work alone; it takes a village. It truly, truly takes a village.

**MPP Andrea Hazell:** Thank you for that.

I want to talk about your funding model, because I see funding for three sections in the legal services, which is,

of course, very important. Can you explain to me your funding model, where you have specialized legal support, \$200,000; programs to address criminalization, \$200,000; court support workers, \$200,000—how did you get to the figure, and what's the outcome if you are going to be successful in getting this funding and investment from the provincial government?

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

We'll now move to the government members. MPP Dixon, please, when you're ready.

**Ms. Jess Dixon:** Thank you so much for coming today. Your written submissions are excellent. I really appreciate you putting so much thought into the submission guidelines. It's incredibly helpful to have it in that format.

I wanted to talk a bit about where the clinic is situated within surrounding services—I don't mean geographically but as far as all the other victim supports—and to get your thoughts. One of the things that we've been hearing a lot at the committee—and none of this is to dismiss all the other stuff you're talking about; I'm just particularly interested in this one at the moment—is this idea of the Safe Centre of Peel, the idea of victims being able to go somewhere or contact an institution and know that they are going to be taken care of as far as being referred to all the right services.

We definitely seem to have—there are a lot of organizations that are working in this area, I think partly because of the way that the grant systems work. What would it look like if you're talking about wider-scale, province-wide—what would your services look like in that sort of hub and spoke idea, that idea of local but connected?

**Ms. Deepa Mattoo:** Honourable member, if I could say this, I think the clinic was the original hub. Before, hubs did not exist, right? In terms of the Safe Centre of Peel and their work, I know their work very well. I've been one of the lawyers who was part of the original group that started that service and used to do a drop-in there. At my previous clinic where I worked, I used to actually sit there, a once-a-week kind of a thing, so I completely understand what that model is and I do understand what the benefits of a model like that can be, but I also understand what the challenges of a model like that could be.

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The model of the clinic is different and more robust because it's one team with various different departments within that. When it comes to having a legal team, having a counselling team, an interpretation team, a case management team, an intake team and special projects team, all of these teams are one organization at the end of the day, which means there is better control over the experience of the client rather than in the hub model. There are lots of people dropping in. I'm not saying that model does not work—it works. It is a great model; it helps in collaborating. But the case management gets very complicated, as compared to the case management here at the clinic. There is better control over the case management of the client's journey.

Should there be more multi-service agencies and hubs? Absolutely, yes. Should there be more centralized spaces for people to have their cases be heard and started? Absolutely, yes. But I am also someone who does a lot of volunteering in the community. I'm involved with various small groups, with people who do the mutual aid stuff and come together and start working together to support a particular cause. Those mutual aid spaces and small spaces also have a role in this aid of providing services and supports to the clients.

Clients need, at times, localized supports. They, at times, do need supports of someone who can just sit with them for 15 minutes. If the client needs to get specialized service after Schlifer clinic, absolutely, the client will get their specialized service, but having a conduit to start somewhere in their local community does hold some importance.

I'll give you a very quick example of a relationship that we have with the Women's College Hospital. We provide a drop-in service for our independent legal advice with the Women's College Hospital. So the client, when she gets raped, unfortunately, or assaulted, comes to Women's College Hospital to get her medical checkup done and she gets to a lawyer right from there. That means that she has connected with the safe space of Women's College Hospital, she has gotten her medical advice, and before she chooses to report or not to report, she is able to talk to a lawyer of the Schlifer clinic. It's those kinds of collaborations that, I believe, hold a lot of value because clients need different interventions at different stages of their journey.

I hope I answered your question.

**Ms. Jess Dixon:** Yes, thank you.

Right now, in terms of Ontario, what are you covering? Are you localized? Do you assist people that are not geographically close to the clinic? What does that look like?

**Ms. Deepa Mattoo:** As I said in the beginning, we have different programming. Some are very localized to Toronto. For example, when it comes to the Family Court, as you would appreciate, in the case of the Family Court, having a Family Court Support Worker Program, which is only funded for Toronto—our workers only support survivors in Toronto courts. But with the It's My Choice project, which is a project where we have lawyers who support clients all over the greater Toronto area and beyond, it means that we are satelliting our lawyers to the local communities. We go up to York on one side, Hamilton on the other side, Oakville, Newmarket. Our lawyers are going to all different spaces and neighbourhoods to provide services in those local communities, because we don't expect the clients to come to us to our downtown Toronto office. We are going to them.

Then we have some projects which are national in nature. We have other projects which are, again, greater-Toronto-area-specific in nature, so it all depends on a particular program. We are not necessarily all local in all programs, but as I gave you, the Family Court Support

Worker Program is a good example where we are very localized in the Toronto Family Courts.

**Ms. Jess Dixon:** Thank you.

Chair, what's my time?

**The Chair (Mr. Lorne Coe):** One minute, 37 seconds.

**Ms. Jess Dixon:** Is the structure of the clinic something that you would say the design is fairly unique in Ontario? Is it something that you can see being either replicated or expanded from a pilot perspective? What do you think about that? Are we, sort of, replicating or would we be expanding?

**Ms. Deepa Mattoo:** If the clinic's model was to be expanded, it can be a very good model to be expanded. It's not only unique in Ontario; I want to tell you that it is a model which was unique in North America until a couple of years back, when there was another organization that was bringing legal and counselling services under one roof. It's this legal and counselling and housing under-one-roof model that not many organizations have actually done. We used to call ourselves the only one in North America for a very long time; we can't say it anymore because we know that there is another model which has emerged.

So from that perspective, absolutely, the replicating is a possibility but expanding to meet the immediate needs—for needs: the immediate and the long-term. For the immediate, there is a growth in the number of clients we are seeing which is exponential, and those needs have to be met. We are meeting those needs by going to private donors and funders and working very, very hard to meet that need. But because you are our biggest funder, because you're our biggest supporter—the provincial government funds the clinic the most—we thought that we had our opportunity to tell you where the biggest gaps are and how those gaps could be filled—

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

Members, the committee will now recess until 2 p.m. this afternoon.

*The committee recessed from 1206 to 1400.*

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

#### BUTTERFLY: ASIAN AND MIGRANT SEX WORKERS SUPPORT NETWORK

**The Chair (Mr. Lorne Coe):** I will now call on Butterfly: Asian and Migrant Sex Workers Support Network, please. Good afternoon. Thank you very much for joining us. You will have 10 minutes for your presentation. At the one-minute mark, I'll let you know you have one minute left for your presentation. That will be followed by questions from the official opposition, our independent member and members of the government.

Could you please state your name for Hansard, which is the official recording service of the Legislative Assembly of Ontario—your name and affiliation.

**Ms. Elene Lam:** My name is Elene Lam. I am the co-executive of director of Butterfly: Asian and Migrant Sex Workers Support Network. I am also an assistant professor at the York University School of Health Policy and Management.

**The Chair (Mr. Lorne Coe):** Thank you very much. We're pleased to have you present to the committee this afternoon. You may begin your presentation.

**Ms. Elene Lam:** Thank you. I have been working on sex worker rights, migrant rights, human rights and gender-based violence issues for over 25 years internationally and in Canada.

Butterfly has connected with more than 5,000 sex workers in Ontario and beyond. Most of the Butterfly members are women and LGBTQ individuals who have precarious immigration status such as no status, international students and refugee claimants. Thank you for the opportunity to share the voices of the Asian migrant sex workers who are disproportionately affected by gender-based violence.

Instead of providing support, the police and criminal legal system often further victimize and traumatize sex workers, migrants, racialized women, gender-diverse people and people who use drugs, increasing their marginalization and vulnerability to violence.

The HIV Legal Network, a human rights organization with which we have long collaborated, also has contributed to this submission.

In the last 10 years, we have worked with many migrant sex workers who have experienced intimate partner violence. Many of them are not able to access support services due to language barriers, immigration status, discrimination, surveillance and criminalization of sex work and drugs. Instead of protection, encountering the police and criminal system and even social service providers often becomes a pipeline for migrant sex workers of surveillance, arrests, deportation, incarceration and even loss of their children.

Some Asian migrant sex workers have been charged as perpetrators of violence and reported to CBSA when seeking help from police. Some have also faced criminal investigation for sex work. Facing this situation, some of the workers have said that they would rather stay in violent situations than go to prison or be deported.

Recognizing intimate partner violence as an epidemic means we need to go beyond seeing it as an individual-level issue. We need to understand the root causes, including how systematic oppression and government law and policy contribute to this problem. Due to racism, xenophobia, sexism, homophobia, ableism and colonialism, sex workers, particularly migrant sex workers, are often targets of intimate partner violence. Immigration policy, criminalization of sex work and drugs as well as the current anti-trafficking initiative in Ontario have increased the vulnerability of sex workers and created a barrier to access support and power.

Sex work is work. Sex work itself is not a form of violence. However, now the current Ontario anti-trafficking policy has conflated sex work with human trafficking. That causes harm to migrants and many other sex workers.



When sex work is seen as violence, exploitation and human trafficking, we cannot see the actual violence faced by sex workers. It also promotes whore-phobia, the hate of sex workers; undermines the sexual autonomy of sex workers; or even encourages the control and violence over their bodies. For many workers, sex work is a way of economic power and social support to leave a violent situation or violent relationship.

Sex workers face a higher risk of intimate partner violence because of the carceral web. They are facing federal, provincial, municipal laws and campaigns and law enforcement practices that punish and criminalize sex workers, including the current anti-trafficking policy in Ontario.

You may know that \$300 million have been invested in anti-human-trafficking funding and many of them go to law enforcement that creates harm against migrant and other sex workers. They have been subject to aggressive law enforcement surveillance, have been detained, arrested and deported. For example, an anti-trafficking campaign had led to a police raid of a sex worker place and the shutdown of Asian massage parlours under the guise of identifying traffic victims.

The shift of anti-trafficking programs among gender-based-violence organizations often turns into the surveillance and profiling of workers without meeting their actual need. A Butterfly member who experienced intimate partner violence was told that she needed to wait six months to receive counselling. In order to access more immediate support, she needed to frame her story, frame her experience, as human trafficking.

At the same time, intimate partner violence in the context of sex work is always framed as human trafficking, which leads to policing and criminal investigation. Some workers have also found that their engagement with social service agencies, shelters, health care providers, child care protection can be exploitative and traumatizing. Their agency and autonomy in sex work may be denied, yet they are not provided the support they need. They are forced to stop doing sex work. They are forced to leave their partner.

Municipalities in Ontario also have developed incredibly restrictive bylaws governing massage parlours and other settings in which migrant sex workers may work. That puts sex workers also in increased risk of being targets of gender-based violence and other violence.

The carceral web stops sex workers who experience intimate partner violence from reporting this abuse because it would draw a lot of attention of law enforcement. This can lead to intimate partner violence. Without resources, the abusive partner takes advantage of the criminalization and stigmatization of sex work by threatening to out them and report their workplace. That makes it difficult for a sex worker to leave the relationship. These dangers are also particularly acute where a sex worker fears losing their children, who face profound psychological violence as a result.

Xenophobia, growing hostility against migrants, racism, literal violence are also major contributing factors. The

lack of immigration status also forces migrants to stay in abusive relationships. That's why we continue calls for regularization of all undocumented people—permanent resident status for all migrants.

The current methods are not working. That's why we are here. We need to change by diverting funding from the police criminal system to housing, food security, child care, community support, non-punitive approaches. We must move away from the carceral approach for addressing intimate partner violence, give the power and resources in the hands of women and gender-diverse people.

Here are our recommendations:

- stop the harmful anti-trafficking policy and work;

- repeal the Combating Human Trafficking Act, 2021, which relies on expanding the surveillance power of law enforcement;

- stop the policing, surveillance, racial profiling of sex workers, third parties and clients;

- restructure social service funding so that it's not dependent on the human trafficking framework, does not force people to identify as victims, particularly as trafficking victims, or review their immigration status; this includes reallocating funding to community-led organizations to provide support and services so that the community can support each other and learn how to create safer spaces for and with each other;

- build leadership based on a strong foundation of anti-oppression, meaningful representation;

- defund police and reallocate resources to—

**The Chair (Mr. Lorne Coe):** Excuse me, but you have one minute left for your presentation, please.

**Ms. Elene Lam:** Okay—defund police and reallocate resources to immigration settlement, health, legal, housing, social and financial support;

- develop alternatives to the carceral system;

- develop social policy that addresses systematic oppression, especially xenophobia, whore-phobia and racism;

- call on the federal government to remove criminal and immigration laws that criminalize and target sex work;

- ensure full, permanent immigration status for the migrants and also adopt the Access without Fear policy;

- ensure police do not contact immigration officers, and they can access health and social support services;

- call for the municipal government to repeal the municipal bylaw that is targeting massage parlours and strip clubs.

**1410**

Thank you so much. I'd love to hear your questions.

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

To the official opposition, please, for questions. MPP Wong-Tam.

**MPP Kristyn Wong-Tam:** Thank you, Professor Lam, for your participation and submission today.

I want to begin by just recognizing that intimate partner violence affects different communities in a multitude of ways. We don't oftentimes hear about intimate partner violence in the relationships of those who perform sex work. Anecdotally, we've heard that it's one of the oldest

professions in the world, so sex work has been amongst economies and societies for some time. Because of the stigma around sex work and sex workers, they oftentimes don't get the same level of protection as other individuals who step forward to report intimate partner violence.

I'm curious with respect to what leads someone to choose to do sex work—but also the stigma and the lack of support for those when that choice is made. Can you unpack that for us?

**Ms. Elene Lam:** We work with Asian and migrant sex workers. Sex work is one of the occupations people choose. Particularly for migrants, they are facing a lot of language barriers and discrimination in the job market, so sex work often is the alternative to other kinds of employment so they can have income; some people feel that they have more control of their working environment. But because of the criminalization, it makes them isolated, makes them often become the target of discrimination from neighbours, from other people, and even law enforcement.

Actually, in our community, some people do sex work because they run away from abusive relationships. In particular, undocumented people—there are very limited options they can work. Working in sex work, they can have the economic autonomy; they also can have the support network. Thus, they do sex work. Actually, it resists the intimate partner violence, that they can have the income to support themselves, the children—also, getting other kinds of supports.

**MPP Kristyn Wong-Tam:** You talk about economic autonomy in several instances in your submission today. We know that some of the government programs that exist for low-income individuals may not be accessible to all, and even when the funds are there, they're insufficient, just given the costs of living in Ontario—so for those who are precariously employed, oftentimes those who are receiving OW or ODSP, and those who are just unable to work and maybe they're not on any government assistance.

Can you talk about the importance of ensuring that individuals in our communities are financially supported, with the opportunity for economic autonomy? And how does that help them remove themselves as much as possible out of situations that may lead to intimate partner violence?

**Ms. Elene Lam:** I think the financial supports from government, like OW and ODSP, are very important for people without income and with low income—and now the standard is not able to survive in many cities in Ontario, so definitely, the amounts that the people can access need to increase. But for many undocumented migrants, they are not able to access any of these kinds of government support. Thus, they need to find other ways to generate income so they can support themselves. Some people also don't want to use the government resources; they want to use their own body, their own way to earn income so that they can move forward through their life. That's why doing sex work, doing massage work—for many people, this is important.

The Ontario government sees sex work as a crime. They see sex work as violence. They see sex work as human trafficking. There are a lot of targeted shutdowns of massage parlours, the targeting of the raids, that actually take away the income, make them be more vulnerable, make them forced to work in bad working conditions—even going back to the abusive partner. I think this is very important; we need to recognize that we need to have the social support, we need to have the income support, but also we need to have the policy not make people further marginalized when people already use their own way to support and protect themselves and their own community.

**MPP Kristyn Wong-Tam:** Professor Lam, can you explain to the committee, if a government has anti-sex-work policies and they promote work that deals with human trafficking, which is a very legitimate and serious crime—but what I've heard consistently is that human trafficking affects sex work, and it's the proliferation of sex work through the channels of human trafficking. But then when I speak to other advocates, they talk about labour exploitation, oftentimes through migrant workers, through the construction working sites. We have human trafficking that leads people to those jobs; oftentimes, that's unprotected. But that's not what we necessarily hear from government officials who are trying to tackle trafficking issues and problems. They always point to sex work as the problem and never do we hear them talk about the labour exploitation of other individuals.

So I'm just curious, when government has that very narrow approach, does that create additional barriers for sex workers and all people who are facing labour exploitation through human trafficking?

**Ms. Elene Lam:** Yes. For us, we don't use the term "human trafficking" because it's very confusing. People don't know what it's talking about. But when you talk about, in many labour markets, that people get exploited, we don't say, "We need to shut down the restaurant" when there is labour exploitation in the restaurant. We don't say, "We need to criminalize people buying an orange" when the farm has human trafficking happening.

But what we see is that anti-human trafficking now is using the language of anti-human trafficking, but the real purpose is anti-sex work. That's why you can see why a particular anti-trafficking policy does not give power and resources to the marginalized so that they can stop their exploitation. Now the policy is to give more policing to target, particularly, racialized migrant sex workers, to stop their work and create a moral panic, to encourage the neighbour-civilians that make them be more marginalized. The care is not about the exploitation. The care is not about the violence people experience. The care is stopping sex work. So that's why we find now the anti-trafficking policy is so problematic—like \$300 million does not go to anti-trafficking. Many of them go to law enforcement. Many also shift the gender-based violence organization—they support all the women no matter what type of violence; now, when we go to some centres—

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

We are now going to move on to the independent member of the committee, please. MPP Hazell, you have five minutes.

**MPP Andrea Hazell:** Professor Lam, thank you for coming in and making that sensitive presentation. I didn't realize that there is a correlation between the sex workers, sex trafficking and then intimate partner violence, so thank you for bringing that together for me.

I'm very sad to hear about what is happening. These ladies are in very, very vulnerable situations. There are so many situations wrapped around them that made them get to that level. So I want to speak about your organization—and thank you for being there for this vulnerable population.

Can you tell me, when someone approaches you, at which part of the stage of their life will they approach your organization?

**Ms. Elene Lam:** I just want to clarify, it's not—when you say, “human trafficking and intimate partner violence,” we talked of the anti-trafficking policy that created the problem of intimate partner violence, and also when people experience the violence, they are not able to access the support.

At Butterfly, we have outreach. We have different programs to reach out to community members, and they are having different stages of life. Some people have already run out from the violent situation, so they want to continue to work, but they contact us because, for example, the Asian massage parlours are being shut down. They don't have income. They need to struggle, whether they go back to an abusive partner or how they can fight—they can continue to work.

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Also, some of the workers may have the legal process, because when they report the abuse of the partner, now they are being investigated. They are being charged as a perpetrator. They are threatened to be deported. Also, there is not only immigration, but also criminal investigation: Who are they working with in the sex industry? That leads to even more serious crimes that they can be charged with. That's all the fear people are having every day.

So that's why we call for the repeal of this anti-trafficking law and for the Ontario government to call for the federal government to take away and decriminalize sex work, so they are free from the fear. Support status for all, so that they can have status and they don't need to fear.

That's why Butterfly is contacting workers in different stages of life and also supporting them to build a support system, so they can help each other and access different social services and supports. That is what we are doing.

**MPP Andrea Hazell:** So in your program—I'm pretty sure you might have this, and maybe I missed this earlier on, but if you can repeat that for me—do you have any evidence-based stats in your program of how many women are coming through your program? I think that is very important. How successful is this program?

**Ms. Elene Lam:** We have contact with over 5,000 sex workers. We closely work with over 100 workers every month. And because of the support network—that's why

we believe in community support—sometimes the worker we contact knows other workers who have problems. They will also help us to connect.

I think that's why we really think the community model, the community-led model, is so important: For the most marginalized people, it's difficult to go to social service organizations, but by building the support network, they are already supporting each other, and they can also support each other to access other supports and services. I think this is a very important approach and model for how they can develop strategies immediately, how they can respond in these situations. For example, some workers may support other workers, connect us, and we can connect them with the legal clinic or go to the hospital.

But there are a lot of barriers, because if you're non-status, many services are not eligible. So that is something we really want now: the consultation here, the study here to change the policy, so undocumented people also can access different kinds of services, so that they can get the support when they need it.

**MPP Andrea Hazell:** Thank you for sharing that.

My follow-up question is: For funding purposes—because I hear you touched on bits of funding criteria and where to take funding from—if you were supposed to get that funding, how will that impact your program?

**Ms. Elene Lam:** Butterfly now does not have any active funding. We only have small funding. Most of the funding actually is reliant on private donations. That's why we've found mutual aid is so important. This community support is important, so that's why we also asked the government—

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

It's time now, please, to move on to the government members. I have MPP Smith, please, when you're ready.

**Ms. Laura Smith:** Through you, Chair, first of all, I want to start by thanking Ms. Lam for participating today, albeit virtual.

I want to talk about some of your work. You discussed some of the barriers that are affected by the people who come to your location. What do you assess as the impact of current legislation on the safety and rights of individuals you support?

**Ms. Elene Lam:** Can you say that again? Sorry.

**Ms. Laura Smith:** You talked about a lot of the barriers that people face when they walk through your doors, and you talked about the migrant workers, the individuals who have come to your location who are not documented. On a provincial level, could you narrow in on this? Because we do represent the province. Can you talk about legislation and safety and rights that you believe would be positive modifications?

**Ms. Elene Lam:** For example, during COVID, the provincial government had the policy, “No matter what your immigration status is, you can access health care.” Health care for all is a very important provincial policy.

Also, we just mentioned about the funding—not funding more policing, not funding more anti-trafficking work that is targeting sex work, creates the hate of sex workers—and

education and promotion to end racism and end xenophobia. So that is all the important work the provincial government can do, and how the funding can go to these community supports that build power of the community to give the resources to the hand of the worker.

I also mentioned before OW and ODSP. Now, the money is really—people cannot survive, right? So this is something—and also housing policy. We don't need more condos. We need more low-income housing and housing policy that actually—we know that people run away, cannot find a shelter, but a shelter is not long-term. We need a long-term housing policy and all this very important work. So that's why we say de-invest the funding from police, law enforcement, to go to community support, to the actual need of the people that is long-term. They can have a stable environment. And the other is not shutting down the workplace of the sex work, targeting them, that they can continue to work. This is all the provincial government can do.

**Ms. Laura Smith:** Thank you. I used to work under the child protection act, and we were sometimes privy to data that allowed us to navigate. Do you have—and I apologize if you're repeating yourself—what kind of numbers do you have in this area for these vulnerable individuals?

**Ms. Elene Lam:** I think the child protection act problem is we see there is a lot of criticism of child care protection, and the system always makes people fear to connect to the system. And now what we see in many migrants is fear. I have been working in settlement services also. They are afraid to tell that they experience intimate partner violence because they're afraid the children will be taken away. In particular, it's migrant racialized people. So that's why, when we talk about child care policy, how to have the lens of migrant justice, how to have the lens of anti-racism is very important to provide an alternative, different kind of system that people can access and not fear that the encounter with the legal and official system will cause more harm. I think this is all a lot of important work that we can do to make people feel more safe.

It's great to hear that there is also revisiting of the child care protection now, but then you see a lot of Indigenous, Black, migrant, Asian communities—that they feel that the child care protection is also a great risk for them, so then how to reform the system so that people feel that the child care system is supporting them instead of a threat to them.

**Ms. Laura Smith:** Thank you. Are you familiar with the Ontario-STANDS program?

**Ms. Elene Lam:** No, I'm not familiar with that.

**Ms. Laura Smith:** So Ontario stands together against gender-based violence—Ontario-STANDS is the short form—is a four-year action plan to better respond to gender-based violence, safer communities, and it's kind of a responsive way for the province to work, I think, in conjunction with the federal government to support gender-based-violence services.

I'm just curious—and I'm asking you this because this is an initiative and it's important for us to understand how

many of these, let's say, partners are aware, because that's probably the biggest barrier that we face, is making these organizations aware of the services that are available.

But one of the things that I was going to talk about—you talked about policy and modification, specifically with non-documented, and specific provincial policies, but I'm not sure if you can—and I know I asked this before, but I'm talking about very—and I know the federal interlinks and the problem is we are dealing with the province. You talked about health care, but I'm talking about specific provincial policies that we could possibly put together to help you, other than health care.

**Ms. Elene Lam:** I think one of the examples of why we found the gender-based-violence program now is very difficult for many migrant sex workers to access is because, if they do not identify as human-trafficking, that is very difficult—a long waiting time. And I have to say, many gender-based-violence organizations now turn into the anti-trafficking program. When they access the program, instead of asking, "What do you need? Do you need housing?" it's become a system of surveillance; they need to categorize them as "human trafficking," particularly when they see migrant sex workers. That creates a barrier. Many workers do not want to connect with this system because they are being asked, "Who are you working with?" and all the information becomes a threat to them.

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That's why we ask, if there is gender-based violence, that the people do not need to identify as the victim, they do not need to be categorized as a trafficking victim. Then the people can access the support they need. That is something we want to see changed, having a specific trafficking program instead of having the gender-based-violence or women's support program, like an LGBTQ support program that people can access for support when they need it; they don't need to identify as a victim. And through that process—

**The Chair (Mr. Lorne Coe):** Thank you very much for that response, which concludes the time for your presentation this afternoon. We appreciate, once again, the time you spent with us. We now need to move on to our next presenter. Thank you, again.

#### GANOHKWASRA FAMILY ASSAULT SUPPORT SERVICES

**The Chair (Mr. Lorne Coe):** I will now call on Ganohkwasra Family Assault Support Services, please, to come forward.

You'll have 10 minutes for your presentation. Could you please state your name for Hansard, which is the recording service for the Legislative Assembly of Ontario, and then you can begin your presentation. I'll let you know when you have one minute left.

**Ms. Sandra Montour:** My name is Sandra Montour, and I'm the executive director of Ganohkwasra Family Assault Support Services.

**The Chair (Mr. Lorne Coe):** Thank you very much. You may begin your presentation.

**Ms. Sandra Montour:** *Remarks in Kanyen'kéha.*

Hello, everyone. My Onkwehón:we name, or my “original person” name, is Kahnhotónkwas, and my English name is Sandra Montour. I am Mohawk Turtle Clan, from the Six Nations of the Grand River territory. I want to thank you for having me here today. I am a proud Mohawk woman. I am Haudenosaunee, or “people of the longhouse.” I am Onkwehón:we, or the “original people.”

I need to start by telling you that Haudenosaunee come from a matriarchal society. Our women were once held in high esteem, and there was no way intimate partner violence would be happening when the men moved into the women’s longhouse with her parents, her relatives, her family, her brothers.

Canada has a genocidal history that targeted my people in an attempt to eliminate us. While it did not eliminate us, it did directly impact my people, my community, my family. The Mohawk Institute Indian Residential School is just 18 kilometres away from the heart of our community, from the heart of Ohswé:ken—Canada’s oldest residential school.

Today we still have colonization and oppression, only it looks very different than it once did in the past, and it’s called different names today. Today it’s called intimate partner violence. It’s called family violence, sexual assault, homelessness, human trafficking, addictions, murdered and missing Indigenous women and girls, murdered and missing Indigenous men and boys, child protection apprehensions, mental health. These are the new faces and the new names of oppression here in my territory.

Is intimate partner violence or family violence an epidemic here at Six Nations? Absolutely it is, yes. The families who testified during the national inquiry on murdered and missing Indigenous girls talked about this. They also stressed what needed to change. So this conversation is not new. The solutions that I’m about to tell you are not new. And I will do my best to speak on behalf of each woman, each child and individual who walked through our doors here at our services or called our services, as well as those individuals that never made it to our services but suffered in silence.

“Ganohkwásra” is a Cayuga word that means “love among us.” That’s the name of our program here, and that’s the name our original board of directors chose for this program, because it was through love that we are going to eradicate violence in our community, rather than hate, and they knew that.

You are calling it “intimate partner violence,” but we here at Six Nations and other First Nations shelters know that it’s bigger than intimate partner violence. It encompasses all forms of family violence. We call it “family violence.” Intimate partner violence is violence against each other, violence against family members, violence by family members. It’s bigger than intimate partner violence here.

We are a violence-against-Indigenous-women shelter. We are also a second-stage housing or transitional housing

program. We are a sexual assault program, a sexual assault centre. We were actually one of the very first sexual assault centres on any First Nations territory in Canada. We also have comprehensive men’s, women’s and children’s programs for anyone who has been impacted by family violence or sexual assault. We are the designated family violence prevention organization for the largest First Nation in all of Canada. On an annual basis, we work with approximately 3,500 individuals per year, which is 27% of our total population.

We are a 35-year-old organization that builds our programs and services based on the traditional values and teachings of our Haudenosaunee people. We constantly integrate or braid family-violence-prevention expertise with Haudenosaunee teachings and traditions, as well as energy-based modalities. We are a holistic organization that develops our services based on the traditional teachings of our people.

We provide services to women, children, two-spirit-plus individuals and men. Yes, we provide services to men, and we are one of the very few shelters in all of Canada that actually have men in our shelter, men who have been impacted by family violence. Those men are specific to Haudenosaunee men, so we are very unique in that way. Again, all our programs and services are founded by the values and traditional teachings of our people.

Is family violence or intimate partner violence an epidemic in our territory? Yes. We know this to be true, as our shelter continually is full, and we have had to turn away over 210 individuals last year from our shelter alone. Chiefs of Ontario report that three out of five First Nations women in Canada, or 61%, in intimate relationships have experienced intimate partner violence, compared to less than half, or 44%, of Canadian women. I also encourage you to review the Love Starts With Us Timeline document within our submission.

Now, to look at the solutions: I would like to bring your attention to the 231 calls to justice that were identified by the families of murdered and missing Indigenous women and girls in the national inquiry report that was released in 2019. I also encourage you to pass Bill 173, but you must also recognize and include the role Indigenous women have added to this bill. Include our reality, our pain, our pain with intimate partner violence.

The Indigenous Women’s Advisory Council will be submitting our own unique Indigenous declaration or statement very soon, and I support this statement that will be coming to you and your colleagues on our behalf.

As all of my colleagues, I’m sure, have stated before me, we need sustainable, prevention-based funding. You might look at all our programs and services in the package that I have given you and think, “Wow, they have so many programs and services. What more could they ask for?” Well, I can tell you that we have become excellent proposal writers and we apply to every single gender-based-violence or intimate-partner-violence call for proposals that we can find, and many of our programs and services are project-based programs that will end despite their success. For example, our Family Court support

worker that I have listed: We share that worker with two other shelters, because there were three communities that were invited, and instead of competing against each other, we decided to share that one worker, the funding for one worker. So that one worker—we have 12 hours of Family Court support service that we provide to the largest First Nation in all of Canada.

**1440**

I also ask that you legislate Ontario's Pathways to Safety strategy to ensure Indigenous women's safety remains a priority for our future governments.

I am sure you're aware of this, but shelters are an essential service, and I'm sure you have heard how we have all had to do fundraising to provide these life-saving programs and services for our people. Ganohkwasra is no different. We regularly do fundraising to provide services. Through fundraising, we have purchased land and a house that for almost 10 years we've been working towards, to build our own sexual assault centre in our own territory. There was no funding. There was no capital funding that allowed me to do that.

Every single report that Ganohkwasra Family Assault Support Services included in our submission to the Standing Committee on Justice Policy identified the need for long-term sustainable funding to begin to eradicate intimate partner violence or family violence from our community and our homes. Ganohkwasra has asked for \$2.5 million more per year to continue funding programs that are going to end—

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

**Ms. Sandra Montour:** Okay.

In closing, Ganohkwasra are mentors to other Indigenous transitional housing programs and shelters. With 35 years of experience, we are regarded as experts in not only Ontario but also Canada, and we mentor seven new directors from seven First Nations. We are the best practice for on-reserve First Nation practices in Canada, and we're doing great work.

As an Haudenosaunee woman, mother and grandmother and leader of Ganohkwasra, it is my responsibility to ensure our future generations will live violence-free. Everyone has a role to play to keep our women safe, and we can't do it alone. You have an important opportunity here to tease out the oppression from one system to become a change-maker. I ask that you become a true Indigenous ally and use your privilege and power to put our Indigenous issues and solutions on the forefront.

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

We'll now move to questions with the official opposition. MPP Sattler, please, when you're ready.

**Ms. Peggy Sattler:** Thank you so much, Ms. Montour, for coming today and sharing your perspective and your experiences in providing services for Indigenous community members who have experienced intimate partner violence. The materials that you included with your submission were very, very helpful, and I want to thank you for providing that level of detail.

I noticed in the submission that you presented today that you are also the co-chair of the Indigenous Women's Advisory Council, and you had indicated that that council is in the process of declaring an Indigenous-specific intimate-partner-violence epidemic and that more material relevant to that would be coming. But I wondered if you could tell us a little bit about the differences between declaring intimate partner violence an epidemic and recognizing an Indigenous-specific epidemic of intimate partner violence.

**Ms. Sandra Montour:** Well, I think I tried to do that in my talk—to mention that, again, it comes from colonization; it comes from oppression. It needs to be stated, because intimate partner violence has its origin in colonization, in attempted genocides.

A lot of those values that we once held in high esteem have been changed through the years, have been based on the system. Women, who were once held in high esteem—today one of the most disadvantaged races of people are Indigenous women, across Canada, across Turtle Island. I think that needs to be stated, as well as the high number of murdered and missing Indigenous women that have been cited throughout the national inquiry. There are all the cases. There are so many cases. Again, our system, the system that we face as Indigenous women, is so different from the system that others face. So many of our deaths, even, are listed as alcohol-related or something else other than homicide. So we have a different system. We have a different system that our women have to face, and I think that needs to be stated.

**Ms. Peggy Sattler:** Yes, and thank you for that. I think it really speaks to the importance of responses to intimate partner violence that are rooted in the cultural realities and experiences of Indigenous women and families.

I was alarmed by some of the statistics that you included in your presentation. You had turned 210 people away last year who had come to your doors to seek shelter, who were fleeing family violence. You have long wait-lists for counselling services. You have women who've experienced family violence, and children and youth who've been exposed to family violence, who are on a waiting list for counselling. You have men who have been impacted by family violence and are awaiting counselling, and you don't have the resources to provide them.

You highlighted the fact that many of these very culturally embedded programs are funded on a project basis, and you pointed out the end dates for a number of these programs. Can you tell us what the problems are when government funds initiatives like these on a project basis, and what the implications are of project funding in dealing with this epidemic of intimate partner violence?

**Ms. Sandra Montour:** I know our families get very frustrated, right? It's hard for them. It's hard because they get used to a service—they talk about it just teasing them. They get used to a program or a counsellor and then it's gone. Individuals are coming for help, which we've always advocate for, and we always advertise for people to come for help, and then we don't have the services, or there are long waiting lists for them to wait for services.

The problem is, there are just not enough resources to go around. It's very frustrating. It's definitely a problem.

**Ms. Peggy Sattler:** Yes. In your submission, you talked about—there's a couple of programs I wanted to ask specifically about for more detail. You have the Indigenous Partner Assault Response group. We know that the only way we're going to really deal with the epidemic of intimate partner violence is to deal with the perpetrators and to change those abusive behaviours. Does the partner response program that you deliver have the resources that it needs to be able to do those effective interventions with perpetrators?

**Ms. Sandra Montour:** This is a very successful program that we have. Approximately 75% of those individuals who finish that program continue to go on for one-on-one counselling. If you think about it, those individuals who were mandated to come by the courts, by child protection, wherever—they're forced to come, and end up in the end wanting to continue their counselling. So it's a very successful program.

But because the numbers are very high, one of the things we have asked for is at least one more worker who can help, because we've actually been asked for this program to go to other territories. Other communities have reached out and said, "Can you work with our population? Can you come here and work with us?" It's a very effective program and there is a high demand for it, for sure.

**Ms. Peggy Sattler:** If voluntary referrals were permitted to partner assault response, do you think that there would be men who would want to participate in that kind of programming, who want to change their behaviours, but may not have been mandated by the courts yet to attend?

**Ms. Sandra Montour:** There are individuals who do come, but I think the majority are mandated to come, especially at the beginning. We have a very good team that really works with them to talk about our reality, our teachings. Again, we start out with our teachings and slowly bring in the information for them. It's a delicate dance that our staff do, but they do it very well.

1450

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

We'll now move on to the independent member of the committee. MPP Hazell, you have five minutes.

**MPP Andrea Hazell:** Thank you so much for coming in and presenting to us today, and thank you for all your data that you have put in your submission, just bringing that reality close to home to us.

I really want to focus on your \$2.5-million funding. Before I get into that, and before I ask you to detail that and how it is going to impact the sustainability of your organization, congratulations on your fundraising. It means that you are strong, you are resilient, and you're never giving up supporting your vulnerable population.

For the \$2.5 million—how long can you continue to open your doors and help 3,500 individuals per year? With no funding, how long can you continue this?

**Ms. Sandra Montour:** Well, we do have core funding. We have core funding that gives us the many services that you see on the submission.

What we're saying is, we could do more with more counsellors. We've asked to have double shifts on our floor for our shelter overnight. Usually, when things happen is in the evenings and overnight and on the weekends. Right now, we're single-staffed on our floor. We asked for more sexual assault counsellors in that \$2.5 million; we asked for those programs that are about to end, including an excellent anti-human-trafficking program for youth that's about to end. We're thinking that that would help us to continue on that program. We have some really good programs that are about to end.

Again, what we do and what every shelter has probably told you they do is, we go hunting for proposals and write proposals. That's how we've been able to survive. It's too bad, because we're an essential service. We're trying to save lives, and it has been challenging, especially since the pandemic. It has been challenging as, more and more, the violence has increased, the severity has increased. I heard Marlene Ham's presentation, and she talked about how the violence has changed, and I agree. The violence has become so much more intense—so many more intersections that involve mental health, addictions.

We asked for mental health workers. We asked for addictions counsellors. Every shelter should have an addictions counsellor and a mental health worker, and we don't. We just have the very minimum. The funding gives us the very minimum to survive, so anything extra—we constantly have to go diving into proposals and hope and pray that we're successful.

**MPP Andrea Hazell:** Thank you for putting your experience—sharing that with all of us today. I get it. I hope you are able to get that extra funding that you need, because we also know that you've been limited in many areas of support.

My next question for you is, are you currently working with other organizations to support where your gap is today?

**Ms. Sandra Montour:** Yes, absolutely. I'm also the president of the Aboriginal Shelters of Ontario, and that's an amazing organization. That includes 25 other Indigenous shelters right across Ontario, which includes remote, northern, urban Indigenous and on-reserve. We work very closely, and we work together to bring awareness to the needs of our additional shelters, to train. For training, we also work very closely with the Six Nations Police. We're co-chairs of our Six Nations High Risk Committee with the Six Nations Police. We work very closely with them. There's the Ontario Native Women's Association. I think anybody that we can partner with, we do. We have many allies out there and supports. I can't imagine doing this work without any one of them. They're very important to the work we're doing.

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

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

**Mr. Graham McGregor:** Chair, through you, thank you so much for testifying to the committee today.

One of the issues that we've heard about in many communities across Ontario and an issue we know—I represent Brampton North and we've got this issue in my community—is victims of intimate partner violence having other issues as well that social services should be addressing, so addictions issues, food insecurity, family and child issues and all kinds of other issues that need support as well.

We find from agencies—a lot of the times that they identify victims of intimate partner violence are when people are accessing these other services. Is that the same scenario that you're finding in your territory or is that different? I'm just wondering if you can elaborate on that.

**Ms. Sandra Montour:** Sure. Yes, I always say that our shelter workers do such a great job of doing their best to fulfill the needs of individuals who come into shelter. Women who come into shelter—a lot of them, thank goodness, have good relationships and good networking with other organizations, whether it's through housing or a housing issue. A lot of times, we'll get a call from another shelter in Hamilton, for example, to say, "Hey, we have some space in our transitional housing program if you need any space." So we do really work closely to collaborate and to meet the needs of our residents.

We also have our own transitional housing program as well. But again, that only houses so many. So with individuals here, a lot of our women don't want to leave the reserve. This is where the kids are in school here. Their family is here. Their support is here. Their heritage, their culture and their relationship to the land is here, and they don't want to leave the reserve. But unfortunately, for some of them, for a lot of them, they do have to go into different territories. Our staff really work hard to do their best to find housing for them and to find resources for them as they're in that transition.

**Mr. Graham McGregor:** Thank you for that answer.

A model that's seen some success in my area—around Brampton is a part of Peel region; 1.3 million people, so quite a large population and not that big of a space. A model that's broken down some silos is what they call the Safe Centre of Peel, where you have services in the same building, in a hub. We've heard from rural communities that that doesn't necessarily work because if you have all the agencies in one hub, because it's a small community, people drive by, they see your car parked outside—and especially escaping this kind of situation for the victims can be dangerous.

Would you say, on the reserve, is it more in line with the rural thinking where packaging services—I guess for lack of a better word—in one building would be unsuccessful for similar reasons? Or is that different in your context?

**Ms. Sandra Montour:** We've done different things before. Like I mentioned earlier, our high-risk committee, where we're all sitting there, where all the services are there—there's a lot of intimate partner violence cases and sexual assault cases that make it to that table. Those are

cases where there's a good chance that somebody's going to die. It's high-risk. In those types of situations, we do gather around the families and we do our best to work together. So we have our own ways of working together, but we're not necessarily all under one building like you mentioned.

I have heard of the hub, though. I've heard a lot about that out there in Brantford and different territories.

**Mr. Graham McGregor:** It's a model that I'm quite fond of, but I understand it's different in a large urban context than necessarily in smaller communities. Obviously, with anything we do, we want to make sure we're sensitive to the differences with Indigenous communities as well.

**1500**

Something we've heard from other Indigenous organizations is around restorative justice. Is that something that in your community is currently being used, being explored? What has the community learned from that? Pros and cons? Is it being used, and what can the rest of Ontario learn from that?

**Ms. Sandra Montour:** I believe it is. I think it depends on the victim. Sometimes the victim is open to restorative justice, though sometimes—we learned a long time ago that a lot of the women in particular just want their family to heal. They don't want an individual to go into the justice system, because they know that they're just going to be lost again. So sometimes people choose the restorative justice approach, and that's fine. But then you have other situations—maybe a sexual assault, or maybe murdered and missing Indigenous women and girls—where individuals are very strong that they don't want that restorative justice approach; they want justice. So I think it's a very subjective type of issue, but a lot of the women do want healing for the family.

**Mr. Graham McGregor:** Is that a challenge? It must be a challenge to balance that, because we've heard from other organizations and other victims that victim self-shaming and self-blaming can be a real thing for victims of intimate partner violence. Do you have a challenge deferring to what the victim of the violence looks for with restorative justice, or how do you navigate that? Is that a challenge that you find in your community as well?

**Ms. Sandra Montour:** The self-shaming is a part of every victim, it really is, and it's so deep here. And it's so deep because it's in our blood memory from the oppression and from the residential schools. There's so much shaming. We really try hard to teach people how it's even in our communication today and we aren't even aware of it, especially for victims, especially for taking on the shame of all the situation.

So, yes, like I said, a lot of individuals feel very strong in what they want, whether they say, "I want healing for my family," or "No, I want justice." So we just go with where the victim is at, for sure.

**The Chair (Mr. Lorne Coe):** Thank you very much for being with us this afternoon. That concludes the time for your presentation. We do have a copy of your presentation that the members will be referring to over and above



today's presentation from you. Thank you so much for being with us.

**Ms. Sandra Montour:** *Remarks in Kanyen'kéha.* So let it be in your mind. Nyá:weh.

**The Chair (Mr. Lorne Coe):** Thank you.

TORONTO METROPOLITAN  
UNIVERSITY'S CENTRE FOR STUDENT  
DEVELOPMENT AND COUNSELLING

**The Chair (Mr. Lorne Coe):** I will now call on the Toronto Metropolitan University's Centre for Student Development and Counselling. Welcome. Could you please, for the record, state your name for Hansard, which is the official recording service of the Legislative Assembly of Ontario, and your affiliation, please?

**Dr. Jesmen Mendoza:** Of course, Mr. Chair. I'm Dr. Jesmen Mendoza. I'm a psychologist registered with the College of Psychologists and Behavioural Analysts of Ontario. My scope of practice includes clinical counselling and forensic psychology. I'm also an associate of Possibility Seeds, which is a systems change consultancy dedicated to gender justice, equity, human rights and inclusion.

My full-time employment is, as you mentioned, as a psychologist and professional counsellor at Toronto Metropolitan University's Centre for Student Development and Counselling, where I provide counselling and psychotherapy to post-secondary students on a range of issues. Since 2008, my clinical work and scholarship has focused on disciplinary and accountability counselling with students who have caused harm in our learning community.

**The Chair (Mr. Lorne Coe):** You're going to have 10 minutes for your presentation. I will let you know when you have one minute left in that presentation. That will be followed by questions from the members of the standing committee: the official opposition and the independent member, as well as the government members.

Please start, sir.

**Dr. Jesmen Mendoza:** Thank you, Mr. Chair. My submission today is in response to the consultation that your committee has sought on Bill 173. Thank you for the invitation. I want to acknowledge that I come today to share information in the spirit where I'm located, which is the Dish With One Spoon territory, which encourages us to share the resources and knowledges that we might possess. The knowledge that I'm sharing today is based on my early scholarship with male batterers and my clinical work with respect to partner abuse since 1999. I provided partner assault response services up until 2015. And since 2008, I have focused my clinical and scholarly interests in intimate partner violence, so IPV, and gender-based violence, GBV, at post-secondary institutions. I've spoken with and been invited to various communities of practice to talk about the topic of intimate partner violence at PSIs, so post-secondary institutions, from Vancouver Island all the way to Nova Scotia, and my testimony will focus on this today.

Now, Bill 173 examines how IPV may be an epidemic, and across various sectors and communities, scholars, researchers and clinicians would all agree that IPV is an epidemic and that this standing committee ought to really examine how to respond to this epidemic. So I offer, from my scholarly and clinical perspective, four recommendations on how to respond to the epidemic of IPV, particularly at post-secondary institutions, with a focus on addressing those who have caused harm.

My first recommendation is establish units within PSIs, so post-secondary institutions, to address those who have caused harm. Ensuring that every PSI establishes, if they haven't already established, a unit to address those who have caused harm is critical to reducing the epidemic of IPV and GBV at post-secondary institutions. And PSIs across the province have been uneven in what would be described by CACUSS, which is the Canadian Association of College and University Student Services, as providing student judicial affairs units.

Similar to Bill 132, Sexual Violence and Harassment Action Plan Act, which received royal assent in 2016, which motivated the creation of sexual violence and support services and education for students who were victims, survivors of IPV and GBV, Bill 173 ought to motivate PSIs to create and appropriately fund student judicial affairs units. These units should be appropriately staffed by qualified individuals who have knowledge in forensic, mental health and the post-secondary sector. The work of these student judicial affairs units should also be performed by a stand-alone office or by those whose sole role is to assist those students who have caused harm.

For larger PSIs, the creation of such units may be easier than smaller PSIs or PSIs located in remote or rural communities, and I would urge the government to encourage, like the province of Nova Scotia, that smaller PSIs or PSIs located in remote or rural communities or areas to pool their resources to create dedicated units or positions that are shared by those institutions.

The creation of student judicial affairs units at PSIs would respond to the epidemic of IPV and GBV that occurs at PSIs and reduce role confusion that I've observed in this sector when this work of responding to those who have caused harm is done by those who don't have this as their sole focus in assisting them.

My second recommendation insists that PSIs and their decision-makers utilize empirically supported tools when making decisions. So students who have been found to cause harm in an investigative process will be subject to sanctions imposed by PSIs and PSIs will make high-stakes decisions on their students and try to balance their interests and keeping their learning community safe from IPV and GBV. So any measures imposed on students who have caused harm should generally follow risk-need responsibility principles, and decision-makers should be trained in this model. Making those decisions, however, should be based on risk assessment tools that are validated for and specific to PSIs. Current risk assessment tools are not normed and validated to PSIs and are based on criminality,

normed on justice-involved settings and fail to contemplate the risk a student may face to the community.

PSIs are generally pro-social environments with pro-social individuals making up their learning communities. Also, risk-assessment tools that do exist don't contemplate how pro-social individuals in pro-social environments like PSIs can commit IPV and GBV harm. PSIs not making decisions on empirically supported tools means potentially increasing the risk of the student who has caused harm, as well as the learning community, and the current landscape of appropriate risk assessment tools that PSIs can use is quite barren. So while Dr. Sandy Jung and I have co-created, at the request of Possibility Seeds, a community risk-assessment tool to be used at PSIs, which has good face validity, its internal validity and reliability needs to be researched and ascertained.

The government ought to fund the validation of a tool like the one I've co-created with Dr. Sandy Jung. If not, at least insist that PSIs use risk assessment tools normed and validated for PSIs.

My third recommendation is to encourage the delivery of meaningful interventions and measures to students who have caused harm. A student who has been found to have caused harm will be subject to sanctions and measures, as I spoke about earlier. Those measures will often be interventions meant to reduce their risk and the risk that they pose to the community.

#### 1510

PSIs ought to be encouraged to develop interventions and programs that are:

- specific to their institutions and their institutional cultures;
- not solely based on education and learning principles;
- meaningful, therapeutic and healing-centred engagement;
- also trauma-informed; and
- steeped in holding the student accountable and responsible for the IPV and GBV harm that they've committed.

Holding students who have caused harm accountable and responsible cannot alone be achieved by providing them with education sessions. Therapeutic dialogue and accountability counselling is needed, and those who deliver this type of work should again be trained in forensic mental health and be knowledgeable of the post-secondary sector.

My final recommendation is to establish the use of common metrics and devote funding to research. While PSIs ought to have the autonomy to develop measures and programs to respond to students who have caused IPV and GBV harms that are specific to their institutional culture and communities, such measures and programs ought to be evaluated for their effectiveness.

In my discussions with various communities of practice throughout the country, there are many promising practices. However, little research has been performed on which promising practices are actually the gold standards in responding to and addressing IPV and GBV at PSIs. An investment of funding should be made in this regard.

That concludes my submission. I welcome any questions that you might have at this time.

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

We'll now move to questions from the official opposition. MPP Sattler, please, when you're ready.

**Ms. Peggy Sattler:** Thank you, Mr. Mendoza, for coming to the committee today and sharing your expertise, both in the context of the post-secondary sector but also your years of work with men who have caused harm.

The recommendations that you have made are very helpful, I think, to the sector and post-secondary institutions that are looking at addressing the epidemic of sexual and gender-based violence on our campuses. There was a lot of detail in those recommendations. I don't have the written submission in front of me but look forward to reviewing that later.

But some of the recommendations you made raised some questions for me. The first recommendation about creating these student judicial affair units to address those who have caused harm—can you elaborate a little bit about the current gap that you see in the sector to address those who have caused harm and why this specialized unit would be an improvement over what currently exists?

**Dr. Jesmen Mendoza:** Yes, I'm happy to elaborate upon that and I'm happy to provide a written submission after my testimony today.

I was going to say that, across this province, it's uneven. At my home institution, we're quite well built out, but when I talk to other people within my community of practice across the province, it's not exactly built out the way that it is at Toronto Metropolitan University. So at other universities, they may have human rights services or human rights offices that are doing investigations and may actually be the ones that are providing the education sessions, if you will, for those that have caused harm.

The other—is that people that have caused harm need assistance in navigating what is a psycholegal process at the end of the day. The psycholegal process at the end of the day feels like steps, but they're actually barriers. In fact, the definition of forensic psychology is helping navigating people through their psycholegal process. That psycholegal process can be a criminal process. That process can be a policy-driven process that you find, usually, at universities and colleges, and there are not necessarily people at each institution to be able to do this.

I had also noted in my submission that, in the province of Nova Scotia, they've tried a pilot where they've actually shared people and created dedicated positions for that individual to receive assistance. You'll notice that I don't say the word "support." It's assistance in navigating the system, as well as perhaps exploring the reluctance to engage, and that student judicial processes need individuals, need students that have caused harm to actually engage with the process, or how will we ever get any type of recovery or learning or therapeutic outcomes from those individuals?

I'm not sure if I made myself clear, but I'm happy to explore further if you have any questions.

**Ms. Peggy Sattler:** You talk about Nova Scotia. Did Nova Scotia actually establish student judicial affairs units? You said a pilot that looks more at navigating processes.

**Dr. Jesmen Mendoza:** They had a particular person, a dedicated position, who was there solely to assist students who have caused harm and help them engage with the process in a meaningful fashion.

Unfortunately, it was just a pilot, which means that this pilot actually ended this year. Their hope is that they're going to continue, but what they found was that there was better engagement—or at least that's what the anecdotal evidence seems to suggest—with the student judicial affairs system.

If someone has been found to cause harm, they're going to have resistance and reluctance to engaging with any type of intervention or measures. Having, again, a student judicial affairs unit, whether that's shared amongst institutions or a dedicated one for larger institutions, will help those individuals, again, engage. Because they are part of the community, at the end of the day, and getting assistance from such individuals will not only help them be a part of the community but also retain them, and then also help them graduate at the of the day too as well.

**Ms. Peggy Sattler:** Thank you very much.

You are probably aware that the government of Ontario recently mandated post-secondary institutions to have mental health policies and racism and hate policies on campus. One of the overwhelming concerns we heard from post-secondary institutions was how to fund the implementation—well, both the development of those policies, but in particular the implementation of those policies.

With your recommendations that have very specific actions that you think should be taken at post-secondary institutions, how should those be funded? Should the institutions, which we know are already facing—the sector—a huge shortfall be looking at reallocating, or do you see a need for increased government funding to support these measures that you have set out?

**Dr. Jesmen Mendoza:** I probably take the point that I don't know that we can reallocate resources. I do think increased funding needs to occur at post-secondary institutions to be able to, if you will, accommodate the first recommendation that I've made.

In my observation of what I see in the post-secondary sector, especially with respect to mental health services, are they lean—and they're doing quite great work, but on very limited resources. I recognize that this will cost money, but asking PSIs to create student judicial affairs units—or concretize them if they haven't already—is going to cost money.

But I always think to myself, what is the cost of learning? So I think to myself, what is the cost of learning? This is the cost of learning.

learn? So I think to myself, what is the cost of learning? This is the cost of learning.

**Ms. Peggy Sattler:** Since the government's Sexual Violence and Harassment Action Plan Act was implemented and those changes were made at post-secondary institutions, you talked about the unevenness across the sector of the way different institutions have approached those requirements. But how do we evaluate, how do we learn best practices from different institutions, like the institutions that are doing things really well and maybe practices that could be shared? What kinds of evaluation processes are there currently, and how could the evaluation and the sharing of best practices be improved?

**Dr. Jesmen Mendoza:** I'll go to your second question first, which is: I think we need to promote communities of practice across all the institutions that do this type of work. I think that there is probably a network already, but it's not explicit enough—

**The Chair (Mr. Lorne Coe):** That concludes the time of the official opposition, sir.

We're now moving to the independent member of the committee. MPP Hazell, please, when you're ready.

**MPP Andrea Hazell:** Mr. Mendoza, thank you so much for submitting and making your presentation—lots of information shared.

I want to take my time and really focus around the mental health issues and the mental health services that you offer at this moment. There are many, many students that experience IPV and GBV, and there are many of them—it's a high percentage—that suffer in silence. We know the explosion of what can happen when they suffer in silence.

1520

I want to ask you, how many students do you see coming in to you for counselling? What are the end results for them? I know the system has failed them, and they also drop out of universities as well.

**Dr. Jesmen Mendoza:** Is the question with respect to services of mental health related specifically to those who have caused harm?

**MPP Andrea Hazell:** Yes.

**Dr. Jesmen Mendoza:** I can tell you that in 2008, when I first started to do this type of work, it was really done on the side of my desk. In fact, it's quite a rarity to actually see someone like myself be at a counselling centre; most times, you get registered psychotherapists, clinical social workers, and clinical and counselling psychologists. Very rarely do you actually see a forensic psychologist at a university counselling centre, but my institution recognized the need, that we were getting these individuals.

As I started to actually do this work and started to hold accountable and responsible students who have caused harm with respect to IPV and their mental health, what I have found in all of that, and why I've suggested a trauma-informed framework in the type of work and interventions that are delivered, is that most of them have had some type of traumatic issue or traumatic background that then has contributed to their use of violence and created harm on our campus and in our learning communities.

I can say, from 2008 onwards, there has been a steady increase—I don't necessarily think that it's IPV that's slowly on the increase; I think it has always been there and that there were no supports or systems to adequately address this. And so do I find myself with a full caseload, or a half caseload, devoted to accountability counselling and disciplinary counselling, which—I think to myself that if this is happening at my institution, it's probably happening at other institutions.

Other institutions have asked me, "How do we do this work?" They don't feel adequately trained, which is why I'd emphasize how someone needs a background in forensic mental health to help tease out how much of this is disruptive behaviour and how much of this is behaviour predicated on mental health issues that then have created disruptive behaviours on campus and, invariably, harm. So I think that the recommendation as such—we need individuals who are qualified and knowledgeable in forensic mental health and the post-secondary sector as well. I have seen an increase, but I think it's because we only created that infrastructure of the student judicial affairs unit.

**MPP Andrea Hazell:** Thank you for putting that on the record.

You said something that I'm going to continue the questioning on. You have worked with other institutions. When we are onto solutions and we figure out what the issues are, how we become better impactful for this vulnerable population is bringing the institutions together and having those same kinds of discussions. What are you hearing from other institutions that you have been in contact with?

**Dr. Jesmen Mendoza:** Other institutions have said, "Who does this work?"—because they know that they can't do it, or it might be the sexual violence coordinator who has been charged also with being able to support or assist the person who has caused harm, which creates role confusion. Sometimes what happens is, this accountability counselling and disciplinary counselling ends up being farmed out into the community with respect to private practice.

Let me just say that although I have a lot of respect for my private practice colleagues, they might not know how to navigate those students through a student judicial affairs system. In fact, those private practice practitioners, who have done risk assessments and do accountability counselling with respect to students who have caused harm, have consulted with me, saying, "How does the institution work?" So you need someone firmly entrenched in the post-secondary system itself, with respect to, let's say, student conduct or a student judicial affairs office, that is actually providing this type of work, and which is why I stress a double qualification here of forensic mental health training as well as knowledgeability of the post-secondary sector—

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

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

**Mr. Brian Saunderson:** Thank you very much, Dr. Mendoza—or Professor Mendoza, I guess—

**Dr. Jesmen Mendoza:** It's actually "Dr."

**Mr. Brian Saunderson:** Okay. So you're a doctor. You're a forensic psychologist?

**Dr. Jesmen Mendoza:** Yes, I am a forensic psychologist.

**Mr. Brian Saunderson:** Okay. You've touched on a lot of really interesting points. This is, I think, our fifth or sixth day of hearings now. We heard previously from Dr. Sandy Jung at the University of Alberta, and two of the things—you've got four excellent recommendations, but two of them that really struck me are the issues of assessment tools and then data collection. Those were topics that Dr. Jung also addressed.

We've heard about a number of different assessment tools. There's the ODARA that's used by the Ontario Provincial Police, which is a perpetrator-based tool to assess risk. We've heard about the Danger Assessment tool, which comes at it more from the victim's perspective, and then some early detection tools. Dr. Leena Augimeri spoke to us today about EARL as an assessment tool, and then I gather there's the ACE, which is adverse childhood experience. So there's a number of tools, and then you've talked about co-creating a tool as well.

I'm just wondering, what is the gold standard of these tools and how can we implement them from these various perspectives to identify those at risk of perpetrating, those at risk of repeating who have been exposed as children, and using them effectively as well to assess victims and what their risk is going forward so that we can make sure they get the appropriate supports that are necessary to protect them?

**Dr. Jesmen Mendoza:** That's a great question. I was going to say that I think there are multiple gold standards depending on the question that you're actually asking. As you had outlined in terms of the ODARA and the Danger Assessment and all the different other types of measures that you were citing, those might be the particular gold standards for those particular questions, but I think sometimes what is confusing is what the question is that we're asking.

The difficulty at settings like post-secondary institutions—and I would say also workplace settings as well—is that these tools that you've just mentioned aren't normed or validated for a pro-social environment. Most of these tools that you've just mentioned are usually for justice-involved settings and are also based on criminality.

The individuals that I deal with and that I work with, at the end of the day, are typically pro-social individuals. For example, one of the questions might be, "Are you gang-involved?" That doesn't translate well in a post-secondary sector or maybe in some workplaces, for example, and so I would have to kind of score that as a zero on that particular assessment tool. But they may actually have negative peer relationships with people on a Discord server or with a men's group, for example, that might be radicalizing them in some way, shape or form. We need tools that are very specific to the setting that answer specific questions.

So I can only answer you in generalities here instead of saying, “This is the gold standard.” It really depends on the setting and the question that we’re asking. With respect to post-secondary institutions, unfortunately, most of the tools that are being used by post-secondary settings aren’t necessarily normed for their settings and they’re not necessarily appropriate, which is problematic because high-stakes decisions are being made on them—for example, whether a student is actually suspended or allowed to come back to the campus community or not.

Sorry; you had another question about research too, right?

**Mr. Brian Saunderson:** Yes, on the data collection and what the data points we need to be covering are: You’ve said how unique university and post-secondary institutions are, so a lot of your work is really geared to that environment. We’re hearing from large GTA service groups; we’re hearing from rural service groups, Indigenous groups, other visible minorities. There seems to be a number of factors on this issue that can determine how people access the supports they need when they’re in this awful scenario.

So how can we collect the data? How do you take these disparate contexts and come up with data that is going to be useful for us on a provincial-wide basis?

**Dr. Jesmen Mendoza:** I think that this is a common question asked amongst a lot of researchers, scholars and clinicians. I know that there’s a project under way to, if you will—my characterization is to create a Rosetta stone amongst all these different tools, if I can frame it that way. I know Dr. Sandy Jung has involvement in that. But I think that the more we can actually come up with common language, common metrics, and then recognize that these tools all probably apply—but they also mean, or can be interpreted to mean, certain things like risk, for example. Fortunately, that’s a project that’s being undertaken right now.

I don’t know how the government can interface with that, but certainly I think the government encouraging researchers to find that common language and common metrics is really important.

1530

**Mr. Brian Saunderson:** Dr. Jung—you may be familiar with this—spoke of establishing a provincial framework to try to get us all working in the same direction and have crosstalk, for lack of a better word, between the various disciplines and interest groups. We’re hearing a lot about the importance of intervention, which really seems to be either in a crisis scenario or in a criminal context, but also prevention upstream from working and supporting those who are at risk, the perpetrators, those who have been exposed as children.

Can you give us your thoughts on how we might create a master framework that can be alert to all these different needs and addressing them?

**Dr. Jesmen Mendoza:** Yes. I would think that Bill 173 needs to be an omnibus bill that creates a bit of policy coherence or coherence amongst all the different types of legislation and funding that come together. I don’t know that I would characterize it as crosstalk, but there’s in-

coherence at the table when we talk about, for example, measures of risks to be used and stuff like that.

I’m sure that this committee has not contemplated the idea of Bill 173 being an omnibus bill, but I think if it was, it would start to create coherence amongst all these different sectors and settings to address IPV, which cuts across socio-economic classes, racial classes, different types of settings and stuff like that. I think that this is sometimes the problem, that there is no coherence among these different settings and among these different stakeholder groups on the issue of IPV. I don’t know if that makes any sense, but that’s certainly what I’m—

**Mr. Brian Saunderson:** No, it does. I know it’s a very broad topic, and it’s certainly one that I think we need to consider in terms of a multi-pronged approach.

I know we’re very focused, as well, on protecting victims, but you’re talking in your work about working with—

**The Chair (Mr. Lorne Coe):** Excuse me, MPP Saunderson. That concludes the time for this particular witness today.

Thank you so much, Professor, for being here and presenting what you did. We appreciate it very much. I do, though, sir, need to move on to our next presenter. Thank you for being with us.

#### NATIONAL CENTRE FOR THE PROSECUTION OF ANIMAL CRUELTY

**The Chair (Mr. Lorne Coe):** I will now call on the National Centre for the Prosecution of Animal Cruelty. Good afternoon. Thank you for joining us. You’ll have 10 minutes for your presentation. If you would please state your names for Hansard, which is the official recording service for the Legislative Assembly of Ontario, and then, following that, you may begin your presentation. I’ll let you know when you have one minute left in your presentation.

Your names and affiliation, please. Thank you.

**Dr. Amy Fitzgerald:** Amy Fitzgerald, criminology professor at the University of Windsor.

**Ms. Kerri Thomson:** And Kerri Thomson, manager of justice and legislative affairs at Humane Canada.

**The Chair (Mr. Lorne Coe):** Welcome, both of you, to the Standing Committee on Justice Policy. You may begin your presentation. Thank you.

**Dr. Amy Fitzgerald:** I am speaking to you today from the traditional territory of the Three Fires confederacy of First Nations, which includes the Ojibway, Odawa and Potawatomi. I’m a criminology professor and one of the founding members of the Animal and Interpersonal Abuse Research Group, or AIPARG, at the University of Windsor. I am also a member of the Health Research Centre for the Study of Violence Against Women at the University of Windsor, Humane Canada’s violence-link coalition, and the Violence Against Women Coordinating Committee Windsor-Essex.

My work with my colleagues at AIPARG—Drs. Betty Barrett, Patti Fritz, Rochelle Stevenson and Deborah McPhee—has been funded by the Social Sciences and

Humanities Research Council of Canada, and my work in this area has also been funded through two research fellowships at Harvard University.

I normally keep my remarks in venues such as this professional, but today I would like to begin with personal reflection. In the past year, the IPV epidemic has touched my life twice. Approximately one year ago, Sahra Bulle, a student in my department, was killed by her ex-husband. Six weeks ago, in my little town of Harrow, Ontario, Carly Walsh and her children, Madison and Hunter, were killed by her husband and the children's father. My son played soccer with eight-year-old Hunter. I sit before you today not only as a criminology professor, but also as a citizen of this province, to implore you to take decisive action to address this deadly problem.

There is much that can be done to prevent intimate partner violence and mitigate the associated risks. I've spent two decades studying one aspect: the relationship between animal abuse and IPV, or intimate partner violence. I have learned three important lessons.

First, there is a significant co-occurrence between animal abuse and IPV. In our research with survivors in 16 shelters across Canada, 89% reported their partner had mistreated their pet, 21% reported their pets were injured, 15% reported their pets were killed. For instance, one participant reported, "I bought a cat. He beat her and choked her the day I brought her home."

We also analyzed data from a representative sample of the general Canadian population via the general social survey. These are people living in their homes, not a sample of IPV victims and survivors in shelters. One in eight of these victims of physical intimate partner violence reported animal maltreatment by their abuser. Those whose pets were mistreated were significantly more likely to have experienced all forms of physical and sexual violence assessed in the general social survey, such as being beaten, threatened with a weapon, choked and forced to engage in sexual activity. Reporting animal maltreatment was also associated with a 38% increased risk of being subjected to emotional abuse.

The second lesson is that IPV involving animal abuse is associated with more severe consequences for survivors. Among the sample of the general Canadian population I referenced, animal maltreatment was associated with a statistically significant 25% increase in the likelihood of fearing for one's life and a 16% increase in the probability of injury. We also found in our study of domestic violence shelter clients that those who reported animal maltreatment were statistically more likely to report being subjected to severe physical and psychological abuse.

The third lesson is that it impacts help-seeking. Unfortunately, the majority of shelters do not have programs to care for pets while IPV victims seek shelter themselves. In our shelter sample, 56% of participants reported that they delayed leaving their abusers specifically because of their pets. Sixty per cent were forced to leave their pets with their abuser, and approximately a third of these reported that they were considering returning to their abuser specifically out of concern for their pets. Those

who reported delaying leaving were statistically more likely to report that they had been subjected to severe IPV, and 75% of shelter staff we surveyed reported that they were aware of individuals in the community who had refused to go to the shelter specifically because they could not bring their pets.

This points to a number of safety concerns. Those who have pets often report animal maltreatment. Those who do so are more likely to report severe IPV, and they are unlikely to find services that will care for their pets while they seek safety. Accordingly, they are likely to report delaying leaving the relationship due to concern for their pets.

Fortunately, the research points to several things that can be done to assist IPV victims who have pets, and Kerri will be discussing a few of our specific suggestions.

I would like to close my portion by emphasizing that this problem is not going to get any better without decisive action. In fact, I suspect it will only worsen for two reasons. First, a growing number of homes in the province include animals. Second, an increasing proportion of these homes consider these animals family. As these societal trends continue, we will see more victims who have companion animals, and these animals and the people who love them will be at risk specifically because that love makes them a useful tool that can be used to threaten and control human victims.

Action to reduce all barriers to leaving an abusive relationship and ensuring our social institutions are best addressing the needs of victims and survivors is long overdue. There is plenty of room for improvement when it comes to addressing the intersection of animal abuse and IPV, and in my capacities as both a researcher and a citizen of this province who has witnessed the tragic impacts of IPV, I urge the province to step up and assume a leadership role in this regard. Thank you.

**Ms. Kerri Thomson:** Thank you, Amy—

**The Chair (Mr. Lorne Coe):** Thank you very much for your presentation. We'll now move to the official opposition for questions, please. Yes, MPP—

*Interjections.*

**The Chair (Mr. Lorne Coe):** Oh, we have one other person. I'm sorry.

You have three minutes and 18 seconds left to make your presentation. Go ahead, please. Thank you.

**1540**

**Ms. Kerri Thomson:** Thank you. I'm Kerri Thomson, manager of justice and legislative affairs at Humane Canada. I appreciate the opportunity to appear today.

Humane Canada is the federation of humane societies and SPCAs, with members nationwide, that Canadians depend on in order to care for abused and abandoned animals. In addition, we founded the National Centre for the Prosecution of Animal Cruelty, a community of prosecutors and professionals from across Canada working together to support the prosecution of animal abuse crimes as a matter of public interest, where a part of my job has been to catalogue animal cruelty court decisions into a database. It was there that I noticed that incidents of ani-

mal abuse most commonly occurred with intimate partner and family violence cases, as well as child sexual abuse and exploitation.

We're also the lead agency for the Canadian Violence Link Coalition that brings together over 40 members from both human and animal service sectors whose work intersects with the violence link. That's the link between animal abuse and interpersonal violence.

Humane Canada agrees that any strategy to address intimate partner violence requires a multi-sector approach. We cannot continue to work in silos, and working together is key. Some ways to accomplish this are outlined in our brief, but I wanted to highlight a few examples here.

Law enforcement training at entry level and continuing education for all police service members is already working in other jurisdictions, including here in Ontario, where an assistant crown attorney in Ottawa offers violence-link training to new recruits at Ottawa Police Service, which could be adapted to provide training virtually across the province. Violence-link training is offered in all law enforcement courses at the Atlantic police college in PEI. And in Calgary, one police officer working with the Calgary Humane Society and a forensic veterinarian decided to pull his animal abuse files to see how many correlated with other criminal charges after noticing some overlap and found that 93% were also domestic violence offenders. The team then began working together to support crown prosecutors fighting for animal abuse convictions, and the result has been some of the highest animal cruelty sentence outcomes in Canadian court history. The team has also been tapped by Alberta Association of Chiefs of Police to conduct training on the violence link across the province, which has expanded to parts of BC and Saskatchewan. Their success emphasizes the need for not only law enforcement training but all criminal justice and other justice stakeholders, which is equally important.

The National Centre for the Prosecution of Animal Cruelty provides several resources to our members as well as the online annual prosecution conference, where Dr. Fitzgerald and I presented our family law study findings last November. I've also led training for family law students and court support workers on the violence link to stress that survivors need to be asked questions about their animals. In regard to questions, animals should be considered in domestic violence calls and interviews by police and social service agencies, because survivors often find it easier to talk about their pet being harmed, and sometimes asking one simple question is all it takes. Including animal abuse in domestic violence and other risk assessments is also recommended.

Members of Saskatoon Police Service attended our last prosecution conference and were inspired—

**The Chair (Mr. Lorne Coe):** Thank you both for your presentation. That concludes the available time.

We'll move now to the official opposition. MPP Kernaghan, please, when you're ready, sir.

**Mr. Terence Kernaghan:** Thank you very much to both Kerri as well as Professor Fitzgerald.

Kerri, I'd like to know, would you like to take some time to finish your comments?

**Ms. Kerri Thomson:** Yes.

**Mr. Terence Kernaghan:** Please go ahead.

**Ms. Kerri Thomson:** Thank you so much. I just wanted to say that Saskatoon Police Service attended our last prosecution conference, wanted to know more about the violence link, set out some training through the Calgary team that I had mentioned, and this led them to not only amend their domestic violence risk assessment indicator checklist to include questions about pets, but they also put together a review panel for Saskatoon region that included the director of Saskatchewan's version of PAWS, anti-violence and other support services in the area to examine connections in their animal abuse cases and identify opportunities to improve victim outcomes. For a province with the highest rates of intimate partner and family violence in Canada, this could be pivotal.

Finally, we recognize this committee cannot allocate funding, but it is desperately needed to create sustainable solutions for survivors and their animals.

From the many reports and recommendations referenced in this study, Ontario now has a choice: We can continue to talk about it, or we could be leaders and take decisive action. Thank you.

**Mr. Terence Kernaghan:** Thank you for bringing to the committee's attention the very distinct link between intimate partner violence as well as animal abuse. The statistics you've shared are quite jarring.

To Professor Fitzgerald, first, on behalf of the committee, I want to express our condolences on the loss of Carly, Madison and Hunter to both you, your family as well as your community.

I think your call for decisive action is very well received. It's something that must happen and has to happen. You've studied this for quite some time, and I want to thank you for bringing your expertise and your work on this issue.

You mentioned that 56% of IPV survivors have delayed leaving an abusive partner because of concerns for their animal. I wanted to ask, have you tracked the timeline of this delay specifically? What was the length of it—how long did they keep from seeking services?

**Dr. Amy Fitzgerald:** Thank you very much, and thank you for the question.

The median amount of time reported is two years. But I want to stress that I've also interviewed individuals who have remained in abusive relationships specifically because of their pets—so that two years is among individuals who have gone to a shelter. I'm also quite concerned about the number of people who will never go to a shelter because they can't take their pets with them.

**Mr. Terence Kernaghan:** I also wanted to ask, should the government, as more of a holistic treatment or understanding of intimate partner violence, look toward the animal's mistreatment as a warning sign? Should they deploy resources as soon as evidence of that is received?

**Dr. Amy Fitzgerald:** Yes, I would strongly endorse that. Not only my research, but studies by other research-

ers have pointed to animal abuse as a risk marker for intimate partner violence—and not only the presence of intimate partner violence, but also, as I mentioned, severe intimate partner violence.

**Mr. Terence Kernaghan:** It has been outlined quite well for the committee that this is a very large barrier for those fleeing intimate partner violence. In terms of removing that barrier, what recommendations do you have for the committee, in terms of shelters? What would you like to see deployed so that this barrier is removed for those as well as their animals?

**Dr. Amy Fitzgerald:** I would love to see funding allocated to domestic violence shelters specifically to develop programs to shelter pets. I realize that not every shelter is going to be able to develop an on-site program due, perhaps, to space limitations, but there could also be agreements reached with local humane societies. If local humane societies were provided with funding, then they could also share that burden. Domestic violence shelters are grossly underfunded—I'm sure I'm not telling you something you don't know—so expecting them to develop these programs on their own is a big ask; I think allocating funding specifically to do so is certainly needed.

**Ms. Kerri Thomson:** I would agree with that. Only 30% of shelters in Ontario have some sort of pet accommodation. As we've heard before with prior testimony, many, many people are being turned away from shelters because there's not enough space for the human victims, let alone the animal victims.

**Mr. Terence Kernaghan:** During pre-budget consultations, the Standing Committee on Finance and Economic Affairs heard from Anova, an organization in my community which had to turn away 95% of people seeking shelter from their abuser, which is a situation where people on the front lines would experience a great deal of trauma themselves, having to turn away somebody who is seeking just that simple assistance. It has been described as a moral horror, and I could not agree more. It has a long-term impact, especially when those who aren't able to receive a bed end up in the news, unfortunately, having lost their lives as a result of IPV.

Kerri, you mentioned in the brief some of the cases where people have been convicted of animal cruelty. Are there any of those you'd like to touch on for the committee's reference?

1550

**Ms. Kerri Thomson:** There are quite a few of them. The ones I listed were just in Ontario, and unfortunately a lot of animal abuse cases aren't reported. So we don't have court decisions, which is why we started cataloguing our own.

There was a recent one at the end of 2023 where a man was convicted of animal cruelty because he stabbed the family dog to death after a domestic dispute with his pregnant partner where he also assaulted her and her friend. The children were in the house, and they were awakened by the dog's screaming. So there are levels of trauma there that are associated with that.

Another one is an example of a case where animal abuse is not seen as a secondary—it's seen as a separate situation. That was one in Ontario. I almost included it, but I didn't—

**The Chair (Mr. Lorne Coe):** Thank you for your response to the question.

Members, our colleague has had to leave who would be next to ask the question. Procedurally, in earlier meetings we split the five minutes equally amongst the official opposition and the government. Do I have consensus that we take that approach?

Please continue with your response to the question.

**Ms. Kerri Thomson:** Thank you.

This was one was R. v. T., and the accused was charged with sexual assault for assaulting his intimate partner over 30 times sexually between the years of 2008 and 2020, as well as kicking his family dog to death after the dog had an accident on the floor. That was actually an application to sever the charges, because they were worried that the kicking of the dog would be misconstrued as “The accused is a bad person,” so the jury would then engage in forbidden logic and assume automatically that, because he kicked the dog to death, he's also capable of sexually assaulting a woman more than 30 times over an almost 20-year period.

It's things like that where they're separate where it's problematic, because they need to be seen as a symptom of the same problem. It's a power and control issue. Sexual assault and animal abuse and coercive control—it's all power. Not recognizing that is a huge problem.

**Mr. Terence Kernaghan:** Understood. And I think, with your testimony today, it's something that this committee has heard multiple times: the need for a multi-sectoral approach, as well as an upstream investment to make sure that people aren't being victimized by their partner.

I want to thank you very much for your presentations today and thank you very much for the work that you've done in order to forward this. The committee will take this very seriously, and I very much appreciate your advocacy on the matter.

**The Chair (Mr. Lorne Coe):** Thank you, sir, for the question. You only have 47 seconds left for question and response.

MPP Sattler—quick question, quick response.

**Ms. Peggy Sattler:** Yes. Quick question: Is there a role for veterinary professionals in terms of screening for intimate partner violence?

**Ms. Kerri Thomson:** Yes, absolutely. It's been recommended. I can't recall if it's actually a mandate, but I believe the Canadian veterinary association has called for their membership to actually have a reporting mechanism where they suspect animal abuse is related to intimate partner violence. That's one of the areas that survivors are likely to disclose—because, again, they'd rather talk about the animal abuse than their own harm.

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



To the government—remember, you have two minutes and 30 seconds added to the original seven minutes, 30 seconds.

MPP Dixon, please, when you're ready.

**Ms. Jess Dixon:** Thank you both so much for coming. I had the opportunity back in a past life to attend one of the NCPAC conferences. It was the one where we were presenting the Breezy case, which I worked on as an articling student.

Way back then, when we were preparing for the submissions on that—because the goal, of course, was to arrive at a decision as authored by the judge that would lay the foundation for cases to come, as the first case to proceed by indictment. One of the things that we were running into, which I ended up going to the federal Hansard to address what I'd like you to talk about here, is: What would you say to people who would say—because I know this happens—that paying attention to animals in the context of IPV or sexual violence is inappropriate because it takes attention away from human victims?

**Dr. Amy Fitzgerald:** Thank you for the question. What I would say is that, as Kerri mentioned, you can't distinguish the two. They're part of the same problem and addressing them separately isn't going to work.

What I say to people is, "Even if you don't care about animals, even if you don't like animals, you have to acknowledge that there are people in the community who care enough about their animals that they will put their lives at risk to protect their animals." So if we care about people and preventing horrific crimes such as the recent ones that we have seen, we need to address that barrier that animals can play for people in the province.

**Ms. Jess Dixon:** Kerri, anything to add?

**Ms. Kerri Thomson:** I would add that, yes, it is definitely an interconnected situation; animal abuse and human abuse often go hand in hand. Police officers have noticed it, but they don't have any protocols in place to address it properly and neither does the criminal justice system.

So yes, I would agree with Amy that even if people don't like animals, they have to recognize that, for some people, animals are family, and they will not leave that animal behind because that animal is vulnerable to abuse as much as a child would be who would be left behind. Because abusers take whatever their target is that they love the most and they will try to break it down as a means to get to them.

**Ms. Jess Dixon:** Thank you. I know that you've said this and it's in your submissions, but I want to focus on having the short answer again.

In relation to those naysayers, I'll call them: Statistically, are you confident that you have the stats and data to show that, regardless of what opinion people might have about animals, this is something that's significantly connected in a way that's beyond simply coincidental?

**Dr. Amy Fitzgerald:** Yes. If you had asked me 20 years ago, my response might be different, but 20 years later, I would say, yes, there's now sufficient empirical evidence to say that these two forms of violence are not

only connected, but the presence of animal abuse points to more severe intimate partner violence—and the fact that individuals will delay leaving their abusive partner specifically because of their pets.

**Ms. Jess Dixon:** Thank you.

When I was involved in some of these—when you're talking about investigative and prosecutorial challenges, what I personally found was, generally speaking, in some of the cases, the police weren't very well prepared to deal with these. I remember a case of a bulldog being put in a cage and stabbed 30-something times, and they didn't take any photos of it, even though it was still there, which was a challenge.

Then of course, even from a prosecution perspective, finding and challenging that bias of, "Why are you talking about an animal?"—and animal cases tend to attract a lot of media and can become quite high-temperature, which tends to exacerbate the issue about, "This is just an animal."

I wonder if you can talk a little bit more about what challenges you've seen and how you think they could be overcome or better addressed.

**Dr. Amy Fitzgerald:** Well—

*Interjection.*

**Dr. Amy Fitzgerald:** Go ahead, Kerri.

**Ms. Kerri Thomson:** No, you go ahead.

**Dr. Amy Fitzgerald:** I was just going to say that officers often don't realize that they should be asking very specific, targeted questions about animals. Police officers, shelter staff, front-line workers, I think, assume that victim-survivors will volunteer information that they think is important, but there's still such a stigma around saying that you delayed leaving an abusive relationship because of an animal, especially if there are children involved.

So having training to train individuals to ask very specific, targeted questions would be immensely helpful because, like I said, a lot of people assume that the victims will volunteer information, and because of fear of being stigmatized, oftentimes they won't.

**Ms. Kerri Thomson:** Yes, that's true. And it really is down to that training. Whoever was first on the scene may have not realized that the dog was integral or may not have understood how integral taking pictures of the dog could be and just thought, "Oh, well, it's just a dog." But training needs to be established that every piece of evidence is important and it could come up later, so you need to basically take pictures of almost everything that you think might be relevant. Animals are definitely relevant, especially—and they tend to get ignored in cases where there's other forms of violence. They get sort of pushed to the side. But officers and first responders need to understand that the animal is part of it. They're just as much of a victim and, often, they've been a victim for longer. So they need to be looking at that animal and the abuse history and the escalation there.

**Ms. Jess Dixon:** Definitely. I remember one of the most impactful stories from the NCPAC conference that I was at was one of the investigators talking about going into a home where they suspected family violence as far

as risk factors. They started talking to the kids about their pets, and one of the little kids said, “Well, we had a bunny, but Daddy threw it against the wall and now it doesn’t work anymore.” It was a pretty significant indicator.

When we’re talking about coercive control, can you talk a little bit more specifically about how pets and threats to pets really play into coercive control, particularly with this new understanding that we’re having of just how important and relevant coercive control is?

**Ms. Kerri Thomson:** Well, this is where non-violent acts towards the animal like threats or intimidating the animal, scaring the animal, subtle things that a survivor may not realize and recognize as being coercive control, actually come into play as significant. Survivors as well need to also have some sort of education. I think in general, public awareness needs to be brought up that abusers will take whatever advantage they can. It could be withholding food. It could be withholding vet care. So if they harm the animal and then refuse to let the survivor to take the animal to see a vet to be treated, that’s a form of coercive control. Threatening the pet and saying, “Well, you’re next,” kind of thing is another area of control.

Amy, do you have any specific stories?

**Dr. Amy Fitzgerald:** Yes. I was going to say, Kerri, I appreciated the point you made about the need for public education, because a lot of people don’t realize that the treatment of pets can be perhaps one of the first red flags. Last month, I was interviewing a survivor. She contacted

me to participate in a study. There had been a flyer up in the shelter about the study on animal abuse in the context of intimate partner violence. As we were talking, she was describing this horrible treatment of her dog by her abusive partner, and she said, “Until I saw your flyer, I didn’t realize it was part of the same thing.” So even survivors sometimes see it, don’t realize that it’s connected and don’t realize that it’s not just happening to them, that it’s a broad-based problem. So I think public awareness would go a long way so that people realize that there is a connection and it can be an early warning sign.

**Ms. Jess Dixon:** Thank you. I’ve only got a couple of seconds left, so I’ll just say thank you both so much for all the work you’re doing. I know this is an area that isn’t as covered as it should be, and I really appreciate your contribution to the committee in expanding our knowledge on this critical area.

**Ms. Kerri Thomson:** Thank you.

**The Chair (Mr. Lorne Coe):** Thank you both for your presentation. I appreciate the time you spent with the Standing Committee on Justice Policy this afternoon.

Members, that concludes our delegations for today. Thank you very much for your participation and assistance.

This committee is adjourned until Thursday, August 1, in this committee room 1, Legislative Assembly of Ontario, at 10:30 a.m.

*The committee adjourned at 1605.*



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