

Legislative
Assembly
of Ontario



Assemblée
législative
de l'Ontario

**Official Report
of Debates
(Hansard)**

JP-58

**Journal
des débats
(Hansard)**

JP-58

**Standing Committee on
Justice Policy**

Intimate partner violence

1st Session
43rd Parliament

Wednesday 27 November 2024

**Comité permanent
de la justice**

Violence entre
partenaires intimes

1^{re} session
43^e législature

Mercredi 27 novembre 2024

Chair: Lorne Coe
Clerk: Thushitha Kobikrishna

Président : Lorne Coe
Greffière : Thushitha Kobikrishna

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House Publications and Language Services
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

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON JUSTICE POLICY

COMITÉ PERMANENT DE LA JUSTICE

Wednesday 27 November 2024

Mercredi 27 novembre 2024

The committee met at 1300 in committee room 2.

INTIMATE PARTNER VIOLENCE

The Chair (Mr. Lorne Coe): Good afternoon, members. I call this meeting of the Standing Committee on Justice Policy to order. We are meeting today to resume phase 2 of the committee's study on intimate partner violence. Are there any questions before we begin? Thank you.

The committee has invited ministers to appear before the committee and provide their oral submissions. Each minister will have 20 minutes for their presentation, followed by 10 minutes for questions from members of the committee. The time for questions will be broken down into one round of five minutes for the government members and one round of five minutes for the members of the official opposition.

I would just remind committee members that questions for the ministers need to go through the Chair, going forward.

MINISTRY OF HEALTH

The Chair (Mr. Lorne Coe): I will now call on the Minister of Health, the Honourable Sylvia Jones, to make her presentation, followed by the Associate Minister of Mental Health and Addictions, the Honourable Michael Tibollo, to make opening remarks.

Minister, the floor is yours when you're ready, please.

Hon. Sylvia Jones: Thank you, Chair. Before I begin, I would like to acknowledge our government's lead for the subcommittee, Jess Dixon, and to thank her as well as the entire committee for their advocacy on this legislation.

Our government has zero tolerance for any violence against women and girls. We've heard the traumatic stories about women facing domestic violence in their homes. It can be difficult for victims and survivors to come forward, but together, we can ensure more people are confident breaking their silence.

I want to be clear that domestic violence is an issue that our government has been taking and continues to take very seriously.

In 2019, our government appointed the first associate minister for women's and children's issues, which has now evolved to the Associate Minister of Women's Social

and Economic Opportunity. The associate minister works and collaborates with various stakeholders to create policies and programs that empower women and improve their social and economic well-being. Associate Minister Williams focusses on addressing issues such as gender-based violence and economic inequality and supporting women's participation in the workforce.

Under the leadership of Premier Ford, our government has been dedicated to providing timely and comprehensive care for survivors of domestic violence. I will share some of the critical supports that are currently funded through our government to support victims of violence and how further investments through our 2024 Ontario budget will continue to grow these important programs.

As an example, our government funds the sexual assault and domestic violence treatment centre portfolio, which is comprised of 37 hospital and community-based sexual assault and domestic violence treatment centres across Ontario. Sexual assault and domestic violence treatment centres provide nursing and counselling services to support the health, psychosocial and forensic needs of survivors of sexual and/or domestic violence. These centres are staffed by specially trained health care professionals, including sexual assault nurse examiners and emergency department staff, to deliver direct care to patients through high-quality emergency treatment; expert medical, forensic and acute counselling; and follow-up care.

Recent enhancements to the delivery of acute and forensic nursing services include virtual care options and mobile services to other locations in the community to minimize patient travel and support timely access to care. All of this work is centred around breaking down barriers for victims and meeting them where they are.

Each sexual assault and domestic violence treatment centre is staffed, as I said, by a sexual assault nurse examiner. These nurses are trained in administering sexual assault evidence kits to be used in police investigations. A sexual assault nurse examiner is required to support the full course of care, including acute health and forensic care. This includes crisis intervention and support, discussing reporting options, collecting sexual assault evidence, documenting and photographing injuries, treating sexually transmitted infections, and risk assessment and safety planning. Follow-up care is also provided for health and forensic purposes. This continuity avoids the victim repeating their story and the risk of repeating their trauma.

The sexual assault nurse examiner also testifies in legal proceedings when called upon by the courts.

Sexual assault and domestic violence treatment centres also provide education to other health care providers, community agencies and the public to increase awareness of sexual and domestic violence and resulting health issues.

Part of our sexual assault and domestic violence treatment centre program includes funding for the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, which provides leadership, training and support to sexual assault and domestic violence treatment centres across Ontario. The network's goal is to establish standardization in the provision of excellence and care for survivors who present at any sexual assault and domestic violence treatment centre, and to provide leadership and support to the 37 sexual assault and domestic violence treatment centres across Ontario.

Our government will continue to invest in sexual assault and domestic violence treatment centres and sexual assault care for victims of violence.

Through our 2024 budget, we included \$27 million over three years to enhance sexual assault and domestic violence services across the province to help victims and survivors receive compassionate and professional support directed within hospital settings. This funding will provide our existing sexual assault and domestic violence treatment centres with the additional clinical resources they require and will extend the reach of sexual and domestic violence services to more hospitals across Ontario. It will also support the expansion of the provincial sexual assault domestic violence navigation line to provide 24/7 support to providers caring for victims and their survivors. This investment will support greater access to sexual assault care across Ontario. It will extend the availability of sexual assault services at more Ontario hospitals, which includes the safe administration of sexual assault evidence kits by specially trained nurses. This expansion will be supported by the network of sexual assault and domestic violence treatment centres and the existing 37 sexual assault and domestic violence treatment centres to ensure the continued provision of comprehensive care to survivors of violence, including high-quality emergency treatment, expert medical, forensic and acute counselling and follow-up care.

It is vital that Ontarians experiencing intimate partner violence have access to the comprehensive care and support they need to heal.

This is why our government is also funding critical supports for Indigenous women, youth and families. These are essential, because we know that Indigenous women and girls experience disproportionately high rates of gender-based violence in Ontario and increased barriers to accessing trauma-informed, culturally responsive services for support. Through continued investment in public health, our government is supporting cultural-based supports for Indigenous women and families, which includes annualized funding for the Ontario Native Women's Association's health clinics. The centre is critical for

providing safe, culturally grounded spaces for Indigenous women to heal, gather and access services tailored to their unique needs.

Through the pediatric recovery fund, our government announced this year \$10.5 million to the Indigenous Healthy Babies Healthy Children Program and Community Wellness Worker Program. These programs are holistic, strengths-based and trauma-informed, and they aim to reduce family and gender-based violence, improve healing, health and wellness for Indigenous women and families, and support healthy child development, maternal health and improved access to services to reduce health challenges for Indigenous families.

Standing up for some of our most vulnerable is something I also took seriously during my time as Solicitor General, when we passed Canada's toughest anti-human trafficking legislation. Similar to intimate partner violence, human trafficking is a deplorable crime that robs the safety and dignity of those being abused.

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Both intimate partner violence and human trafficking dehumanize people in our communities. Recognizing and understanding these uncomfortable truths is necessary to be part of the prevention and protection. As a government, we must be there to support the survivors of intimate partner violence and other crimes, because no matter who you are, where you live, all Ontarians deserve to feel safe and protected in their homes, in their neighbourhoods, in their schools and in their communities. Under the leadership of Premier Ford and my caucus colleagues, we are continuing to take action. But there is still more that must be done.

Intimate partner violence is one of the most insidious crimes taking place in too many households. It destroys innocent lives. We must bring it out of the shadows and spot the signs, but none of us can do this alone.

As I stated earlier, our government is dedicated to providing timely and comprehensive care to survivors of domestic violence, and we'll continue to work with our partners to provide high-quality services and supports to those most in need. I know that, together, we can make a lasting impact to improve the lives and futures of those victimized by intimate partner violence. It is the right thing to do, and we will not stop.

To the members of the committee, I have to say that many years ago, as a legislator, I sat on a committee, and it was as a result of the death of a Windsor nurse, Lori Dupont, from intimate partner violence. I remember how important that work was—as a committee. I hope that your work here today and in the weeks and months to come can be as valuable and fruitful in ensuring that we continue to protect our most vulnerable.

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

Minister Tibollo.

Hon. Michael A. Tibollo: Thank you, Chair, and thank you, Minister, as well, for the comments you've made. I want to thank you for the opportunity to address such an important topic.

Our government is committed to ensuring that all survivors of sexual assault and domestic violence receive the timely, culturally safe and responsive care they need and deserve. Intimate partner violence is a devastating reality for far too many individuals in Ontario. The impacts of this violence go beyond the immediate, leaving lasting physical, emotional and psychological scars. Indigenous women, girls and youth in particular face disproportionately high rates of gender-based violence, compounded by historical injustices and systemic barriers to accessing support. Today, I'm honoured to share some of the critical supports our government funds through the Ministry of Health to address this crisis, and how additional investments through the 2024 Ontario budget will expand and strengthen these life-changing programs.

Our government recognizes that Indigenous women and families face unique challenges in addressing intimate partner violence. They often encounter structural barriers to accessing trauma-informed and culturally responsive services—barriers that perpetuate cycles of violence and trauma. This is why we've prioritized investments and programs specifically designed to meet their needs.

Through Ontario's Roadmap to Wellness, we provide \$60 million annually for Indigenous-specific mental health and addictions programs; of this, \$20 million represents new, annualized funding approved through budget 2024. Included in this funding is over \$7 million directed to programs under the Indigenous Healing and Wellness Strategy. These initiatives aim to prevent and address violence against Indigenous women and girls, combat family violence, and foster healing within Indigenous communities.

Through the Roadmap to Wellness, Ontario is championing innovative and compassionate solutions to support the well-being of vulnerable youth. Among these is the creation of two specialized human trafficking healing lodges for Indigenous children and youth involved with children's aid societies. These lodges offer a vital sanctuary for young people who are at risk, at high risk or recovering from human trafficking and sexual exploitation. This groundbreaking initiative is the first of its kind in Ontario, designed to address the deeply personal and culturally specific needs of Indigenous youth who have endured the trauma of sexual exploitation. The lodges blend traditional healing practices with specialized mental health care, creating an approach that recognizes and addresses the complex layers of colonial intergenerational trauma alongside the immediate impacts of trafficking. These lodges are much more than facilities. They are spaces of hope and resilience. They provide culturally safe environments where youth can embark on a path of healing, guided by Indigenous knowledge and supported by their communities. Through holistic care, the lodges empower young people to rebuild their lives, fostering recovery and a sense of belonging that acknowledges and celebrates their identities.

Ontario continues to invest significantly in additional Indigenous healing lodges as part of its commitment to reconciliation and wellness. Through the Indigenous

Healing and Wellness Strategy, the Roadmap to Wellness and Ontario's response to the Truth and Reconciliation Commission calls for action, the province provides more than \$10 million annually to support seven lodges across Ontario. These lodges are rooted in traditional healing and methodologies, drawing from teachings of the medicine wheel, life cycles and the continuum of healing. They address the profound physical, spiritual, mental and emotional impacts of family violence, colonization, residential schools, substance use, sexual violence and intergenerational trauma.

Healing lodges are not merely places of refuge; they are safe spaces for renewal and empowerment. They honour the rich cultural traditions of Indigenous people, fostering community, connections and supporting individuals and families in reclaiming their health and their well-being. By addressing the root causes of trauma and providing holistic support, these lodges play a crucial role in breaking cycles of harm and creating pathways to lead to health.

In addition to these specialized programs, our government has made significant investments to enhance Ontario's mental health and addictions system. Since launching the Roadmap to Wellness in 2020, Ontario has committed \$3.8 billion over 10 years to build a comprehensive and connected mental health and addictions system. Recent investments include \$425 million over three years, announced in budget 2023, which includes a 5% increase in base funding for community-based mental health and addictions service providers; an additional \$396 million over three years, announced in budget 2024, to stabilize and expand access to existing mental health and addictions services—increased investments in supportive housing to help individuals and families rebuild their lives in safe and stable environments. All together, since 2019-20, these investments have resulted in over \$800 million in new base funding for mental health and addictions services and supports.

Central to all these efforts is Ontario's Roadmap to Wellness, which is transforming the way mental health and addiction services are delivered. The road map is building a comprehensive continuum of care—one that seamlessly integrates community-based services, primary care, acute care, and ensures that no one falls through the cracks. For survivors of sexual assault and domestic violence, this approach provides critical improvements and access to the full spectrum of care they need to heal and rebuild their lives. It emphasizes care that is trauma-informed, culturally safe and responsive to the unique needs of diverse populations, including Indigenous women, youth and families. By prioritizing their well-being, the continuum fosters connections between immediate crisis support, long-term counselling and community resources, offering a holistic pathway to recovery. This model also addresses the broader social determinants of health that intersect with intimate partner violence, such as housing, income security and education. Through partnerships with local agencies and health care providers, it ensures that survivors not only receive medical attention and psychological support but also gain

access to essential services that promote stability and independence. By embedding these principles within the Roadmap to Wellness, Ontario is working to dismantle barriers, break cycles of violence, and empower survivors to reclaim their future.

In conclusion, intimate partner violence is a widespread issue that affects individuals across all walks of life and every demographic throughout Ontario. It knows no boundaries, and it impacts people of all genders, ages, ethnicities, socio-economic statuses and regions, from urban centres to rural communities. This pervasive problem requires an equally comprehensive and inclusive response.

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Our government acknowledges the diverse and far-reaching nature of IPV and is committed to investing in tailored solutions that meet the needs of all survivors, recognizing that their journeys to safety and healing are as unique as they are. Through the Roadmap to Wellness, targeted investments and partnerships with community organizations, we are building a robust, survivor-centred system that prioritizes healing, recovery and prevention. This system is designed to ensure that every individual, no matter their background or circumstances, has access to trauma-informed care, culturally safe resources and ongoing support. By addressing both the immediate and long-term needs, we aim to empower survivors to move forward with dignity and hope. But our commitment extends beyond individual recovery. It is about fostering systemic change while working to dismantle barriers that perpetuate violence—

The Chair (Mr. Lorne Coe): Excuse me, Minister. That concludes your time, sir. Collectively, you had 20 minutes.

Hon. Michael A. Tibollo: Oh, I thought I had 20 minutes and she had 20 minutes.

The Chair (Mr. Lorne Coe): No, no. It's 20 minutes together.

Hon. Michael A. Tibollo: Let me just say thank you for the opportunity to speak to this important issue and be here.

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

We will now begin the round of questions with the official opposition. MPP Karpoche.

Ms. Bhutla Karpoche: I would like to start by saying that the evidence is clear and there is consensus among experts, service providers and survivors that intimate partner violence is an epidemic and should be officially declared as an epidemic by the province. There has also been extensive research, including right here in Ontario.

We've gone through the Renfrew county inquest, which released 86 recommendations and provided a road map to preventing intimate partner violence and preventing it from escalating to femicide. The number one recommendation made by the Renfrew county inquest was to declare intimate partner violence an epidemic.

The Ford Conservative government has refused, so far, to declare intimate partner violence an epidemic and has

shut down numerous motions and attempts by the NDP in the House to declare it as an epidemic. Despite the overwhelming evidence and the urgency of the issue—because lives are at risk here—the Conservative government has chosen to delay action and add hurdles by spending more time in hearings and more time studying the issue.

I want to remind the ministers that survivors and advocacy groups have been calling for this declaration for years. In the Minister of Health's own presentation just now, she stated that she was part of a committee hearing that looked into the issue of intimate partner violence many years ago. I think that just shows how long governments have spent their time at hearings instead of taking real action, instead of making the necessary investments on factors that can actually prevent intimate partner violence.

Chair, I also want to emphasize the highly unconventional and restrictive process that the Conservatives have created at the committee hearings for IPV. I only get five minutes to question both ministers—that's the entire Ministry of Health and the ministry of mental health and addictions. The Conservative government say that they want more hearings but then limit questions and a real review of the programs and services that each ministry is responsible for.

With that, my first question is to the Minister of Health.

Does the Minister of Health, having been briefed by her officials of the evidence—and by all of the work that has been done so far by survivors, by advocacy groups, by service providers, and by the Renfrew county inquest commission—recognize that intimate partner violence is an epidemic?

Hon. Sylvia Jones: Respectfully, I think the fact that this committee has actually been struck and is collecting and continuing to collect that evidence speaks to our motivation and our desire as a government to not just look at what we have done thus far but continue to make investments to ensure that we have covered, to the best of our ability—increased investments that are targeted. Whether that is targeted in northern Ontario, whether that is targeted in Indigenous communities, expanding the access is a really important indication for me—

Ms. Bhutla Karpoche: Chair, I'd like to reclaim my time.

The Chair (Mr. Lorne Coe): It's granted.

Ms. Bhutla Karpoche: I did not hear an answer to my question. It's a very simple yes-or-no response.

Does the minister recognize that intimate partner violence—

Hon. Sylvia Jones: But why would I presuppose the outcome of this committee, Chair?

The Chair (Mr. Lorne Coe): Please, Minister, could you respond to the question?

Ms. Bhutla Karpoche: I'd like to ask my question again.

Hon. Sylvia Jones: No, I heard it. And my answer is, why would I presuppose the outcome in the report that is

going to come out of the good work that this committee is doing? I don't want to do that. I want to ensure—

Ms. Bhutla Karpoche: Okay. Thank you for that response.

I would like to reclaim my time. I only have five minutes, and I don't need filibustering of my response.

The Chair (Mr. Lorne Coe): One person at a time, please—the questions through me and the answers through me, one at a time. I'm just getting advice here from my Clerk as well. So, one at a time, ask a question, please, and then we'll have a response.

Ms. Bhutla Karpoche: Yes, and I did not receive a response for a second time. The Minister of Health simply refuses to answer the question—a very simple yes-or-no question on whether she recognizes intimate partner violence as an epidemic.

The Chair (Mr. Lorne Coe): To the question, please.

Hon. Sylvia Jones: Thank you, Chair—

Ms. Bhutla Karpoche: No. I would like to ask a second question, Chair, because I did not hear a response to my original question.

Before I go to my second question, I want to make a note here for the committee and to the minister, as well, that we're spending more time on hearings, on studying this issue instead of taking real action. This Conservative government—

The Chair (Mr. Lorne Coe): Your time is completed for questions.

Ms. Bhutla Karpoche: That just makes my point.

The Chair (Mr. Lorne Coe): I am now going to have questions for the government—and I have MPP Dixon, please.

Ms. Jess Dixon: Through you, Chair, my question is to Minister Jones.

Minister Jones, when you were Solicitor General, I know that you were heavily involved in some of the work about anti-human trafficking.

Throughout the course of the committee, we've heard a lot of information from so many different service providers and front-line advocates and experts—and also, the intersection between human trafficking and IPV, as often it manifests as IPV.

I wonder if you could talk a little bit about the consultation and what you heard that ended up leading to that movement on human trafficking.

Hon. Sylvia Jones: Actually, my work on the anti-human trafficking file began in committees very similar to what we are participating in today.

The work that MPP Laurie Scott and I did, as committee members in opposition, drove and motivated me and our government to bring in, as I referenced, some of the strongest anti-human trafficking legislation in Canada. The driver for that was the evidence, the information and the feedback that we heard from survivors, that we heard from organizations that were attempting to assist young people—primarily young women—from getting out of being trafficked in the province of Ontario. And that's what drove a lot of the work that I was able to do as the Solicitor General.

Chair, I in no way would suggest that the work of this committee is done. I think that there is very valuable information that all of us benefit from. Whether we talk about the investments we have made currently or the investments that are to come, that work comes as a result of listening to the evidence, listening to the experts working in the field, the front line—similar to what I did with anti-human trafficking.

Kudos to the members who are actively participating in this committee, because this is what drives good legislation and good policy decisions.

Ms. Jess Dixon: Thank you, Minister.

Through you, Chair, to Minister Tibollo: One of the things that has become clear over the course of the committee is that services that are only identified towards people who consider themselves victims or impacted don't actually address the entire problem—because of perpetrators and adverse childhood experiences and all of the things that end up leading to that.

We heard from Dr. Jo Henderson about the youth wellness hubs and the work that happens there, in that there are so many youth and children who are, frankly, impacted by intimate partner violence at home, who are seeking assistance.

Can you talk a little bit about the hubs and the expansion and what motivated that?

Hon. Michael A. Tibollo: Thank you for the question.

I think I have to start with the framework of the Roadmap to Wellness and what it tries to do. It looks at the different stages in the development of human life, from zero to 12, 12 to 24, 24 to 45 and on. What it tries to do is address education and prevention in each of those phases and, where necessary, put supports in place to ensure that the person is getting the help they need wherever they are.

When you talk about children and youth, the best thing that we could be doing is investing in their future by providing them opportunities to have a real childhood and address issues that potentially arise during those first three, first six years of their life, when there, many times, is trauma. So how do you address that? The way to address it is to ensure that the supports are there to, first of all, recognize that potentially there's a problem and then provide the supports and the services necessary to help the individual—so that they don't become a problem that may or may not be diagnosed between 12 and 24 but then become an issue in adulthood.

Addressing these issues by having youth wellness hubs, which are low-barrier access points and safe spaces for young people to come to, gives them that opportunity to learn more about themselves, and helps the people who are running them identify the problem and ensure that that child gets the best possible outcome by being in an environment that's conducive to growth and safety.

So that's the key behind the youth wellness hubs. They're phenomenally successful. We've now incorporated them into Indigenous communities as well—and Sagamok having its first Indigenous-led—

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

The time for questions from the government has concluded.

Thank you both for being with us here today. We appreciate very much your deputations and your answers to the questions. Please have a good afternoon.

The committee will recess for five minutes.

The committee recessed from 1332 to 1343.

MINISTRY OF INDIGENOUS AFFAIRS AND
FIRST NATIONS ECONOMIC
RECONCILIATION

The Chair (Mr. Lorne Coe): Members, I'd like to resume the meeting of the justice policy committee and the study on intimate partner violence.

We are joined now by the Honourable Greg Rickford, the Minister of Indigenous Affairs and First Nations Economic Reconciliation.

Minister, you have 20 minutes for your presentation. That will be followed by five minutes of questions from the official opposition and five minutes from the government side. You can start, sir, when you're ready.

Hon. Greg Rickford: Thank you, Chair, and I apologize for being late.

Good afternoon, everyone. Today, I'm here to discuss an important issue that is prevalent, unfortunately, in far too many communities across the province and is, of course, the basis for this committee convening: intimate partner violence.

As Minister of Indigenous Affairs and First Nations Economic Reconciliation, and as the Minister of Northern Development, I'm acutely aware that intimate partner violence disproportionately affects Indigenous women. We have heard this from Indigenous leaders who have raised concerns about the effects of intimate partner violence. Their voices are essential in shaping effective Indigenous-led solutions.

I'll take you back to 2020. Our government established the Indigenous Women's Advisory Council—IWAC is its acronym—which has highlighted the need for culturally specific interventions and continues to inform our government's approach to tackling intimate partner violence.

Our government is addressing intimate partner violence across Ontario through investments in mental health services, community programs and culturally tailored resources. We believe that economic independence is vital in helping survivors escape abuse. Our government is investing in socio-economic initiatives alongside support services to foster healing and recovery.

Intimate partner violence and human trafficking are interconnected in some regards, especially with respect to Indigenous communities, and addressing these matters requires trauma-informed, culturally relevant solutions that tackle root causes like poverty. We are focused on prevention and support, and we aim to build the kinds of services and safer environments that are more resilient for Indigenous community members in addressing intimate partner violence.

On that subject matter, we are taking action to address intimate partner violence to ensure survivors receive the support and offenders are held accountable. Through our four-year action plan, we're tackling various forms of intimate partner and family violence, including human trafficking, sexual assault and femicide. Our four-year action plan is supported by our government's investment of over \$1.4 billion in intimate partner violence services and prevention.

Intimate partner violence affects men and women of all ages and backgrounds. While certain groups, like Indigenous women, face higher risks, it can impact anyone, regardless of culture, religion or economic status.

To help enhance the capacity of First Nations police services to provide specialized trauma-informed and culturally responsive policing throughout intimate partner violence, sexual assault and human trafficking investigations, our government provided more than \$5 million in 2023-24 for the Missing and Murdered Indigenous Women and Girls Fund grant.

In addition, our government continues to support the Ontario Federation of Indigenous Friendship Centres. The Kizhaay Anishinaabe Niin – I Am a Kind Man program was developed by the OFIFC to address violence in Indigenous communities and to promote wellness. The program engages Indigenous men and youth to raise awareness of the causes of violence against women, girls and 2SLGBTQIA+ people. It's delivered at 26 sites across Ontario. It aims to end violence by educating men about their traditional roles and promoting respect, healing and resilience. This is a leading example of culturally responsive approaches to intimate partner violence in Ontario's friendships centres, which are typically situated near, in and around First Nations communities.

We are collaborating with sector stakeholders and Indigenous partners to implement our four-year action plan effectively, and these are just a few of the ways we carry out this important work.

My ministry is committed to working with Indigenous organizations, leaders and communities to address intimate partner violence through initiatives supporting missing and murdered Indigenous women, mental health access, community services and human trafficking prevention.

Let me talk a little bit about our approach to addressing intimate partner violence.

Ontario is committed to implementing the calls for justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls, recognizing the disproportionate violence faced by Indigenous women, girls and two-spirit individuals. In collaboration with the Indigenous Women's Advisory Council, Ontario prioritizes three things: supporting survivors and families, increasing funding for Indigenous-led organizations, and enhancing access to culturally relevant services. Efforts focus on both immediate safety and long-term community healing, addressing intimate partner violence linked to missing and murdered Indigenous women and girls.

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Let me talk a little bit about our anti-human trafficking efforts.

Ontario acknowledges the link between intimate partner violence and human trafficking, focusing on vulnerable groups like youth in care and within Indigenous communities. Initiatives include expanding support for survivors, training front-line workers, improving access to resources for escaping abuse.

Through the anti-human trafficking strategy, Ontario is investing \$11.5 million over three years to prototype children at risk of exploitation. The acronym is especially important—it's CARE units, which do the following: locate and support trafficked youth, connect victims to community-based services, and assist in investigation of offenders. CARE units are operational in Toronto and Durham, with Kenora district identified for a third unit due to the high risk for Indigenous youth. Each CARE unit is unique. It's based on the communities they serve and the services participating in the CARE unit.

A team with members from multiple ministries is engaged with Indigenous and community-based organizations in the Kenora area, for example, to ensure the unit offers culturally appropriate services—which include coordination with the Ontario Native Women's Association, the Kenora Coalition to End Human Trafficking, the Kenora Chiefs Advisory, Tikinagan Child and Family Services, Kenora-Rainy River Districts Child and Family Services, Anishinaabe Abinoojii Family Services, Ne-Chee Friendship Centre, FireFly, Treaty Three Police Service, Kenora Sexual Assault Centre, Wabaseemoong Child Welfare Authority. To be clear, colleagues, this particular CARE unit offers services and programs coordinated with associations both in Kenora—Rainy River and in Kiiwetinoong.

Beginning in 2024-25, and building on existing investments, we're providing an additional \$13.5 million over three years to enhance initiatives that support women, children, youth and others who are at increased risk of violence or exploitation, such as Indigenous and racialized communities.

Through this funding, \$6 million over three years is going toward supporting the CARE unit in the Kenora district, with increased access to trauma-informed, specialized supports for children and youth who have been trafficked in sex. The Kenora CARE unit, which is a CAS and police AHT response team in the community, is now in the final stages of implementation and planning. Implementation is expected to begin in January, with full implementation of the CARE unit expected to occur by April 2025.

Lastly, the Indigenous Healing and Wellness Strategy, funded through the Ministry of Children, Community and Social Services, is a \$2.6-million program that will provide trauma-informed care and mental health supports for trafficked Indigenous youth, addressing critical service gaps.

I'd like to talk a little bit about the Pathways to Safety strategy. Launched as Ontario's five-year response to the

national inquiry's final report, Pathways to Safety addresses the root causes of violence against Indigenous women and girls. The key areas of focus include justice, economic security, health and safety. Guided by the Indigenous Women's Advisory Council, the strategy ensures First Nations, Métis and Inuit perspectives are central to its implementation. The second annual progress report, released in 2023, highlighted achievements in reducing violence and improving support systems. Ongoing funding supports both new and established initiatives, enabling continued progress in improving the well-being of Indigenous communities. By integrating these efforts, our government is working to create safer, more equitable communities for all.

I'd like to talk a little bit about mental health and counselling services.

Enhancing mental health services is a key priority for the Ontario government, recognizing our vital role in supporting survivors and intimate partner violence. We know that healing extends beyond immediate safety to include long-term emotional, psychological care.

Ontario is invested in initiatives like mental health and wellness programs, which integrate traditional healing practices—for example, talking circles and land-based healing—with conventional mental health supports.

The Indigenous counselling and support services fund provides community-based organizations with funding for crisis intervention, long-term counselling and therapeutic services, ensuring culturally appropriate care.

Since 2019, Ontario has allocated \$525 million in base funding for mental health and addiction services, including \$40 million for Indigenous-specific programming.

The 2024 budget includes \$60 million over three years for Indigenous and northern communities to maintain mental health services, community well-being initiatives, and opioid programming.

If you'll indulge me, I would like to spend a little bit of time talking about how we support Indigenous-led community centres and initiatives.

We recognize that Indigenous communities are best equipped to address their unique needs, supporting Indigenous-led solutions to intimate partner violence, and it's why our government has made investments in programs such as the Indigenous Economic Development Fund—this is out of my ministry, colleagues—and Indigenous Community Capital Grants, which are helping to build community centres, create training programs and foster economic growth. Our government is investing \$25 million over three years to support the delivery of these programs.

The Indigenous Community Capital Grants are another way our government increases economic prosperity and capacity, frankly, for growth of Indigenous peoples and businesses. Through the Indigenous Community Capital Grants Program, we are supporting community health and wellness centres. They include a detailed design of the Ontario Native Women's Association urban Indigenous women's cultural healing centre in Thunder Bay, renovations for the Wabano Centre for Aboriginal Health in

Ottawa, detailed design for a cultural-learning and community centre at the Seven Generations Education Institute located in Kenora–Rainy River.

We know that advancing economic security is key in addressing the root causes of intimate partner violence. Financial independence empowers survivors to leave abusive relationships and aids in long-term recovery. Our government supports initiatives like the Métis women's economic forum, empowerment symposiums, Ontario Native Women's Association She Is Wise conference, which provide education, resources and community support. These forums are aimed at empowering Indigenous women and two-spirit individuals, focusing on education, job training and entrepreneurship to foster independence and prevent future violence.

I've had the privilege of attending ONWA's 53rd general assembly earlier this month. They had a culturally grounded programming, support, safety and healing of Indigenous women's community programming across Ontario. We're very proud of the work they do and intend to continue to support it and see an increase in resources to support it moving forward.

We remain committed to promoting economic opportunities for Indigenous women and communities, acknowledging that economic empowerment is essential to breaking the cycles of violence.

I'd like to talk about group partnerships and collaboration with other Indigenous organizations.

Ontario works closely with First Nations, Inuit, Métis and urban Indigenous partners to address issues affecting Indigenous communities, including intimate partner violence. Platforms like the First Nations leadership advocacy strategy meetings, relationship table meetings and Indigenous Women's Advisory Council forums provide valuable guidance, feedback and input. They ensure policies and programs delivered by the province reflect community and individual needs. By integrating lived experiences and community knowledge, these collaborations result in culturally grounded, effective and relevant solutions.

1400

We've heard loud and clear from these associations. I can speak for my ministry—and I guess it's worth pointing out, colleagues, that a number of the programs that I've mentioned here today are supported by multi ministries or an enterprise-wide approach. I play, obviously, an important part in that when it comes, in particular, to Indigenous intimate partner violence, but by integrating the lived experience and the community knowledge, these collaborations have resulted in the kinds of culturally effective and relevant solutions that we have heard are working on the ground. Those are the metrics or, some might say, the performance indicators that guide our current and future program and service support funding.

There is no question that there is a lot more work to do. I believe by prioritizing Indigenous voices, we aim to provide survivors with the care, the support and, importantly, the justice that they deserve.

Everyone has the right to live free from violence. Under the leadership of Premier Ford, our government is working to ensure that our solutions are culturally appropriate, trauma-informed and responsive to the unique needs of all victims—but, for the purposes of my invitation here today, for Indigenous women.

I look forward to learning from others and identifying new opportunities for collaboration in the future. I remain committed to attending the kinds of forums held by associations and Indigenous groups that I've mentioned here today—to use that feedback, to use their input to help shape and put contours not only to the programs and services that are relevant to this subject matter from my ministry, but as a ministry that is increasingly referred to as a central agency that informs other ministries across government to provide wise counsel and support in the policies for programs and service support that arise from other ministries that impact First Nations communities, but increasingly, colleagues, the demographic shift that we've seen of First Nations peoples moving to towns and city centres across this province.

I want to thank you for being seized with this important subject matter. I think it's safe to say that we all have a vested interest in ensuring that this is done right. It's sensitive subject matter, and for the purposes of today and the ministries that I lead and the voice that I have at cabinet, supported by my colleagues at caucus to make good choices and advance policy options that work for the government—

Interruption.

Hon. Greg Rickford: Whoops. Thank you.

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

Hon. Greg Rickford: I ran over last time, so I put a timer on it this time, Mr. Chair, to make sure.

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

We're now going to begin our round of questions with the official opposition. MPP Mamakwa, please, when you're ready, sir—and questions through me, please, to the minister, and the minister back to me.

Mr. Sol Mamakwa: Through you, Chair: Thank you, Minister, for your presentation. Certainly, 20 minutes is a long time; five minutes is not such a long time.

A few days ago, the Ontario Indigenous Women's Advisory Council—you mentioned this as well—released a statement about the epidemic of intimate partner violence in this province. I think it would be fitting for me to share some of the information from their statement that they had, and my questions will be based on their recommendations.

I know the rates of missing and murdered Indigenous women and girls in Canada were described as an epidemic 10 years ago by the United Nations special rapporteur on the rights of Indigenous peoples.

The violence against women in Canada was described as a deliberate race, identity and gender-based genocide by the national inquiry into MMIWG2S+.

Since the national inquiry took place, the proportion of femicide victims who are Indigenous has substantially

increased, going from 5.4% in 2019-20 to 8.1% in 2022-23. Despite Indigenous women and girls making up 5% of the female population, they make up 20% of all women and girls killed in gender-related homicides in Canada. These stats and real-life risks become even more extreme for Indigenous women who identify as 2SLGBTQ+ and Indigenous women with disabilities.

Indigenous women in Ontario are three times more likely to be murdered than non-Indigenous women—three times more likely, just because you're a First Nation woman. Minister, why do you think that is higher than for non-Indigenous women?

Hon. Greg Rickford: I think that there's a variety of reasons, all of them unfortunate; obviously, I highlighted a number in my remarks. There's the kind of vulnerability here that, when we take a look at policy options, we have to address.

The starting point would be with the Ontario Native Women's Association, as you probably know. I have a tremendous amount of respect for Cora and the work of ONWA, and I consider her a friend. I am very aware of her statement to your intervention, Sol, and I can assure you that I will be following up on that position statement and addressing—hopefully taking on some additional perspectives from Cora that would guide any future additional resources, monetary and otherwise, to strengthen the work they're doing, because—

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

MPP Mamakwa.

Mr. Sol Mamakwa: One of the things you mentioned as well was sexual assault centres. They're very specialized centres. I know there's only one in Sioux Lookout. I know you worked in First Nation nursing stations; I know there are none there—the specialized rooms that are required, the separate fridges that are needed. A lot of times, if there are assaults or rapes that happen on the First Nation reserves—it could be Fort Albany, or it could be different communities—you have to fly out by medevac or by Ornge to be able to do those cases.

How can you improve access to sexual assault centres; for example, in Sioux Lookout, or even in some of the First Nation communities?

Hon. Greg Rickford: Well, I know how you feel, and I think we actually agree, to some respect.

I talked at other committees about the increasing role of the province in certain services and programming on-reserve, where we would otherwise not play a role because they're fully funded and jurisdictionally a result of the province—in the carriage of the federal government. But there isn't any question that in the absence of those centres—and on that, you and I agree—on-reserve, they wind up in towns and cities, for which the province is responsible for programming and services.

Mr. Sol Mamakwa: Or they get thrown away.

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

MPP Dixon.

Ms. Jess Dixon: Thank you, Chair, and through you to Minister Rickford: We had a number of Indigenous and First Nations groups present at the committee, including in Ottawa, and there were two things, I think, that were very clear throughout their presentations. One was the role of Indigenous-led-and-informed restorative justice, and the other was the importance of any response being Indigenous-led—not Indigenous-influenced, not Indigenous-consulted, but Indigenous-led.

1410

I know that you have the Indigenous Women's Advisory Council and ONWA's She Is Wise Conference. Can you talk a little bit more about, from your perspective and the perspective of the work of the ministry, what does it mean, what does it look like for something to be Indigenous-led, particularly regarding this?

Hon. Greg Rickford: Well, look, I think it's called common sense. It would seem to me that leadership—and I'm not just talking about political leadership, but, for example, the kind of leadership that Cora with Ontario Native Women's Association brings, and there are others—has given effect and power to voices that are very vulnerable.

The programming support, the service support that my ministry and other ministries have provided over the course of time have taken our government, and hopefully previous governments, to the same place that we arrived at when it came, for example, to the Indian residential school programming and service support that we're providing—and that is to model it after an Indigenous-led model. It has worked on the ground with respect to Indian residential school survivors, on the 18 site-specific pieces. There is some interplay, obviously, with intimate partner violence and the legacy of Indian residential schools. To participate in some of those survivor group sessions, as I have—I've made it my business—and understand the voices, the experience, the insight that not only victims and survivors have provided, but Indigenous leaders, and again, I'm not confining this just to political, in fact, hardly; I'm more emphasizing the people, who are typically women, heading these organizations, coming to my ministry directly and other pertinent ministries directly with the contours of what they think is best and where the resources that we provide would go.

So, in two important regards, it's not just that the resources and programs are going increasingly to Indigenous-led support and service providers—it's actually Indigenous-led inputs to our ministry from those associations that are informing how our resources might be best served when it comes to providing funding for support services and programs.

The other final comment that I would make is that care I mentioned, which is providing critical services and its implementation to both the members for Kiiwetinoong and Kenora-Rainy River—but also the justice centre, which was a discussion point in Kenora at a previous meeting. Again, these are Indigenous-led services and programs bundled together, for example, in the justice system, that are designed to support primarily the victims, but also for

the perpetrators themselves—and hopefully provide the kinds of supports and services so that those kinds of acts are not repeated again. That’s particularly important when it comes to intimate partner violence.

The Chair (Mr. Lorne Coe): That concludes the time for your presentation.

Minister Rickford, thank you for rushing over from cabinet for your presentation and for the time you spent answering questions.

We’re going to recess for two minutes as we transition to Minister Parsa.

The committee recessed from 1415 to 1416.

MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES

The Chair (Mr. Lorne Coe): Committee members, we’re back in session for a presentation from the Minister of Children, Community and Social Services.

Minister, you’re going to have 20 minutes for your remarks. That will be followed by five minutes of questions from the official opposition and then five minutes from the government members.

Minister, the floor is yours.

Hon. Michael Parsa: Thank you very much, Chair, for this opportunity to join this important discussion on intimate partner violence in our province. I want to recognize the committee for its dedication and for all the hard work in addressing this very serious matter. Your in-depth work at the root causes and potential solutions to this important issue is invaluable to our province.

Chair, violence against women crosses every social, economic and cultural boundary in all of our communities. That’s why we’re working right across government to end gender-based violence in Ontario.

It’s quite appropriate that this hearing is taking place at this time of year. As you know, November is Woman Abuse Prevention Month. It’s an opportunity to continue to raise awareness of this unacceptable crime and to take a stand against gender-based violence in our province.

Our government has been very clear: We have zero tolerance for gender-based violence in any form. Everyone has the right to live in safety and with dignity, free from the threat of violence. It’s vital that everyone in Ontario knows what abuse is, how to stop it, and how they can stop it by working together.

We’re encouraging all Ontarians to join the Wrapped in Courage campaign and to wear a purple scarf to help promote awareness and show support to survivors of abuse. Just this past Monday, we welcomed the Ontario Association of Interval and Transition Houses to the Legislature to acknowledge the Wrapped in Courage campaign.

On November 25, we marked the International Day for the Elimination of Violence against Women and the launch of the 16 Days of Activism Against Gender-Based Violence campaign.

Along with that, in just over a week, we will commemorate the 14 women murdered at the École Polytechnique

de Montréal. That tragedy shook the whole country, and we will always take December 6 as a call to stand up, to speak out and to work against and to continue building a province that is free of gender-based violence.

Chair, the statistics are striking: One in three women in Canada will experience sexual violence in their lifetime. Women are three times more likely to be stalked and four times more likely to be a victim of intimate partner violence. Some are at a greater risk of experiencing gender-based violence, including women who are Indigenous, racialized, newcomers, 2SLGBTQ+, and people with disabilities. Indigenous women, for example, are three times more likely to experience violence and victimization than non-Indigenous women, and they are two and a half times more likely to experience spousal violence. Of reported cases of domestic sex trafficking in Canada, over 90% of victims are women and 70% of victims are under 25, with more than a quarter of victims being children under 18. The toll this takes in pain and trauma for victims, for survivors and their families is staggering, and that’s happening in communities across the province.

1420

So let me say it once again: Our government believes that every woman has a fundamental right to live safely and securely in their home and community, free from violence. This is not just a policy stance; it’s a moral imperative. Every step we take is guided by our commitment to build a province where everyone can live free from the fear of violence. We’re backing up that belief in communities across Ontario by providing supports to victims, raising public awareness, and holding offenders accountable as we combat gender-based violence in all its forms. These crimes must end so that women and their children can live free from the fear of threats, exploitation and violence.

At the centre of this effort is our four-year action plan to end gender-based violence. I want to talk a little bit about the plan for a few moments because it’s crucial to what we’re doing. Our government launched this action plan last December, just a few blocks from here, at the Ontario Native Women’s Association. Ontario-STANDS, which stands for Standing Together Against gender-based violence Now through Decisive actions, prevention, empowerment and Supports, will bring us progressively closer to services focused on preventing and ending the cycle of intimate partner and family violence while supporting crisis response services that are in high demand, such as shelters and crisis helplines.

Ontario-STANDS is a four-year action plan focused on preventing gender-based violence and addressing its root causes while also supporting the healing and longer-term needs of survivors. Our plan will enhance gender-based violence prevention by intervening early, by strengthening service coordination, by investing in local community-led, culturally responsive solutions, and by providing educational supports to promote healthy relationships and disrupt attitudes fostering gender-based violence. Our actions are already helping, and more will be done to raise awareness about gender-based violence and the services

and supports available to survivors and their children. The action plan will help increase the availability of services and supports to reach the most underserved and at-risk populations, including Indigenous and rural and remote communities.

Our action plan includes five pillars to align and strengthen Ontario's social services response to addressing gender-based violence:

- supporting the stabilization of critical programs;
- preventing gender-based violence;
- improving transitions to recovery;
- supporting safety and reducing recurrence; and
- promoting economic security.

Through Ontario-STANDS, we will be investing \$1.4 billion in gender-based violence services and prevention initiatives over the course of the four years.

To complement our actions, we negotiated with the federal government and signed on to the National Action Plan to End Gender-Based Violence. As part of that action plan, Ontario secured \$162 million over four years. When we launched our plan, we invested \$18.14 million directly into approximately 400 gender-based violence service providers across the province to help them hire more staff, improve services and increase their ability to provide services to women and children.

Through budget 2024, we're investing a further \$310 million over three years to address increasing operational costs for community organizations that support vulnerable populations—this includes survivors of gender-based violence, people who have experienced human trafficking, children and youth in care, children with special needs, and people with developmental disabilities. For agencies that support gender-based violence initiatives for women, the investment will be \$5.5 million. This, I want to reiterate, is a base funding and it will be ongoing.

Chair, every day, day in and day out, tireless staff provide many services that support women—supports such as emergency shelters, counselling, 24-hour crisis lines, safety planning and transitional housing supports to help women escape abusive situations. Those agencies provide real, tangible supports to women leaving violent situations, and we will always be there to support them.

Another major part of our action plan is a further investment of \$100 million over the next three years. We launched a community call for proposals based on programs that prevent and end gender-based violence in order to allocate the investment. That initiative closed on October 11, and I am pleased to say that we had an overwhelming response, with a total of 678 submissions from across the province. Those proposals are currently being evaluated, and we look forward to seeing the positive impacts these projects will have on communities across our province. These projects will focus on four key areas: education and awareness, early intervention and prevention, community planning and service integration, and economic security and financial independence. We know that preventing gender-based violence before it occurs is critical to breaking the cycle of abuse, and that's why these proposals will include a focus on prevention, to

enable everyone in Ontario to live in a safer and healthier community for generations to come. Supporting women's financial independence is also a key element of this funding. We know that financial security can empower women to leave abusive situations and build new lives for themselves and for their families.

Chair, the issue of women's personal safety is closely connected to their ability to be socially and economically empowered in today's Ontario. That's a priority of our government—to increase women's participation in the workplace and support their economic security and their prosperity, because increasing women's participation in the workforce is critical to helping them achieve financial independence and prosperity.

My colleague the Associate Minister of Women's Social and Economic Opportunity and her excellent PA are leading the work in this area. Through her leadership, we're investing more than \$30 million from 2022 to 2025 in the Investing in Women's Futures Program and the Women's Economic Security Program. These programs are designed to help low-income women and women facing socio-economic barriers and intimate partner violence. The programs help women build the skills, knowledge and experience they need to increase their financial security by starting a business, accessing employment, or pursuing further training and education. Through the training program, women who have experienced or are at risk of intimate partner violence can also access wraparound supports, including referrals to mental health and well-being supports, counselling, housing and legal support. These programs have demonstrated success, serving more than 25,600 women from 2021 to 2023.

We're also investing in Indigenous-led approaches that address gender-based violence through healing, health and wellness programs.

We're making an investment of \$13.5 million over three years to enhance initiatives that support women, children, youth and others at risk of violence or exploitation, which includes children and youth in the child welfare system.

We're also taking an approach at preventing and combatting human trafficking that works across government. The sexual exploitation of young women and girls is a despicable crime, and our government will work non-stop to end it. Just under two thirds of victims of human trafficking identified by police are under the age of 25. Young women and girls are disproportionately targeted and trafficked and experience increased risks, especially if they are Indigenous or racialized. And the average age of recruitment into sex trafficking is just 13 years old.

Sex trafficking often goes unseen and under-reported, yet it affects every community across Ontario, which is why raising awareness of this horrific crime is a key commitment in our strategy. Shedding light on human trafficking is our first line of defence in preventing this crime and protecting young women and girls.

Through a historic investment of \$307 million over five years in our anti-human trafficking strategy, we are raising awareness, protecting victims, supporting survivors, and

holding offenders accountable. As part of Ontario's Anti-Human Trafficking Strategy, our government is providing dedicated and specialized support to intervene early and better protect children and youth from sex trafficking.

We're also investing \$11.5 million over three years into CARE units—Children at Risk of Exploitation Units—and they are in Durham region and the city of Toronto. The CARE units pair a trained police officer and a child protection worker, including Indigenous workers, to identify and locate children who are being or are at risk of being sexually exploited or trafficked, who then connect those individuals to relevant support services.

1430

Consultations for a third CARE unit in the Kenora district are under way now, with a goal of launching that unit next year. To support this initiative, we're investing \$6 million over three years to support that CARE unit, with increased access to trauma-informed, specialized supports for children and youth who have been sex-trafficked.

An additional \$28 million over five years is being invested in out-of-home care settings and specialized family-based care sites for children and youth who have been sex-trafficked. This includes two licensed settings for trafficked children and youth which were established with the CARE unit to serve up to six children at a time, and a third licensed out-of-home care setting which would be launched alongside new CARE units planned for the Kenora district.

Chair, through Ontario's Roadmap to Wellness, we're investing \$2.6 million in operating funding to support a new program that will provide Indigenous children and youth who have been sex-trafficked with specialized, trauma-informed care and access to mental health and addictions supports starting in 2024-25. Earlier this year, we held consultations with survivors of human trafficking, communities, advocacy groups, justice sector personnel, law enforcement and other key partners to assess the impact and effectiveness of the current strategy. The feedback we received will help guide our next steps in combatting human trafficking and supporting those at risk. This is a fight that we simply cannot afford to lose. The health of our communities and the lives of many women are at stake.

We're also continuing to work closely with the Indigenous Women's Advisory Council as we implement Pathways to Safety, which is Ontario's strategy in response to the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. We're committed to creating an Ontario where all Indigenous women can live safely and securely.

This year, we're investing \$120 million through the Indigenous Healing and Wellness Strategy to support a continuum of 17 programs. These programs were designed by and are delivered for Indigenous people, to reduce family violence and violence against Indigenous women and children and to improve Indigenous healing, health and wellness. One example of these programs is the Kizhaay Anishinaabe Niin—which is "I Am a Kind

Man"—program, a holistic education and healing program for men and boys founded on Indigenous teachings. This program provides community-based healing, prevention and education. It also provides counselling and supports for Indigenous men and boys to resolve trauma. The goal is to help men change attitudes and behaviours, to help reduce violence against Indigenous women and girls.

We know the importance of supporting front-line workers and the survivors they serve. We see the care and compassion of front-line workers at emergency shelters and hear the powerful stories of survivors determined to rebuild their lives, which is why supporting the people who need help the most is one of the key things that our society can do to build better and stronger communities. For victims of abuse and intimate partner violence, to feel safe and supported can mean so much.

Our government is committed to standing with survivors and their families, and we will continue to work closely with service delivery partners and stakeholders to break the cycle of violence and make communities safer, backing that up by a commitment to community organizations with new investments.

An essential element in this fight to reduce gender-based violence is the role victim service providers play in this area. Crimes like intimate partner violence can cause severe trauma, and survivors often need crisis support and interventions in the immediate aftermath of a crime. They may also require specialized wraparound services and supports as they recover and they heal. Victim service providers and advocates are a voice of compassion, hope and understanding for victims when they're most vulnerable.

Through budget 2024, we're investing \$4.5 million over three years in additional funding for the Victim Quick Response Program+ to increase access to necessities for victims of human trafficking and gender-based violence, especially those in northern, rural and remote communities. We'll continue to work closely with local victim service organizations to support the most urgent and critical needs of survivors across our province.

We're also taking a more coordinated approach to victim services delivery.

Even as we welcome the strengthening of victim services supports, we know it's just one part of the conversation around intimate partner violence that we need to be having every single day.

Chair, everything girls and women are able to achieve in Ontario depends on their personal safety and their security, and that's why we have maintained a sharp focus on preventing gender-based violence throughout our mandate. Working together, we will continue to support victims so that all women, all children can have the bright future that they deserve.

I'd like to close by once again recognizing the valuable work of this committee in undertaking this study of intimate partner violence. These hearings will help us better understand the current system's needs and barriers and determine what additional supports might be needed. As you know, our government supported the second

reading of Bill 173. The work you're doing is so important, and we look forward to using your findings to support concrete, tangible results, to support women and girls.

Once again, Chair, through you, I want to thank all the members for giving me this opportunity to be here today to outline what we have done to protect women and girls across the province and to make clear our determination to prevent and eliminate intimate partner violence in our province.

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

We'll now begin our round of questions with the official opposition. MPP Taylor.

Miss Monique Taylor: Thank you, Minister, for your presentation today. There was a lot within your presentation—as per the three ministers before you who have also presented, with all that the government is currently doing.

And yet, any given night in Hamilton, approximately 1,200 women and children will sleep in area shelter beds; 5,644 requests for victim-of-assault women's shelters will be turned down—and that was in six short months. Six months to access counselling from the sexual assault centre; six months' wait for supervised access program for services—and that's so that children can visit their other family members.

Across Ontario, just since November, we've had 59 femicides—six in October alone.

Over 95 municipalities have signed on to a declaration to declare IPV an epidemic in this province. You continue to say no one will be left behind, and yet your government has refused to call IPV the epidemic that we all know it is. Having recommendations from the Renfrew inquest sitting on a table and then, yet again, asking people to come together in this committee to talk about what they're already doing—we already know it's not enough. We have experts from across the province who have given information to ensure that the government has the ability.

The first step forward is declaring the IPV—so that money will then have to follow the epidemic. The Premier and Minister McCarthy have declared auto theft an epidemic, but they can't declare intimate partner violence an epidemic. Like I said, just from three ministries today, we've heard the millions of dollars being spent, we've heard the women who are still being left behind in our communities, we've heard the death of women, we hear the struggles of human trafficking—and we cannot declare it an epidemic, yet we declare auto theft an epidemic. That's a problem.

Unfortunately, I have been given five minutes to ask you questions, Minister, which clearly shows that this committee is not interested in hearing from other members of the committee or of this Legislature. It's really unfortunate because people across our province are really hoping that something will be done and that something will be done quickly.

1440

I want to thank the Hamilton Woman Abuse Working Group, who came together in my city with MPP Shaw and

myself and talked about the things that we see in our communities and the requests that they have.

I'm sure it's already in a report on your desk somewhere that there is a lack of beds and there is a lack of safety. Women are not able to leave their homes because they can't get into shelters—particularly women with disabilities and women who have financial barriers. They can't leave their home or their abuser because they have nowhere to go. They can't get through a day because they can't get child care for their kids. They can't get legal supports.

We have 159 sexual assaults—sorry—145 sexual assault cases stayed in 2023 alone. We've had 59 sexual assault cases stayed and thrown out of courts. So there's no justice for the people who have faced sexual assault or intimate partner violence in our communities.

While we all come together today and talk about how great the government is doing and how many millions or billions of dollars you've spent, we have women who still will be unsafe tonight.

So, Minister, my only question I can ask of you today is, do you believe that IPV is an actual epidemic and that more needs to be done and the only way to get it done is to declare it an epidemic?

Hon. Michael Parsa: Thank you very much for the question, MPP Taylor. I will tell you right now, I don't agree with you.

I really do thank the committee for their work.

MPP Taylor, as I mentioned to you—

The Chair (Mr. Lorne Coe): Thank you, Minister. That concludes the time for questions from the official opposition.

I'm going to the government side. MPP Dixon.

Ms. Jess Dixon: Thank you, Chair, and through you to Minister Parsa: When I first became familiar with Ontario-STANDS, when it was released, based off of my own awareness of the problems that underlie IPV and sexual violence, I was pleased to see the way that the pillars were framed. We've heard, certainly, about funding challenges from providers—and then in Ontario-STANDS, it talks about stabilizing those critical programs, and also prevention.

I wonder if you can talk a little bit more about what underlaid those pillars and that work both within our government and federally, and why those are so important.

Hon. Michael Parsa: Thanks very much for the question.

Ontario-STANDS, as you know, is Ontario's action plan to end gender-based violence, and we've been very clear about that—no woman, no girl in this province should ever be subjected to violence. That work was as a result of our consultations with our partners who are doing amazing work in the province—many, many partners, many organizations, survivors whom we listened to. The work was informed by listening to those individuals. When we talk about the action plan that we put together, a lot of it is about prevention and making sure this crime doesn't happen to begin with. Yes, we want to provide that support to survivors. It's so important to make sure they have that support. But we wanted, through this action plan,

to prevent this horrific crime from happening in the first place. It's imperative. That's why we supported the bill—to hear more from some of our partners.

MPP Dixon, you know this. You've done amazing work in this area. With your background, you're fully versed when it comes to how we can engage with our partners who are leading the work across our province in every community. That's why forming this committee and listening to our partners to see what else we can do, in addition to the programs and services that we have in place already—and that work is backed by \$1.4 billion of investment.

And we went a step further, as you know. We said from the beginning that we will work with anyone. When it comes to ending gender-based crime in our province, we will work with any level of government, which is why we put out the community call for proposals. We made sure municipalities, through the community safety plan, can also be included in that. Why? Because this is an issue that involves every single one of us at all levels of government, with every community organization, working together to end gender-based violence in our province, and every community deserves nothing less. Every single one of us—it doesn't matter what political party, what level of government; all of us should be working together on solutions to end gender-based violence in our province.

I thank all of the committee members. I know you've listened to hearings from our partners, so many experts, survivors. All of this will inform us on what else we can do to double our efforts, triple—whatever it needs for us to end this crime across the province. Part of that work that I mentioned on prevention is so important when it comes to Ontario-STANDS.

Ms. Jess Dixon: Thank you, Minister.

You've been a parliamentarian for a while. One of the things that has been clear from our presentations and, frankly, from the ministries is that because this is such a multi-ministry response, because it's a problem that crosses so many ministerial divides—with your experience in being a cabinet minister and being in government, do you think that there's a benefit to the committee doing what it's doing in terms of trying to hear from so many different ministries to kind of untangle some of those threads from such a complex response?

Hon. Michael Parsa: It's such an important question. I absolutely do, 100%.

As I mentioned, MPP Dixon, this is an issue that we can look at through one angle to solve. All of us need to be a partner in this. All ministries, all levels of government, partners, community organizations, parliamentarians—all

of us need to be at the table working together in the same direction to combat violence against women in our province, to end violence against women in our province. It's a crime that is unacceptable, and the only way we're going to solve it is by all of us working together. That includes multiple ministries so that we have a coordinated effort—

The Chair (Mr. Lorne Coe): Thank you, Minister. That concludes the questions from the government.

Members, is there any additional committee business? MPP Taylor.

Miss Monique Taylor: I move that the committee meet for clause-by-clause consideration of Bill 138, the Change of Name Amendment Act, 2023, at Queen's Park on Thursday, November 28, 2024, from 2 p.m. until 6 p.m. and from 6:30 p.m. until midnight; and

That the deadline for filing amendments to the bill be 7 p.m. on Wednesday, November 27, 2024; and

That the subcommittee on committee business be authorized to revise hearing dates and deadlines if necessary.

The Chair (Mr. Lorne Coe): Debate on the motion? MPP Dixon.

Ms. Jess Dixon: I appreciate MPP Taylor bringing up such important legislation. I know it has been a common topic of conversation recently.

I will not be voting in favour of this motion as I am confident that it is being addressed, but I appreciate your shared concern for something that is so important.

The Chair (Mr. Lorne Coe): Further debate on the motion?

Miss Monique Taylor: We ask for this as we know it's an important bill. This is important legislation that has been brought forward by members of the government, and ensuring that it has a clean passage through the Legislature is definitely important to New Democrats. This is a horrific story, under Christopher's Law—which brought this bill and legislation before us. New Democrats would like to see this legislation passed swiftly. The government has the ability to ensure its immediate passage, and that's why we ask for this to be brought forward as single legislation—to ensure its support of the entire House, as it has seen during second reading.

The Chair (Mr. Lorne Coe): Further debate?

I'm going to call the question. All those in favour, raise your hand. All those opposed, raise your hand. The motion is lost.

There being no further business, the committee is now adjourned until Thursday, November 28, 2024, at 1 p.m. Thank you, everyone.

The committee adjourned at 1450.

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