

Legislative  
Assembly  
of Ontario



Assemblée  
législative  
de l'Ontario

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**Official Report  
of Debates  
(Hansard)**

JP-41

**Journal  
des débats  
(Hansard)**

JP-41

**Standing Committee on  
Justice Policy**

Intimate partner violence

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

Tuesday 23 July 2024

**Comité permanent  
de la justice**

Violence entre  
partenaires intimes

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

Mardi 23 juillet 2024

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Chair: Lorne Coe  
Clerk: Thushitha Kobikrishna

Président : Lorne Coe  
Greffière : Thushitha Kobikrishna

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Room 500, West Wing, Legislative Building  
111 Wellesley Street West, Queen's Park  
Toronto ON M7A 1A2  
Telephone 416-325-7400  
Published by the Legislative Assembly of Ontario



Service linguistique et des publications parlementaires  
Salle 500, aile ouest, Édifice du Parlement  
111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400  
Publié par l'Assemblée législative de l'Ontario

ISSN 1710-9442

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON  
JUSTICE POLICY**

Tuesday 23 July 2024

**COMITÉ PERMANENT  
DE LA JUSTICE**

Mardi 23 juillet 2024

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

**INTIMATE PARTNER VIOLENCE**

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

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

I will now call our first presenter forward, please, to the table—

**Ms. Catherine Fife:** Chair?

*Interjection.*

**The Chair (Mr. Lorne Coe):** Sorry. MPP Fife, please.

**Ms. Catherine Fife:** If the independent members do not show up, is the time reallocated to government and to opposition members?

**The Chair (Mr. Lorne Coe):** To my Clerk, please go ahead.

**The Clerk of the Committee (Ms. Thushitha Kobikrishna):** As per the motion, it wouldn't be divided. If the committee were to agree to do that, you could do that, as well.

**Ms. Catherine Fife:** Chair?

**The Chair (Mr. Lorne Coe):** Yes, MPP Fife.

**Ms. Catherine Fife:** With the understanding of the committee, if the independent members are not here, this would be a good time for both government members and opposition members to ask more questions and to learn more, so I would suggest and ask the government to consider using that time and not leaving it on the floor, given the importance of this work.

**The Chair (Mr. Lorne Coe):** MPP Dixon, to the motion.

**Ms. Jess Dixon:** Just for clarification from Madam Clerk, is the independents' time divided between the two?

**The Clerk of the Committee (Ms. Thushitha Kobikrishna):** If that's what you decide.

**Ms. Jess Dixon:** Yes, then if we can divide it equally.

**Ms. Catherine Fife:** Thank you.

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

**GOLDBLATT PARTNERS LPP**

**The Chair (Mr. Lorne Coe):** I will now call on our first presenter, Kirsten Mercer. For the record, for Hansard, which is recording all of our proceedings today and subsequent meetings, please state your name and your affiliation.

**Ms. Kirsten Mercer:** Thanks very much. My name is Kirsten Mercer, and I am a lawyer at a firm called Goldblatt Partners in Toronto and Ottawa. I do work around gender-based violence advocacy, and I have worked as a strategic policy adviser in both the provincial and federal governments, and I was counsel to EVA in Renfrew county on the inquest into the deaths of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam. In part, that work has informed how we came to be here today, I think—

**The Chair (Mr. Lorne Coe):** You have 10 minutes for your presentation. I'll let you know when you have one minute left. Thank you so much.

**Ms. Kirsten Mercer:** I want to acknowledge that we are gathered on the traditional territories of the Mississaugas of the Credit First Nation, the Anishinaabe, the Chippewa, Haudenosaunee and Wyandot Nations, as well as the many First Nations, Inuit and Métis people who continue to lead and teach about how to live on this land and live with each other in a good way.

I also want to acknowledge the survivors and family members, the elders and matriarchs, the queer folks, the Black women, the trans folks, those who live with disabilities and others who continue to mentor me and hold me accountable and who encourage me to see things that are outside of my lived experience.

I want to thank the committee for your work on this important issue, for the seriousness with which you're taking it in your summer break, and for inviting me to speak with you.

There are a lot of people who are going to come before you and who have already come before you to talk about the substance of this issue, and I take nothing away from any of that, but I want to talk a bit about process and implementation. I want to pick up on some of the themes

that you heard from testimony already last week and the core message that I think will come across, which is that we already know what we need to do, but where we have fallen down again and again is at the level of implementation. In order to get this work right, we have to figure out how to work together, how to hear each other, and how to learn what's working and what's not working from those who are closest to the ground.

In some ways, we're blessed in this work because there is so much knowledge. There are volumes of recommendations. There is a recent injection of capital through the national action plan on gender-based violence, and there is leadership from the government in terms of the Ontario-STANDS plan. Best of all, we know that this is a solvable problem. But we're also facing rising levels of femicide and intimate partner violence—femicide, in particular—and escalating demands on gender-based violence service providers, which we saw throughout the pandemic, and it has not abated even as COVID had begun to dissipate.

There should be no question that we're facing an epidemic. This should not be a debate, and I don't think it is anymore. We should not shy away from saying what the Red Cross, the United Nations, the WHO, the federal Standing Committee on Justice and Human Rights, Harvard and every front-line advocate I've ever had the honour of working with already know. IPV was a shadow pandemic during the COVID days, and we are now continuing to face a public health emergency in the form of an IPV epidemic.

The good news is that most IPV femicides are predictable and preventable. We know a lot about the prevention. We know a lot about the warning signs and red flags, and we know about how to intervene. This committee heard some of that work from Dr. Peter Jaffe last week. There are decades of recommendations from the Domestic Violence Death Review Committee. And if you're not already hearing from the Office of the Chief Coroner during the government phase of your study, I encourage you to do that.

If time permits, I'm going to talk more about the CKW inquest recommendations and illustrate why the response to those recommendations points us towards looking closer at implementation and being in better dialogue between folks on the front line and government and policy-makers. But I'll touch on a few of them here.

The first is CKW recommendation 10. CKW is the short form that we use to refer to the recommendations that came from the Renfrew inquest, and those stand for the last names of the women whose deaths were studied at the inquest. Recommendation 10 was that community safety and well-being plans be implemented in every community. The government rightly responded to reject that recommendation. I'll qualify that by saying I don't think the government's response was as strong as it could have been, but the government said, "Community safety and well-being plans are derived from local priorities; we don't dictate that from the province." Fair point.

However, if the government wanted to embrace the spirit of that recommendation, it could have taken steps to

strengthen communities' ability to do that work at the local level, that work that we now know communities across the province are doing, as they've made their own declarations of epidemics and they've begun to do this work, or were already doing the work, to make intimate partner violence a focus of their community safety and well-being plans. The province could have led, and instead I feel like it's going to be one of the last to join into that work.

Another example is recommendation 12, which talks about how probation officers should be making timely contact with survivors and family members in the context of probation. The government responded that they've completed that recommendation, and in fact, they have delivered a new protocol that requires that probation officers, particularly in the context of dangerous offenders or high-risk offenders, make contact with survivors within 24 hours of a breach, which is a good step forward.

However, not only is there no process in place to figure out whether that mechanism is actually working and happening, front-line workers and those who directly support survivors were never told about this change in policy, and so they have no way of knowing what the people they work with can expect from those probation officers. Also, they have no way of knowing how to let people know if that's not what's happening. That implementation stage is where—it's a great idea, but the failure to build in meaningful communication and feedback loops means that we have no way of knowing whether that's actually happening on the ground and whether or not it's working to make survivors safer.

I noted the recommendations around funding and I'm going to come back to that at the end of my time; I'll obviously be happy to talk with you more about it. I know you'll hear and have already heard lots from folks about the need for structural changes to the way the government supports this work and the need to move towards core funding and annualized funding, rather than the cycle of program funding that has organizations constantly applying and evaluating and reporting back rather than just doing the work.

In the time I have left, I'd like to run through a few final points and I'm happy to come back to any of them in more detail during questions or if there's time.

#### 1010

The first is to invest in prevention, and I'm not going to talk about that because I already know you've heard a lot about it. I believe I'm preaching to the choir on that, and you will continue to hear about that. It cannot be overstated how important that is.

The second is to stabilize the sector to focus on its core mandates. We can't have organizations whose job is to support survivors and make our communities safer passing the hat and holding bake sales in order to fund this work. This work is not like building a gazebo; it's not a one-time project. This is a core public service, and one of the presenters last week talked about it as a fundamental part of our social safety net. The hamster wheel cycle of applying for funding and treating this work as if it's really going to be a project of three years is incredibly disruptive, and

you've heard about that already. There are organizations that you will hear from who are fundraising up to 40% of their operating budget. That's just wrong.

Number 3: Solutions are local, diverse and collaborative. We have to uphold and continue to uphold the distinctions-based and community-led solutions.

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

**Ms. Kirsten Mercer:** Number 4: We need independent leadership that is solution-oriented, that is connected to both the sector and the government and that is uncoupled from the partisan election cycle. And the CKW inquest called for an independent IPV commissioner.

We need to find ways for government to hear directly from service providers. The idea of a round table—whether you call it an implementation table, as the inquest recommendations did; a round table; an advisory table; whatever you call it—the ability for folks to come together and hear directly from the front lines about what's working and what's not.

You have the full list. I'm going skip to one which I think is important to say and that echoes something you heard last week from Dr. Goodmark. This problem transcends the criminal law. We know that lots of folks don't ever access that system in order to bring justice to their own context. Only about 30% of survivors will ever contact the police. So focusing the resources there does not help us with the vast majority of people—

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

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

**Mrs. Lisa Gretzky:** I just want to start by pointing out that last year alone, there were 62 women and children in Ontario that died because of femicide. By the end of June this year, just last month, Ontario had 35 reported cases of femicide. Those are people that were killed; those were not attempted femicides, as we recently had one.

So I think it's important, as we get to the work today, that we acknowledge those people who have been lost to femicide recently. Shannan Hickey of Belleville was killed May 21. Carly and her children, Madison and Hunter Walsh, of Harrow, were killed June 20—that's in my area of the province. Breanna Broadfoot died from her injuries on July 18, just last week, two days after her attack. She was in her 17th year. I want to point out that through that tragedy—Breanna was an organ donor and saved five lives, even though her life was not saved.

That's five deaths in under two months, and three of those were children. And we are still here, talking about whether IPV is an epidemic.

I will quote an article that was in the Toronto Star on Sunday: "We know that to end systemic violence, we must address the root causes of it. We also know that you cannot change what you refuse to name. Declaring intimate partner violence an epidemic recognizes the severity of the violence and it recognizes the deep investments needed to accelerate solutions."

And I appreciate the opportunity to honour just the ones that I could think of off the top of my head here today, and I know my colleagues will have questions as well.

I also want to just briefly talk about what we've seen in the news recently, where a pastor was charged with three accounts of sexual assault, and one of those cases was just thrown out of court because of delays. I think that speaks volumes to my colleague Catherine Fife's bill Lydia's Law and the importance that—we should have been able to debate it. But it should be discussed in depth, since the government sent it here and said that's what it's sent to this committee for—but to recognize that the justice system is grossly failing victims and survivors.

And with that, Kirsten, I want to thank you for the work you have done to support victims and survivors in your role in the Renfrew county coroner's inquest.

I will pass it on to my colleagues.

**The Chair (Mr. Lorne Coe):** MPP Wong-Tam, please, when you're ready—for questions. Thank you.

**MPP Kristyn Wong-Tam:** Yes. Thank you very much, Chair, for the opportunity.

Kirsten Mercer, it's wonderful to see you here at the committee again. For the record, you are the legal counsel to EVA Renfrew, which stands for End Violence Against Women Renfrew County. How long have you been the solicitor for this group?

**Ms. Kirsten Mercer:** I think I was retained in 2019 in the context of the inquest and have acted for them throughout the preparations for the inquest and, since then, on a variety of matters that I obviously won't get into—but also in terms of the follow-up to the inquest and trying to work to ensure that those recommendations were meaningfully implemented and that, as much as possible, we learn from that work in the policy-making and governance in the province.

**MPP Kristyn Wong-Tam:** And when working with the families of the victims of the violence, of the triple femicide in Renfrew, the emotional toll, I can imagine, that must have been brought upon not just the direct family members who survived, but also for the community that bore witness to the violence—what has that been like for you?

**Ms. Kirsten Mercer:** I think in terms of supporting family members, I have to take a moment to acknowledge the incredible strength and leadership of Malcolm Warmerdam, who participated at the inquest. Malcolm is the child of one of the women who was killed, and he was able to navigate a process representing himself and lead.

But I think I have to note that quite a long period of time passed from 2015 until the inquest took place—for various reasons: There was a criminal trial; there was a global pandemic—and it ended up being 2022 when the inquest took place. But I can say for sure that the community was still reeling, and even having the inquest—which did take place in Renfrew county—was a source of trauma and challenge for the community and for the family members. But their strength takes my breath away, particularly the leadership that Malcolm was able to show.

I think it's also important to note the toll that that takes on the front-line service providers. I can tell you, a lot of them testified at the inquest. They continue to carry not just the trauma of that day, but all of the work that they do with survivors on a day-to-day basis in their community.

I think that is a really important and insightful question because it acknowledges the toll that this takes not just on the people who appear as "victims" or "survivors" but on their whole community. When they're taken from us, but also when they're not, it's a real, significant impact on communities.

**MPP Kristyn Wong-Tam:** And for the communities that you represent and that you've been working with for all of these years since 2019, and for the community that sort of witnessed the violence directly in 2015—it's been a long journey for them. The inquest report came out with 86 really high-level recommendations. Their top-line recommendation was declaring intimate partner violence an epidemic. Was that a surprise to the community, that that was the top recommendation from Renfrew?

**Ms. Kirsten Mercer:** It was a surprise in the sense that that recommendation came from the jurors. In an inquest, often the parties propose recommendations to the jury, and that wasn't part of the proposal. I think that's really interesting, because the jury—they're just ordinary citizens, right? They're voters. They're members of the community. And they listened to the testimony at the inquest over the period of weeks, and they drew that conclusion. That was their language. That was their label that they put on what they heard.

They were outraged by what they learned at the inquest about what was happening in their very own community, and that it wasn't contained to that awful day but actually was continuing day after day, year after year. They are the ones who put the label of "epidemic," and I think that that's part of the reason why there has been such uptake across the province at the municipal level, because it rings true to people and it uses the language that people are very familiar with in 2024. "Public health emergency" is something that people understand, and that's the label that they chose and the frame that they chose to apply to this issue.

So it was both a surprise—to answer your question—in the sense that it hadn't come from the parties, and it made perfect sense.

**MPP Kristyn Wong-Tam:** Can you tell the committee how many municipalities and towns have now declared IPV an epidemic?

**Ms. Kirsten Mercer:** I think the most recent count is 95, as well as declarations made by AMO, the Association of Municipalities of Ontario, and ROMA, the rural municipalities counterpart, and many other organizations, workplaces, unions and other actors in our society who have embraced this idea. I think it speaks to the whole-of-society response that's required of people putting their shoulder to the wheel. They know what we can do as a society when we put our collective effort behind it, and I think what they're saying is we need that on these issues.

1020

**The Chair (Mr. Lorne Coe):** Thank you very much for that response. Thank you very much, MPP Wong-Tam.

We're now going to move to the government. We'll split the time for the independent after we finish this first round. That's what we agreed to do.

MPP Dixon, please.

**Ms. Jess Dixon:** Kirsten, you have a lot of government experience from the Wynne government. I wanted to zero in on what you were talking about with core funding versus the project funding, grant funding. I have certainly seen, throughout my time in politics—I do think that a system that relies mostly on grants does create an atmosphere that is inclined to be more competitive than collaborative when providers are trying to thrive.

But I wonder if you can talk a bit, using the lens of your own experience and your familiarity with the workings of government as the machine it is, about how we would work at getting more of a better idea of who is doing what in the services. Because I will say, the one thing that is—well, there are many things that have been clear to me, but one of them in doing this is I do keep finding myself speaking to organization after organization who are passionate and dedicated and doing something very, very similar to somebody, in essence, right down the road.

Can you talk a little bit about that, about how we would parse through that?

**Ms. Kirsten Mercer:** Well, I think that's an important question and, in a way, it speaks to the need to focus on supporting this work more as a system. I think that the responses need to be local, and sometimes, things that look the same are actually different because they're speaking to different constituencies or the leadership is coming from different constituencies. So, for example, it might look like two prevention services agencies, but if one is serving the needs of the Indigenous community and another is serving the needs of francophones or disabled folks, then they're actually quite different and it doesn't make—you can't just merge them all together. I think that's important.

But I will say that I think that—putting the government hat on; I think it still fits a little bit—the idea that we are looking at this as a whole system of core services that are being provided on the ground, in the same way we do with police or with teachers or firefighters. It functions as a system, even as it's unique and distinct at the local level, so I think there's a way to do that.

But I actually think—I didn't get to this point—it requires some really careful thought, and this is a sector that does not benefit from any legislative framework. Unlike social work or children's aid or policing or health or education, there's no legislative framework that anchors this sector and gives us that picture, and I do believe that this sector would benefit from a carefully developed legislative framework that articulates what adequacy looks like—what are the core services that every Ontarian is entitled to expect in this area, in their community—and that the funding follows that.

Now, that's not something that anyone should just go away and write in a room. That has to be informed by the



advocates and the experts, and all of those folks that you're going to hear from.

But I think a legislative framework that articulates, "This is what people can expect. This is the minimum that we will provide," in the same way that we do in other areas of service, would be helpful to frame the work of the sector and to ensure that no community gets left behind because they don't have a big donor base in their community, so they don't get prevention services—which, by the way, aren't funded, for the most part. So they don't get them in their community because there isn't a big donor who is willing to cut a cheque to the shelter so the shelter can deliver that work.

I don't think that's acceptable and I'm sure you don't either, because if you're the member for one of those communities, you know that that means that community is worse off just because there isn't a big donor in that community who is willing to bankroll that work. And honestly, that's our job. That's our collective job, to bankroll that work. You'll hear again and again that prevention work is absolutely fundamental to turning this epidemic around, and the idea that community agencies and shelters are fundraising to be able to do that—I mean, that should be jarring to all of us.

**Ms. Jess Dixon:** To continue on that line, we have a representative from AMO coming to present to us as well, and we talked a little bit about the community safety and well-being plans. What about the idea of—like, sort of going off of what we've spoken about, because while I agree that one organization that superficially provides the same services may, in fact, be targeting a different population than another, that's not always the case. I would say as often as it is the case, it is also not the case. What do you think about the idea of, say, through the community safety and well-being plans, communities having—even if it's in a legislative framework—that responsibility to, in a way, collate their own services, to be like, "Who do we have currently? Are they covering"—as you suggested—"prevention services?" and being responsible in some way for saying, "Okay, we have funding. We have a framework. Are we addressing our own local issues?"

Because I do think it would be not impossible, but challenging for a government to then come in and essentially be saying, "This provider is accomplishing the goal and this provider is not accomplishing the goal," because we may not have that local input. Can you talk maybe a little bit about how the community safety and well-being plans could factor into that?

**Ms. Kirsten Mercer:** Yes, so in communities where they adopt this as a priority, I think that's one way to have this conversation at a local level. And I think that's what I wanted to make clear: that I think those decisions need to be made at the most local level possible to reflect the realities in those communities. So for a local community to do that audit, if you will, of what services exist in our community, what gaps are there, how do we address those gaps, how do we deploy these resources—I think as long as that's happening at a local level and is reflecting the diversity of needs that exist in that community, then I think

that's a good way to be having that conversation and I really support that.

I think that the role the province could play in doing that is, or could have been, rather than saying, "No, no, no, we're not in the business of telling communities what to do"—and fair enough; I agree with that—saying, "This is how to have this conversation at a local level." When those community safety plans were mandated by the government, the ministry of corrections and community safety created tool kits to help communities figure out how to do that. There's no reason why they couldn't have done a similar exercise for those communities that wanted to deal with IPV or gender-based violence, and to provide a forum or a space for different municipalities—and this is something that AMO has been doing—so that different municipalities can learn from each other about what's working, or the ones who are further down their journey towards figuring this out in a community, be it a rural context or an urban one, so that they can learn from each other and support each other on that journey. I think that's a role that the province could have played or could still play, as a convenor and supporter of that work that's happening across the province, because the province has that vantage point to be able to see the overarching picture.

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

We're now going to use the independents' time. You have two minutes and 30 seconds, starting with MPP Fife, please, when you're ready.

**Ms. Catherine Fife:** Kirsten, thank you so much for consulting on Lydia's Law. Your expertise strengthened that piece of legislation. As you know, 1,326 sexual assault cases were disposed before trial in 2022, and 1,171 were thrown out in 2023. Now, this committee has been focused on prevention, support, education, shelter and justice. Can you please tell the committee how important it is to hold offenders accountable for their sexual violence in this province?

**Ms. Kirsten Mercer:** Yes, and I think it's important acknowledge the need to look comprehensively at gender-based violence, because sometimes it feels like sexual violence and intimate partner violence are competing. They're two sides of the same coin. This is about misogyny and attitudes that underpin this violence, and I think it's important to think carefully about the whole picture.

I will say, with respect to Lydia's Law—and the same goes for charges that are laid in the context of intimate partner violence—our courts are full of these cases. This committee studies justice policy; you know that intimate partner violence and sexual violence are a huge percentage of the cases that are backlogging the courts. We need to understand how those cases are getting there, and my view is preventing them from getting there. We know how to intervene and prevent those cases from ending up in the courts.

**1030**

We are in a real problem in Ontario with the state of the courts and the level of backlog and cases that are either being stayed or dismissed because of those delays. If we

can move upstream on both sexual violence and intimate partner violence and other forms of gender-based violence, and address those problems at the root, we will help alleviate the problems that exist in the courts. Those cases shouldn't end up there.

And as I said, the criminal system is not the best way to deal with this. Most survivors know that, which is why they never go there, and when they do end up there, all too often, those cases are not being heard for various reasons, including the length of time it takes to get them to trial.

**Ms. Catherine Fife:** Yes. We do know only 6% of sexual assaults are reported to police, so your point is very well taken. While Lydia's Law is not part of this official study—it's still sitting here at committee, languishing—it is part of the solution on that spectrum of education and support. Thank you so much, Kirsten.

**The Chair (Mr. Lorne Coe):** Thank you very much. The time for the official opposition is completed.

I'll turn now to the government members. MPP Saunderson, please, when you're ready, sir.

**Mr. Brian Saunderson:** Thank you, Kirsten, for coming today. You have a wealth of experience in this sector and your government level. What really grabs me is your discussion about implementation and the work with the community well-being and safety plans. As a former municipal representative on a police services board, I was involved in that in my community, and I know how important it is.

And so I'm trying to get a sense from you—and I know you don't have a lot of time, but if you could just use the remaining time for us to talk, really, about—you talk about the plan being something that's local, collaborative and diverse, and you've talked about communities that have identified this as an issue in their particular plans and in the province's role. So how do we mesh that implementation to start to implement the programs that are going to help upstream as well as downstream? That's a really big topic, but if you can just use your remaining time to talk about that, I'd appreciate it.

**Ms. Kirsten Mercer:** I'm so glad you asked about that, because one of the things that I really hope this committee will adopt and recommend is some kind of convening table where policy-makers, government, sector leaders and front-line service providers get together and hear directly from each other about what's working and what's not working.

That communication, that built-in structural way of being in dialogue about what's actually happening on the ground, is so important, because feedback is always a gift. It's hard when you're in government; sometimes the feedback is not what you want to hear, or having it splashed across a headline is not necessarily what you want. But building a structured way to get that feedback about where things aren't working, directly from people, as part of the implementation of your work, should be seen as a gift. We should welcome every opportunity that we have to gather people and to hear directly from what's happening on the ground, because it's hard, from these towers, to be connected always to the very good and

important ideas that are being advanced, whether it's from the Legislature or from more of an implementation level in government.

We need to build ways to get that feedback. Whether it's through an IPV commissioner or a round table or an implementation table, that feedback mechanism is an ongoing way of making sure that what's happening on the ground is informing the evolution of our programs and policies as they go.

And obviously, to pass the bill, just to come back to that, it's that idea of making that statement as a Legislature that this is an epidemic—"We're taking this seriously"—and then getting back to the process and the work that this committee is already doing of figuring out how we tackle that epidemic together with our partners on the front line, front and centre, along with survivors, in terms of what needs to be done.

**The Chair (Mr. Lorne Coe):** Thank you very much for that response. That concludes your time for this morning. Members do have copies of your presentation that they can refer to as we continue to deliberate. Thank you so much for joining us this morning.

**Ms. Kirsten Mercer:** Thank you, Chair. If I could just advise: Because I was rescheduled at the last minute, I was given permission to file a further written submission, which I will do and get to you before the end of this phase of your deliberations.

**The Chair (Mr. Lorne Coe):** Thank you again for being here.

#### ONTARIO NETWORK OF VICTIM SERVICE PROVIDERS

**The Chair (Mr. Lorne Coe):** I'd like to call to the table, please, the Ontario Network of Victim Service Providers. Good morning. Thank you for joining us. You will have 10 minutes for your presentation. I'll let you know when you're at the one-minute mark so you can sum up your comments. For the record of Hansard—that is our official record of proceedings here—please state your name and then you can begin your presentation, please.

**Ms. Penny McVicar:** I'm Penny McVicar. I am the executive director of Victim Services of Brant and I'm also chair of the Ontario Network of Victim Service Providers.

**The Chair (Mr. Lorne Coe):** Thank you for joining us this morning. You can start your presentation, please.

**Ms. Penny McVicar:** Thank you very much for inviting us to be here today. This is an issue that's very important to us as we are the front-line grassroots response to a lot of these cases of gender-based violence.

The office for victim services was created by the Ontario government in 1987 to deliver victim services and programs. There are currently 48 Victim Crisis Assistance Ontario—VCA—offices across the province of Ontario. We are mandated by the government to, first of all, support all victims of crime in tragic circumstance; respond 24/7; attend on scene with other first responders: police,

ambulance; and provide free, accessible, confidential services to all.

We are the first point of contact for most victims—or many victims. We don't get all of them, but we try. We can have multiple interactions with a single client, depending on their needs and the type of occurrence. We can work with them for days, weeks, months or, in some cases, even years, depending on the severity of the incident. We work directly with the victims to provide immediate practical and emotional support services.

The first thing we do is crisis intervention. We do a needs assessment. We provide a customized service plan for the victims. We have individual, in-depth safety planning that we work on with each individual. We help them with access to financial supports through our VQRP, Victim Quick Response Program. We provide customized referrals to community programs and services. We get them connected with counselling and court support.

We also provide these supports and services to the immediate family members of the victims; to witnesses who may have been impacted by the situation; to their peers, their schoolmates, their colleagues. And we provide support to community members who may also have been impacted by the incident.

Some of the key issues that we're seeing in our role as victim services is that there's no centralized case management or coordination of services of victims. They are left to figure out what services are available and who they should speak to. The VCAO programs are primed and ready to provide that type of support. That's something that would be easy to do in our role that we're already filling.

After years of dealing with scarce resources, the sector does not work together as effectively as it should. Victim support services view one another as competition and not as allies, which creates problems with referrals, data sharing and just generalized working in partnership to support the victims.

VCAOs are set up to be the system navigators for intimate-partner-violence clients and sexual assault clients, and to ensure that the survivors are connected to the other services in their local communities. We are the ones that know what all the other communities can do and can provide, and we are the ones that can get them connected with those services and do that follow-up to make sure those connections work for that client.

If the intimate-partner-violence victim does not get connected to their local VCAO, they are missing out not only on the services provided by victim services such as critical safety interventions through the Victim Quick Response Program, but they also are missing out on other supports that could be provided for them through victim services to get them connected with other community agencies.

Requests and services for the programs VCAO staff deliver on behalf of the government are in high demand. We are seeing an increase in our cases, and more time spent on cases as the types of cases are becoming more

complex and as the level of violence increases and is more intense.

#### 1040

The role of the VCAOs in the sector is still not understood or clearly defined by the Ministry of Children, Community and Social Services. If the government doesn't understand what we do, how is the public going to understand what we do? I think that that's a big problem for the VCAOs: that we don't have an up-to-date definition of our programs. We're still working on the definition from 1987, and our role has changed substantially since then.

The resources that the VCAOs are provided with do not match the realities on the front lines, and this is negatively impacting victims. It makes it less likely for them to be able to get the help they need. Most of our offices are working with maybe two or three staff, aside from when you get into the GTA, and we're 24/7, responding to thousands of clients a year. So it's very problematic that we don't have the resources that we need.

What are some of the consequences? It's challenging for victims to find help within the system. This leads to confusion, frustration and potentially revictimizing of victims. This happens when victims are at their most vulnerable and most likely processing trauma. This provides continued unnecessary stress on the victims. We need to make it easier for victims to get the help they need, not more difficult.

So our recommendations are to create clarity and a centralized system navigator to provide consistency in service delivery to victims, to provide the resources necessary for the VCAOs that are commensurate with the job that they are expected to do, and to provide formal recognition for the important work that VCAOs do to support victims of gender-based violence in our communities.

That's all I have for my presentation.

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

We're now going to go to questions, as you observed when you were in the audience, starting with the official opposition, please. MPP Gretzky, when you're ready, please. Thank you.

**Mrs. Lisa Gretzky:** Thank you for taking the time to come and present to this committee. As I started prior—I'm going to repeat again, because I think it bears repeating: Since I brought forward and debated Bill 173, the Intimate Partner Violence Epidemic Act, on April 10, we have had five deaths in under two months. Shannan Hickey of Belleville was killed May 21. Carly Walsh and her children, Madison and Hunter, were killed in my community on June 20. Breanna Broadfoot died from her injuries on July 18, two days after her attack—and again, I want to put out there that Breanna was an organ donor; five people's lives were saved as a result of that tragedy. And there was an unnamed woman in Woodstock, as well, who was shot on July 4 in an attempted femicide.

I think it's important that we talk about them and we bring their stories to this discussion. It's easy to talk like it's broader-level, not happening to us, not happening in

communities, and I think it's really important that we are putting names and faces and real people in communities and families at the centre of this conversation.

I want to ask about a comment you made, and I'm sorry if I didn't get it exactly right. I was writing really fast as you said it, but I might not have gotten it exactly right. But it was really poignant, I think. You said, "If the government doesn't know what we do, how can the public know what we do?" I think that that is an alarming statement, to think that the government doesn't know what you do.

I hear from people over and over and over again that they don't know how to access supports and services. They don't know who to go to, and they don't know what that's going to mean for them, or their children in many cases. They don't think they qualify to reach out for some of those supports and services. So many people stay in dangerous situations because they don't know where to go or they don't know if they qualify.

So I'm wondering if you can build on that particular statement, and what would be needed to change that?

**Ms. Penny McVicar:** I'm first going to make one statement: You listed the homicides. You missed one. We had a homicide on July 5, a femicide, in our community. There's a publication ban on it, which is why you don't know anything about it, and this is what we're seeing is happening a little bit more frequently. But there are more femicides out there than perhaps you would know. It was a very, very violent, very horrific homicide. I can't even begin to explain how bad it was. But they're not all being reported in a way that you would become aware, that communities would become aware. Our community doesn't even know that there was a homicide. There have been no news reports on it because of the publication ban.

So back to your question: Why don't they know about us? Well, there have never been any public service announcements about victim services. We rely on police to provide the information to victims when they respond on scene. Some officers are actually phenomenal about making that referral and asking if they would like our services; some officers aren't. Some officers don't even make the referral, or they hand them a card and that's it.

If somebody hasn't heard about us before—we know from research that somebody has to have heard about a service at least six times or so before they feel comfortable accepting that as a support that they would be willing to take. Then you add to that that you are talking to somebody who's in the middle of the trauma, who's just been assaulted, and their immediate answer to anything you offer them at that point is going to be no because they don't even know—they haven't even processed what has happened to them yet.

The worst thing that I have had in my office is having a victim contact me after their eligibility period, saying, "Why didn't anybody tell me you were there?" We can still do things for them, but we can't provide the financial supports that we could have provided at very beginning.

And we can do amazing things. We can provide cell-phones, because we know that, most women, the first thing that's targeted is their cellphone. It's a way to keep them

from calling for help. We can get them a new cellphone. We can change their locks so that when the offender is released from custody and he tries to come back to the residence, he can't get in. It's a barrier. It slows him down. We can give them web cameras so that they can see what's going outside their residence if they're being stalked. We can get them connected with counselling. We can provide assistance with groceries, basic necessities—the list is endless. We can do dental work. We can fix glasses. People don't know we can do these things.

In our community alone, through the VQR program, in 2022-23, we put out \$344,000 worth of immediate financial supports to victims. People don't know that. They don't know that we have these resources available. They don't know when they say that "no" to that police officer, that they don't want victim services, that they're say no to a lot of things that we could be doing to support them and help them—

**Mrs. Lisa Gretzky:** Sorry to interrupt you. Part of what you said was, "If the government doesn't know." So where are those barriers? Where are the gaps and how do we change that?

**Ms. Penny McVicar:** I think the first gap is that the definition of our program is so antiquated that it doesn't begin to cover anything that we are actually doing 37 years after the program was started. We've evolved. We started out as a volunteer-based program; it is now staff-led, staff-based. We do have some volunteer support, but it's well-qualified staff that are there. We don't just go in, hold somebody's hand and make them a cup of tea anymore. We go in and we provide them with substantial services that can really help them and support them and get them on that journey to starting to heal from the trauma, the assault. And getting them connected with the services in our community—we know all our services; we know what our different agencies can do. We're local. We can make that call and get them right in with a warm transfer to the services that can provide some other long-term support. We can help with that, but first of all, we have to be recognized for what we do. There needs to be more information publicly about what programs we have that we can offer to people.

Those are the big barriers. If people don't know about something, they don't know to ask for it.

**Mrs. Lisa Gretzky:** I would argue that you need to be funded year over year—stable, consistent, predictable funding—

**Ms. Penny McVicar:** That would be very helpful too.

**Mrs. Lisa Gretzky:** —that meets the needs of the population that you're trying to support, as we're seeing more and more cases of IPV.

1050

I'm going to, with what time is left—

**The Chair (Mr. Lorne Coe):** You've used your time up.

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

**Ms. Jess Dixon:** Thank you both for coming. When we talk about the definition, are we talking about what would

be in the Ministry of Community and Social Services Act or—

**Ms. Penny McVicar:** We were moved, in 2020, over to MCCSS. Prior to that, we were under MAG. I think our definition is still under MAG. I don't think it has been moved yet.

**Ms. Jess Dixon:** Yes, because I'm just looking, and I can see a description in that act, but I will follow up on that.

To go back, you talked about centralized case management. My own point of reference for that is always SCOPE, with the crowns. Can you talk a little bit more about what that would look like?

**Ms. Penny McVicar:** I'll let Paula, who's my vice-chair, answer that. I can see she's anxious.

**The Chair (Mr. Lorne Coe):** Before you respond, I need your name for Hansard, please.

**Ms. Paula Laughlin:** My name is Paula Laughlin. I am the executive director of Victim Services of Kingston and Frontenac and vice-chair of the Ontario Network of Victim Service Providers.

As Penny spoke about how victim services has evolved and how our definition of services has changed from being a volunteer-based referral service—we have become kind of a natural centralized service for victims to turn to when they're not sure where to go. This is reliant on community referrals, referrals from police and those things, which is why we talk a lot about the importance of the public and other service providers knowing the extent and the modern methods of service that are provided, as opposed to the historical definition of our services.

With victim services, system navigation is a very essential piece of the work that we do. When a survivor comes to us and they're not sure where to turn, we first do the needs assessments that Penny spoke about, and we want to assess what some of the primary and basic needs are that a survivor has. We want to ensure that they have safety, that they have food, that they have clothing, and that they're warm and supported. So we provide all of those essential services through victim services. On top of that, if those services are not directly available through our services, it is our responsibility to ensure that survivors are connected with all of the other public services that are available, whether it be through the social service sector or through the justice services sector, to ensure that they have the wraparound care that's essential. So we really value our partnerships within the community, working in collaboration with our police, our social services and any other type of community services that are there to support a survivor. We have naturally evolved into being that type of case management system, although we were originally developed to be a short-term support system.

With the Victim Quick Response Program and the services that are available through that, especially when we talk about the safety enhancements for victims of gender-based violence, those safety enhancements are essential through many different times throughout a survivor's journey, whether it be we work with the prevention when an individual maybe has not decided to leave that

relationship as of yet—where there has been no police interaction as of yet, we're able to communicate with survivors and try to put essential safety enhancements in place to ensure that they do have those supports, and possibly prevent them from entering into some of these tragic, fatal situations. We also are working in the aftermath of violence, in doing some of the direct response and crisis response. But it even carries through to the pieces of when an individual has worked through the justice system and we're looking at perpetrators being released from the penitentiary system through bails and such.

So through using the Victim Quick Response Program and the things that are available through there for safety enhancements and all of the extensive other entities that are included in that program, we have naturally evolved into being more of a case management model, working 24/7 with very, very minimal staff and basic funding that we have not seen significant changes in in a very long time—

**Ms. Jess Dixon:** Sorry. What's my time, Chair?

**The Chair (Mr. Lorne Coe):** You have two minutes and 53 seconds.

**Ms. Jess Dixon:** So talk about your partnerships. We're talking about bail and that type of thing. What does it look like when you work with V/WAP and what does it look like when—because obviously there are a lot of jurisdictions where there will be several victim organizations, like not-for-profit and that type of thing, who are also talking about the same things, like providing similar resources. How do you work together with those groups? What does that look like?

**Ms. Penny McVicar:** I think that we have developed really good partnerships to work with. In terms of V/WAP, in our community and in Peel as well, both of us have bail court programs that we have set up with funding from within the community, because V/WAP doesn't get them until a little bit further down the line. I think that that's essential and needs to be across the province, in my opinion, because we contact victims right before court. We contact victims immediately after court. We let them know the conditions of release immediately as it happens, not waiting a couple of weeks to find out. We let the victims have that information. We provide them with that safety planning. We tell them what to do if those conditions are violated.

We're in a situation where we're still having a lot of catch-and-release from the courts. The offender gets arrested. He is charged. He's released on conditions. He goes and he breaches, and then we are empowering the victim to report those breaches. They are arrested again, but then they're released again. So, we're working with the victims to get the victims doing what they need to do to help them keep themselves safe. The problem is the offenders aren't being held accountable in a way that protects them.

**Ms. Jess Dixon:** Who is telling you about the releases? From my perspective, it was always V/WAP had access to SCOPE and V/WAP was doing notifications.

**Ms. Penny McVicar:** Well, we have staff that is at court or monitors court. Right now, they can monitor by Zoom and get that bail information immediately and let the victims know immediately. We work with our police services as well to get information of releases and undertakings as well because, you've got to keep in mind, not everybody goes to bail court. A lot of intimate partner violence situations are released on an undertaking by the police. We support our police services in that.

Those are roles that we started to take on because we see the gaps. We're in the position where we see what gaps there are in our own communities and where we need to be supporting other agencies to work on their roles.

We work closely with V/WAP. As soon as we get things at bail court, we send it right over to V/WAP. So, they're getting it very quickly from us so that they can start following up.

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

We're now going to turn to the official opposition for two minutes and 30 seconds of questions. MPP Wong-Tam, please.

**MPP Kristyn Wong-Tam:** Thank you to the both of you for appearing today for your deputations. Can you clarify the 24-hour response that is expected of your members, your 48 members across Ontario? And who is funding that work?

**Ms. Penny McVicar:** The funding comes out of our regular funding pocket that we get from the ministry, our transfer funding.

The 24/7, we have somebody on call; all of us have somebody on call at all times. And we have a list of types of occurrences as part of our contract with the ministry that we have to respond to on scene if we're requested. We have to have staff on scene for those particular types of occurrences. There are some in our area, some other types of occurrences, like sudden deaths or suicide, that our volunteers will still go on. But any of the things like gender-based violence, human trafficking, sexual assault or child abuse, we would have staff on scene. So, we have the staff available to go.

And are we funded properly for it? No. As I said before, we have maybe three staff and we're doing 24/7. We have some part-time but that's a lot.

**MPP Kristyn Wong-Tam:** It is a lot. It sounds like you folks are doing remarkable work.

In a city like Toronto, with a population of almost three million in the city, the Toronto victim service office would be falling under the same requirements, the same level of service expectation. But in my 14 years of public life—and I have attended a lot of shootings, a lot of family domestic crises as an elected official trying to support a community when things go horribly wrong—I must admit, I have not, on the day of, seen victim services on the ground. Usually the day after, perhaps, there might be some flyers in the neighbourhood, but the day of, the moment of, 24-hour response time? I don't think I've seen it.

So I'm just curious, if the level of expectation for service is 24/7, has the government or any government, really—not just this one, but every government—has any government ever asked you, as the network provider, to assess what it would take in order for you to have the resource level that is needed to meet this expected service standard?

**1100**

**Ms. Penny McVicar:** Go right ahead.

**Ms. Paula Laughlin:** So this is something that the Ontario network of victim services has worked really hard towards evaluating to see what services would require, in terms of resources, to actually accomplish the mandate that we currently have, responding—I think it's upwards of 168 hours a week. So to be 24/7 with a staffing model, which is essentially what we must do at this point in terms of being able to provide financial resources to survivors—we have evaluated that. It's a substantial difference in terms of what funding would be required.

Currently, with the staffing that most—

**The Chair (Mr. Lorne Coe):** Thank you very much for that response. We now need to move to the government members for their two minutes and 30 seconds of questions as well. Thank you very much.

MPP Dixon.

**Ms. Jess Dixon:** I'm sorry to keep harping on this, but it's the part that I'm really confused about, and I know we're talking post-charge. So should we be looking at a better connection—whether through funding, partnership, whatever—with V/WAP and VCAO? Because when you talk about being able to monitor bail court, that type of thing—technically speaking, when we're updating SCOPE—so, when somebody has been released, and we're talking about somebody who, obviously, the system charged, whatever—we're meant to be—I didn't see a lot where we weren't doing it—we're meant to be automatically updating SCOPE with “this was the disposition, this was the release,” and we also have a format within SCOPE where we can paste in “here's what happened” and it flags the V/WAP workers. So the V/WAP workers have limited access to SCOPE as well. They can't see everything, but they can see a lot. So I'm just trying to understand, because it sounds like it's a duplication, to be blunt, and I'm trying to understand how that works and if there's a better way that they can be together.

**Ms. Penny McVicar:** I can answer that.

I think, for us, because we do have that core program, we're working very closely with the police. We're dealing with things immediately as they happen, before it's really even started in the court process. The V/WAP program works very much with the courts and sometimes it takes a while for things to get over to the courts, so they don't always get the same immediate—and we deal with all victims. V/WAP gets to pick and kind of choose who they decide that they're going to support. So we're that backup for all those people that fall outside of V/WAP, as well, to still have the same rights and information as somebody that was being supported by the V/WAP program. So I think that that's part of it.

We don't duplicate. We don't do—we have very clear role, definition, in our community at least, between what we do and what V/WAP does. We are just a support to V/WAP as well as being a support to the police to help them in their role.

**Ms. Paula Laughlin:** And I think it's important to recognize that the court support and bail safety notification programs throughout Ontario—it's inconsistent who runs those programs as well. So there are certain communities that do not have bail notification programs through their victim/witness assistance programs, so that's where victim services is sometimes running those programs instead.

In the city of Kingston, we do have our V/WAP workers and the Kingston Police domestic violence coordinator doing bail notification, so our victim services in Kingston does not run those programs. However, in other jurisdictions, they do run those programs through victim services because the victim/witness assistance does not have those programs. So I think that that's the divide.

**The Chair (Mr. Lorne Coe):** Thank you very much. That concludes your presentation this morning. Thank you so much for being with us this morning and have a great day.

### TRIPLE P

**The Chair (Mr. Lorne Coe):** I will now call on the officials with Triple P to attend the table. Thank you very much. Good morning. You've been waiting patiently in the back of the committee room.

You're going to have 10 minutes for your presentation and, as you saw, I'll give you a one-minute warning when you're close to concluding. For the record, for Hansard, please state each of your names and then you can begin your presentation.

**Ms. Julie London:** Thank you, Chair MPP Coe. My name is Julie London from the Positive Parenting Association Ontario. I also work for two children and youth mental health agencies and I'm the co-chair of the Triple P Ontario network. With me is my colleague Wendy Anderson. She's a colleague and board member. Wendy worked in the child and family service sector for 23 years.

**The Chair (Mr. Lorne Coe):** Well, welcome to the standing committee. Please start your presentation.

**Ms. Julie London:** Perfect. Thank you, Chair. Good afternoon, all the MPPs and support staff here of this justice committee. I want to tell you a story first about two children, a five-year-old and a seven-year-old, who not only had witnessed years of domestic violence but were also subject to gender-based views. They were beaten for trivial things like singing too loudly, and they were raised in fear.

One parent finally, after seven years, left the domestic situation with this angry, violent spouse. However, the damage was already done. The children's formative years were marked by stress, instability, violence, unhelpful police and gender-based violence.

These children were denied tenderness and affection as it was considered spoiling. By 14, the daughter was sent to group homes for delinquent behaviour and drug use. At the age of 28, she died from a cocaine overdose.

Likewise, the son was a clear victim of his negative home environment. He developed a hatred for women, and especially those that aspired to non-traditional roles. This little boy, who was a clear victim of domestic violence and gender-based violence, grew to be a perpetrator of gender-based violence. On December 8, 1989, he died by suicide after he killed 14 women in Montreal.

I'm here today to speak on behalf of all children and youth who might say things like, "I want to be heard, felt and understood. I want responsibilities so I can become responsible. I want someone to support my social, emotional and behavioural development in positive and effective ways. I want to be respected so I know how to respect. I want rules and boundaries so I know what to expect and can behave appropriately." So the question becomes, who is teaching parents to do all these things for children and youth so that we can prevent and reduce gender-based violence?

Three points I want to make today:

First, parenting is the most important job that anyone will ever do, and parenting education can absolutely transform families and communities for the better.

Second point is, Ontario needs to invest in evidence-based parenting education as it is a solution to prevent and reduce gender-based violence.

Third, the Positive Parenting Association is leading the way in making evidence-based parenting education available to all parents in Ontario.

My first point: Many of you are parents, and you know how difficult this job can be. It's a job you took on with little training, right? There was no test. It's a job you do 24 hours a day, seven days a week, no pay, and you spend over \$300,000 to do this job. So it's a tough one.

Anyone can be a parent, and parenting is learned both by the way we were parented and also through trial and error. The research shows that the early years, zero to six, are the most important, yet these are the years that parents are often floundering with this whole system of trial and error. Research shows that techniques that parents used may not be appropriate today given what we now know about child development and brain development.

Even in early learning environments, staff aren't always armed with positive strategies that are proven to work. From my own experience, I learned far more effective strategies taking evidence-based parenting education than I ever did in any of my formal education. I use this stuff every single day in relationships with not only children but with my partners, with my friends to have successful relationships.

### 1110

Investing in parenting education is paramount for the success of generations to come. This is a long-term game plan. For 15 years now, I have personally witnessed the transformation of families through evidence-based parenting education, and this is a full range of individuals, from

highly educated professionals—some of my clients are doctors, they're nurses, they're physiotherapists, they're psychotherapists—and, of course, working with children and families that are supported by CAS and/or are court-mandated.

My clients are from diverse cultures, including but not limited to Indigenous families; LGBTQ+ families; Jewish parents; Latino, Asian, mixed-race families; deaf parents; and, of course, parents with children undergoing gender reassignment. Good parenting practices do not discriminate and use a framework of self-regulation, which is my favourite part because we're never going to tell a parent how to parent. We're simply teaching them the proven strategies that we know work.

Triple P is not a one-size-fits-all program. We meet parents where they are at and in ways that meet their learning styles and preferences. According to the United Nations, the top-rated evidence-based parenting system in the world is Triple P, the Positive Parenting Program. Triple P strategies are practical, make sense, are easy to use and, more importantly, help children develop into socially, emotionally and behaviourally stable individuals who hopefully don't perpetrate gender-based violence.

The outcomes that we see from Triple P programs show reduction in unfavourable parenting styles, such as laxness, over-reactivity and hostility, and we see an increase in confidence in managing their children's behaviours in positive, supportive ways. In two-parent homes, we actually even see an increase in relationship quality and a reduction in the intensity and the number of disagreements about things in terms of raising their children.

Every day in my work, I hear parents' stories of how they're implementing the strategies and the new and better response from the children. Often, parents are amazed at how well these concepts work. It's a simple thing of sometimes we don't know what we don't know, but when we know these things, then it becomes so much easier.

Triple P is backed by years of evidence-based research that is ongoing, both locally and globally.

My second point: Ontario must invest in evidence-based parenting education as a solution for preventing and reducing gender-based violence. We are asking for Ontario to follow suit, like other provinces, to fund evidence-based parenting. We are calling on this committee to strongly advocate for provincial funding and evidence-based education.

We need to make this available to all parents in Ontario to prevent and reduce gender-based violence. And I'm here for all children who want the best opportunity in life, to feel free, to feel safe and to be part of the solution. Children want the skills and the abilities to navigate life's ups and downs. Parents are our allies and can contribute to the safety and health of the communities by engaging in parenting education.

Finally, my third point is that Positive Parenting Association Ontario is leading the way in making evidence-based parenting programs available for all parents in Ontario. It was founded as a not-for-profit agency out of my frustration of not being able to provide services to

parents outside of my catchment areas. Many families are encouraged by doctors or by lawyers or health—

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

**Ms. Julie London:** They're encouraged by child protection workers to seek out parenting—PPAO is serving as many parents as possible across Ontario and, where possible, for free. However, in many cases, parents must pay for evidence-based parenting education or go without, to the detriment of their children.

PPAO is not pigeonholed into only offering Triple P; we also offer Circle of Security and Kids Have Stress Too! We have educators from all walks of life under our umbrella. Today, we can help parents and children grow into individuals who understand their emotions, can cope with those emotions, develop self-control, navigate life's ups and downs in healthy ways and ultimately prevent and reduce gender-based violence.

Just to end on a more positive note, a happy note: I remember a parent attending an intensive Triple P program. About four weeks into the program, she went home to her 9-year-old son. She said to her son, "Do you notice anything different?" He said, "Yeah. You're not yelling at me anymore, and we get along so much better." She was really taken aback, because she had just come from the hair salon, where she got a new haircut.

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

We'll now turn to the official opposition, please, for questions—to MPP Gretzky, when you're ready. Thank you.

**Mrs. Lisa Gretzky:** Thank you for coming to present today. There is a saying I think probably everybody here is familiar with: "Hurt people hurt people."

**Ms. Julie London:** Absolutely.

**Mrs. Lisa Gretzky:** We've heard from several different presenters over the last few days—the first few days of this committee—how education and intervention are key.

I'm just going to shift gears on you a little bit here.

**Ms. Julie London:** No problem.

**Mrs. Lisa Gretzky:** It's in your written submission. I'm looking at Appendix A, "The Economic Burden of Family Violence." I often say, when it comes to many things, when you invest in people in the front end—it's the morally right thing to do, but there is a huge savings on the back end when it comes to the education system, the health care system, the justice system and many others. So I'm wondering if you can talk about the information that you have here in the written report about the economic burden of family violence, and maybe, if you could get into it a little bit, about the impacts on, we'll say, specifically—it happens to men too, I want to be clear, but it disproportionately impacts women—the financial impacts on women in particular, and what you think needs to be in place, whether that's paid sick days, paid days to go to court—those kinds of things, how it disproportionately impacts women.

**Ms. Julie London:** Yes, absolutely. I left my presentation specifically very gender-neutral because I didn't want



to isolate it. But yes, absolutely, that's a fact: It affects more women than it does men.

Usually, as the primary caregivers, mothers, when they suffer these terrible things, they not only lose time at work, but they can't support their children. They can't actually raise children to be very successful when they can't manage their own life and when they're that harmfully impacted by what's going on.

One of the core principles of Triple P is self-care. Hence the lady got her hair done, right? She was practising self-care. And unless we can take care of ourselves as women—or as primary caregivers, dads as well—then we can't do well for our children.

The return on investment is huge. In one study, it talked about, for every dollar spent in the British medical system, there was a return on investment of \$5.05. For anyone that's into banking, that's a good investment. One dollar spent in Triple P upstream saved \$7.78 downstream across several human service sectors. We're talking hospitals, domestic violence shelters, women's shelters, social services, mental health.

The anxiety that our children are faced with these days is humongous. I remember Dr. Matt Sanders, the founder of Triple P, at a presentation showing a bar graph of the incidence of child anxiety—it was here, and now it's gone to a major peak. Why are children so anxious? Because they're not getting what they need at home. They're not getting those needs of being heard, felt and understood. They're not getting what they need from their parents because of tensions, the cost of living. So investing in parenting education will save us huge down the road.

**Mrs. Lisa Gretzky:** To tag onto that, we hear a lot of the time people don't come forward. I want to be clear, we talked a lot about violence. I named five deaths, six deaths—I was corrected earlier: six deaths—in under two months. Those are important to talk about, but there are also other types of intimate or gender-based violence: financial control, coercion, psychological control.

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I was having conversations with you service providers, survivors and others the other day. I pointed out that oftentimes victims don't see themselves as victims. They don't recognize that they are in a situation. Some of that is just, "It can't be me; it doesn't apply to me," or whether that's the stigma, the shame or the fear coming forward. I heard about the shame of men coming forward if they are the victims because of societal norms that are out there.

So I am wondering, how do we encourage people to come forward and seek out services like yours to say, "Something is not right, and I want to make it better"? What kind of encouragement on a provincial side—and I don't just mean government; I mean in general, all the partners.

**Ms. Julie London:** Yes, for sure. So, if it were me, if I was making the decisions, I would have a public health campaign that spends a lot of money to destigmatize and normalize that these things happened and that we need support. When I think of my colleagues who presented as domestic violence agencies, they need funding. They need

advertising. They need a provincial media campaign to destigmatize, to say, "It's okay to come forward and the supports exist."

For parenting education, we need to let people know that it's there. We need funding to do that. Whether it's radio or TV, we hit them everywhere, a national media campaign that says, "Parenting education is available and it's okay; it's okay to ask for help." I would do a campaign that says, "Parenting education: Triple P, the only program that won't tell you how to be a parent." Because a lot of parents don't come forward for education because they go, "No, that's just for people who are involved with the courts or CAS." But I'll tell you, when I was tracking stats for my agency in Hastings-Prince Edward, 70% of our clients were run-of-the-mill parents and only 30% were involved with CAS or court-mandated. That speaks volumes to the need for parenting education and to have funding to be able to do a national destigmatizing, normalizing program to let people know that not only parenting, but all the victim services, are available.

**Mrs. Lisa Gretzky:** I think the key that we heard over and over again, and through many studies long before we got to where we are today, the key really is stable, reliable base funding for organizations that provide services. And then that funding is adjusted to meet the growing demand for services, but also just cost of living and those kinds of pressures. Would it be safe to say then that a campaign like that would be something that also would need to be consistently done by the government and funded by the government and be spearheaded by—

**Ms. Julie London:** Absolutely, yes. And funded by the government—

**The Chair (Mr. Lorne Coe):** Excuse me, that completes the time for the official opposition.

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

**Mr. Brian Saunderson:** Thank you, Julie and Wendy, for attending today. I can say, I remember with my first child, my wife and I went through the whole birthing process and then when it all happens and you walk out the door, it's like, "What now?" So I appreciate everything you've said.

You've given us some statistics, but I'd like to get an idea of your interaction with—you talked about children's aid and the court system. I think you indicated, in your region, about 30% of your clients come through that. Are they referred to you or how does that work?

**Ms. Julie London:** Triple P specifically is a self-referral program so anyone can come.

Let me paint a picture of what's happening provincially in Ontario. There are many collaborative communities that have Triple P. Let me use York region and Hastings-Prince Edward because those are the two that I coordinate. In both Hastings-Prince Edward and York region, there is a collaboration of service providers—public health, child protection, children's mental health, EarlyON centres and child care centres—that all came together to use the community capacity-building dollars that the ministry provided to say, "Let's all get together and do a no-wrong-

door approach to one proven parenting program.” So those communities adopted Triple P fully. They’re funded; anyone in those two catchment areas and more, like Sault Ste. Marie and the Algoma area, is also funded and Brant county and Simcoe. Parents, when they go to those, if they live in those regions, get Triple P programs for free. If you go to Kingston, Kingston families have to pay. Where is the equity in that process?

Triple P is a system that can bring all those service agencies and providers together. We have collaborated with women’s shelters to do parenting education for families that are in shelters so that they know how to move forward. We have programs for parents going through separation and divorce. We can really scale up to a no-wrong-door approach so that any parent who sticks up their hand and says, “I need help. My child is aggressive. My child is violent. I don’t know what’s going on. I can’t do this. I need help”—then, Triple P, no wrong door anywhere they go. Whether they go to mental health, whether they go to addictions, whether they go to domestic violence or shelters or an EarlyON centre, there should be a no-wrong-door approach where Triple P or Circle of Security or Kids Have Stress Too! is available.

I’m appalled that on the—I think it’s Public Health Ontario, under the government of Canada and public health Canada. They have a link to parenting education. It’s called Nobody’s Perfect. It hasn’t been offered for years, and when my colleague looked for programs, she found two programs somewhere in the province—appalling.

**Mr. Brian Saunderson:** You started off telling us a story about the Lépine family, and I remember being in law school on that terrible day in December when that happened. So this idea of the upstream investments to get to these children who have been exposed to these horrendous environments—do you work together with the schools and the education system to help identify these children and get them to counselling?

**Ms. Julie London:** Yes, absolutely. In Hastings-Prince Edward and in York region, I’ve been invited so many times into the school to do welcome-to-kindergarten events. And I’m still amazed, because Triple P has been available in Ontario for 20 years, and every parent who I talk to at these welcome-to-kindergarten events has never heard of Triple P. It’s amazing.

So I talk to them about what it is, how it works. We’ll do presentations in schools. Absolutely, schools are imperative to do these things, and schools can absolutely refer. They can give the parents the pamphlets that we have. But we don’t have enough money to do it in a wholesome, successful way.

**Mr. Brian Saunderson:** I appreciate those answers and the level of involvement and referrals that you get.

You talked a bit about the public health campaign you would do to raise awareness. In terms of scalability, you also talked about regional difference. I’m from Simcoe county, so I know through EarlyON programs, hopefully, the system is available. You talked about Kingston. Do

you have any recommendations for how we could make this universally accessible?

**Ms. Julie London:** Absolutely: funding. I think in my proposal I was very modest; with \$2.5 million of annualized funding, we could absolutely get this done. We could break down all the silos, because there isn’t a single child and family service agency that couldn’t use Triple P or couldn’t have the referral sources for Triple P. I really strongly advocate for this no-wrong-door, so that no matter where a parent goes, Triple P or Circle of Security or one of those evidence-based programs is in their face.

Just as a disclaimer, I don’t work for Triple P. I am trained as a Triple P practitioner. But there are purveyors of Triple P, and under PPAO’s umbrella, we have the staff, we have the passion, we have the infrastructure, we have the databases. We have access to researchers, to be able to really upscale this and to partner with public health and the school boards and EarlyON and mental health, to really push this thing forward.

**Mr. Brian Saunderson:** I’ve heard discussion today—you mentioned silos, and we heard from a previous presenter that some in the IPV world—there is some competitiveness among service providers. Do you get pushback or resistance from any sector? Are there any barriers that you’ve identified to making this program broadly based?

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**Ms. Julie London:** Yes. I think the barriers are that normalization and the destigmatization. And funding is an absolute barrier.

The pushback we get is from a couple of individual people that look at the big picture of Triple P and zero in on one strategy of Triple P, and they throw the whole program out the window. That’s frustrating for us as well, because that one particular strategy is not harmful like they think when it’s used in the way that it was meant to be used for the child that it was meant to be used for.

That’s the only negative thing that I’ve ever come across in the 15 years I’ve been doing this is pushback from some pretty powerful key players that say, “No, Triple P is out.”

**Mr. Brian Saunderson:** My last question: You talk about evidence-based and you have some data—

**The Chair (Mr. Lorne Coe):** Excuse me, MPP Saunderson. That concludes the government’s time for now.

We will now move over to the official opposition. MPP Wong-Tam, you have 2 minutes and 30 seconds.

**MPP Kristyn Wong-Tam:** Thank you so much for your presentation today. It’s extremely enlightening.

I’m very interested in knowing the relationship between Triple P International and Triple P Canada. You’re a practitioner, but you don’t own Triple P Canada. You, I guess, buy the licence or rent the licence from Triple P Canada? Is that correct?

**Ms. Julie London:** Yes.

**MPP Kristyn Wong-Tam:** And Triple P Canada is the non-profit that you’re working with?

**Ms. Julie London:** No.

**MPP Kristyn Wong-Tam:** No?

**Ms. Julie London:** I can explain this very well, I think. Triple P International is a B Corp. organization, so they're not for-profit, but they put money back into the research and the translation, because Triple P is currently offered in 30 countries around the world and it's been translated into 19 different languages—40 years of evidence-based research.

So, Triple P International is the parent company, and they're owned and operated through the University of Queensland in Australia. Triple P International then created subsidiary offices in different countries around the world. Triple P Canada is run by my former colleague. I was in her position years ago, and she's the country manager for Triple P Canada.

Triple P is the purveyor of Triple P resources that practitioners need and practitioner training and accreditation, so Triple P Canada doesn't provide any direct service. They rely on agencies, such as myself, or mental health or public health to have staff trained within their organizations, to then deliver the education to front-line workers.

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

And so the \$2.5-million proposal that you've submitted to the committee: Who would that money be going to? Is it Triple P Canada, or is it—

**Ms. Julie London:** I would say not.

**MPP Kristyn Wong-Tam:** Okay.

**Ms. Julie London:** While I love my colleagues at Triple P Canada and we are really good colleagues, if you do \$2.5 million just to Triple P, then we're siloed into Triple P. There are parents that would definitely benefit more from Circle of Security than they would—

**MPP Kristyn Wong-Tam:** And who would that be? Who are those parents?

**Ms. Julie London:** That agency would be Positive Parenting Association Ontario, which I founded as a not-for-profit agency in 2019. There's a small but mighty group of us. There's a board and there are currently four staff, but we do service all of Ontario at the moment, mostly in—

**The Acting Chair (Mr. Brian Saunderson):** Thank you very much. That concludes our time. Thank you.

We get two and a half minutes now for the government. MPP Dixon.

**Ms. Jess Dixon:** Thank you so much for the presentation. Can you talk a little bit about—and again, we're sort of getting into Triple P Canada and Ontario. I know that there are some online modules of Triple P that are available in French. As far as Positive Parenting Ontario, where are we at for French-language accessibility? What would need to be done if you're not there yet?

**Ms. Julie London:** Sure. We would partner with francophone agencies. The Positive Parenting Association would absolutely partner with francophone agencies to have those staff trained to deliver the education to those folks. Like my agency, Family Services York Region has staff that are trained in Cantonese, in Urdu, in Farsi, and they deliver. And those folks are from that culture themselves, so they're teaching to their own families and audience.

So what was the question—oh, how would I upscale to French?

**Ms. Jess Dixon:** Yes.

**Ms. Julie London:** Again, funding in order—but part of that \$2.5 million is only for Positive Parenting Association Ontario. I would rely on the agencies. We would pay for the training, but the agencies would then deliver the service in kind as part of their regular stream of services. So we're not trying to fund every single practitioner in the province. We're funding the bigger picture and the coaches for sustainability of a rollout.

**Ms. Jess Dixon:** Can you train in French yet?

**Ms. Julie London:** Yes, absolutely. Oh, yes, absolutely.

**Ms. Jess Dixon:** So you can train the francophone individual that would be then delivering it and you can provide their training in French?

**Ms. Julie London:** Absolutely.

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

I think I'll end it there, Chair.

**The Chair (Mr. Lorne Coe):** You have 34 seconds.

**Ms. Jess Dixon:** We're good.

**The Chair (Mr. Lorne Coe):** You're done?

**Ms. Jess Dixon:** Yes.

**The Chair (Mr. Lorne Coe):** All right.

Thank you very much for joining us. That concludes your opportunity to present. We appreciate very much your input and wish you well for the balance of the day. Thank you.

**Ms. Julie London:** Perfect. Well, thank you, MPPs.

#### YOUTH ASSOCIATION FOR ACADEMICS, ATHLETICS AND CHARACTER EDUCATION

**The Chair (Mr. Lorne Coe):** I will now call all on the Youth Association for Academics, Athletics and Character Education to attend the table, please. Thank you, sir. Good morning.

**Mr. Ardavan Eizadirad:** Good morning. Thanks for having me.

**The Chair (Mr. Lorne Coe):** We have all these cameras in front of us; it sort of obscures my view sometimes.

You're going to have 10 minutes, sir, for your presentation. Please state your name for Hansard, which is the Legislative Assembly's official recording service. Once you've done that, you can begin your presentation. I'll let you know when you've got one minute left, all right?

**Mr. Ardavan Eizadirad:** Sounds good. Thank you.

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

**Mr. Ardavan Eizadirad:** My name is Ardavan Eizadirad and I'm here on behalf of the Youth Association for Academics, Athletics and Character Education. I'm their executive director as well as an assistant professor in the faculty of education at Wilfrid Laurier University, Waterloo.

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

**Mr. Ardavan Eizadirad:** Awesome. Well, I'm here probably from a different entry point. My focus is to make an economic argument and a case and a return-on-investment of how we can address intimate partner violence through prevention and culturally responsive interventions using a data-driven public health approach which is proven to work across many cities and countries like Glasgow; Medellín, Colombia; and many cities in the USA. I'm going to focus from impact to solutions and how economically we can get there. I know, looking at the list of presenters, many folks will talk about impact, which will be great.

YAAACE, which is short for the organization—we're housed in the Jane and Finch community, but we do service many different sites. YAAACE is a Black-led and Black-serving organization committed to holistically supporting youth and families in vulnerable circumstances through a multi-sectoral approach with an emphasis on trauma-informed and culturally responsive programming. We cover quite a bit of a range from education to employment; family support, which involves housing, employment and mental health supports; expanded opportunities; athletics; and even violence prevention and intervention and healing-centred therapy and programming. This is what makes YAAACE unique. It's a one-stop shop, and there is a big gap in the system when you've got to go to different places to do different things.

So, I'll give you an example: We work with MAG and the justice centres, providing access to strength-based programming for justice-involved youth. We work with MCCSS and Sol Gen supporting incarcerated folks to transition back into community. We work with MCM on the Black youth action plan to implement career launch and exposure initiatives. We work with the Ministry of Education around Black graduation coaches. We work with Public Safety Canada to do violence prevention interventions and we work with the city of Toronto to do TO Wards Peace, which is a violence intervention program.

Now, all of these use a public health approach which looks at the root causes of why people get on the path of being involved with violence. Prevention is always better than intervention, but when we intervene, timely intervention and culturally responsive intervention and trauma-informed intervention is better than late intervention.

Last year, we launched the Centre for Community Safety and Roots of Violence to advocate for this public health approach. What puts us in a unique position is we are data-driven, so we're doing programming, but we're assessing its impact and we report back, and the two feed into each other.

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Just to give you some correlations around our topic of intimate partner violence: The review of the roots of violence highlighted that addressing the root causes of violence, including IPV, could significantly reduce crime rates and associated costs. The correlation between IPV and other forms of violence is stark. Victims of IPV typically live in low-income communities and often face a higher likelihood of experiencing firearm injuries and

other violent crimes. Conversely, individuals exposed to violence either as victims or witnesses are at increased risk of perpetrating IPV.

Economically: Canada-wide, the total economic impact of spousal violence estimated in 2009 was \$7.4 billion. It takes around \$4.9 million to \$6 million per homicide in taxpayer dollars. When talking specifically around incarceration, we're looking at about \$112,000 annually to incarcerate one man and double for one woman. These are all around 2015 numbers, so you can pretty much increase those.

So where do we go with solutions and what we can do? I'm going to quote Dr. Irvin Waller, who's a good colleague of ours and is part of a coalition we have. In his book *Science and Secrets of Ending Violent Crime*, he explains how Canada, Mexico, the United Kingdom and other countries can reduce violent crime by 50% in the next five years. He outlines in a recent article he wrote, "Smart investing of \$1 billion a year in prevention by all orders of government—or the equivalent of 5% of the billions spent on policing and punishment—would significantly reduce injuries, trauma and lives lost while protecting citizens."

In other words, I would say we're not asking you to dig up more money; what we're saying is, how can you spend the money within the budgets but allocate them to get the most bang for what you're investing? How can \$1 billion be reallocated, or who can provide those services in a way that gives you the impact—which is why the process has to be data-driven. For every dollar that is shared, there has to be accountability: What is the impact?

I see you've already started a conversation on return on investment, and there are lots and lots of studies. According to the Centers for Disease Control and Prevention, studies show that every dollar invested in intimate-partner-violence prevention and similar social support programs can yield a return of up to \$10 in societal savings. Where that comes is by reducing health care costs, legal costs, social service costs. For someone getting up on their feet faster, the longer they're using those social services, the longer it takes, so all of those are important.

The money should be prioritized to community organizations that provide multi-sectoral, culturally responsive services such as YAAACE, because it would be a one-stop access to getting help for multiple needs for clients, instead of having to attend different organizations to meet the various needs, which is currently a major systemic barrier for them. For example, when a youth comes out from incarceration, they've got to go to a school board to get their credit recovery, then they've got to take that and go and enrol in a school. So in some of our programs, we have what we call a system navigator. We literally walk you out from jail. We help you do those basic things, because it speeds up someone getting more stable.

We know housing and employment are big risk factors if they're unstable, and we provide these programs by people who have lived experiences, because nobody wants to tell you about their problems and trauma if they don't trust you or they don't think you have credibility, as much

as you want to be the best helper. So it's really, really important there are people with currency put in these roles to support people, because the trust piece is a lot. If the trust is not there, it could be funded, but nobody is going to come and use your program.

How much time do I have, if I may ask?

**The Chair (Mr. Lorne Coe):** You have three minutes.

**Mr. Ardavan Eizadirad:** Oh, I'm doing pretty good. All right. Thank you.

I go into detail and there are some visuals in my written submission. A question you might have is, "Okay, if we reallocate this \$1 billion, where does it go?" Here are some areas. I don't think any one organization can do it all, and the answer to what you're looking at, intimate partner violence, is complex. The root causes are in education, in the justice system, in the health care system, so it requires a multi-sectoral approach, which is why I think the funding should be prioritized to go to community agencies, because they can get that trust with the community. They know their community best, and that means each postal code is going to be different.

Community agencies that do multi-sectoral work—because it's kind of like a community hub, as I mentioned, so things like education and awareness, support services, care coordination, getting access to mental health supports. All of these—it will be great to create a consortium of agencies led by community for community. YAAACE is doing some of this work informally, but we don't have core funding.

As you noticed, all of those examples I gave you—sometimes those pots of money don't renew because that's just how it is, but we would be looking—if you put core funding into those organizations, they will spend less time going after money and more time in actually servicing the community, and you will get the return on investment around the reduced costs that will happen across all of those institutions.

I will finish off with this sentence: Addressing intimate partner violence and other forms of violence through a public health approach is not only a moral imperative but a sound economic strategy. By investing in prevention, education and support services, we can create safer communities, reduce—

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

**Mr. Ardavan Eizadirad:** Thank you—reduce the financial burden on public systems and improve the lives of thousands of individuals, families and communities.

We would like to urge the committee to consider the ideas and the required sustainable investment outlined in this submission and advocate for the necessary legislative and policy changes to make this vision a reality and shift toward sustainable solutions.

Thank you.

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

We are now going to go to the official opposition for questions and answers, followed by the government members. MPP Wong-Tam, please. Thank you.

**MPP Kristyn Wong-Tam:** Thank you so much, Chair, for the opportunity.

Thank you for your presentation and also, I would say, for all the good work that your organization does day in and day out. I'm a former city councillor in the city of Toronto. Your work and the work of YAAACE has been on the radar of the city for a number of years, so I want to just say thank you for representing Jane and Finch with as much community heart as you do.

I want to be able to dive into the discussion with you, because many of the presenters that preceded you last week were high-level researchers. They came from universities. Many of them were coming to this committee asking for very specific research dollars to pull together and collect this aggregated data. They were looking at providing licensing programs for this government to purchase and probably to disseminate to school boards, so it did have a very different set of proposals—and I'm not discounting it; I just want to let you know who came before you in case you didn't have a chance to see what those hearings were about.

But you're asking for something very different. You're asking for the reinvestment, maybe through reallocation and balancing of a budget, of maybe a billion dollars or thereabouts, and you're asking us to focus on community-driven results and with a reduction towards violence and intimate partner violence.

Obviously, when it comes to a government coffer, whenever we talk about funding and rebalancing, there's going to be the conversation of defunding. And so, where are you suggesting that this government move funding from in order for organizations similar to yours across Ontario, that are community-based, community-driven—look for this funding?

**Mr. Ardavan Eizadirad:** I would say it has to be a conversation rather than, perhaps, telling folks at times. I think it's always good when folks feel part of the decision-making. So if it's the ministries—one way is you need to kind of map out where has the money gone and what is the impact that they can speak for. If you've given an organization thousands and millions of dollars and you say, "How many people did you serve? What was the impact beyond one or two stories"—which is why I'm arguing we need a quantitative, data-driven lens, which builds in that accountability piece, right?

The other piece is it's hard to do this work alone. And so, if—I mentioned the word a "consortium" of organizations, because a lot of people do employment, a lot of people do mental health services. What if we could share some of those resources together rather than only YAAACE providing social workers? Well, depending on where you live, you can go to YAAACE, or you can go to Oaks Revitalization. I know they're presenting in the afternoon, and they're our partners as well. So I think we need that synergy of community organizations working together, and that's where it will happen. And it's not always take from a budget and give it to another. We work with the Toronto Police Service. They give us referrals, saying, "Hey, this person or this youth needs to be checked

up on by caring adults. They need this type or else the situation might get worsened.” So, for example, we’ve talked about when the police go through the community safety check, how can YAAACE go with them, because they have that trust? And so I think it’s sometimes sharing of resources. It doesn’t always have to be give and take, but where there’s no accountability, sometimes you might have to take a harder stance and say, “If this is not working, let’s try something else, and maybe we’ll see what the impact is.”

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**MPP Kristyn Wong-Tam:** Thank you. That certainly helps clarify your request. So you’re suggesting that organizations that cannot demonstrate their outcome, their performance in terms of reducing intimate partner violence, gender-based violence—you’re suggesting that government reallocate the funding to organizations that can produce that outcome.

So I want to be able to just dive into the determinants of health. And thank you very much, because your written presentation is really clear in other respects here, especially when it talks about the roots of violence. I’m glad you cited that report back in 2008. God bless everybody who has had their hand in developing that critical report. It’s actually been heartbreaking to see how very little has come about it. And then whenever we see some grant funding, we don’t see it sustained, so a good program set up, some milestone of work achieved, and then we don’t continue it. So we’ve got—clearly, the call is to do more and to do it consistently.

The determinants of health I have often found to be a really great a baseline of services and program structural changes that need to be invested in. So right now, we’re seeing, at this point in time, governments not investing in education, not investing in youth programming, not investing adequately in health and community-based health programs that really allow for the neighbourhoods to support each other, to support one another. And we’re also seeing, I think, a destabilizing of society because all those public services that we would have expected—when I was a kid, I learned to swim at the recreation program in my city. The parks were free; they weren’t permitted as broadly as they are. Cities are struggling with funding. School boards are sitting with billions of dollars of capital backlog and repairs, and programs are stretched to the brink.

How important is it for the work that you do to support the community in Jane and Finch that governments step up to provide stable funding for youth programming?

**Mr. Ardavan Eizadirad:** Thank you for that. I think every presenter who comes here will tell you funding always helps, but we recognize it can be hard to decide on where it should go and how much. But I think, once again, this is why we’re saying let’s use a public health approach, because it’s always data-driven, and once you have a baseline, it’s going to tell you where are the gaps.

So I think, for example, the reality is each postal code has different needs. Jane and Finch might be different when it comes to poverty and policing compared to another community who might need some other sorts of

services. So I think it’s really hard sometimes to know where are those resources and who can lead it, which is really important, to have that place-based approach of identifying community organizations across different geographies that can say, “We know this community’s needs better and can advocate for what type of supports are needed.” But of course, all of those supports of needed. But the other reality is, not all communities need the exact same type of support. So, once again, how do you do the allocation? I think there has to be more conversation with folks on the front lines who know the data in and out of the community. A lot of times, the communities are judged based on outsider perception when in fact a lot of good is happening.

So, I would say, the more conversation the better. For example, we attended with MCCSS and Sol Gen some consultations late last year around supporting emerging adults 18 to 24, which is a growing population who is incarcerated and require further supports. We’ve put a proposal in around, “We don’t need to wait till they’re released to then support them. How can we work with folks who are considered low-risk, high-achievement?” Six months before coming out, we start already setting them up. What is housing going to look like? What is employment? Because once again, if we’re able to do that upfront, it will actually save taxpayers’ dollars.

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

We now will move to the government. To MPP Dixon, please, when you’re ready.

**Ms. Jess Dixon:** So one of the things that we hear a lot about is about the impact that poverty has, growing up in poverty, families that are struggling with poverty. Can you talk a little bit about the programs you run, what impact they have on that generational poverty and educational attainment, that type of thing?

**Mr. Ardavan Eizadirad:** The Review of the Roots of Youth Violence said the two biggest risk factors is the intersection of poverty and racism, which puts someone on the path of going towards criminality. So that, along with poverty, of course, impacts employment and housing, the stability of housing. If we can help with those—and that’s what YAAACE does. We really focus on what we call the opportunity gap. It’s not that people are not smart enough or they don’t work hard enough. The opportunities are not within the community as much compared to some other places.

So, if we could create the conditions—and Devon Jones, the founder, if you don’t know the dynamics of Jane and Finch, he was a teacher in the community with the Toronto District School Board. The kids up north and down south, due to neighbourhood politics, cannot really cross over. So he wanted to bring youth to give them simply access to programming on a neutral property.

Now, we’re actually located within a high school, so we operate as a community hub, and we’re right across from 31 division. We have a great relationship; we work well together. We’ve had youth who’ve gone from kindergarten all the way to high school. We have a partnership with

the Pinball Clemons Foundation where we send 20 youth to get post-secondary education and jobs for free every year. Those really help overcome those opportunity gaps.

Myself, I was a participant in the program, then I was a youth counsellor, then I was a basketball coach, then I was a teacher, and I've kind of come back in the executive director role for two and a half years.

We do have generational folks who come back. The one thing that they always say is they felt seen and valued. I know it sounds like a cliché that you're probably going to hear many times throughout these committee presentations, but when you feel seen and valued and you feel good, you show up, which is why, if you don't, you're not going to go to school or be as engaged. Even though you're sitting there, your mind is somewhere else. So when we can invest in people and then identify their needs, we can then deliver the services in a way that is effective.

**Ms. Jess Dixon:** A lot of the time clichés become clichés because they are true.

Can we talk about, say, within Toronto, your expansion potential? What could you do to expand? Obviously, we're talking funding, but is there a cap on that? How much more could you do?

**Mr. Ardavan Eizadirad:** For us, we have grown quite a bit in the last two years. We've gone from 10 staff to 22 full-time staff. We're doing quite a bit in the community safety space. We started predominantly around education and expanded opportunities. We've really thought about—everything we do is prevention, right? When kids are playing sports, that means they are not at the mall or hanging out with negative peers.

We've really mapped out this public health approach based on folks who have done it. As I said Glasgow and Medellín, they've turned around high, high, high rates of violence in cities to very low using this public health approach, which Dr. Irvin Waller has written an amazing book on, and continue to do so.

We're actually working with the Justice Data Modernization Initiative to actually create a template where we can assess the efficacy of our programs from a prevention and intervention lens, and then how we can share that with all other community organizations? The one thing is many organizations want to do the work, they just don't have the capacity, or they're running on four staff, let's say. So we're in a privileged position to have grown.

We don't have our own building. We're in a five-year lease through a school board deputation. For the first time ever, the Catholic and the public school boards, because we serve both students, agreed to allow us to use the building because we provide these services regardless of which school board you go to. So this is kind of a way of bringing folks together to work together. We would love to have our own building, and we are working with multiple partners and multiple levels of government, because the work we're doing through our recently launched Centre for Community Safety and Roots of Violence—these are issues that impact every community, not just Jane and Finch, but just to a different degree.

Everybody wants answers. We would love—for our growth, it's core funding, because right now we invest quite a bit of time going after funding, which is really the non-profit sector, but it can also take away from doing the actual work.

**Ms. Jess Dixon:** Can you talk a little bit more about—one of the things that I really like about this program is it's honestly an easier program to advocate for because I'm not just going in and saying it's a good idea; you have everything there to show the value. Can you talk a little bit more about how you measure efficacy—because we also hear sometimes from other organizations that you can't because it's non-events, but obviously you are. So can you talk a bit more about that?

1200

**Mr. Ardavan Eizadirad:** We have quite a few folks who have either worked extensively in government or at the ministries. I, myself, am a researcher and a professor. We really try to measure impact because we know if we go and ask for funding, someone is going to say, "There are a hundred people here. What makes you different?" So we really are intentional in measuring impact because it makes that conversation easier.

A couple of things we've done in the last two years as we've grown quite a bit in our programs—actually, in the last year alone, we've streamlined our registration process. We have a case management system that we use on our community safety programs. We've started to collect some information, and then we are working with the justice modernization data because before we had—we do have surveys when you complete the program, but we want to do it in a way that it could help everybody.

Right now, we're in the process of creating a standard evaluation. Regardless of if you go to the education program or the sports program or the community safety program, at the core, there is some similarity. So we can say, "Across all these programs, here's who we served." We do have multiple people who attend a range of programs at YAAACE, and we support their families, for example. We're able to track that and produce an annual report.

I think when we can create that template, which organization wouldn't want the template? So I think we've gone away from thinking small, like, "We want to measure our program." "How can we create an evaluation tool as a template which we can also share with other community organizations that are not where we are in our growth journey or staffing?" So I think those are some of the pieces we're trying to do.

For example, our New Narrative report—I can share it with you; I don't think it was submitted. For one of our community safety programs, we just finished a year one progress report which looked at all the areas we've supported and what the impact is, and it explains the public health approach. It's about a 40-page document that we just produced in April. In that case, we're working with a third party, Blueprint, which does evaluations, and they also work with various levels of government, which is helping do our evaluation and our impact—

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

We're now back to the official opposition for two minutes and 30 seconds. MPP Wong-Tam.

**MPP Kristyn Wong-Tam:** Thank you. This has been quite illuminating.

I'm just curious: Your organization grew to seven people, full-time staff, and where—you started at 10 and moved to 22. Is that correct?

**Mr. Ardavan Eizadirad:** Yes. So you want to know how the growth happened?

**MPP Kristyn Wong-Tam:** I want to know, where did you start, and where are you now? You said it grew from seven to 22?

**Mr. Ardavan Eizadirad:** Yes, so about 10 to now 22. A big part of it was a major grant with Public Safety Canada, Crime Prevention Action Fund. That is a major one that helped us—also, TO Wards Peace with the city of Toronto. Those added quite a few staff around the community safety programming. New Narrative has a prevention component, and it has an intervention component, so—

**MPP Kristyn Wong-Tam:** Thank you. I just have a few more questions.

The federal dollars and the city dollars—when are those due? The city dollars, I'm assuming, are renewed every year, and every year you have to make it through council. For how many years is the federal dollars grant?

**Mr. Ardavan Eizadirad:** The federal grant is five years, and it's a non-renewable pot, so there's no way you can get a renewal within the same pot. You can do a different pot within public safety, but you cannot get another five years from the Crime Prevention Action Fund, which can be a challenge, which means that if we're not able to secure and show impact, we lose about 10 staff.

**MPP Kristyn Wong-Tam:** When is that grant due, in terms of the five-year expiration? And how much money are you receiving currently from the provincial government?

**Mr. Ardavan Eizadirad:** The grant is due—we have another two and a half years left, so we're about halfway in. From the province, as I said, we get funding based on projects. So with the Black youth action plan, with the career launch, I think we received about \$300,000. We're now in conversations for another round, but none of those are permanent funding, so it's project-based. We show impact, and then it's a discussion about, the following fiscal year, are they going to allocate more funds?

**MPP Kristyn Wong-Tam:** Do you receive any core funding from any order of government?

**Mr. Ardavan Eizadirad:** No.

**MPP Kristyn Wong-Tam:** How many years have you receiving funding from the city?

**Mr. Ardavan Eizadirad:** TO Wards Peace: We're just entering just over two and a half years now. Prior to that, not a lot from the city—

**MPP Kristyn Wong-Tam:** And how many years has your organization has been in existence?

**The Chair (Mr. Lorne Coe):** Excuse me, that is your time.

**Mr. Ardavan Eizadirad:** Since 2007.

**The Chair (Mr. Lorne Coe):** We're back, please, to the government members and MPP Dixon.

**Ms. Jess Dixon:** Going off the absence of core funding, we hear a lot about it, but I would like you to, in the context of your organization, illustrate a bit more the impact that has on the work that you're trying to do and then what you have to pull people off to do it in order to get more funding—just an illustration.

**Mr. Ardavan Eizadirad:** I think that the non-profit sector, it's a lot of folks in a similar space—and this is why I'm going to go back to that point of the consortium of committee organizations. We have many good partners, but we are actually going for the same pot of money, and sometimes you get that friction. Is there a way where some of the funding—there is funding where you have to work with others, and that's great, but as much as we are friends and partners, if you miss payroll, you're going to hear from somebody. Nobody wants you to mess with their money, right? So we've got to make sure funding is always coming in. There was a scenario where we missed payroll, because sometimes the way you have to report back and how long it gets approved becomes a problem in the funding game.

We really, really try to be intentional. We can never settle. Even if we have this big grant, we have to make sure we show impact. We have to make sure we are telling the story in order for people to see the impact. There are many organizations that are doing great work, but you've never heard of them because they don't have the people or the marketing to really tell that story—which, once again, goes back to working with key people in those postal codes who know the community, who have lived there, who have worked there, who understand the nuances and the everyday ins and outs.

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

**The Chair (Mr. Lorne Coe):** You've got 38 seconds.

**Mr. Brian Saunderson:** You talk about templates and you talk about transferability, so it seems to me, if we want to leverage and make these investments in a coordinated way, how could we assist you in getting that template to work with other communities to implement the amazing programs you started?

**Mr. Ardavan Eizadirad:** We're thought leaders at YAAACE and we want to lead this work. Justice data modernization is a great example. They then contract out Ipsos to come in, and we're working with experts to actually do some of this templating and they're helping cover some of the costs. So it's really just getting into the room with the people from various levels who bring the expertise. We're looking to be the folks who can do the programming, collect the data, help with the analysis. It's really just being in the right places at the right time and being involved as part of those conversations and then bringing other people along because, once again, no one organization can solve these problems. We need everybody to work together and not compete.



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

That concludes the morning part of our presentations today. The committee will now recess until 1:30 p.m.

*The committee recessed from 1208 to 1328.*

**The Chair (Mr. Lorne Coe):** I reconvene this meeting of the Standing Committee on Justice Policy. Thank you.

#### SAFE CENTRE OF PEEL

**The Chair (Mr. Lorne Coe):** I would call forward to make their presentation, please, the Safe Centre of Peel. Hi. Good afternoon.

**Ms. Shelina Jeshani:** Good afternoon.

**The Chair (Mr. Lorne Coe):** Well, thank you very much for joining us. You will have 10 minutes for your presentation. I'll let you know when you have a minute left so you can sum up. You can please state your name for Hansard, which is the official recording service for the Legislative Assembly. Once you've done that, you can begin your presentation, please. Thank you very much.

**Ms. Shelina Jeshani:** My name is Shelina Jeshani. I'm the director of strategic partnerships and collaboration with the Safe Centre of Peel.

Good afternoon, everyone. I'd like to convey my gratitude to the committee for this invitation and to the many survivors who have shared courageously their stories in the hopes of creating a safer province for all girls and women.

We know the data on the prevalence of intimate partner violence in our province is overwhelming and that it is under-reported. The numbers of victims are far greater than what we know. We are all aware of the problem that we are trying to solve.

You have heard the data, so I won't spend time reviewing that, but I do want to share with you a solution that we have put in place in the region of Peel. The Safe Centre of Peel is an innovative, evidence-based, best-practice model of how a community can work together to respond and provide a safety net for victims of IPV in a diverse community. The centre has been in operation for over a decade because of the commitment of our 23 community partners led by Catholic Family Services Peel-Dufferin, which together provide an integrated, cross-sectorial, culturally and linguistically responsive, collaborative service delivery model without any dedicated sustainable funding.

In 2008, our community partners began discussions that we needed to respond to IPV in the community differently. We couldn't continue to work in silos, duplicate services and watch while vulnerable women and their children tried to navigate systems that we had created.

Survivors told us that they did not want to repeat their stories over and over; that they did not want to be told that they couldn't bring their children to this service; and that they often just gave up trying to travel from place to place and navigate a complex system that they did not understand. It was particularly difficult for victims who didn't

speak the language; were new Canadians; had low to no finances, young children and virtually no support system.

Our Safe Centre model drew inspiration from the family justice centre that originated in San Diego and is now recognized as best practice by the US Department of Justice. There are now 300 centres across the globe in 25 countries. The Safe Centre of Peel, like the family justice centre models, recognized that cross-sectorial collaboration among community services such as shelters, family services, child welfare, justice, legal, health, settlement are vital in responding to the victims of IPV.

The Safe Centre is now accredited by the Alliance for HOPE International. We are part of a global solution to create a service system that has to be across the continuum of services and sectors.

In 2022, we had the privilege to appear in front of the federal Standing Committee on the Status of Women. We were named in their final report, as recommendation 17, as a national best-practice model. As a result, many cities in the province and across the country have reached out to us to learn more about the model and what we are doing in our community.

In May of this year, we were also invited to provide testimony to the Senate as they were deliberating on Bill 249.

In the 2023-24 fiscal year, Safe Centre managed over 1,800 referrals and over 1,300 integrated referrals, with clients accessing an average of four services on-site. We are proud of our collective work that has demonstrated effectiveness in several key outcome areas.

**Improved client outcomes:** The integrated holistic approach addresses both immediate and long-term needs, leading to overall well-being and safety for clients. Our increased access to services, centralizing support services in one location, reduces barriers such as transportation, time constraints, making it easier for survivors to access the help they need.

**Enhanced coordination and integration:** The collaborative model fosters better communication and coordination among partner agencies, ensuring consistent and comprehensive care and building collective capacity to understand and respond to IPV.

To further enhance the effectiveness of the Safe Centre and replicate its success across the province, the following are recommendations that align with the Ontario-STANDS strategy:

**Support local communities in the development of their cross-sectorial service system to address IPV.** One size does not fit all.

**Acknowledgement and funding support to organizations—and having survivors' voices embedded into the development and enhancement of services.** Collaboration takes a lot of patience, commitment and intentional work. This does not usually receive sustainable funding. However, strong collaboration is imperative and the foundation to ensure coordination and integration of services. Collaboration and integration among ministries reduce the funding silos and coordinate the expectations that ministries have on their funded agencies to reduce duplication.

Prevention and intervention strategy cannot be seen as separate initiatives. They must have the adequate funding and the adequate pathways to ensure that they are connected.

Support ongoing data collection and research to monitor the effectiveness of integrated service models and identify areas of improvement. Models like the Safe Centre continue to showcase their effectiveness and impact. In order for the model to grow and be sustainable, we need to see funding that is earmarked specifically for these cross-sectoral service systems. Taking the onus away from each agency and organization to be reconfiguring their existing scarce budgets to participate eliminates the risk of models collapsing.

I truly believe that there's an opportunity to be working towards enhancing our partnership with government. I want to thank the standing committee for the opportunity to share our model on behalf of our community partners and survivors who have courageously come forward and shared their stories. We are here to work with you to design solutions that can save lives. I'm happy to take any questions now.

**The Chair (Mr. Lorne Coe):** Well, thank you very much for your presentation. We're going to begin those questions with the members of the official opposition. MPP Fife, please, when you're ready.

**Ms. Catherine Fife:** Shelina, thank you very much for being here. I was reading on your website that the Safe Centre of Peel's core programs aim to provide these wrap-around services that you've talked about. It's encouraging to hear in some respects that you can offer multiple services when people have enough courage to come forward to speak with you.

Your website also says that "in order to reduce retraumatization from the retelling of stories and further victimization"—this is one of your goals as an organization, and that's commendable. I was working with a young woman named Lydia who talked about having to tell her story over and over again and how this triggered her; how mentally and emotionally, it was laborious.

So my question to you is, can you please comment on how the delays in the courts cause retraumatization? And can you also share some of your experiences with clients who have experienced retraumatization and how it impacted them, and the importance of reducing these practices once people have enough courage to come forward and tell their story? I think that would be very helpful to the committee to hear that and how it could also contribute to healing for survivors of sexual violence.

**Ms. Shelina Jeshani:** Thank you for your question. I think first and foremost, healing is not a linear journey, as we know. What we try at the Safe Centre to do is create an environment where people have someone with them. We're holding their hand through this journey. Whether they are still in front of the courts or they are waiting for housing applications, that hand-holding, that case management, that support continues with them so that we're able to address needs at different stages of their healing.

We know that the retelling of stories over and over again continues to be very difficult on victims and survivors, and in our initial needs assessment, this is what they told us. They said they didn't want to go from service to service and have to relive all the details. So when they come to the Safe Centre and they meet our client navigators, who are essentially their case management, they do that intake, they hear what the story is, they understand what the needs might be and they help them prioritize those needs.

At the same time, they're doing a risk assessment and safety plan. All of our partners have been trained in the same risk assessment tool to ensure that we're all speaking the same language when we speak about risk.

**Ms. Catherine Fife:** Okay, Shelina. So can you speak to some of the tension points from a resource perspective? Because this has been a consistent theme that the committee has heard and it's important for this committee to hear what those pressure points are.

**Ms. Shelina Jeshani:** Yes, good question. Lots of pressure points. So, one of the pressure points is that in order for a model to work like this, you need glue positions. You need collaboration. Collaboration can't be on the side of somebody's desk; it really has to be the first and foremost thing that they're doing to bring the community together so that there's a common vision. Collaboration is not a sustainable funded service or priority sometimes, and that gets lost, but it takes a lot of work to keep an engine going. So that's one pressure point.

1340

**Ms. Catherine Fife:** Have you had to either mitigate or turn people away or put them on wait-list? Because we do know that IPV is actually on the rise, given a number of reasons. Can you speak to that, please?

**Ms. Shelina Jeshani:** Absolutely. So in 2021, Peel Regional Police created a specialized IPV unit that moved into the Safe Centre and integrates with us. With them came a lot of volume. Before they moved in, we were seeing 500 clients a year. After they moved in, we were starting to see up to 1,600 clients a year. So the justice part of our integrated work received resources so that an IPV unit could be created, which we're very grateful for, but the community side didn't see an increase in funding. So you have more volume coming in, hence you do have wait-lists that start to happen, both at a counselling level and at an intake. We try very diligently to do the triaging right at the get-go to ensure that we're dealing with the highest-risk cases first, but currently, we have a two-week waiting list for our intakes.

**Ms. Catherine Fife:** Okay. We did see, in 2022, 1,326 sexual assault cases be thrown out of court because the court system is so backlogged, 1,171 in 2023. These are cases that obviously had enough grounds to be explored before the courts, to seek justice for survivors. Have you, as a leader in your community and on the front lines—has this happened to any of the folks that you've been trying to help navigate through what seems like a very broken system?

**Ms. Shelina Jeshani:** We certainly hear from survivors around the long wait that they want to the court process to be done and over with, feeling like that is going to then lead them to the next stage of healing. So there is a lot of frustration. We hear it, absolutely, in the delays, in things that are dismissed, and then, of course, we also deal with survivors who start to feel that, “Maybe I shouldn’t have called the police. Maybe I shouldn’t have had him charged,” and they go through that regret as well because they’re seeing the impacts that is having, and there’s a lot of pressure sometimes from the partner or even his family that is causing a lot of regret on her part.

**Ms. Catherine Fife:** Yes, the case that I referenced earlier, Lydia—and we did create legislation to try to address this backlog. It’s currently sitting here at this committee. But Lydia told me six of her friends watched what she went through, saw the emotional labour, saw the strain, saw the pain, really, and then they also chose not to come forward. So can you speak to how important it is for people who have enough courage to come forward and tell their story and seek justice—for them actually to receive justice?

**Ms. Shelina Jeshani:** I think it’s about being realistic. I think, with the Safe Centre—people can come into the Safe Centre, regardless of police intervention. There are three ways that people come to us, either by themselves, and we’ve had an increase in self-referrals; through our community partners; or via through the police. When they come in, we talk with them about the system and what are some of those challenges, what to expect, because people need to make informed decisions in their life, and they need to have the information. Sometimes we work with survivors for a very long time who choose not the legal path at all, don’t want to go down the justice pathway at all but want support for themselves and for their children.

**Ms. Catherine Fife:** Do you think that—

**The Chair (Mr. Lorne Coe):** Thank you for that response. That concludes the official opposition’s questions for now.

We will go to the government members and MPP McGregor, please. Thank you.

**Mr. Graham McGregor:** I think you were starting an answer, so I just want to give you the time to finish.

**Ms. Shelina Jeshani:** No, that was fine.

**Mr. Graham McGregor:** Well, thank you for being here. I’m a big fan of Safe Centre of Peel, especially the model. One of the things that we’ve been hearing about—I guess this is day three of committee. We’ve heard over and over the barriers that can arise when somebody goes to look for mental health and addiction support but also has a situation at home, is experiencing intimate partner violence, and then having the courage to ask for help and hearing, “Sorry, we do mental health services here. IPV is down the street.” I’ve been very interested in this idea of how many people government agencies are losing because of the barrier to access the services. I couldn’t even imagine getting the courage to put your hand up once and look for help, but to do it again and do it again in the face of rejections or shuffling off and that kind of thing.

The model that Safe Centre runs with some of the partners—just looking at the list here: Armagh House, Family Services of Peel, Trillium Health Partners, Roots Community Services, Peel police, the list goes on and on. The approach that you’ve taken has really struck a chord across Ontario; it’s very similar to the model that the government is running with the youth wellness hubs and the same idea, because when somebody asks for help the first time, we want to make sure that we are able to give them help there and then. So I love the work that you’re doing and the model that Safe Centre is really pioneering. I think it serves our residents really well; I’m a Brampton MPP.

I wanted to ask, when we look at the model that Safe Centre of Peel is running, how can we help to enhance or increase capacity in similar models, not only in Peel region—obviously a region that I care deeply about—but also across Ontario?

**Ms. Shelina Jeshani:** Thank you for your question. Safe Centre opened in 2011, and 23 partners around the table—that just doesn’t happen by accident. It has taken a lot of visioning together, commitment from organizations and these glue positions, I’ll call them, that really keep it running and the vision alive.

Relationships, relationships, relationships—I feel like it’s like real estate and location, location, location—it’s so essential when you do collaboration work. But we know that leaders change in organizations, boards of directors change in organizations, so you need to make sure that there are these glue positions that are constantly keeping the vision alive.

I think that what’s very imperative is that the Safe Centre of Peel has demonstrated best practice. It has the backing of centres in the US that have also shown best practice. And every centre looks different because every community is different. But without sustainable funding, it’s a lot of Hail Marys and a lot of running after grants to keep things going. That can’t be the best practice model that we have for the rest of the province. So, sustainable funding for that collaboration, for those glue positions, is essential.

I think also really having every community take an opportunity to do that feasibility study in their community. What does their environmental scan look like? How are they funded to be able to do that, to really look at the assets that they have and where those gaps may be?

**Mr. Graham McGregor:** I want to hear more about the glue positions. We had a situation two weeks ago where I was dealing with an organization in our community and I said, “Oh, have you gotten involved with the city of Brampton?” “Oh, well, we were talking to somebody a year ago. They’re a manager of some department and they ended up getting a new job, so we didn’t really know who to email next.” What could have been a very good connection just gets put by the wayside because, of course, this person that’s at the agency, their job isn’t to connect people, their job is to run the organization.

When you talk about dedicated glue people, can you give us an example of where having dedicated glue people

has helped or avoided one of those situations where an email just sits there for three months because we didn't know who the new person was that was supposed to answer it? Do you have any tangible, on-the-ground examples of where glue people have come in to save situations like that?

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**Ms. Shelina Jeshani:** Absolutely. So our glue positions are really to do that hand-holding and to be able to connect people and get those services—parachute them in, if they don't presently come into the Safe Centre.

When we did our initial analysis of our community and spoke with survivors and front-line service providers of what they had witnessed, we mapped out that people would need to go to approximately 18 different services to get the help that they would need for themselves and their children. And when you put in all those barriers that we know—we've talked about transportation, finances, language barriers etc.—they don't even get to two of them.

And so the Safe Centre isn't a stand-alone model where you come in, you get the service and out you go. It's a way of being. The partners don't work with just that we're neighbours next to each other; we work in an integrated way, from all of our tools to the way that we work together in our structures.

These glue positions are essential to, one, keep the harmony of that orchestra going, but also, to make sure that we are listening to what survivors have told us, and that is, "I don't know what to do next. I'm here. There's a crisis and I get all this great front-end support, but what happens after the crisis is over? My life is still difficult. I don't know where I'm going next." So this case management and client navigation that happens is really important, because people were very, very resistant when we did our needs assessment in the beginning, saying, "You know, professionals have come together and created a system, but how have survivors contributed to that? And now you want us to navigate the system you've created."

**Mr. Graham McGregor:** I wanted to ask you: You spoke about making sure programming was culturally sensitive and culturally relevant. In our region—I mean, you can find anybody from any part of the world in Peel region—

**The Chair (Mr. Lorne Coe):** Thank you, MPP McGregor. You might want to pose that question on the next round. We're going to start the second round now.

**Mr. Graham McGregor:** Sorry, I ran out of time. Next time.

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

We'll go back to the official opposition, please, and MPP Wong-Tam, please.

**MPP Kristyn Wong-Tam:** Thank you, Shelina, for your presentation. I am very curious to know how you've been operating on fumes and still do as much as you do. The volume that you described sounds quite overwhelming.

So with respect to staff retention, how large is your organization? How is your full-time capacity for employees?

**Ms. Shelina Jeshani:** Okay. So our Safe Centre is—because it's a collaborative model, each agency brings their resources to the table. Currently, on-site, we have 10 organizations who are working integratively. We have 23 partners in total, as I mentioned, who parachute in or we have service delivery pathways with, so that we're not sending people all over town.

**MPP Kristyn Wong-Tam:** Just because I have limited time—because you get to work in a cross-sectoral way, you are the nucleus that everyone sort of drives towards or swims towards. With respect to the challenges in the system, especially when it comes to safety planning—because I think everybody who is trying to flee an abusive relationship really needs to know that getting out of a horrible situation, they can go to a worse situation, a worse outcome.

So what are the barriers that stop women—predominantly women—from leaving? Is it housing? Is it income insecurity? Is it the fact that their children are held in the home? And then, are those services that they're looking for that actually allow them to address the housing need, address the child care need—is it there when they need it?

**Ms. Shelina Jeshani:** There are many barriers as to why women can't leave. Absolutely, housing is a huge issue—income insecurity. We also have child care on-site, so when people come to us, their children are well taken care of in a very child-friendly environment so that they can focus and get the information and the supports that they need. Because what they've told us in the past is children were brought into counselling rooms. So we didn't want that to happen.

But there are many barriers that do create that situation where she can't leave, including family pressures, including immigration issues.

**MPP Kristyn Wong-Tam:** Right.

Final question then: With respect to not having the services available to the survivors who are trying to flee the domestic violence, does that put them back into—

**The Chair (Mr. Lorne Coe):** I'm sorry, MPP Wong-Tam, but that concludes your time.

**MPP Kristyn Wong-Tam:** Thank you very much.

**The Chair (Mr. Lorne Coe):** Back to the government. MPP McGregor.

**Mr. Graham McGregor:** I promised myself I'd have my stopwatch so I would be on time.

I wanted to ask: One of the things that we hear regularly is that relying on self-reporting—while making sure that organizations are responsive to self-reporting, self-reporting isn't the whole story.

You mentioned about cultural relevancy and being culturally relevant and sensitive. We've heard that depending on the culture, it can be a bit of a taboo subject to go to the government to talk about family issues. There are a whole bundle of different cultural sensitivities regarding how people approach family and how they look at family. How do you navigate that? And in that lens, how do we make sure that we're not leaving people behind in relying on self-reporting? What are other ways that we can make sure that we're getting people who need help?

**Ms. Shelina Jeshani:** The success, I think, of our collaboration is our partnerships. We know our partners service the community in different languages and with folks from different cultures and communities. And so, being able to build on our partners' success of engagement has been one way of getting folks the information, as well as bringing them in.

Sometimes those relationships that our partner agencies are building in the community are done in very gentle ways and not in ways of, "We're going to talk about family violence today." They go into communities in a very sensitive way and they build those relationships and the rapport. Then, they are able to start building that trust by being able to refer them into the Safe Centre.

In the region of Peel, we have a community safety and well-being plan, of course, as many of our communities have in Ontario. Under that, the family violence table leads a prevention campaign every year where we advertise—in all places, so bus shelters and so forth—around the prevalence of violence against women and the services that are there. That, we have seen, drives up referrals to many of our partner organizations, including the Safe Centre.

**The Chair (Mr. Lorne Coe):** Thank you very much for that response. That concludes the time that we have available for your presentation today.

**Ms. Shelina Jeshani:** Thank you.

#### THE OAKS REVITALIZATION ASSOCIATION

**The Chair (Mr. Lorne Coe):** I'd like to please call forward the Oaks Revitalization Association to the table in front of you. Welcome, gentlemen. You're going to have 10 minutes for your presentation. I'll provide you a one-minute caution when you're coming to the end of your 10 minutes. For the record, please state your names and then, following that, you can begin your presentation.

**Mr. Joe Williams:** Good afternoon, I'm Joe Williams—

**The Chair (Mr. Lorne Coe):** Maybe get closer to the microphone so I can hear you.

**Mr. Joe Williams:** I'm Joe Williams, and this is Mark Tenaglia.

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

**Mr. Mark Tenaglia:** My name is Mark Tenaglia.

**The Chair (Mr. Lorne Coe):** Thank you, and please start your presentation.

**Mr. Joe Williams:** Good afternoon. We are Joe Williams and Mark Tenaglia from the Oaks Revitalization Association. Our mission is to address and mitigate intimate partner violence, IPV, within justice-involved, justice-affected and marginalized populations by promoting economic stability and positive male identity. Today, I will highlight the critical need for stringent oversight and measurable outcomes in current funding models to effectively tackle IPV.

Despite substantial financial investment by the province in addressing IPV, we face significant challenges in achieving measurable results and ensuring stringent oversight. The issue is not the lack of funding, but how these

funds are utilized. Current strategies often lack accountability and the rigorous evaluation needed to demonstrate their effectiveness, resulting in inefficiency and limited impact. Many existing programs receive funding without stringent requirements for measurable outcomes. To address the problem effectively, funding must be tied to measurable results and subjected to regular, transparent reporting and random checks. This will ensure accountability and maximize the return on investment of taxpayer money.

At the ORA, our approach is both effective and measurable. Our positive male identity program addresses key relationship issues and violence against women by fostering respectful and responsible behaviours among men. By focusing on economic stability, we reduce the stress and conflict that often lead to intimate partner violence. Our comprehensive job training and placement services have successfully helped participants achieve stable middle-income employment, significantly reducing intimate partner violence incidents among our clients.

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In the first year of our program, none of our 61 clients have been arrested or charged with intimate partner violence. This remarkable outcome underscores the effectiveness of our economic stability initiative in preventing IPV. Our program's success is measured through regular police checks, enabling us to quantify the return on investment for each dollar spent and providing tangible evidence of our program's impact.

Our program is not only effective but also scalable. We plan to expand our training and mentoring centres to new locations across Ontario, including Downsview, Barrie, Cobourg, Kingston and Cambridge. By securing the necessary funding and implementing rigorous accountability measures, these centres will serve as a model for future expansions, demonstrating the effectiveness of our comprehensive integrated programs in reducing IPV and other forms of violence.

In conclusion, we urge the committee to prioritize funding for programs that can demonstrate measurable success and implement rigorous accountability measures. By focusing on our economic stability and positive male identity, we can create sustainable change and break the cycle of IPV in Ontario. The Oaks Revitalization Association is committed to this mission. With your support, we can ensure that public funds are used effectively and achieve meaningful outcomes.

Thank you for your time and consideration. We'd be happy to answer any questions that you might have.

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

The questions will start with the members of the official opposition. MPP Wong-Tam, please, when you're ready.

**MPP Kristyn Wong-Tam:** Thank you for your presentation—very succinct. You were commenting about the need for government to ensure that organizations that they are funding are meeting expectations and demonstrating performance outcomes. Are there any specific organizations that you're thinking of that don't deserve funding

because they haven't met their performance outcomes? And can you also identify the ones that you believe do deserve funding?

**Mr. Joe Williams:** Thank you for your question. I think it would be unhelpful to single out organizations at this particular moment, but what we can tell you is that my partner and I have done extensive research in the amount of money that is spent on violence and, in particular, IPV. We know that the funding models at this particular moment do not focus on measurable outcomes, so you then have a number of organizations duplicating work and doing the same things. The people that lose, really, are the people that we are supposed to help.

**MPP Kristyn Wong-Tam:** Thank you very much for doing that research. Would you be able to share that research with this committee?

**Mr. Joe Williams:** Absolutely.

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

I'm just on your website, looking at your history of addressing intimate partner violence, and I am trying to ascertain the thread of the programs that bring us to you specifically dealing with intimate partner violence or gender-based violence or sexual violence. I don't see a lot of language in the programs that you describe on your website that talk about intimate partner violence, sexual violence or gender-based violence. Can you just elaborate, for the committee's purpose today, which program are you working on that specifically works towards ending gender-based violence, IPV and sexual violence?

**Mr. Joe Williams:** Absolutely. We started this organization because we believe that violence is endemic. When you have it, with the justice-involved, justice-affected and marginalized people, it comes together. You have gun violence. You have sexual violence. You have all kinds of violence that are lumped in with people from these three groups that I mentioned, which is justice-affected, justice-involved and marginalized communities.

We primarily deal with men, and the men that we deal with when we get them into our program, we break them down and build them up. So not only are we teaching them how to become better citizens, but the positive male identity part of our program specifically deals with behaviours of young men. And in that program, one of the biggest courses in that program is how they deal with anger and how they deal with their partners and their mothers and their sisters and particularly women. It is a core part of our programming. You cannot deal with just one aspect of the violence; you have to deal with all of it.

**MPP Kristyn Wong-Tam:** Fantastic. I wholeheartedly agree with that statement.

The number of clients that you have or members that you serve every year, if you can share with us how many people are actually moving through your program—the men—and how many of them have identified that they have been perpetrators of IPV or GBV or identified by yourself or your staff through the work that you're doing with them.

**Mr. Joe Williams:** Absolutely. Of the 61 we saw last year, 50% of them have admitted to that. And of the 61 that we saw through our program last year, none of them have reoffended.

**MPP Kristyn Wong-Tam:** How much money do you receive from the provincial government?

**Mr. Joe Williams:** About \$1.9 million.

**MPP Kristyn Wong-Tam:** I see that most of your funding is related to Employment Ontario.

**Mr. Joe Williams:** Absolutely. Our core program—the way we deal with violence is that there has to be an economic side to that. If you raise the economic standards of our clients, you pretty much reduce violence across the board.

**MPP Kristyn Wong-Tam:** I agree. Communities that are seeing financial stress, higher rates of unemployment and higher rates of poverty oftentimes see higher rates of violence.

I'm just curious, with the changes to Employment Ontario, especially with the amalgamation around OW, ODSP and the new contracting-out model, are your clients—it hasn't happened in Toronto yet, and I recognize you're a Toronto-based organization. But have you heard about other jurisdictions where the new rollout model has affected how men, individuals, who receive OW, ODSP, are having a harder time gaining access to those employment services now?

**Mr. Joe Williams:** In general, we tend to not focus on that side. Our focus really is to get our clients and move them from low income to middle income—that's \$50,000 to \$150,000—and in that, we tackle IPV. So we tend to work independent of OW.

**MPP Kristyn Wong-Tam:** Would you describe your organization with respect to one of the core services that you provide? I recognize a big piece of it is employment services, but how would you rank IPV prevention work in your core mission?

**Mr. Joe Williams:** Very high.

**MPP Kristyn Wong-Tam:** Where would I find that on your website?

**Mr. Joe Williams:** It isn't on our website the same way we don't have gun violence on our website and we don't—we tend to just lump violence as—

**Mr. Mark Tenaglia:** As violence.

**Mr. Joe Williams:** —as violence.

**MPP Kristyn Wong-Tam:** Do you do this work with a gender-based lens?

**Mr. Joe Williams:** Absolutely. Most IPV in the communities that I have mentioned is perpetuated by young men, but we do have a significant number of women and other genders that come through our program.

**MPP Kristyn Wong-Tam:** This is very helpful. I think what I was trying to drive to—because the presentation that is before us has a very different tonality and content than I see on your website. I recognize that you're pulling strands from the website and then elaborating it for this committee, but I couldn't see the immediate connection until you explained that you're here specifically about IPV. But also, I think I have to look at your presentation,

your written submission, just to understand what the work is as it unfolds on this body of work: the IPV, GBV, sexual violence work.

Thank you very much.

**The Chair (Mr. Lorne Coe):** You have 42 seconds if you wanted to—

**MPP Kristyn Wong-Tam:** Oh, I do?

**The Chair (Mr. Lorne Coe):** No? Okay, back to the government—did you have a question?

**Ms. Catherine Fife:** Not in the remaining 32 seconds.

**The Chair (Mr. Lorne Coe):** All right, thank you. Back to the government: to MPP Saunderson, please.

**Mr. Brian Saunderson:** Thank you, Mark and Joe, for coming here and speaking on this important subject.

We heard earlier today from a representative from the Youth Association for Academics, Athletics and Character Education, YAAACE. They're in the Jane and Finch area. Have you heard of them?

**Mr. Mark Tenaglia:** Very familiar with them.

**Mr. Joe Williams:** Very familiar.

**Mr. Brian Saunderson:** Very familiar with them. One of the comments from Ardavan was that at the intersection between poverty and race, you see a rise in violence and disengagement, I think, is probably how he put it. What I understand from what you have told me this afternoon is that your program is identifying those individuals and offering them supports, and particularly economic supports. You talk about your 61 clients, and I think you said about 50% of them are coming to you as a referral because of either IPV or gender-based violence?

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**Mr. Joe Williams:** They have admitted to having committed gender-based violence.

**Mr. Brian Saunderson:** Okay, yes. So they're coming from that vulnerability. What are their ages?

**Mr. Mark Tenaglia:** It ranges from 18—the highest we've had was about 45.

**Mr. Brian Saunderson:** Okay. Do you have a sense from them—because what we've heard from other witnesses is that this is often a learned behaviour, that trauma at an early age gets repeated.

**Mr. Mark Tenaglia:** Absolutely. We actually just interviewed a client this morning. He is 24 years old. He is number 25 of kids that his father has, and when we talked about how his relationship is with his father, he turns to us and says, "I hate my father."

So it starts at a young age, these relationships, where they learn. So what we do is we deconstruct that and build them up as a positive male. These problems stem right from the beginning of home, when they're at a young age. We get these young kids in, and they don't know what a proper male role model is.

**Mr. Brian Saunderson:** I want to come back to your work on the skills training and providing economic security or a path forward for them, but in terms of the actual more social, maybe softer supports you provide, or counselling, what form does that take?

**Mr. Joe Williams:** Our program is a one-year program. When we get them, even before we put them to the path of

employment, we actually get them and we break them down and we build them back up.

The program I mentioned, positive male identity, is designed for exactly that. We start correcting our problems from the home and then we escalate that to social skills and to job placement skills. So we are with them for a year. That work goes over a year. It's one year of mentoring to make sure that we can iron out those things.

**Mr. Brian Saunderson:** And when you say they're with you for a year, is that five days a week, or how does that work?

**Mr. Mark Tenaglia:** Five days a week, regular business hours, but we're available to our clients literally 24/7. We've had many times throughout the evening—it can be 1 o'clock, 2 o'clock—where our clients call in crisis and we help them de-escalate and self-regulate. So we'll go out into the communities, or it could be by phone, where we have incidents where one of our young men would be having a—it would roll into a domestic dispute with their girlfriend, and we help de-escalate that and defuse that situation and help them with resources they need to deal with it.

**Mr. Brian Saunderson:** And then, in terms of the economic skills or, I guess, working through the Ontario government on the Skills Development Fund, how does that work?

**Mr. Mark Tenaglia:** Once we're satisfied of the certain level of mentoring that they have, we then place them into one of our couple of local partners we have—for example, LIUNA 183 training facility. They're there for eight weeks, Monday to Friday, a full day of training. Once they have finished their training with LIUNA, after the eight weeks, they have all their certificates: first aid, WHMIS, working at heights, everything they need to work at any job site in this province.

So at that point, they then get placed by the union or we help them get placed themselves, and now they're making a much better salary than minimum wage. They have pension, benefits, health care. These are things that our young men never even knew of before coming into our program.

**Mr. Joe Williams:** The program has been so successful that we have just established a collaboration with Canadian defence forces. They are very keen on getting our clients because the quality of our clients, once we've mentored them, prepares them to work anywhere, and in that preparation, among the things that we deal with is just their relationship to women and their partners and their behaviour.

**Mr. Brian Saunderson:** I went on your website and saw you do the podcast, and you have testimonials. You had one individual, Von, I think it is, who was living on the streets at one point. So these are wonderful success stories. What would you do need to scale this up? How could we be implementing this on a much broader range?

**Mr. Joe Williams:** I think stringent oversight and accountability is important. How we spend taxpayers' money when it comes to programs like this is very important. The public must see that there is a benefit. Any organ-

ization that's planning to scale anything like this must be able to tell you the dollar amount, how much they spend on each client. They must be able to measure the outcomes, what kind outcomes you have at the end.

The way we've planned out our scalability and the reasons why we've targeted those particular areas is we're trying to make our services available across the province. So it's not necessarily a matter of there not being enough funding, it's just how is that funding allocated, how is it given out and to whom is it given out and are those organizations able to give you measurable outcomes.

**Mr. Brian Saunderson:** Have you had any discussions with other potential partner organizations that could help you do this on a broader scale?

**Mr. Joe Williams:** Absolutely.

**Mr. Mark Tenaglia:** We're in discussions with some right now.

**Mr. Joe Williams:** We're always in discussions.

**Mr. Brian Saunderson:** Across the province?

**Mr. Mark Tenaglia:** Yes.

**Mr. Joe Williams:** Across the province, yes.

**Mr. Brian Saunderson:** We've heard from a number of presenters this morning about how it's not one size fits all, how it's very locally dependent because the pressures in one community may not be the same in others. Do you find that to be the same in what you're doing?

**Mr. Joe Williams:** To a certain degree. However, if you look at any kind of violence—in this particular case, IPV—you will find that in areas of low income, you just tend to have more of it. So it doesn't matter whether you're in Cobourg, Ontario, or in Barrie, if you can improve the economic standing, especially of young, unemployed men, you have an opportunity to combat IPV and other forms of violence.

**Mr. Brian Saunderson:** All right. That's wonderful. Thank you for all you do.

How much time is left, Mr. Chair?

**The Chair (Mr. Lorne Coe):** You have 33 seconds. I don't think you have enough time for a question and response.

**Mr. Brian Saunderson:** I just want to say thank you for the work you're doing in this committee. This is a very serious issue, and it is unfortunately on the rise, and so any models that we can find that will be both preventative and intervening are so critical because it seems to me breaking the cycle is such an important way forward here. So thank you for what you're doing.

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

We're now back to the official opposition. MPP Fife, please, when you're ready.

**Ms. Catherine Fife:** Thank you, Mark and Joe, for being here. I noticed that you did a report called Beyond Incarceration. You're both authors of that. You do an analysis around resources associated with the criminal justice system and the indirect cost to victims of the crime, and one of the things you mentioned is that after homicide, "sexual assault/rape and aggravated assault are identified as the next most costly crimes using the more conservative

estimates." We've only been able to estimate this at, per sexual assault in Ontario, \$136,000 to \$164,000. These are emotional labour, medical costs, lost income.

Clearly here, you've made a case that the goals of your association are to interrupt cycles of violent behaviour through education and prevention. IPV, though, clearly wasn't at the core of your work. Can you tell us how it became part of the work that you're doing? Because that is not on your website, but I'm interested to know what brought you here and how you're trying to connect the dots on resource allocation and goals of the government.

**Mr. Joe Williams:** Absolutely. As Mark was sharing with you, when we first take in our clients, we do a complete psych evaluation. We discovered that you wouldn't get too far without seeing the blueprint of violence, and that violence was directed to these young men's partners. Each and every client that we had had some kind of issue, whether it be physical or verbal, and there was no way of rehabilitating our clients without dealing with that issue. You could train them. You could get them employed. But if you don't deal with that issue, it will happen.

**Ms. Catherine Fife:** That's really interesting. That's a really interesting point, because we have people across the province—agencies, organizations—that specifically deal with IPV and they have a really hard time getting resources. It sounds to me like in an organic way, your organization has found a way to use employment and use those resources to indirectly address gender-based violence and IPV. Are you making a financial case, an investment case for that—

**The Chair (Mr. Lorne Coe):** Thank you very much. Your time is concluded.

We're over to the government members, please. I have MPP McGregor.

**Mr. Graham McGregor:** I just want to give you time, if you want, to answer MPP Fife's question.

**Mr. Mark Tenaglia:** Sorry, forgive me. Would you be able to repeat it quickly?

**Mr. Graham McGregor:** Oh, no. I've got my own questions, anyway.

**Mr. Mark Tenaglia:** Sorry about that.

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**Mr. Graham McGregor:** I would repeat MPP Fife's question. I wouldn't do it justice. I'm not as good of a speaker as MPP Fife is.

I wanted to talk a bit about your program called positive male identity. We hear often about toxic masculinity but, of course, the remedy to that cannot be stripping of the male identity writ large. Can you tell the committee a little bit about what is positive male identity?

**Mr. Joe Williams:** Absolutely.

One of the first core parts of positive male identity is accountability—accountability for your actions. We find that, as Mark was sharing, the lack of any positive role models for a lot of our clients, including the female ones, has significant issues. So we begin by dealing with that: sharing with our clients and showing them what that is. What does that look like? How do you speak to your partner when you've had a disagreement? The fact that



you are a male comes with responsibilities. It comes with behaving in a certain way—the behaviours that are acceptable and those that are not. And just because you're in a closed environment with your partner doesn't mean that you can behave in any way you like.

We found that the idea of just focusing on the toxic side of masculinity tends to bring young men down, so our approach is to focus on it being actually a positive thing. It is a positive thing that you're a man and you can do so much good; you just need to know how to do that—and we are here to show you. It might not have been shown to you before, but over this one year, we are going to show you that.

It involves a lot of things. Once we settle them in, it involves a lot of case studies. We go over case studies, how to de-escalate—even simple things like have a gym bag. Pack your gym bag. If it gets too heated, pick your gym bag up and go outside. Even just that basic thing gives them tools in which to learn how to deal with violence.

Now, of course, the situation that they're in is that they're dealing with violence all over. They might be out there either selling drugs or, in some cases—like the young man we were speaking about today—you've almost just been shot. You go back to your home with your girlfriend. She says something and that triggers you, right? So there are a lot of issues that we deal with, but learning how to handle yourself and learning how to handle your emotions—we teach them.

In front of the law, we might all be equal, but you are bigger and stronger—

**The Chair (Mr. Lorne Coe):** Thank you very much, sir, for that response. Thank you, MPP McGregor. That concludes the time allocated for your presentation. Gentlemen, thank you so much for being with us this afternoon.

#### CANADIAN COUNCIL OF MUSLIM WOMEN

**The Chair (Mr. Lorne Coe):** I will now call on the Canadian Council of Muslim Women to approach the table please.

Good afternoon and thank you very much for taking the time to join us. You'll have 10 minutes for your presentation. We have Hansard who records everything we're discussing today, so could you please state your name? Once you've done that, you can begin your presentation. At the one-minute mark, if you have it left, I'll let you know. Your name, please. Thank you.

**Ms. Nuzhat Jafri:** Thank you very much. My name is Nuzhat Jafri and I'm with the Canadian Council of Muslim Women. I'm the executive director there.

**The Chair (Mr. Lorne Coe):** Good afternoon. You can start your presentation, please.

**Ms. Nuzhat Jafri:** Thank you, Chair and honourable members of the committee, for asking us to present today. Is it all right if I read my presentation?

**The Chair (Mr. Lorne Coe):** Yes, absolutely.

**Ms. Nuzhat Jafri:** Thank you so much.

Thank you for the opportunity to present insights and recommendations on intimate partner violence, or IPV, based on our work at the Canadian Council of Muslim Women, or CCMW.

Our focus is on addressing the specific needs and challenges of Muslim women and the issues that they face, particularly in the realm of family law and IPV. In addition to these issues related to IPV, Muslim women experience multiple forms of racism and discrimination, including Islamophobia and anti-Muslim hate and violence, which exacerbates their experiences of violence and lack of access to justice and supports and services.

Muslim women are very diverse and their needs are equally diverse. Their intersectional identities demand a client-centred approach based on four frameworks that CCMW considers necessary for safe and responsive services. These frameworks are human rights, violence- and trauma-informed approach, integrated feminist anti-racism and anti-oppression, and cultural safety. The majority of CCMW members and Muslim women reside in Ontario, and with our current clients for our programs in this area, more than 80% of them are Muslim women.

Just a few words about who we are, the Canadian Council of Muslim Women: We are a national charitable organization dedicated to the equality, equity and empowerment of Muslim women in Canada. The organization was founded in 1982 in Winnipeg by the late Dr. Lila Fahlman and a group of determined Muslim women who sought to channel their passion for faith-centred social justice work and create a more inclusive Canada for all. We have chapters across the country, including here in Ontario.

Like all communities in Canada and around the world, intimate partner violence is present in Canadian Muslim communities as well. Rates of IPV are not more common in Muslim communities than in other communities in this country. In Canada, IPV is indeed an epidemic and needs to be addressed as seriously as other ills in our society that cause long-lasting and debilitating trauma and harm and sometimes result in death.

According to our research, IPV has been identified as the most common form of gender-based violence Muslim women face. The challenge for Muslim IPV victims and survivors is a lack of access to justice and culturally appropriate supports and services that can help them move out of abusive relationships and move on in their lives safely.

CCMW has been coordinating legal and gender-based violence supports and services for Muslim women for the past several years. It has become apparent that this is not enough. Muslim women's legal and emotional and/or counselling needs are distinct because they must navigate complex family laws and the stigma associated with GBV, or gender-based violence, in our communities. There is a significant lack of culturally safe and competent legal professionals and counselling services from those knowledgeable about our communities. The few available professionals are often unaffordable.

Many Muslim women, particularly newcomers, face financial hardships and challenges in accessing justice and services because of restrictions put on them by an abusive partner or spouse and/or extended family members. For example, they are prevented from working outside the home, continuing their education or seeking help from friends and other family members. They also face other barriers such as limited proficiency in English or French. Many remain trapped in abusive relationships because their immigration status is tied to their partner and are fearful of losing their status if they leave. Due to language barriers and a lack of awareness of services, many do not know their legal rights and remain in these relationships even if their status is not at risk. These unmet needs have compelled CCMW to continue to coordinate legal and GBV supports and services, and we are now seeking to establish a pilot legal clinic, which will provide both legal and emotional and/or counselling services. No funds have been secured thus far for such a pilot—we hope to have the pilot here in Ontario—but CCMW continues to apply for funding from various sources.

To support Muslim victims and survivors and their families who are in dire need, CCMW offers an emergency bursary to cover necessities of life, legal fees, rent and so on.

CCMW recently completed a report entitled *Erasing Barriers, Enhancing Safety: A Review of Systems and Strategies for Supporting Muslim Women and Girls Facing Gender-based Violence*, which contains the findings on reviews that service providers conducted of the supports and services they provide to Muslim women. Service providers collected data from Muslim women through focus groups and interviews. According to the findings, the supports they required most were emotional support and/or counselling, followed by legal support, shelter and housing, financial support, and cultural and faith-specific/competent services. Most organizations stated that clients needed someone to listen to them and understand what they were going through. Within legal support, immigration and family law support were mentioned as the areas where clients were seeking the most support. Safety was mentioned as a “huge piece.” Other needs included emergency and crisis support, information on how to navigate systems—for instance, where to go, what to do etc.—and building life and survival skills.

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When organizations asked interview and focus group participants about the supports they sought as a whole for their situation of violence, the most frequent responses were emotional support and counselling, followed by legal and housing supports.

CCMW continues to focus on education and prevention of gender-based violence, including IPV, by offering workshops and awareness campaigns geared to our communities. Our education programs include workshops on engaging men and boys to end violence in the family and have been delivered in mosques and community organizations in collaboration with some imams and religious leaders. CCMW does not have the funds for these

initiatives, but we do whatever our limited capacity allows out of necessity.

Where the gaps in services and supports Muslim women experiencing IPV are significant, we recommend funding specifically for initiatives that support Muslim women directly, like the proposed CCMW legal clinic, which will provide culturally appropriate and safe services geared to their unique needs. We ask that existing legal aid frameworks be amended to lower the eligibility threshold for Muslim women facing IPV. We also recommend mandatory cultural competency training for all family law practitioners and service providers in the GBV sector.

We would like to be more engaged in the province’s implementation of the National Action Plan to End Gender-Based Violence and ensure funding is available to organizations like CCMW and other Muslim women-centred organizations. We also recommend expansion of education and public awareness about IPV in our communities by engaging with CCMW and local mosques and community centres to disseminate information and provide outreach services. This includes conducting educational workshops and awareness campaigns to enhance understanding of legal rights, gender-based violence prevention and cultural diversity within our communities.

Let’s honour the lives of Carol Culleton, Anastasia Kuzky and Nathalie Warmerdam by declaring IPV as an epidemic and committing to doing everything in our power to stop it. Thank you for listening.

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

We’re now going to move to questions from the committee members, starting with the official opposition, please. MPP Wong-Tam—when you’re ready, please.

**MPP Kristyn Wong-Tam:** Yes. Thank you, Chair. I want to say thank you to you, as well, Nuzhat, for bringing your presentation and your insights to us today at the committee.

You have described, in your excellent written submission, a very difficult and remarkable challenge that the community of Muslim women is facing with respect to the systemic barriers that they have in trying to gain access to what should be readily available to every person who is looking to flee violence. And so, when they cannot turn to the mainstream organizations of legal clinics, who I recognize are already underfunded, incredibly stretched to the breaking point—I’ve spoken to so many of them over the years.

Now, your proposal is to create a new legal clinic that specifically addresses the needs of Muslim women. How much faith do you have—and I’m an eternal optimist, because the glass is always half full; my dad always reminds me that I’m the one that has to fill the glass. But how optimistic are you—because you’ve been knocking on a lot of doors to get funding for this legal clinic—that you will be able to receive funding for this new legal clinic?

**Ms. Nuzhat Jafri:** I’m cautiously optimistic. Again, I’m a “glass half full” kind of person too, so I really do hope that we can make it happen.

I mentioned the majority of our clients are here in Ontario, so we really have a dire need here and we hope to be able to set up this pilot in the province. Currently, we have 270 clients, give or take. More than, I would say, 250 of them are here. And these are not individuals that you can sort of abandon; these are women that we work with for long periods of time, and they require a range of services. So far, in coordinating services, we've only been able to refer them to lawyers on our roster, to counselling experts or counsellors or therapists on our roster.

And these existing legal clinics—that's not enough because these women really do need services where the service provider, the lawyers, understand their—I wouldn't say "culture." It's not about culture. It's about their unique needs—because I mentioned intersectionality at the beginning, and each individual Muslim woman has multiple intersectional identities. That individual is a composite, complex human being, and so it's really important to understand the needs of that particular individual and find services that are commensurate with their needs.

**MPP Kristyn Wong-Tam:** Thank you. In your report, you cited that you have identified a number of interviewees who, I highlight—the financial barriers and the cultural barriers in accessing a service. These are very alarming numbers: 96% of the participants highlighted financial barriers to legal aid or legal support, and 85% of them noting that there are cultural misunderstandings when they do approach a lawyer. By all accounts, it tells me that no one is getting access to the legal services that they need in order for them to access the legal system in order for them to access justice. So, what is happening to these women as they are being shut out by the justice system?

**Ms. Nuzhat Jafri:** The biggest challenge that we have is finding lawyers that will take legal aid certificates. This is an alarming thing to say here, but there aren't that many family law practitioners who will take legal aid clients, particularly those who are familiar with the needs of women in our communities. It's very hard. That's why everything takes longer, and as you know, justice denied is not having justice at all ever. The harm that that is causing the women and their families, their children cannot be understated because of a lack of these services and the affordability of services. That's why we need the clinic, because at least we'll be able to—it will be a fraction of the women, but we'll be able to help some of these women by providing direct, free legal advice.

**MPP Kristyn Wong-Tam:** As we see a rampant jump in Islamophobia, in Islamophobic violence, in Islamophobic tropes and stereotypes that are now being perpetuated almost in every direction we turn, I'm assuming that the report that you produced in 2023 might even have different numbers if you were to go out and speak to women today.

**Ms. Nuzhat Jafri:** Well, we can vouch for it. The women who do contact us in fact have experienced Islamophobia and anti-Muslim racism when they're trying to access services, especially from law enforcement. They're discounted all the time, because one of the assumptions that

people make is that, in Muslim communities, it's acceptable to be violent to women. Of course, that is just not the case. In our communities, over and over again, honouring women, protecting women, providing them support are fundamental to our faith. So the idea that somehow they experience more violence so you can just take it for granted that it's part of their lives is, of course, not true.

Every single human being in this province must have equal access to justice regardless of their faith, their race, their ethnicity. So we're talking about that equal access to justice and not have individuals make assumptions about who we are, about the women that we are helping.

**MPP Kristyn Wong-Tam:** I have one final question for you before I lose my time: What would it mean for you to have your organization, the Canadian Council of Muslim Women, be invited to ongoing round table discussions and an accountability table? If this report comes out with some really solid recommendations, we're going to have to implement, we'll have to fund it, we'll have to create a pathway to full performance, as others have spoken about it. What would it mean to Muslim women in Ontario if you got a seat at the table?

**Ms. Nuzhat Jafri:** They would really appreciate it, because one of the things that, again, we have learned is that our voices don't seem to matter. In fact, we published a report called *Voices that Matter* where we insist that our voices must be heard. So, thank you. That would be a great opportunity for Canadian Muslim women to be heard and contribute to this really important piece of work.

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

MPP Dixon, please.

**Ms. Jess Dixon:** Thank you so much for coming today. The *Erasing Barriers* report was really helpful.

I wanted to sort of go off in a different direction, because I know when I read through your materials talking about the legal clinic and the legal aid issues, I was really interested in the idea of training and familiarity, when you talk about police, that type of thing. My experience—I was a crown attorney, and this would have been a few years ago now, but I ended up having a number of cases that happened to involve Muslim women, and V/WAP at the time, our Victim/Witness Assistance Program, honestly just wasn't designed to help them. They didn't fit into that block.

What do you think of the idea of—instead of talking for now about the concept of a legal clinic, how would we be able to look at accomplishing some sort of guidelines or training for police officers, for crowns, for that type of thing so that some of the very big issues that you're talking about that are such misses could be combatted from the beginning?

**Ms. Nuzhat Jafri:** We would favour training for all of those involved, including law enforcement and crown attorneys, because we've done a lot of work on Muslim family laws and Canadian family laws just to explain the differences in how to navigate the legal system when it comes to family law. We have partnered with different

organizations to deliver training to lawyers. We have not done any training with crown attorneys. We've done some work with victim services in different jurisdictions, but actual police services—we have reached out to them to offer anti-Islamophobia workshops. We would like to do more of that.

One other thing that could be really helpful to them is our review guide that we did that allows service providers to look at their policies, programs and service delivery practices. We actually do workshops on how to use that guide. So when you think about police services as being community service providers, we could offer that training to them so that they can do some self-reflection and review of how they do things, what they do to service this particular population and what are the kinds of things they need to be aware of—the mistakes that are made, assumptions about Muslim women. So, yes, we're ready to offer that training.

**Ms. Jess Dixon:** Do you have training modules ready to go for those—

**Ms. Nuzhat Jafri:** Yes, we do.

**Ms. Jess Dixon:** So for police, for crowns, that type of thing. And if you can't answer this now you can send me another document, but where would you be at from a funding perspective to be able to deliver that? Are you able to estimate what it would cost if you were able to deliver those training programs?

**Ms. Nuzhat Jafri:** So we offer a lot of different kinds of workshops. Depending on the clients, we now do some cost recovery, because these are not funded. Initially, they were, because they were projects, but then when the funding ran out, we offered these as we can.

But for community service organizations that are already stretched, for the public, we haven't been charging, especially for the gender-based violence workshops because the people accessing those services are already vulnerable. But for police services, for crown attorneys, we would be charging a fee to recover our costs because we have no funding for this.

**Ms. Jess Dixon:** Yes. As is indicated in the submission guidelines, we're not a funding committee, but would you be able to present the committee—not this second—with what that funding requirement would be, split into police, crown, that type of thing, the idea of what it would cost you, the money that you would need to have in order to deliver those programs if you were invited to do so?

**Ms. Nuzhat Jafri:** Yes, we could, because you see, depending on who the client is, we have a fee scale. Especially in this area, we've been doing these free, but on other topics, we do charge, so we have that model of a fee scale. So based on that, we could come up with a budget, absolutely.

**Ms. Jess Dixon:** If you can do that, that would be helpful because—

**Ms. Nuzhat Jafri:** Yes, we can.

**Ms. Jess Dixon:** I think that would be useful as far as sort of a more—particularly given what I saw and what I read in your [*inaudible*] this idea of these internalized

myths that hit right at the very beginning of the contact and then set the tone downwards from then.

You said that you've reached out to police services, but you haven't been accommodated by any at this point in time? Okay.

I have two minutes left, Chair?

**The Chair (Mr. Lorne Coe):** Yes, 2:05.

**Ms. Jess Dixon:** What do you see as the role of, for example, being able to involve mosques? Again, I read in your materials about this idea of, instead of just saying, "It's bad"—it's presenting a different argument.

**Ms. Nuzhat Jafri:** We have presented to mosques and to Islamic centres and community centres. Gender-based violence is still a taboo in our communities, like it is in most communities. People don't want to deal with it. They still don't want to talk about it. It's the same in our communities, but we have, actually, a few, I would say, champions who can advocate on our behalf, who are imams, and who have also welcomed us into the mosque. So we need to reach out to them, and they can engage the other imams; there's a council. We haven't always had receptivity. We're sort of considered radical feminists, so some people don't really want to talk to us. On the other hand, there are some very receptive leaders in our communities and some imams who have been great supporters of our work for a long time; in fact, we work with some of them because some of our clients want to be referred to an imam to solve certain issues and get counselling from them.

**Ms. Jess Dixon:** At this point in time, are you pursuing new relationships with mosques, or is that something that, if it happens, it happens in the moment?

**Ms. Nuzhat Jafri:** This is ongoing outreach that we do. Every time we run a campaign, we try to reach them. I don't know if you saw; I shared with you in the document links to various campaigns we have run, and we run them in multiple languages. We want those mosques and Islamic centres to share those resources with their congregants. We don't know if they do that.

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

We're now going to move back to the official opposition for two minutes, 30 seconds. MPP Fife, please.

**Ms. Catherine Fife:** I truly appreciate you being here, Ms. Jafri. I have a close working relationship with Muslim social services and the coalition of Muslim women in the Waterloo region area, and a lot of the themes that you've raised here today are very consistent.

I also want to thank you for naming Carol, Anastasia and Nathalie in your opening comments and for saying that intimate partner violence is an epidemic. This is some of the core work of this committee.

You raised some interesting resource questions. While we are not a funding committee per se, we just had a presentation from an organization that is using employment services funding to address IPV, so it does show you how the not-for-profit sector is stretching those dollars as far as they can. Some will be telling us, quite honestly—

and we all should know this by now—that those dollars cannot stretch any further, and this is a consistent theme.

Your organization, though, I will say, has done a great job of coordinating culturally sensitive services for Muslim women facing gender-based violence—and you’ve pointed out some of the gaps in existence, but can you speak about some of those gaps?

I will tell you that in researching Lydia’s Law, which is still sitting at this committee, we learned that survivors only receive about two hours of legal system through the system, if that, and this is the key piece, right—access to justice and legal advice is a barrier to being free.

Please go ahead.

**Ms. Nuzhat Jafri:** Those two hours—we access those for the women, as well, and that’s so limited. Think about the complexity of the issues that they’re facing—just the ability to escape, which comes after a lot of deliberation, a lot of very horrific experiences. In so many of the cases where the women have come to us, it’s their children that have prompted them or the child has phoned the police.

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The gaps are enormous. I mentioned that we have that long list of barriers and gaps, but the fact is it’s in the human resources, the family lawyers. There is a dearth of family law practitioners, family law lawyers.

There is a dearth of funded—I’m not talking about the client funding or paying them; I’m talking about funded services for therapists. We are looking for therapists. We are looking for counsellors. They are few and far between. In fact, there are some organizations now that cater to Muslim women’s mental health, but they’re very few, and their resources are stretched. And just to let you—

**The Chair (Mr. Lorne Coe):** Excuse me, I need to interrupt you. That concludes the time for the official opposition.

Now, over to the government members. MPP Dixon, please. Thank you.

**Ms. Jess Dixon:** We only have two and a half minutes left. Are you able to illustrate for us, maybe from the work you’ve done, what it looks like when a Muslim woman dealing with IPV, for example, encounters a culturally competent service? What difference does that make? What does the outcome look like in comparison to not?

**Ms. Nuzhat Jafri:** Right off the bat, the individual who is culturally competent, they don’t necessarily have to be Muslim themselves, but they understand the needs of Muslim women and their communities. They will acknowledge things that are familiar to the women. So in accessing services, they’ll make sure that she is comfortable in the way she wants to deal with the service provider, with the counsellor, the lawyer. If she wants to have some distance between them, if the person happens to be male, they’ll know what to do. In fact, in the training that we do, we point those strategies out for our service providers, but if you are culturally competent, you’ll be aware of the needs of the women.

The other thing that’s really important is that the women that we see often don’t have a lot of money and resources, so acknowledging that “I will help you”—that

individual—“I will help you to the best of my abilities to make sure that you get what you need to resolve your problem.” And any faith-related issues where there’s confusion about what their rights are, because sometimes there’s a lot of misunderstanding of their own faith and what the faith allows and doesn’t allow—so clarification of those issues: simple things like whether or not their marriage is registered, whether or not they are legally divorced or have had a religious divorce. The service provider who is culturally competent should understand those nuances.

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

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

#### JEAN TWEED CENTRE

**The Chair (Mr. Lorne Coe):** I will now call on the Jean Tweed Centre staff to come forward, please. Thank you.

You’re going to have 10 minutes for your presentation. At the one-minute mark, I’ll prompt you to sum up your presentation. Could you please state your name for Hansard and then you can begin your presentation.

**Ms. Belinda Marchese:** Absolutely. Good afternoon. My name is Belinda Marchese. I am the executive director of the Jean Tweed Centre for women and children.

**The Chair (Mr. Lorne Coe):** And your colleague to your left?

**Ms. Diane Presta:** Diane Presta, fund development and communications manager at the Jean Tweed Centre.

**The Chair (Mr. Lorne Coe):** Thank you both for being with us this afternoon. Please, start your presentation.

**Ms. Belinda Marchese:** Absolutely. Sincere thanks to the standing committee and all of you that are involved in these difficult conversations and courageous conversations. My appreciation to MPP Kristyn Wong-Tam and MPP Jess Dixon as well. I know that you both are familiar with the Jean Tweed Centre and the work that we do.

It’s really a difficult conversation to have around intimate partner violence and sexual violence when it comes to women’s issues. I witness an incredible group of courageous women that have lived and lived experience that are impacted by the topic that’s being discussed at this standing committee. We have an incredible group of dedicated health care and community staff and partners that make the work that we do at the centre impactful and relevant to the discussion today. I see the courage of the women; I see the courage of the children. These are complicated conversations that aren’t new today in 2024, but that have existed for way too long. It is an epidemic, and we need to figure out how we connect the dots.

For the last 41 years, Jean Tweed has supported over 30,000 women and impacted the lives of over 150,000 individuals. Our mission is to support, unify and create opportunities for women who are dealing with their substance use and problem gambling, their mental health, and

definitely dealing in keeping the moms and children and the families connected. We are here to break barriers, to find solutions and to help women rebuild their lives.

Context: We provide supports across Ontario. We provide 21 programs. And while we have a larger footprint in the greater Toronto area, a lot of what we do is accessible to women across the province.

I'm here today to lend a voice around the epidemic. It has a disproportional effect on women and children. We know the census data: Almost 80% of intimate partner violence reported to the police services is impacting women and girls. I emphasize police-reported because we all know this is far greater than what that census shows. It's also really important to realize—and I share with you today—that the effect of post-traumatic stress disorder diagnosis rates are twice as likely higher than for men, and substance use becomes a coping mechanism. We recognize the profound impact on women and children around intimate partner violence, and we must do better.

I'm going to tell a little story. I think we need to make it real. Abby is a woman who I had the pleasure of meeting several times. Abby is no different than the rest of us. She got into trouble when she had a car accident. She got addicted to opioids at that time—I don't even need to read my notes. She lost her job. She got into what she thought was a healthy relationship. Well, guess what? It wasn't. He almost killed her—many times. She had a young family.

I look at you all today: Why is that? A car accident. A substance use concern. All of a sudden, it just snowballed. All of a sudden, she was human-trafficked. She had no money. She had a young son. She wanted to take her life.

All of this was happening. She broke the law. Jean Tweed got to know her because she was in the Vanier correction facility for women. She had to be accountable to what happened even though she was a victim of intimate partner violence, human-trafficked—forced, coerced, all those things that we shouldn't be talking about, that no human being on this earth should have to deal with.

She made the decision with her substance use concerns to get treatment. She worked with the justice system at the time, and we currently do, and with her, worked with the justice system. We helped address her substance use concerns. That's when the Pandora's box opened for her. Abby's Pandora's box became really real because it connected all these dots: her as a mother, her as a woman, her and her financial instability—all the things I'm sure you've heard from many panellists and many more to come.

It's really important you hear a story today. I might not get through everything that I want to say, but just know that Abby is real, and there are way too many Abbys out there.

Intimate partner violence intersects with so many different sources—I just heard the speaker before and the one before as I was driving here. The justice system is part of that solution. How do women have the courage to speak their truth and come forward? How do we approach them? In the first 20 words, 20 seconds, 20 steps, how are we embracing them? It's a difficult thing to speak around an

intimate and difficult topic, even though we know it's wrong. We know it's wrong. It impacts the women. It impacts the children.

**1500**

Intimate partner violence, we know, in our report, has a greater effect if you're marginally housed, if you don't have resources like financial resources. It leads to further abuse and neglect. We have to advocate for solutions that connect the dots.

Child welfare implications: Does a woman pick between her safety and her child? Do you know Jean Tweed is the only women's treatment centre, I think—for sure in the province of Ontario—that has a licensed child care centre so we can support mom and family at the same time? We talk about intergenerational and we talk about all these components that carry over to the next generation. We have to do better.

In 2023, we produced a publication, *Guidelines for Trauma-Informed Practices in Women's Substance Use Services*. Why did we do that? We did that because we know that 80-plus per cent of the women who we serve—yesterday, today and we hope not tomorrow—have been impacted by trauma. Trauma is connected to substance use concerns. I don't know how real you want me to be, but sometimes I hear these things. You know, it makes me ill that there's so much judgment around that, so much stigma.

Child welfare partners are part of the solution. If we can keep the family—if a woman can identify her substance use concerns, if she can understand problem gambling, if she can talk about the social determinants of health and all the impacts, she can understand that. She wants to do better, especially for her child. We know this. We have to find these pathways. Working with the child welfare system is important.

Homelessness and intimate partner violence, IPV—75% of the women, so many of them, are forced and human-trafficked. It's different, but it's connected to sexual violence and IPV. Homelessness plays a predominant effect. Women use drugs like amphetamines to stay awake, to suppress their hunger, and to stay awake to protect their children, because—you know what I'm going to say that I'm not going to say.

**Ms. Catherine Fife:** Say it.

**Ms. Belinda Marchese:** Because they're being raped. Because they're being abused.

It's 2024, folks. This is still happening. They're drinking because they're suffering. They're suppressing their pain and their anguish, their anxieties. Look at what happened during COVID: Lots more of this happened, then they didn't get out. They weren't connected to their communities. This is bananas to me. My team sees things that they shouldn't see. How do we even take care of our teams that are doing this work in the health and community sector? It's hard work, but we have to work in an integrated model. I've totally lost the script.

Abusive relationships make people feel more isolated. They don't want to talk about these conversations. It's hard to say, "Hey this is happening in my house, or to my neighbour, or to my friend." And then if you see how the

system connects—the justice system, the child protection—if you speak, they might take your child away. If you speak, they may not go to jail. If you speak, then what? It's a difficult, complicated, ugly orchestra. We have to change the tune. There are so many solutions. We're here.

I'm going to talk about the health impacts because I think it's really connected. Intersectionality around trauma on women's health is key. Please listen to this carefully: Women struggle more. Chronic pain; fetal alcohol spectrum disorder, FASD; traumatic brain injuries: All of these contribute to substance-use concerns and connect to trauma and violence. Women are four times more likely to be diagnosed with an autoimmune disease—300% more than their male counterparts. The health ecosystem is all connected. It's not a silo-based system. We deal with the health issues.

Last comments, as I respect your time today: We have to coordinate trauma-informed practices. People talk about trauma-informed practices, but they don't know what that means.

I know my time is up.

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

We're now going to start the questions with the members of the official opposition. MPP Fife, please, when you're ready.

**Ms. Catherine Fife:** I appreciate your tone today. We shouldn't be so nice about the violence against women. It's not rational. So we shouldn't be tiptoeing around this. When a woman gets punched in the face multiple times, she has a brain injury, and this impacts her decision-making and it impacts her seeking out comfort and seeking out support, and that does happen through addiction.

Thank you for talking about Abby and that she ended up in Vanier correctional institute. I've toured that institute. I would do anything to get out of that institute; let me tell you that.

I also want to say thank you very much for talking about your team, because I hear about the PTSD that workers experience when they're picking up a woman who has been raped and who has defended her children with her body in these instances.

I want to be more direct around these impacts and the decision-making that this committee can have over government policy and government resources. What three things would you do right now to inform this committee to ensure that we change the pattern, we interrupt the cycle of violence against women?

**Ms. Belinda Marchese:** That is a complicated thing because I can do it in two ways. I can speak from a woman's experience and what I think I hear the team and the women that I sometimes cross over—which is far less than they, my team—or I can speak from a systems perspective. Both are really important.

Three things: We need to break down these different silos of effect. You don't deal with violence, and then what? You have no financials; you're not going to have your child care; you're not going to have a house. How do you provide for the essentials of your life? Those pieces

need to be integrated. Part of that also is, "Okay, this has happened, so this is how we're going to address it." Well, what are we doing before that? How are we creating awareness? How are we even identifying these individuals? It's difficult to speak your truth and to say, "This is happening to me."

Then, from intimate partner violence to human trafficking to sexual violence to many forms of abuse and coercion—all of those things don't connect. So from a lived experience individual or from a systems—like our staff, our team of dedicated people—you have to be able to kind of get your tentacles out there.

I don't think I'm answering your question great, but I'm trying.

**Ms. Catherine Fife:** No, no. The systems piece is really key.

**Ms. Belinda Marchese:** The systems piece is there, but you have to educate them. How are we proactively understanding that this is—how are we asking a trauma-informed women's lens? Since 80% of the data is showing it's affecting women, how are we addressing those issues in a system that has a sensitivity to that? If it's cultural, if it's gender, it just is part of that ecosystem. So a part of that is the system interconnectivity. Part of that is the education of that. Part of that is the data. How are we connecting the tools? Because guess what? We can learn and share, and this can happen across the province. Your job is to provide solutions for the province of Ontario.

One of our programs is a virtual program that we're going to lose funding for at the end of next March. Over 70 communities have accessed that program that don't have these programs available. And guess what? One of three of them have not been to a treatment program before.

Let's get proactive versus reactive into the system.

I'll pause there.

**Ms. Catherine Fife:** How much is that virtual program that you're going to lose funding for?

**Ms. Belinda Marchese:** It's going to cost us about three quarters of a million dollars to run it for a year.

**Ms. Catherine Fife:** So \$750,000—

**Ms. Belinda Marchese:** Yes.

**Ms. Catherine Fife:**—where every sexual assault or violence costs the system about \$150,000, \$170,000. So if we thought of it in a very smart, proactive way, it's better to invest in the prevention piece than have to pick up the pieces of families later on down the line.

**Ms. Belinda Marchese:** Yes, 100%. And I think the ecosystem has to start somewhere. When people come in with substance use concerns, there's already enough shame and stigma. From there, you talk about, "What's behind that? What started you to drink?"

**Ms. Catherine Fife:** Yes. I'm going to pass it over to my colleague MPP Wong-Tam.

**The Chair (Mr. Lorne Coe):** MPP Wong-Tam, just to guide you, you have three minutes left.

**MPP Kristyn Wong-Tam:** Belinda, thank you very much for your presentation to the committee today, and thank you for inviting me in for a tour the last time. It was highly, highly informative.

I want to just dive into the structural deficiencies that your organization has seen. In your presentation, you repeated what was shared with me in person on the tour, and that was the lack of resources and supports for those who are trying desperately to get well, whether it's a pathway of recovery or if it's oftentimes violence leading to access to addictions and then recovery.

1510

With respect to disruptors in the cycle of violence, what does government need to do? What does this committee need to hear from you today?

**Ms. Belinda Marchese:** We have an incredible network of people and we have an incredible network of opportunity, but we haven't taken—like, everyone is doing this under their desk, beside their desk. We're just understanding what we need to do from a systems perspective. What we need to do is break out the pathways and say it doesn't have to just be about IPV; it has to connect IPV to housing to justice to child care. It's about an integrated approach. It can't just be this and this. It's too fractured into the system.

We can do this together. You're all smart people. There are providers that are there. We provide a basket of services, but the one thing I have to say—and I think this is relevant, MPP Kristyn Wong-Tam—is that we follow our people. You don't just come in for a day, a week, a month or three months. We follow you for two-plus years and if there's a reoccurrence or a hiccup in your circumstance, the door and the pathway has to continue.

**MPP Kristyn Wong-Tam:** So to break the silo effects that you're seeing at the Jean Tweed Centre, we need to have a whole-of-government approach? Would you say that government has to be the coordinating, leading body? So therefore, it's the government that can pull together different ministries to make sure that there's accountability between the ministries and that, whatever the plan is—the action plan to end gender-based violence and IPV—it has to be followed, but also there should be some consequences around accountability if those benchmarks aren't made? Is that something that's necessary in order for us to end IPV?

**Ms. Belinda Marchese:** A billion per cent, but it's an “and with many other things.” We have to obviously create the policies and the structures and the expectations, but it also has to come with the flow and a model of those resources.

I'm only speaking to you from Jean Tweed today, honestly, sincerely. We deal with substance and mental health and problem gambling. People don't even know how the connection to gambling connections and that vulnerability to your financials and your livelihood and your children are interconnecting. There are so many pieces.

So I agree with the inter-ministerial piece. That's going to take some time, but we have direct pathways that we can connect different services, so we can connect the housing and you can connect the health and you can connect all these different little pods—

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

We're now going to move to the government members with MPP Dixon. Thank you.

**Ms. Jess Dixon:** Could you talk a little bit more—I know we'll be getting some more information on funding issues later on. What would your program look like—because I know when you talk about how you're the only that has a daycare facility and other things. What would it look like sort of writ larger? I know you've been listening along to a lot of the things we've been hearing about Safe Centre. This idea of using the corner of your desk, the edge of the table—we had somebody talk about that this afternoon, this idea that everything is so fragmented. What would that look like sort of writ large, hypothetically speaking?

**Ms. Belinda Marchese:** I love that question. Thank you. I'm going to dream with you for a minute, so it's not going to be very organized, but let me dream.

It would be that if you're a woman and you're being impacted by something that's difficult and you don't know where to turn—where do you start? Before it has to get worse, how do you open up your head and heart? We talked about the reoccurring story and just the trauma of having to tell your story a hundred times to a hundred strangers—not so friendly, right? How do we pass the baton in your story, so then you can connect?

“I have a substance use concern. I'm also dealing with my trauma history, or I'm currently in a difficult, traumatic kind of living environment. I'm about to lose my child. I don't have a house. I don't have a friend. I don't have a job. I don't have money.” All those pieces—I think it talks about that storyboard. How do we connect you to services and quickly? How are we doing that, so we don't have to say, “Hey, go in for addiction treatment. Go into your detox program,” and then you have to wait to get into a treatment. And then where do you leave your child, right?

So, for us, in our journey of women, substance use, mental health, problem gambling—all of those pieces—how do we connect that? It's part of the pathways around that.

So my dream would be that you come and you're surrounded. You need a network. You need those navigators. You need those friendly people that have your back and you need to build community. I don't know if I've said that yet. Community development is so, so important. If you stay isolated, even in your trauma and in your situation, but you don't have anyone else to focus on other things—you need to talk to that mom who has a child. You need to share healthy recipes. You have to talk about just getting out and getting fresh air, all those things that also help you with your life. So part of that is more informal, I get that.

And we also really need to create a women's centre of excellence in Ontario, everyone. Why don't we have a centre of excellence? The BC centre of excellence with Dr. Nancy Poole—epic. She's amazing. She's our partner and our friend. Why don't we have one in Ontario? We can connect and we can share the data. We can share the research. We could share the education, and then we can integrate their programs, right? Not just what Jean Tweed



does here in 416 and 905, but how do we create that pathway so people in the province can connect? And from my perspective, the gender lens must be relevant into the story because it's already connected with IPV.

So how do you connect that dot? Are you going to go into a place when you're already dealing with your trauma history? It's going to be a lot more difficult for you if you do not feel safe. And all of a sudden, it just kind of catapults.

So, I don't know of my dream makes perfect sense, but I think the connection of the services, the connection to a centre of excellence that's connected within the community lens—I think the policy needs to happen, but I think it needs to be grounded. We should have a centre of excellence for women. Jean Tweed wants to help with our partners and friends to be part of creating that. It's time.

**Ms. Jess Dixon:** You mentioned another thing, which I know was one of your proposals, using the idea of a centre of excellence as an example.

Where do you see the government's role as far as facilitating data collection, automation, distribution, this idea that you want to be able to know are you reaching the people you need to reach, are you assisting them? That kind of thing—can you talk a little bit about that?

**Ms. Belinda Marchese:** I wish my colleague Kanchi was here because it's all about the data, right? At the end of the day, how do you get that metric? But how are we collecting that data in an organized way that really helps to create that story? That evidence-informed practice, connected with the data, the research and the evaluation, has to kind of flow. And for many providers, we have some, but we need more of that, and we need that support to really create that data set to help inform that but also help to create the decisions from a policy.

If you're looking at the data around the domestic violence rates or you're looking at the death data and that, how do you create that story? I think the government has an important role to play in that because it also helps you to allocate resources.

There has to be a pathway. If there isn't a pathway, then it's a little bit of this and it's a little bit of that, and then we're back to this and we're back to that. At the end of the day, it's one woman. And if you're needing 18 or 20 touch points, and you're lucky to get to two or three, how are we doing better for her and her child?

And then if the child has to go into care—our partners at child protection organizations are amazing. I just spoke at the AGM at the CAST in Toronto. They're doing amazing work. How are we identifying those women early on and then connecting them with what is happening, with their violence, with their substance use, and keeping that mom and child together? Attachment is important. The unity of the family is important, or else the generational effect.

So, there are so many pathways, if I can share those comments.

**Ms. Jess Dixon:** Yes. What does referral look like, for example, from a medical practitioner or a police officer's perspective?

**Ms. Belinda Marchese:** Yes, 100%. We get thousands of referrals and contacts. Our intake team is outstanding. I work with the most incredible people; I just have to say that quickly.

They get calls. Sometimes the presenting issue isn't—you don't know. It's like, "I'm having a substance use concern," "I have a problem with an addiction," or "I'm dealing with an issue and I don't have housing"—all the components.

They, first of all, listen. We have to provide a compassionate space. It's really difficult for people to talk about their issues. They are so skilled. They then help to look at the relevant or the most presenting issue at this time and they do what they call treatment matching. So, if someone is saying this is what they need, you work with what they're saying. But as the story unfolds, all of sudden they start to build trust and they start to talk about those other issues and barriers.

What we do is, while they're on different wait-lists—because there are wait-lists, folks; we know that; it doesn't help the ecosystem, but there are wait-lists—is we don't just say, "We're going to wait and not talk to you until you come up to the top the line." We say, "We're going to meet with you every week. We're going to do a support and stabilization group." Women from all over the province can connect in. They can start to build relationships. They can hear, "I'm not the only one who is dealing with this issue."

1520

The referrals come from everywhere. They come from the hospitals and the health care community. They come from the justice centres. They come from the child protection organizations, our housing partners and friends. They come from everywhere.

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

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

We're now going to continue with questions for two minutes and 30 seconds with the official opposition, please. MPP Wong-Tam, when you're ready. Thank you.

**MPP Kristyn Wong-Tam:** Belinda, can you elaborate more about the interconnectedness around trauma, substance use, as well as IPV? Do you believe that the government has a grasp, when they are evaluating programs and funding—or even how the policies, the legislative framework is set up—that they understand that the three of them are interconnected?

**Ms. Belinda Marchese:** Respectfully, I don't know. I can tell you, respectfully, from what I see, I would say not. Because the way that the systems and the funding and the structures—they're done in single entities.

We just so happen to be able to have intersectionality with some of our programs, so the substance use, the trauma is kind of connected. We also have supports within our housing partnerships for housing and justice. We're quite unique, because we have all these different tentacles, but I think it's happened because of the lived experience and the maturation of 41-year Jean Tweed—the organization.

From a systems design and a structure within that flow, I would probably make the assumption—respectfully—saying no. But I think that’s a great opportunity if we start to look at the data, if we start to look at the design of that, and we plant the seeds in a certain way.

But also, let the grass grow as it needs to grow.

**MPP Kristyn Wong-Tam:** And with respect to trauma-informed care, but also trauma-informed legislation, trauma-informed policy to ending gender-based violence, IPV—just because my time here at Queen’s Park has been two years, and I really think that in your presentation you’ve used words such as “intersectionality”; you talk about making sure that we had a gender lens on policy—that’s not the language of the day for this government. I’m not trying to pick on anyone, but I feel like there are two different cultures that we’re swimming against: one that wants to look at the problem holistically, one that is perhaps looking at it from a bit more of a reactionary approach.

So what would it take, do you think, for this government—but any other subsequent government—to actually ensure that they are creating models of care, but also the trauma-informed services that you’re looking for, in terms of what this government needs to fund—and into the future—

**The Chair (Mr. Lorne Coe):** That concludes the time for the official opposition questions.

Now to the government, please.

**Ms. Jess Dixon:** Just in our last few minutes here: When we were talking about screening, this idea—obviously Jean Tweed has its way of screening. My understanding is that at the moment there’s no unification of screening measures, so each institution that a woman may come across will have a different way of screening, a different way of categorizing. Is that the case?

**Ms. Belinda Marchese:** Yes and no. There are some provincial tools already for certain screening, for substance use indicators and so forth. I think there might be others—like for child protection—that maybe we aren’t necessarily familiar with. I think there are some tools, but I think interpreting those tools and making sure that they’re implemented across the sector are really, really important, not just what we do at Jean Tweed.

There are tools and indicators, but, from a trauma perspective, I don’t think that that quite yet exists.

**Ms. Jess Dixon:** Do you think it’s possible—because obviously, as we’re talking about, it’s uncomfortable to open up to strangers—to create, say from a provincial perspective, a trauma-informed screening tool that’s able to respectfully identify if we’re talking about a trauma issue behind this?

**Ms. Belinda Marchese:** Yes, 100%. And I think that assessment, for a woman or a family, should also come with the training for the cross-disciplinary components of our providers: our primary care, our community workers, our emergency services personnel. It’s crossing over, so I think there needs to be that understanding and that trauma training.

We actually have trauma training. We’ve done some with different partners. We just do it off the sides of our desk, because we believe in cascading and sharing that. We’re doing training right now around problem gambling, so people can even identify people that might be having problem gambling concerns, because that’s also leading to the whole other component of risk that connects also to intimate partner violence.

So I think yes to both. I think there are some tools, and I think that opening up those discussions and making sure that they are gender-specific—we have many populations that we need to be mindful and respectful of. And I think bringing in those partners to kind of look and see how they can use the tools and the indicators and then implement them into actual practice, I think those connect. They have to connect the dots. They’re great, but they’re just standing alone.

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

**The Chair (Mr. Lorne Coe):** Thank you very much. That concludes the time that we have this afternoon for the Jean Tweed Centre. We appreciate very much your presentation, and we’ll excuse you.

#### INTERVAL HOUSE OF HAMILTON

**The Chair (Mr. Lorne Coe):** I will now call on the representatives from the Interval House of Hamilton, please, to come forward. Thank so much for both of you being here today with us. You’re going to have 10 minutes for your presentation. You were in the audience when I prompted the earlier presenter when there was one minute left. That’s going to be followed by questions and answers.

If you could please state your names, that’s for Hansard, which is the official recorder for today’s proceedings and the previous proceedings this committee has had. Please, your names to begin, and then you can start your presentation.

**Ms. Sue Taylor:** Great. I’m Sue Taylor from Interval House of Hamilton.

**Ms. Liza Ritchie:** I’m Liza Ritchie, also from Interval House of Hamilton.

**The Chair (Mr. Lorne Coe):** Great. Well, thank you so much for joining us. Maybe just bring your microphones a little bit closer.

**Ms. Sue Taylor:** Better?

**The Chair (Mr. Lorne Coe):** That’s better. We can all hear you, and people who might be listening in can hear us as well.

Okay, please start.

**Ms. Sue Taylor:** Thank you for inviting me here today and providing a safe space for us to speak. I am the executive director of Interval House of Hamilton. We’re a smaller violence-against-women shelter located in the city of Hamilton. We provide safe shelter, supports and community services to women and children who are experiencing violence.

Today, I’m going to focus on one very effective way we can stop the war that has been declared upon girls, women and gender-diverse folks: the war that has no

name. It's the silent war, and it's deeply embedded throughout Canada. The war that every person who was born or identifies as a woman or gender-diverse is automatically signed up to fight in. Your mothers, your sisters, your wives, your daughters and your aunts have all been drafted into the silent war. Today, I will make three asks.

Gender-based violence continues to be one of the most significant issues facing our communities, with half of Canadian women experiencing some form of physical or sexual violence in their lifetimes, and a woman or girl losing their lives as a result of femicide almost every 48 hours in Canada. Our shelters are full. Trust me: We need another approach.

Given I'm a problem solver by nature, I recognized fairly early in my career that emergency shelters, safety plans and police are all ways that we traditionally respond to intimate partner violence. However, when we're considering how we respond to violence, we must consider how we can prevent violence, and so my trip down the Google rabbit hole began many years ago. Through my research, I connected with established prevention programs from across the world, and I found prevention programs that were evidence-based. I integrated these programs into Hamilton while building our own Ontario-based prevention programs.

Research supports the belief that prevention programming is a key component of a comprehensive strategy to reduce gender-based violence. Gender-based violence interventions among youth have a demonstrable efficacy in reducing these issues, particularly when they are gender-specific and gender-transformative among male youth. Like Whitney Houston once said, our children are our future, so focusing on preventing gender-based violence by engaging youth, boys, men and allies became a focus of the work that we started in Hamilton well over 10 years ago.

When engaging youth, focusing on hypermasculine spaces like sport is an evidence-based approach because it creates an organic space to redefine and challenge hypermasculinity. From athletes to coaches to administration to the very platform that sports commands, there are many ways that sport can provide healthy masculinity, dismantle rigid gender norms, role model healthy relationships and teach young athletes that violence will never equal strength.

**1530**

We allied with the Hamilton Tiger-Cats and we introduced programs like Be More Than a Bystander, MentorAction, Coaching Boys into Men and Athletes as Leaders throughout Hamilton's sport and school communities, as well as skilled trades. And though this work sounds exciting, this work also comes with many, many challenges, including a complete lack of funding and administrative roadblocks.

Recently, we received pilot funding from the Ministry of Education to roll out Coaching Boys into Men across 200 Ontario high schools. Now, Coaching Boys into Men is an evidence-based program that supports coaches and teachers and those in athletic and recreational spaces in having those transformational conversations with their

male athletes about youth dating violence, healthy relationships and mental health. The program was created by Futures Without Violence in 2001. It has demonstrated impressive outcomes and is delivered globally.

What's great about Coaching Boys into Men is it's supported by local VAW agencies. In our pilot year of rolling out Coaching Boys into Men across Ontario high schools, over 40 violence-against-women funded agencies and sexual assault centres eagerly conveyed interest in supporting a provincial rollout. From Red Lake to London, Ontario, VAW agencies from across Ontario stepped forward to take a collaborative approach to deliver this program. Now, that is impact. With their help, they have identified over 400 schools that hope to deliver Coaching Boys into Men. That's more than double the schools that we can actually support this year.

But during this period, we also heard from agencies who wanted to deliver the program; however, their school boards had refused. Some school boards decided that the program targeted and shamed boys, while others indicated it simply didn't align with their current priorities. One school board even said that there was simply no appetite for this kind of work in their school. Wow. When one in three Canadian youth report experiencing dating violence and almost 30% report experiencing emotional, mental and verbal violence in their relationships—and I sit across the table from somebody who tells me that they have no appetite to deliver GBV prevention programs.

During one conversation, a superintendent asked about removing the word "boys" from the program's title as he felt it was not gender inclusive. Through numerous conversations with officials across Ontario's schools, it is clear that they are in the grip of politics, self-preservation, patriarchy and their misinterpretation of gender inclusivity as it relates to best practices.

To end the silent war, my first ask is for this committee to recommend changes to the Education Act to ensure all youth have access to GBV prevention programs like Coaching Boys into Men.

Now, one of our most successful GBV prevention programs created a partnership between Interval House and the Hamilton Tiger-Cats. This piece of prevention work ended on March 31, 2024, because our funding simply ran out. So our work in Hamilton with boys, youth and men and allies abruptly ended.

It's incredibly disappointing to know that we served over 3,000 youth in our last fiscal year and we engaged the CFL to amplify our prevention messaging through their expansive platform—at the very height of our work, it just abruptly ends, and we've been unsuccessful in receiving any additional funds. And on February 28, 2025, the funding for the pilot rollout of Coaching Boys into Men across Ontario will end, and this will leave 677 high schools without the program.

To end the silent war, my second ask is for this committee to recommend funding—full resource funding—so we can do our work with our sister agencies across Ontario and with our CFL partners.

Over the last few weeks, when I was preparing for today, my phone pinged a lot. I get a lot of news alerts. On June 20, my phone pinged when news reports from Harrow, Ontario, indicated a family of four had been found dead inside their family home. But there was “no imminent threat to public safety.”

As many Ontarians grappled with this grievous news, many VAW workers knew exactly what “no imminent threat to public safety” meant. In the world of VAW, this means the deaths were the result of intimate partner violence. And sure enough, my phone pinged again on July 6, with an update from CBC News confirming that the deaths in Harrow, Ontario, were, in fact, a result of intimate partner violence.

My phone pinged on June 24 when the OPP released a statement indicating that they laid multiple charges in four separate IPV cases in just one week. And my phone pinged again on July 8 when it was announced that two ex-Quebec junior hockey players were going to be incarcerated for sexually assaulting a 17-year-old girl who was employed in the hotel that they were staying at. That is a lot of pings in a very short amount of time. Welcome to the silent war.

When you consider the cost of GBV prevention programs, please ask yourself, how does one place cost on the lives of the women and children who have died because of intimate partner violence? How do you place a cost on the life of a 17-year-old girl who was just working at her job when she was sexually assaulted? And that assault was videoed and shared across the Internet.

It is time the government of Ontario increase the funding for violence-against-women agencies and provide leadership towards ending violence by investing in evidence-based prevention programs. And, please, set priorities for the school boards, because without a clear directive, many boards will continue to tell us that they simply have no appetite for this kind of work.

And my final ask for this committee is to please go home tonight, hug the woman or girl in your life—hug your mom, hug your sister, hug your daughter—and tell them that you are happy they survived the silent war today, because we will never know who will not survive tomorrow. Thank you.

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

We’re going to start with questions from the official opposition, please. MPP Fife, please, when you’re ready.

**Ms. Catherine Fife:** Thank you, Chair. Sue and Liza, I want to thank you for being here. You’re on the front lines. There are a lot of pings there. I also want to say that MPP Sandy Shaw and MPP Monique Taylor speak very highly of the work that you’re doing. They are definitely your greatest champions here, and they’ve referenced you many times.

The Coaching Boys into Men—this committee has heard through various testimony how important it is to get the prevention piece right. I mean, there is obviously a continuum here. When we do experience IPV in the community and when women have enough courage to come

forward, the resources, the safety should be there. If a woman is fleeing violence, the shelter should be there. She should not have to go back to that violent home. The research and evidence are very clear on this. It should already be happening in Ontario. It’s 2024.

When you talk about the role of education, though, this is a key piece to interrupting the cycles of violence, and we definitely recognize that here. Tell me exactly what you would want the Minister of Education to do with regard to upgrading the curriculum and embedding healthy relationships and respect into the curriculum. Is this the model, Coaching Boys into Men? Is this the curriculum piece, or do you think it could even go further?

**Ms. Sue Taylor:** I think it’s one touchdown point. I think there are multiple programs that can be included. Certainly, curriculum can be updated. Coaching Boys into Men works well; it’s evidence-based. That’s one of the reasons why we advocated to bring it into Ontario. But it’s one program of many. I think the conversations need to start as soon as soon as we can have conversations, and we should build on those conversations all the way through, and I’m a huge advocate for the role that violence-against-women agencies play in these conversations.

We are the experts in the field. We are the ones that know what’s going on in our communities. We are the ones that are working with the women, front lines. We can support our schools in ways that other organizations simply cannot, and Coaching Boys into Men recognizes that, and it builds on that relationship, which we think is amazing, because when it comes to women’s safety and girls’ safety and teenagers and youth, we do need to remember there are safety concerns here. So having VAW present, we can navigate safety, we can help with planning.

So, I think Coaching Boys into Men—I’m a huge advocate of the program. I’m thrilled that we’re able to at least do our pilot year. I’m thrilled that we have 200 schools that have signed up, but I’m concerned when I’m sitting across the table and I’m hearing things coming from trustees that are saying that there’s no interest or there’s no appetite for this work.

**Ms. Catherine Fife:** Well, I mean, it crosses the entire spectrum, right? People don’t want to face what’s actually happening around intimate partner violence. You describe it as a war. Do you also share the view that intimate partner violence is an epidemic in Ontario and Canada?

**Ms. Sue Taylor:** Absolutely, and I think by declaring it an epidemic, it’s going to help with accountability, transparency. You need a plan and an investment, and I think, by declaring it an epidemic, that will help. I think there’s also validation, as well, that will come. I think in the women’s sector we have long said, “This is an epidemic. Hear us,” and we have not been heard. That’s one of the reasons why I generally refer to this more as a war, a war that you and I didn’t sign up for; we were just born into it.

1540

**Ms. Catherine Fife:** Yes. And can you talk a little bit about the resistance to addressing this as an epidemic? I

mean, there have been folks who have said, “Well, it’s not contagious. Intimate partner violence is not something that you can catch. It’s not a disease.” I want you to unpack that a little bit, please, for us, for the committee.

**Ms. Sue Taylor:** Well, there’s a lot of discomfort having conversations with different systems. Lord knows I’ve been having them for a very long time, trying to bring in what I think to be fabulous programs and continually being met with conversation where I’m like, “That’s an odd thing to say.” They’re very defeating conversations, like that this is shaming boys. No, it’s not shaming boys. We’re calling boys and men into a solution. We’re not calling out; we’re calling in.

And we’re trying to celebrate solutions. I’m very solution-focused, so to sit across a table—and sometimes these conversations can go on—I say for years, because we’re turned down, so I’ll have to ask for another meeting and another meeting. To hear that this is happening across Ontario, I think it just demonstrates that the government can provide leadership and create these pathways for the organizations that are currently doing the work.

**Ms. Catherine Fife:** So I’m hearing that you don’t believe that addressing gender-based violence in Ontario, in our school system, should be a pilot project; it should be embedded and an anchor to healthy relationships.

**Ms. Sue Taylor:** Yes. We have champions in schools who are asking to deliver the work. We’ve got principals, we’ve got coaches who are saying, “Hey, I want to do this,” and then we go to take it up and we’re shut down. Those are the barriers that need to be reduced in order for us to really, truly effectively deal with the systems that perpetuate gender-based violence.

**Ms. Catherine Fife:** Yes. Last week, a colleague of ours was shocked to learn that one in three experience dating violence. That’s a huge number of young women experiencing violence really early, in formative years, as they enter into these relationships. Can you talk about how important it is for us to address early violence in these relationships?

**Ms. Sue Taylor:** Absolutely. I think, again, what’s interesting with youth dating violence is that youth dating violence would also occur in school, and we’re losing that connection. Often, things that are happening in school are being miscategorized as bullying or kind of being pushed off to the side. We’re losing opportunities to—you know, we always say, “name it, call it, solve it.” We need to be able to name these things and say, “This is what’s happening. We need to respond differently.”

Youth dating violence and gender-based violence that’s happening in schools are not bullying, right? We’re losing opportunities to step in.

**Ms. Catherine Fife:** That’s a powerful thing to say, that there is this undercurrent, and social media has definitely impacted this—

**Ms. Sue Taylor:** Painfully.

**Ms. Catherine Fife:** Painfully. I’m one of the people in this province who feel that excessive social media should be a public health warning because of what our young people are seeing on social media.

What is the full cost of the 676 pilot project schools? What kind of resources, what kind of money are we talking about here?

**Ms. Sue Taylor:** The model that we’ve put in place engages our VAW agencies from across the province. That’s the first thing I want to say. It’s not about the money flowing through Interval House; this is about us working with our sister agencies, because across Ontario, they know their communities the best. They need to build their relationships with the schools the best, because they ultimately are supporting the girls who are in that school.

So for us to do it—I think I did it over an additional three years, and I think we just came in just under a million dollars per year, with most of the cost really going out to our VAW sister agencies, because we cannot continue to ask our sister agencies and ourselves to do the work off the side of our desks, which is what we do.

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

We’ll now move over to the members of the government, with MPP Dixon, please, when you’re ready.

**Ms. Jess Dixon:** Thank you so much for coming to present today. You know how much I love this program and your work. Because I am so supportive of getting this into all schools, can you talk a little bit about the connections that you’ve had with the francophone community and the Indigenous community as far as buy-in and availability there?

**Ms. Sue Taylor:** When we were looking to bring Coaching Boys into Men into Ontario, one of the first things I did is I reached out to a colleague of mine from a centre de santé because I wanted to ensure that we can provide the program with a francophone lens. We worked with the creators as well, Futures Without Violence, because we wanted—it’s a trademarked item, so they completely agreed; they’re completely supportive.

The other thing that we looked at was Canadianizing the content and elevating the voices of our Indigenous sisters. We’ve already had several meetings with Indigenous partners, and we’re going to continue to have those meetings.

We want to ensure that francophones have access to Coaching Boys into Men and that the principles that we’re teaching are aligning with the Canadian content.

**Ms. Jess Dixon:** Can you talk a little bit about the feedback that you’ve had from coaches and educators who have had the opportunity to deliver this program or from people who have participated in the program?

**Ms. Sue Taylor:** We’ve been delivering the program in Hamilton for the last couple of years in sport, actually. We started in hockey. I will tell you this one thing: I’m a hockey mom. I had two kids who went through hockey. Anyone who has had kids who go through hockey realizes that those conversations—every time you pick your child up from hockey, it’s all about hockey.

We heard from a parent that—we just did this about a year ago. Their feedback was, it was the first time they picked their son up from hockey practice and the conver-

sation wasn't about hockey. They were talking about dating and relationships, and they were talking about the conversations that the coach was having with them. When I heard that, I said, "That is amazing."

We have got a lot of positive coaches' feedback, who are telling us that it's changing the dynamic of the team. Every year that the program is delivered, the conversations become more transformational and deeper.

So from one hockey mom to anyone here who's had children in hockey, I can tell you, when you can change that narrative, you're having a great conversation; you're going in the right direction.

**Ms. Jess Dixon:** Can you talk a bit more about the role that the VAW agencies play in the program? What does that look like?

**Ms. Sue Taylor:** Coaching Boys into Men really rests on engaging local VAW agencies because the local VAW agencies are best equipped to recognize what's going on in their communities, and it supports the relationship-building between the schools, families and VAW agencies. VAW agencies are certified through us. We train them, and they will, in essence, go into their schools and train coaches. Then, they support that coach throughout the entire duration of their season. So if a coach is struggling with a conversation or needs some additional guidance, the VAW agency is there to assist with that.

**Ms. Jess Dixon:** Say we have boys who are successfully completing the program. What are we seeing in their attitudes, their commentary coming out of this program, versus those who may not have had the opportunity to do it?

**Ms. Sue Taylor:** I'm going to let Liza go.

**Ms. Liza Ritchie:** Thank you.

What we're seeing is more of an intention to intervene when they're witnessing or experiencing harmful behaviours, bullying, hazing and violence. We're seeing reportedly less youth dating violence in intimate partnerships. We're seeing coaches actually becoming more confident when intervening around this particular topic. There are a lot of coaches, not only that we've intersected with but who have come forward in different surveys put out by the Coaches Association of Ontario, I think it was, indicating that they're worried about escalation when they're confronting these issues. They're worried about being misinterpreted or not having the language or the knowledge to educate their teams. So we're seeing all of those increase in a positive way.

**Ms. Jess Dixon:** There are multiple news stories in Canada of that type of thing, those sorts of instances that are happening—group environment, that sort of mob think. Is this program designed to target that type of attitude particularly?

**Ms. Liza Ritchie:** Yes. When we think back to the question that was raised around it being an epidemic and it being contagious, I think when we look at the factors that contribute to the building blocks of gender-based violence, this is a program that targets that. It brings gender into the conversation in a way that unpacks what are ways that create situations that foster an unsafe situation for

women, girls and gender-diverse folks in the locker room, while also promoting healthy masculinity in conversations that really highlight healthy relationships, mental health and how do we seek support when we're encountering difficult things?

**Ms. Jess Dixon:** I know that a lot of the thought behind this, particularly when we talk about professional athletes and professional sport teams, is leveraging the hyper-masculine figure.

1550

Can you talk a little bit about some of the other ideas you've had as far as leveraging other groups, beyond just the education setting?

**Ms. Sue Taylor:** Coaching Boys into Men, for sure, going through there, but we're also looking at sport. We do work with community sport. We also have relationships with professional sport that come in from a mentoring model.

What we recognize is that, honestly, most boys and men don't want to harm. Sometimes they just feel really ill-equipped and they don't know what to do when they're seeing something. So building on a mentorship model and helping boys, men and allies learn how to stop what they're seeing in a dressing room and redefine that dressing room makes great changes.

I know what we talked about was for sure being into high schools. We want to also see this going into community sport and we also want to leverage the CFL, because we think the CFL plays a huge role in amplifying our message.

**Ms. Jess Dixon:** And one day even the Raptors and the NHL, perhaps.

**Ms. Sue Taylor:** Maybe.

**Ms. Jess Dixon:** Ideally. And are the main barriers right now—can we say that it's sort of the funding? Like, that stable, constant funding and the "no appetite" attitude that you talked about: Are those the two main barriers?

**Ms. Sue Taylor:** That's right. When a board says we can't come in, it shuts down the conversations, regardless of if the teachers want us, regardless of if the coaches want us or the principals want us. If a particular board member says they don't have an appetite for this work, the work doesn't happen.

**Ms. Jess Dixon:** Okay.

Thank you, Chair.

**The Chair (Mr. Lorne Coe):** I'll now turn to the official opposition and MPP Fife, please, when you're ready. Two minutes and 30 seconds.

**Ms. Catherine Fife:** It's also interesting because school boards also have a legislated responsibility for student well-being, so having a program around healthy masculinity and healthy relationships is actually very much in line with the directive from the Ministry of Education. So that's important.

I'm going to move over to some of the other work that you do. I know that you offer a lot of counselling sessions—individualized, trauma-informed, goal-based work. I wanted to give you an opportunity to talk about the other side of the violence and touch on how justice is the first

step in healing. How does a prompt justice system allow for trauma-informed care and how would it allow your organization to serve your clients even better and more effectively?

**Ms. Sue Taylor:** That's a multiple-stage question. I'll do the best that I can.

**Ms. Catherine Fife:** For sure. You have the time.

**Ms. Sue Taylor:** First, we are funded by the ministry as a 22-bed emergency shelter, and I get some top-up funding for four additional beds through the city. That's around 26 beds on any given night. However, I have probably 30-plus women and children on any given night.

**Ms. Catherine Fife:** And where are they sleeping if you don't have the beds for them?

**Ms. Sue Taylor:** I've put people on the floor.

**Ms. Liza Ritchie:** The floor?

**Ms. Sue Taylor:** Yes. In offices. Once, I was doing a board meeting and I knew that there was a mom plus two who had no space to go, and I actually had to end the board meeting early because they were going to sleep on that floor.

**Ms. Catherine Fife:** Have you ever had to turn women away who are fleeing violence?

**Ms. Sue Taylor:** It's not that we turn people away, because I never want to do that, but what's happening is, if we don't have space—and we don't in Hamilton; we simply don't—then we start looking outside the community.

So if you can imagine that you came to us, hoping to stay in your community because maybe you work in Hamilton, maybe your kids go to school in Hamilton, maybe they're in sports, and we're coming back, saying, "Sorry. There's nothing in Hamilton. The closest I can get is Barrie"—

**Ms. Catherine Fife:** Yes, that's terrible.

**Ms. Sue Taylor:** Right? This is where moms plus children are then looking at us, and even if we give them one night or even two nights on the floor, that doesn't mean a bed is going to open up. So have we had moms and their children return home? Yes. And it's not that we want to turn people away. If I was in that person's shoes—I can't blame that mom for making the decision that she's making. She's making the best decision that she can.

**Ms. Catherine Fife:** Of course. But that must also impact your staff too.

**Ms. Sue Taylor:** Of course it does. We are in the process of renovating and we're adding two additional rooms into our shelter. We will add six additional beds, and I have no funding on those beds.

**Ms. Catherine Fife:** How are you doing it, then?

**Ms. Sue Taylor:** It will add on to the \$650,000 I have to raise this fiscal year to keep our payroll and doors open.

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

We'll now turn to the government. MPP Dixon: two minutes and 30 seconds.

**Ms. Jess Dixon:** One of the things that I've heard a lot throughout this is this idea of missing data, absent data—the idea that we would love to make informed decisions,

but that providers don't even have access to data. With, say, the Coaching Boys into Men program, how would you advise that we look at that from a data perspective to make this something that we can learn from?

**Ms. Sue Taylor:** You have my data information.

**Ms. Liza Ritchie:** I didn't want to jump in.

From a data perspective, Futures Without Violence has created a good data collection formula. They'll organize pre-surveys, post-surveys and then follow-up surveys, and because we're bringing that program specifically into Ontario, that gives us a similar format to which we're going to unpackage data collection across Ontario. So that might be starting with a few hand-picked schools that have a really great relationship with their current VAW agency that is going to unpackage that in their respective communities. That will give us a smaller subset to base our initial data off of.

So what we're hoping to do is, obviously, provide pre-surveys; we'll collect qualitative data throughout the entirety of the project, and then afterwards we'll provide a post-survey at probably about the three- to six-month mark, and then a follow-up after 12 months.

**Ms. Jess Dixon:** The idea would be that as the relationship with the VAW and the school grows throughout a wider rollout, you'll be able to continue doing that and have even more data, and that might also inform as far as being able to have regional information about how different regions and different populations, just because of where they're geographically located—so that could inform, as well.

**Ms. Liza Ritchie:** Yes.

**Ms. Jess Dixon:** Thank you. That is everything from me.

**The Chair (Mr. Lorne Coe):** You have 28 seconds.

**Ms. Jess Dixon:** You guys are the best.

**The Chair (Mr. Lorne Coe):** Not enough time.

Thank you so much for being here today. We really appreciated your input. We now need to move on to our next presenter. Travel safely back.

DR. SANDY JUNG

**The Chair (Mr. Lorne Coe):** Members, our next witness is Sandy Jung. She is joining us through Zoom.

Welcome to the Standing Committee on Justice Policy. We're so pleased that you've taken the time to join us today. You're going to have 10 minutes for your presentation. Please state your name for Hansard. Hansard is the recording service for the Legislative Assembly of Ontario. Once you've stated your name and your affiliation, then you can start your presentation. At the one-minute mark, I'll just remind you that you have a minute left in your presentation. That will be followed by questions from the members of the official opposition and members of the committee from the government.

**Dr. Sandy Jung:** My name is Sandy Jung. I'm a forensic psychologist and a professor of psychology and associate dean of research at MacEwan University in Edmonton, Alberta.

Before I begin, I just wish to recognize that I'm presenting on Treaty 6 territory, which is a traditional gathering place for many Indigenous peoples.

I would like to thank the committee for the invitation to speak today.

To give you a little bit of background of who I am, I have worked in the field of sexual violence for the past 30 years. I oversaw treatment programs for sexual abusers at government-funded treatment programs in Alberta and in BC. I conduct research on sexual violence treatment and risk assessment. For the past 15 years, my research has focused on partner violence. More recently, I helped to develop an e-learning program to train probation officers in Ontario—a project that's still in progress. In the past 10 years, I've focused on campus gender-based violence, both partner and sexual violence. I co-created a community risk assessment tool with Dr. Jesmen Mendoza for campuses to assess gender-based violence—of risk of students who have committed partner and sexual violence—in the Courage to Act project that was led by Farrah Khan.

**1600**

I agreed to provide testimony today not for the purpose of convincing the committee that partner violence and sexual violence is indeed a problem or that gender-based violence should appropriately be identified as an epidemic. These should already be obvious to the committee, so I'm not going to be exploring that. What I understand is the purpose of these meetings is to identify what can be done about it, so that's what my focus will be.

There are many things that have already been said on upstreaming and primary prevention in your previous meeting, so I'm not going to repeat any of those concerns and recommendations here. What I'm going to focus on is the need to invest in evidence-based practices that will prevent individuals from harming the same or different victims—in other words, preventing reoffending behaviours. These recommendations, I feel, are very strongly actionable, they're practical and also they're very necessary.

Much of the research points to the fact that of all violent activity, a significant proportion of those incidences can be accounted for by a small number of perpetrators. What I will be recommending are meaningful and effective ways to identify and to address and reduce gender-based violence incidences. Therefore, my recommendations focus on the perpetrator side of things or, if you want to use prevention terminology, tertiary prevention. Primary and secondary interventions are also important, but it's important to emphasize that all levels of prevention are essential, so I hope that you'll take that in consideration in future recommendations that you might make as a committee.

I've simplified my recommendations to be more concise and pointed in this testimony, and I don't mean to neglect other important recommendations related to groups who may be more affected, to victim services. As such, I'm going to provide a written statement that provides additional justification for these recommendations, and that will be provided before the end of August.

My first recommendation is focused on research. I recommend that to address partner and sexual violence, there must be an investment in research. As a researcher, I'm a little bit more biased on this, but I do wish that data were collected by police, probation and courts to help guide the province in making informed decisions. An example of this would be to require that most institutions such as post-secondary institutions and government agencies provide or collect data on sexual violence incidences.

I've been asked numerous times by various organizations, more recently by Edmonton police, to examine their sexual violence and intimate-partner-violence cases. What would have been really helpful is for them to have collected this data in a continual matter, so that by the time they wanted to answer these questions, they had the data at their fingertips. This was a very significant investment by that organization to ask me to do this, and that was hopefully useful for them, but again, it was very much what I'm going to talk about all throughout, these one-offs. I think continual support needs to happen.

My institution also spearheaded an initiative by our provincial government to examine campus sexual violence across the province. Again, this was a one-off; I don't know if it will ever get repeated again. It served one purpose, unfortunately, and will not be able to advise for years to come without new data being constantly collected.

These initiatives are necessary, especially given the significant lack of data. But even more progressive than that, data should be collected consistently, and parts of budgets for all government-funded organizations should be allocated to some component of research to maintain that data so that when you have questions, you can ask them and the data is ready.

The second recommendation I want to make is related to training. I recommend that there be an investment in ongoing training. This is not a one-off, again, but a continual investment in training.

Recently, I was part of a team led by Dr. Shelley Brown at Carleton University, who's working on a contract with Ontario's Ministry of the Solicitor General to develop an e-learning program to train probation officers to enhance high-risk offender assessment and training with regard to intimate partner violence. Unfortunately, this contract is a one-off. What I feel is really important is continual funding used to train probation officers, police and other justice professionals. It should be similar to something like Keira's Law.

If you're not familiar with Keira's Law, it's a bill that was passed by the Canadian Senate last year. This bill requires that seminars for judges be established for them to better understand intimate partner violence and coercive control. More should be invested in this kind of training, especially training that's focused on being able to identify what intimate partner violence is, how to gather that information, why intimate partner violence is problematic, how to build a trauma-informed and trust-based relationship with victims and perpetrators, and understand and identify coercive control, especially since this is likely to



become a criminal offence fairly soon, so you need to get ahead of the curve on this one.

The third recommendation I make is with regard to risk assessment, especially when we're talking about evidence-based tools that allow us to make decisions. So I recommend that risk assessment tools be used to make decisions and that these tools are evidence-based. There are two components to this, and the reason why is because high-impact decisions are being made—decisions that impact the victim and also the rights of the person who is being accused of partner or sexual violence—so we need to be ensuring that decisions are based on evidence-based tools because this is defensible, right? This is not something that is going to rely on personal bias or systemic kinds of biases that might happen.

I strongly believe that using evidence-based tools is necessary in order to identify who's at the highest of risk to spend more resources. So it doesn't mean neglecting all individuals who have committed these types of offences, but to spend more resources on those individuals who are more likely to reoffend, more likely to reoffend violently and also more likely to commit what we well know as domestic homicides.

We also want to use these types of tools to target risk factors. That, really, is going to be, ultimately, reducing further victimization, right? Rather than assuming that all treatments work, it needs to be evidence-based in order for us to do that. Of my recommendations that I'm going to be making, these four recommendations, this is the simplest one to implement.

In my own province of Alberta, there was a framework that was developed that attempted to do this. They created their own tool, which, I will say, I strongly do not recommend. The tool combines a number of other validated tools, but reinventing the wheel actually did more harm than good. My research actually showed that the tool that they mandated to use to collect information was not useful to predict violence or intimate partner violence. It was not an evidence-based tool, and it was ineffective at identifying those higher-risk individuals. I would not want other governments to mimic that approach.

There exist many different strong tools that have been validated. In fact, one tool that was adopted by the Ontario Provincial Police, the ODARA, Ontario Domestic Assault Risk Assessment, was developed by Dr. Zoe Hilton, who is actually there in Ontario—

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

**Dr. Sandy Jung:** Okay. Good to know that.

The justice system must align with the rest of the world in this.

My last recommendation is with regard to response processes and policies for all settings. I strongly recommend that your government establish a provincial framework that changes the culture of consent and gender-based violence. You need this broader framework because it's important to recognize that these types of violence do not discriminate against economic status, race, gender or any

other category. So we need to be recognizing that such violence does happen; it just gets reported less.

I hope this has been helpful for your committee, and I welcome any questions.

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

We'll now start our questions with the members of the official opposition. Yes, MPP Fife?

**Ms. Catherine Fife:** Thank you, Sandy, for taking the time to present to us. I am familiar with your RNR Principles in Practice in the Management and Treatment of Sexual Abusers. I know you won an award for this, and so I thank you for sharing your expertise with this committee.

Based on your work thus far on the management and treatment of sexual abusers, can you comment on how timely justice would help offenders seek the treatment that they need? Because this is another part of interrupting the cycle of violence, and I don't think that we've yet delved into this. So can you sort of unpack that a little bit for us, please?

**Dr. Sandy Jung:** Sure. Are you looking a little bit more for explaining what RNR refers to and that type of thing?

**Ms. Catherine Fife:** I'm trying to connect some of your work to the justice system, because we do have a bill that's been waiting here at the justice committee called Lydia's Law, and it would address some of the cases that are actually being thrown out, but also the delay in access to justice and the impact that that has on the individuals involved. Perhaps you can go in that direction.

**Dr. Sandy Jung:** Sure. It's an important question. I think that when we talk about interrupting the cycle of abuse, people automatically assume I'm just talking about only addressing interventions with those who are higher risk. I think all interventions need to be present for all individuals who have committed and perpetrated this type of behaviour. What I think is really important though, especially when we're talking about the severity of the types of offences that could happen, such as a fatality, is for us to identify the level of risk that person poses.

1610

You're right, my work is focused especially on RNR: risk, need and responsivity. These are called the principles of effective rehabilitation, and what that means is, basically: The first principle is risk principle, and this is why I emphasize risk assessment. We really need to identify who are those individuals who are at the highest risk of reoffending. With those individuals, we want to put as much resources as possible. The first thing I always ask professionals is: I would love to say that we have an infinite amount of resources, but we don't. We have a very finite amount of resources, a finite number of police officers, a finite number of hours that probation officers can spend with supervisees. So my view is, let's try to identify those who are at the top of that risk and spend as much time with them, because they are probably the ones that are probably going to have the biggest impact in terms of numbers of incidents that occur, and also the most severe kinds of cases. So the risk principle is critical.

**Ms. Catherine Fife:** That's excellent. Thank you very much for that.

Passing it over to my colleague MPP Wong-Tam.

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

**MPP Kristyn Wong-Tam:** Thank you, Professor Jung, for being here.

I'm curious to know, with respect to the research that you've carried out with respect to risk and to try to identify those who may be going back out into the community to repeat offend—I know you noted Ontario's work—what jurisdiction outside of Ontario has been good or has a risk tool that you think is able to meet that mark? And how does that compare to what Ontario is doing?

**Dr. Sandy Jung:** It's a good question, and it's a little bit more complicated a response that I have to give. It depends on risk for what. If we're talking about risk for intimate partner violence, some of the most stellar tools that are out there are these validated ones such as ODARA, which was developed and normed in Ontario. Again, I already mentioned it's used by OPP and, actually, a number of police services across Canada. There's also the SARA, but it's a little bit more complicated—to be used by police—useful for other professionals in the field who are much more familiar with testing. If we're looking at sexual offending behaviours, you're trying to predict that, a world-wide-used tool is the Static-99R or the Static-2002R. I think these kinds of tools need to be mandated for use.

I know the Solicitor General mandates the use of the ODARA, which is great, but it needs to be consistently used across all sectors, including shelters and including other organizations that also work with perpetrators. It has to be that same language, and we're really pushing for common language.

The last one I'd probably point out that I was involved with is the campus sexual violence tool. There have been no tools that are used for pro-social individuals. Really, when you think about pro-social individuals, we're talking about people who do not necessarily have a criminal record, don't fit the profile of someone who has committed a lot of crime. Campus sexual violence is just one setting, but we had to develop a tool that was specific for those individuals, because this is kind of a microcosm that has specific factors related to students who actually have a fairly pro-social background and are involved in being in an environment where drinking and use of drugs are actually a little more common than what you would see in other settings. So we needed to have something that was specific to that. I think it's important for everyone to adopt a tool that's relevant to the type of risk you're looking at, and for that population.

**MPP Kristyn Wong-Tam:** Thank you, Professor. And when you were commenting about earlier being contacted by the Edmonton police to do some policy work, I was struck by the fact that you couldn't even get good data in order for you to do the deeper dive and analysis. Because government is usually the one that can convene the circles, that can lead the discussions, that sets the policy—often

times with community and stakeholder input—when we don't have a clear direction from government, then everybody in the ecosystem goes on at their own.

So I'm just curious, based on your experience and observations here, what would it take for us in Ontario to be able to establish that consistent pattern and data-collection tool that is going to be centrally collected, perhaps, and then being able to break it down into a disaggregated understanding of what it means, in order for the policy and the funding to follow accordingly? What would that look like? What's the mechanism that we need here?

**Dr. Sandy Jung:** You need a framework. I included that as my fourth. It doesn't mean it's the last recommendation. I think it's critical for the province to set the tone. I already gave an example of Alberta setting the tone by creating something called the FVIR. It was a very useful tool to gather information. The unfortunate thing: It was not a valid tool, or it wasn't reliable. People interpreted the questions differently, so now you can't have data that is comparable from Calgary police to Edmonton police or RCMP.

You need really good data to be collected, and so that means it has to be the same variables that you're collecting in every organization across every sector. The reason why is because if you are going to collate that data, it all means the same thing. That was the problem with using this tool: It meant different things to different police officers. So the first thing that has to happen is a mandate for requiring certain tools to be used for you to gather that data, putting a mechanism in place so that they can pull the data.

I will tell you one thing. With Edmonton police, the major issue that we had: They were actually collecting data from this tool, the FVIR, but the problem was that it was all in text, in narrative. So how do you pull out numbers? You can't pull up numbers. So I—

**The Chair (Mr. Lorne Coe):** Thank you, Professor, for that response. That concludes the time for the official opposition.

We're going to transition now to the government members of the committee, starting with MPP McGregor, please. When you're ready, sir.

**Mr. Graham McGregor:** Chair, through you: Professor Jung, did you have more on that answer that you wanted to finish before you were cut off?

**Dr. Sandy Jung:** No, I think that's fine. I appreciate it, though.

**Mr. Graham McGregor:** No? Roughly got it? Great. I appreciate you coming and sharing your expertise with the committee here. One of the things that we've heard a lot from witnesses is that victims of intimate partner violence interact with the system in different ways, whether there are addictions issues, food insecurity, other health challenges, other family challenges. We've heard the need for proper training for the system and system-wide awareness of intimate partner violence in order to make sure that those—generally women, usually women, are able to be supported properly.

It's probably impossible for us to put an intimate-partner-violence-trained social worker or therapist in every single government agency or anything that's front-facing that people interact with, but it might be possible for us to cover some kind of training. I'm wondering if you, through your research—or have put any thought to what different levels of training would look like. For, say, somebody working at a rec centre, is it one seminar per year, just having an understanding, versus somebody that works as a mental health worker versus somebody that works at a food bank, etc. etc.? What would be a good way for government to segment those trainings and structure those trainings if we were going to roll that out?

**Dr. Sandy Jung:** That's an excellent question. It's funny that—something was raised to my attention. I'm planning to give a workshop in September, actually, to a group in the Stratford area. It's spearheaded by Lisa Wilde. It's the same kind of idea: What about cab drivers, hairdressers, people at rec centres? How do we train those individuals about partner violence, about gender-based violence? How do they recognize it? Where do they go? What kind of resources can we provide to them?

Actually, it's interesting, because Lisa has arranged for this so that she can provide this for the general public. I think more of that should happen. And when I mentioned the framework earlier, I feel like that's one important component that needs to happen: training that happens at a professional level through justice but, also, we're talking about how do we advise this to the general public.

Public service announcements are kind of good sometimes. We never really test how good they are. But actual specific training, where it's available, it's also either free or very cheap and even required by agencies so that—have they done this? Do you have people designated to do this? Having those types of trainings that are available and accessible through an e-learning would be the simplest way to do that. But I think that could be a very easy possibility that could happen. And I say “easy,” because I say that there's a lot of money that you have to put in the front end, but maintaining it is the easy part, right?

**Mr. Graham McGregor:** Right.

Chair, I'm going to yield the rest of my time. I think MPP Sauderson has some questions.

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

MPP Sauderson, when you're ready, sir.

**Mr. Brian Sauderson:** Thank you, Professor, for taking time in your busy schedule to speak to the standing committee today. I was very interested in your data and your assessment tool to try to predict the possibility of IPV, but also recidivism going forward, because you're right—you referred to the ODARA tool that's used in Ontario by the provincial police.

1620

I recently had an opportunity to participate in a webinar led by Dr. Zoe Hilton at Waypoint. I understand she was one of the creators of the ODARA text, so you may be

familiar with her work. What was interesting to me during the course of the webinar is that there were a lot of individuals from the violence-against-women sector's social wraparound services who were not familiar with the ODARA. I know it's being used by the police, but it's a tool which I gather seems to be quite reliable. I'd be interested in your comments on that.

But also, it's not being used universally. So the assessment of risk is being done by one organization, primarily law enforcement, but it's not being done in other sectors, which seems would be critical to try and get ahead of it at the outset. So I'd be interested in your thoughts on the reliability of the tool, but also, how could we implement it upstream in other supports? In your previous question, you talked about social contacts that an individual who's at risk might be having. But how can you get that into the VAW service sector to try and predict and prevent and get people out of the harmful situation proactively?

**Dr. Sandy Jung:** That's a really important question. I'll just quickly mention here a quick disclaimer: I do work with Zoe quite a bit.

**Mr. Brian Sauderson:** Okay.

**Dr. Sandy Jung:** If anything, I've tried to avoid developing tools. I did develop a campus sexual violence tool, but I've avoided it all my life because there are existing wonderful tools out there. Why do we need to reinvent the wheel?

The ODARA is highly reliable. It's very strong in its validity. That means that it predicts really well both violence and intimate partner violence, and in multiple jurisdictions. I validated it, for example. I've tried to keep a little bit arm's length with Zoe because I'm not a developer or a trainer for that tool, but I am there as an independent researcher to evaluate these tools.

We've applied it here in Alberta and it predicts very well. It predicts well also with a high-risk select group. I worked with the threat assessors in the Alberta law enforcement response teams. So, it's a very strong tool.

The one thing I'd probably point out is when you're talking about working with victim services, for example, there are other tools that exist. One of them that is fairly well known is called the Danger Assessment. Oftentimes, shelters have used that tool to evaluate how much at risk a victim is at. So, it's a little different than using ODARA because you're predicting whether that individual, that perpetrator, is going to reoffend again. When we use the Danger Assessment, we're predicting whether the victim is going to be victimized again.

One thing that we're working on as a project right now—it's federally funded—is we're looking at something called common language. It doesn't matter what tool you use if we have a common language across all these tools. So in other words, we have these levels that were developed by Karl Hanson out of Ottawa that points out level 1 through 5. If we have the same levels for every tool, we're talking the same language: “That person is level 3, but we use the ODARA.” Level 3 or 4 Static-99 tells us

they are pretty much at that same level; this percentage of them will go on to reoffend again.

To me, the big thing is all these tools that we decide that we're going to use, if they follow that common language, it doesn't matter what tool we use, as long as they're valid and they use the same language. So for me, the biggest thing is that, as long as victim services are using a tool that can follow that common language, then great.

**Mr. Brian Saunderson:** And so, then, going back to your fourth recommendation about establishing a provincial framework, is that dealing with that in trying to develop the common language so that it doesn't matter what service the individual is going to, they're going to get a common assessment?

**Dr. Sandy Jung:** Yes, absolutely. That would be the greatest thing. If I can say that person's a level 3, I know that the judge who is going to be doing sentencing knows what I'm referring to and what percentage of them will go on to reoffend again—

**The Chair (Mr. Lorne Coe):** Thank you, Professor. We need to transition to the official opposition for two minutes and 30 seconds. MPP Wong-Tam, please, when you're ready.

**MPP Kristyn Wong-Tam:** Professor Jung, I want to just recognize that you have brought up the framework multiple times. It probably isn't surprising to you that other subject matter experts who work in this same field have identified that, in the absence of a provincial framework that's really clearly articulated, that is out in the public, that has accountability measurements built into them, it's just really going to be conversation.

So, I want to ask you about this framework, because at one point in time, we did have a provincial framework to end gender-based violence here in Ontario. We had a round table that was disbanded, and so we never really got to see continuity. Now we have the National Action Plan to End Gender-Based Violence, and every province and territory has stepped up and said, "We're going to apply for funding because we want it." But, again, we fall into the trap here in Ontario where things are not open and transparent, and across the sector I'm hearing that people just don't understand what the provincial plan is.

So, again, I'm going to ask, because you have this really wonderful international and national lens, who across the country is doing this work well with respect to a framework that is clearly articulated, publicly available, has implementation deadlines as well as an accountability loop to make sure that government is on track?

**Dr. Sandy Jung:** That's an awesome question. I will point out that—

**MPP Kristyn Wong-Tam:** I'm struggling with it myself, so—

**Dr. Sandy Jung:** Yes, and you're absolutely right. I cannot say that there is a province that is above and beyond any other province. I can say that there are provinces that are doing some things that are right and some things that—I wish they can amalgamate each component.

For instance, I love the fact that Alberta has our own framework for partner violence, for gender-based violence. The problem with that is exactly what you've mentioned: that there are no measurable components to it. You're speaking my language when you say that, because there's no accountability, right? We can say all these wonderful things, but nothing really happens because we don't know—we don't have the data to actually show that we actually follow through. Just like a strategic plan—we don't have anything that we can actually measure at the end. I wish they had that. The one thing I do like about their plan, even though it's a little dated now—keep in mind, it hasn't been revised since—

**The Chair (Mr. Lorne Coe):** Excuse me, Professor. That concludes your answer to the official opposition.

We're now back to the government members of the committee. MPP Saunderson, please.

**Mr. Brian Saunderson:** I'm going to pick up on the same thread but maybe from a different angle, because I want to go back to this crosstalk and how we can have an understandable language regardless of what tool and what level it's being done—through a support service, the OPP or a judge in a sentencing. You're thick into this world, I think. So how close are we to getting that crosstalk, where we can have a universal language regardless of the assessment tool that we're using?

**Dr. Sandy Jung:** I think you guys are actually doing better than most provinces, I'll point out, even without a framework, but I think it's better with a framework. The reason I say that is—the Solicitor General, for probation officers, has a policy that specifies that they have to use the ODARA. That's great. It would be nice if it was mandated from the province, because you know that policy could change within that ministry. It's the same thing with the Ontario Provincial Police. They've adopted the ODARA. I will point out, though, it has been revised, and I've already said to you I'm not keen about people revising validated tools. They have something called a DVRM now. So my view is, having a mandate from above and going down, no one changes it to suit their needs—that now ruins the validity of the tool that they were using.

I was mentioning in my earlier response that some of these provincial frameworks are great. Having policies and procedures in place is what Alberta has—there are no measurables, but there's a specific type of tool that they're requiring, which sounds good. But I said there are already existing tools, so implement the tool. And you don't even have to do a whole lot, really, in Ontario, because OPP is already using a version of it. Your probation officer is already using the ODARA. So, really, it's just mandating all other institutions that are not using a tool, that they need to use a tool.

**Mr. Brian Saunderson:** We're running short on time, and so this probably is not an answer you're going to get through, but when you talk about measurables, when you talk about KPIs—are they out there, or is this a conversation that's just starting? How do we measure outcomes here?

**Dr. Sandy Jung:** I think we're all trying to struggle with that, but, honestly, my view is, you need to start measuring something. No one is going to be happy. Everyone is going to be happy with some elements of it but not everything. But if you don't start now, you have nothing to look over time—and that's the problem.

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

Members, that concludes all the delegations for today.

I want to thank legislative research, our Hansard and our technician and, of course, our Clerk for all their hard work in supporting us today.

This committee will now adjourn until Wednesday, July 24 at 10 a.m. in committee room 1, Legislative Assembly. This committee is adjourned.

*The committee adjourned at 1630.*





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