Written Brief for the Study on Intimate Partner and Domestic Violence in Canada

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The **Metro Interagency Restorative Conversations Committee on Family Violence** is a diverse action-oriented committee of community and government service providers, advocates, and researchers. The committee was established in 1996 to coordinate and respond to domestic violence in the Halifax Regional Municipality and is comprised of over 50 representatives who meet monthly.

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The Government of Canada must design and implement a clearly defined and sufficiently funded National Action Plan to Prevent Gender-Based Violence and implement a National Action Plan on Missing and Murdered Indigenous Women and Girls and the Truth and Reconciliation Calls to Action. Such policy action should be coordinated with relevant provincial and municipal actors to maximize contextual fit and thus effectiveness. This brief focuses on four key areas for the prevention of intimate partner violence (IPV) and ways to attend to regional concerns in Nova Scotia. In particular, nearly half of Nova Scotia's population reside in rural areas, which face major service gaps, including in healthcare, transportation, internet and cellular service, housing, and other social services.[1] Women in Canada's rural and non-urban areas face a disproportionate risk of femicide; Nova Scotia is home to the highest provincial rate of femicides in Canada and the country's worst mass killing, rooted in misogyny and IPV.[2] Nova Scotia also has the highest provincial prevalence of IPV.[3]

Housing: IPV is a leading cause of women's homelessness and yet housing and homelessness policy in Canada has been largely designed based on the experiences of men, and especially cisgender, heterosexual white men in urban centres.[4,5] The inaccessibility of affordable and safe housing options remains a key factor preventing women from leaving abusive relationships and in many cases contributes to their choice to return to their abusers after they have left.[6] Systemic discrimination in social and private housing options against Indigenous women, African Canadian women, gender diverse people, and low-income women on social assistance creates additional barriers to stable housing.[7,8] As a result, IPV survivors are susceptible to experiencing episodic and 'hidden' homelessness as they move in and out of abusive situations, shelters, or other temporary forms of housing such as couch surfing – not counted within the definition of 'chronic homelessness' that is typically used in federal funding for supportive housing interventions.[4] This can leave women vulnerable to predatory third parties, who may use this instability as a means of exploitation in exchange for shelter, increasingly in the form of sexual exploitation or trafficking.[9] These issues are exacerbated in rural and remote communities in Nova Scotia where women are further isolated and access to social services, transportation, and housing is even more limited.[1]

A continuum of housing options, from emergency shelter to long-term supportive housing, is necessary to support the diversity of needs among women experiencing IPV in Canada. There is promising evidence that this full housing continuum can improve the mental health of women experiencing violence, as well as their intent to leave their partner, perceived safety, and housing-related stress.[10] Yet, there are few long-term supportive housing options in place for women experiencing IPV across the country and even fewer evaluations of what works well and for whom.[4,10] Long-term housing options may include, for instance, independent housing with wraparound supports (which would be facilitated, in part, by removing barriers to accessing federal low-cost loans to build affordable housing), flexible funding and rent subsidies for IPV survivors, and stay at home models, which support women to stay in their homes while removing violent partners. We therefore recommend that the Government of Canada coordinate its national strategies on housing and violence against women to strengthen the legislative and funding infrastructure for gender-transformative housing interventions. This should include developing Canada's National Action Plan on Gender-Based Violence with clear linkage points to the National Housing Strategy, including sustainable investment in long-term supportive housing solutions that address the unique needs of IPV survivors. This must be coupled with strong monitoring and evaluation frameworks (attentive to gender-based and intersecting inequities) so that interventions can be adapted according to what works best in different jurisdictions to meet the various needs of women and gender diverse people.

Advocacy: Advocacy forms an integral part of interventions aimed at supporting IPV survivors throughout Canada, including Nova Scotia. Encompassing a broad range of activities, advocacy includes assisting women with navigating legal or immigration systems, applying for government benefits, securing long-term housing, finding employment, managing finances, counselling, and safety planning. There is encouraging evidence that these flexible supports increase women's quality of life, improve mental health, and reduce the risk of further abuse.[11] However, for advocacy to be effective, there must be appropriate structural supports in place, including: ongoing staff training; access to financial, legal, housing, employment, and social resources; and coordinated organizational and intersectoral support.[12] The need for equitable structural supports is especially critical within the Nova Scotian context, where women (and the local services available to support them) may face further marginalization from social and economic resources based on ethno-racial identity and remote and rural location. We therefore recommend that the Government of Canada strengthen the structural context for IPV advocacy interventions by equitably increasing (i.e., based on regional and local needs): core funding for women-centered IPV services and supports (which are chronically under-funded and typically rely on time-limited, project-based

funding); investment in trauma-informed therapeutic services for survivors, perpetrators, and their families; and coordinated systems approaches to IPV (including independent IPV advocates situated within intersecting sectors, e.g., legal, housing, immigration) who can maximize survivors' access and use of available resources.

Health systems: IPV is a serious public health issue. In addition to its socioeconomic fallout, IPV increases women's risk of death, injury, chronic pain and disease, and mental health problems.[13-16] Health systems are a critical entry point to supportive interventions for many IPV survivors – both because IPV is a major determinant of poor health burdens among women and because health services are often one of the only formal services accessed by women experiencing violence.[17] We therefore recommend that the Government of Canada invest in both the implementation and evaluation of specialist training on IPV in sectors most commonly accessed by women experiencing violence, such as healthcare (including safe identification, recording, and referral), for which there is limited but positive evidence.[18] This could be facilitated by the curricula developed by the pan-Canadian Violence, Education, Guidance, and Action (VEGA) Project, however an evaluation of effectiveness remains ongoing.[19] The Government should ensure that specialist training of non-IPV professionals is paired with investment into the development of coordinated systems of IPV advocates (including advocates from socially diverse backgrounds) embedded in relevant sectors (including health) across the country, which has been shown to be effective in improving care for IPV survivors internationally.[20-23]

Health policy impacts IPV. For instance, public health mandates during the COVID-19 pandemic have impacted the provision of IPV services, especially in congregate living settings (including shelters).[24-26] Health, and more broadly, public policies affect the risk and severity of IPV itself – both during the pandemic (e.g., via stay-at-home orders)[27] and beyond. Many of the social and structural determinants of health are the same determinants of IPV (e.g., socioeconomic disadvantage, community violence, social support, substance and alcohol use, and early childhood experiences, such as family violence and education).[28,29] Of note, rural areas have higher rates of poverty than urban areas, especially in Atlantic Canada,[30] a risk factor for IPV.[28] The Government of Canada should therefore adopt, not only a '*Health* in All Policies' approach, which accounts for the *health* implications of policies from all areas of government, but also a '*violence* in all policies' approach.[31] This would necessitate a shift in policy focus from solely treating the negative consequences of poor health conditions and violence to also addressing the root causes of IPV and other forms of violence against women (i.e., a primary prevention approach). In addition, such an approach requires a feminist trauma-informed lens to consider how different policy decisions may influence IPV and, more broadly, gender-based and other intersecting inequities.

Supports for mothers and children: The Government of Canada must account for the unique needs of mothers and their children. Responses to IPV from the justice system should be supportive rather than punitive. For example, mandatory charging policies combined with duties to report and grounds of protection based upon a single incident of IPV, even where the child is not present, can be punishing for mothers and may prevent them from reporting experiences of IPV.[32] The withdrawal of the Canada Child Benefit when a child has been taken into temporary care further frustrates a woman's economic capacity to leave and establish safety. We recommend that the Government creates a National Child and Youth Advocate Office to, among other things, apply an impact assessment of such policies on the rights and wellbeing of women and their children.

Myths about the motives behind women's assertions of IPV in family court silence women as they fear being seen as manipulators of the system rather than securing safety for their children.[33] Therefore, along with more supportive criminal, child protection, and social benefit policies, the Government of Canada should invest in child-centred, feminist, and trauma-informed training for judges and lawyers on the realities of IPV (coupled with stronger coordination with and investment in IPV advocates and supportive services). When women do report, they may face major service gaps and additional harm at the intersections of different courts and legal systems (e.g., family, criminal).[34] Fear of reporting due to further violence, deportation, child apprehension (especially for Indigenous and racialized women), and other barriers require system-level solutions – including, for instance, implementing principles of procedural and restorative justice in responses to IPV,[35-37] anti-racism training, increased representation of gender and ethno-racial identities at all levels, and investment in mental health services for affected children and youth (as well as women). Increased advocacy and support for mothers reporting IPV is needed to shift the pattern from blaming and stigmatizing vulnerable mothers to assigning accountability to the person using violence in the home and addressing the structural factors that perpetuate IPV.

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