Submission to the Standing Committee on the Status of Women House of Commons March 2022

Brief on IPV/DV in Canada

Submitted by:

Be the Peace Institute, Nova Scotia



www.bethepeace.ca

<u>Be the Peace Institute</u> is a non-profit located in rural Nova Scotia, working to address the roots and consequences of gender-based violence and advance systemic change for gender equity and social justice.

SUMMARY OF PRIORITY RECOMMENDATIONS

I. Dismantle Barriers

It is imperative to dismantle barriers to essential services and supports for women subjected to DV/IPV in systems of justice, child welfare and mental health particularly, so that women can free themselves to fulfill their health, social and economic potential.

II. Primary Prevention and Early Intervention

For systemic and long term change in this field, accelerate investment in primary prevention with parents, families and school systems where peer socialization governs development of intimate relationships. Schools are the essential access point for early issue identification and provision of wrap-around support services.

a. Establish a National Child and Youth Strategy with a Secretariat that would liaise with provincial Child and Youth Advocate Offices in ensuring a rights-based approach to the care and protection of children where IPV is involved.

III. Develop an Anti-Oppressive Diversity, Equity and Inclusion Strategy in the GBV Field

Address the systemic risks and inequities for BIPOC and 2SLGBTQ+ communities and barriers to reporting and accessing justice from legal, social services, education and health systems founded on racist, colonialist, heteronormative tenets.

- Require anti-racist /anti-oppressive training across sectors to increase cultural/racial responsiveness and build confidence in system responses
- Ensure decision-making tables are diverse and representative of those most negatively affected
- Invest in the education of BIPOC youth, to enter fields of health, social services, policing and law to improve cultural/racial responsiveness to underserved, equity-seeking groups

IV. Invest in Sustainable Rural, Community-based Infrastructures

 Shift away from episodic, short-term project-based funding models to sustainable capacitybuilding investments in accessible services for: housing, immigration needs, navigation of legal and child welfare systems, trauma-specialized mental health for children/youth, survivors and offenders

V. Fully fund and implement:

- The National Action Plan on VAW and GBV¹
- The National Action Plan on MMIWG

CAUSES OF IPV- Gender Stereotypes and Hyper-sexuality

Causes of IPV are complex. The family environment is a dominant factor. Violence is a learned behaviour. Adverse Childhood Experiences research indicates exposure to DV changes young brains; 40-60% of youth exposed to DV in a home qualified for a diagnosis of PTSD. The rate of police-reported sexual assault is highest among young adults and youth in Nova Scotia. Numerous studies have suggested that without intervention, youth perpetrating dating violence are more likely to use violence in adulthood against future partners. Dr. David Lisak's research shared at the "Start by Believing" Conference in Halifax in 2014 found that adult serial rapists commit their first sexual offense as youth.

Schools must be integral to preventing IPV. Youth are often unprepared to effectively navigate the interpersonal challenges of the technologically modulated and sexually explicit social milieu they're growing up in. Pressures related to sexual relationships, persistent gender stereotypes, hyper-masculine socialization of boys, the graphic correlation between sexuality and violence in social media, music, videos and gaming are ubiquitous. Accessible and widespread viewing of on-line pornography by boys at an average age of 11,⁶ and increasingly by girls, serves as a primary source of sex education, expectations and misogynistic models of intimate relationships. Girls in middle school report daily peer behaviours of sexual harassment or assault, routinely dismissed, ridiculed and unaddressed.

School systems, teachers, parents who might guide youth through this challenging milieu remain woefully unprepared to respond effectively, defaulting to prohibitive, punitive responses, and even perpetuating victim-blaming through their own unconscious biases. Community-based advocates attempt to fill the gap with time-limited, episodic targeted (not universal) programming in schools. Needed, is a strategy for consistent, effective curriculum on healthy relationships, interpersonal boundaries, violence prevention, sexuality and consent.

Evidence suggests multi age, continuous curriculum with comprehensive sexual health/healthy relationships/consent content that is sex-positive, anti-oppressive, and includes critical thinking, conflict management and deconstruction of gender norms, is more successful at prevention of IPV, homophobia, trafficking, non-consensual intimate image sharing, STIs and unwanted pregnancies, than more traditional episodic engagements.

Nova Scotia is an epicentre for youth sexual exploitation and trafficking, with high rates in Canada. ¹⁰ Specialized training, services and legal structures are needed to intervene in this complex and dangerous territory.

RECOMMENDATIONS:

- 2. Create a National Education Strategy for primary prevention of IPV, to include:
 - a. **Mandated education throughout elementary, middle and high school curricula** on violence prevention, healthy relationships, sexual health that is sequential grade to grade at developmentally appropriate levels.
 - b. **Invest in meta-analysis and longitudinal research** of existing and promising curricula and long term effectiveness in preventing IPV.
 - c. Train teachers in skillfully delivering relationship and sexuality curricula in engaging ways.
 - d. **Require schools to craft stand-alone sexual harassment/assault** policies, trauma-informed protocols for investigative and restorative remedies
 - e. Mandate infrastructure at universities/colleges to prevent and address IPV/SV with: policies, protocols, trauma training, investigative procedures, student and faculty education, in coordination with survivors' lived expertise
- 3. A **Strategy for Adverse Childhood Experiences** tools, protocols in schools for early identification and effective interventions for children in adverse home situations:
 - a. Embedding mental health and therapeutic supports in schools
 - b. Innovating wrap-around services for families in need
- 4. Table legislation that automatically blocks on-line pornography on mobile devices, requiring adults to "opt-in" for access, (U.K).

PREVENTION

IPV is a serious public health issue¹¹ for victims, their children, extended families, neighbours, workplaces and sometimes tragically, whole communities. It costs Canadians \$7.4 billion annually.¹²

Its prevention requires a public health lens, shifting focus to social determinants, primary prevention, early intervention, and strengthening protective factors in families, children and youth through their school years. Social and structural determinants of health and IPV intersect: socioeconomic disadvantage, community violence, lack of social support, substance and alcohol misuse, housing and early childhood adverse experiences. In Insecure housing is a primary barrier for survivors leaving violence; youth homelessness is driven by avoidance of violence in the home In the home In the home In the home In the housing options In IPV is a leading cause of homelessness for women, but housing policy in Canada lacks a GBA+ lens, especially for BIWOC, 2SLGBTQ+, women on social assistance or those with children. Predatory landlords or 3rd parties use poverty and insecure housing as means of sexual exploitation and trafficking In the IVV is a leading In the IVV is a leading In the IVV is a leading cause of homelessness for women, but housing policy in Canada lacks a GBA+ lens, especially for BIWOC, 2SLGBTQ+, women on social assistance or those with children. Predatory landlords or 3rd parties use poverty and insecure housing as means of sexual exploitation and trafficking In the IVV is a leading the IVV is a leading

RECOMMENDATIONS:

- 5. Fund a **Public Health/Social Determinants Framework for Prevention of IPV,** with early intervention infrastructure for families with **children from 0-7 years old as best return on investment and resilience.**
- 6. Apply a **gender-based intersectional analysis (GBA+) to the National Housing Strategy** and articulate a rural and remote component
 - a. Invest in promising models, e.g., low barrier re-housing loans with navigation support
- 7. Pass Bill C-223- A National Framework for A Guaranteed Livable Basic Income Act. Financial security is both preventive and assistive in escaping IPV.¹⁸

RURAL AND REMOTE IMPERATIVES

Almost half of Nova Scotia's population is rural¹⁹ where IPV rates are twice as high. Women in Canada's non-urban areas are more likely to be killed by an intimate partner, especially with a gun.²⁰ In 2019, the rate of police-reported IPV against females in Nova Scotia increased by 14.3% compared to 2016, higher than the 10.4% rate increase for Canada.²¹ Nova Scotia has the highest provincial rate of femicides in Canada and the country's worst mass killing, rooted in misogyny and IPV.²²

Rural areas claim higher rates of poverty in Atlantic Canada, and face major service gaps in healthcare, transportation, internet and cellular service, housing, and social services. ²³ ²⁴ ²⁵ Where rural IPV support and trauma-specialized counseling exists, the demand routinely exceeds capacity with chronic under-funding and low-wages for female providers.

RECOMMENDATIONS:

- 8. **Invest in rural infrastructure**: communications, transportation, health and trauma-specialized mental health services
- 9. **Sustainably resource community-based women's organizations**, specialized counseling and system navigation to address social determinants and consequences of IPV

ELIMINATING BARRIERS- ACCESS TO JUSTICE

The third of survivors who report IPV face punishing processes in criminal and family courts and child protection systems if they have children. Victim-blaming, mandatory charging polices that can criminalize victims, ²⁶ brutal cross examinations, manipulation of systems by an offending partner to further exert

coercive control, accusations of parental alienation and fear of further violence toward them or their children, can dissuade women from reporting at all. Child protective systems subject survivors to demands and surveillance with the ever-present threat of losing their children. They responsibilize survivors for protecting children and escaping the violence, but decline to support her claims of violence in family court, potentially subjecting children to unsupervised visits with an offending partner. These incident-based system engagements, which may ignore critical context or consideration of coercive control that leaves no bruises, tend to punish women for the violent acts of their partners, particularly at the intersection of these courts and systems. The voices of children and youth involved are often minimized, ignored or not skillfully represented. And given the over-representation of Black and Indigenous children in care, and the over-incarceration of Black and Indigenous men and increasingly women, these proceedings are punitive, not helpful. System-level solutions are desperately needed to dismantle misogynist/racist/colonialist foundations of these systems.

RECOMMENDATIONS:

10. Access to Justice:

- a. Amend the criminal code to:
 - o Recognize IPV as separate and distinct from other acts of violence
 - o Include intimate terrorism/coercive control with remedies for issues in its application elsewhere (U.K. 2015).
 - Prosecute these acts as hate crimes (pilot program, UK Law Commission)
- b. Reform Mandatory Charging policies according to the evidence and research²⁶
- c. **Pass Clare's Law**²⁶ to track history of violence in perpetrators and notify women of that history.
- d. **Develop infrastructure for family court judges to access relevant IPV criminal charges** and contexts in the best interests of the child and the family.
- e. **Develop a justice oversight process** that includes those with lived and front-line GBV expertise
- f. Mandatory training for all lawyers and judges in:
 - o IPV contexts, stereotypes, manipulation of court processes by an abusive parent
 - o Trauma- neurobiology, impact on memory, chronology, affecting participation
 - Specialized training on cultural and racial bias, transgenerational trauma for people of Indigenous and African/Caribbean descent, created and facilitated by people from those diverse communities
- g. Invest in navigation, advocacy and support throughout all legal and related processes
- h. **Explore stay-at-home models,** removing abusive partner from the home versus the woman and children
- i. Expand and enhance training duration for RCMP/police beyond 5.5 months to include:
 - o GBV causes/contexts, trauma and impacts, detecting patterns and coercive control
 - Unconscious bias- racism, misogyny, colonization, homophobia
 - De-escalating mental health situations
 - o Establishing partnership models with community partners in IPV, mental health

11. Best Interests of Children and Youth- Child Protective Services

a. Invest in research to identify more humane practices in child protective services with structures and policies to support those.

- b. Shift the onus for protection of children onto the offending parent/guardian with programming and incentives for behaviour change, rather than blaming and stigmatizing vulnerable mothers.
- c. Apply the UN Convention on Rights of the Child²⁷ to ensure the rights and voices of children and youth are represented, given weight, in their own voices if possible, or by surrogates specifically trained in IPV contexts

APPENDIX: REFERENCES

BE THE PEACE INSTITUTE RESOURCES:

Augusta Scott T, Bookchin S, Crocker D, Gorham P, Marshall P and Singer V. Restorative Conversations: Talking about Restorative Approaches and Gender-Based Violence in NS. Halifax: Bridges Institute, Be the Peace Institute, Nova Scotia Advisory Council on the Status of Women, Mi'kmaw Legal Support Network, Metro Interagency Restorative Conversations Committee on Family Violence; 2019.

Bookchin S and Crocker D. <u>Restorative Conversations: Expanding the Dialogue Project</u>. Halifax: Be the Peace Institute and Saint Mary's University Criminology Department; 2019.

Brown C. <u>Kitchen Table Talks Report</u> on the Experiences of GBV & Access to Services in African NS Communities. Nova Scotia: NS Assoc of Black Social Workers (in partnership with Be the Peace Institute); 2020.

Godsoe S. Recommendations for Legal Reforms: Access to Justice In GBV. Nova Scotia: Be the Peace Institute; 2020.

Godsoe S. My Voice Matters Report: Evaluation of YWCA Dec 6th Fund. Nova Scotia: YWCA Halifax & Be the Peace Institute; 2021.

Ross N, Ryan C. <u>Weighing Justice Report</u>: A Review of Pro Arrest, Pro Charge, Pro Prosecution: Redefining Response to Domestic Violence. Halifax: Dalhousie School of Social Work (in partnership with Be the Peace Institute); 2021.

ENDNOTES:

¹ Dale, A., Maki, K., & Nitia, R. A report to guide the implementation of a National Action Plan on Violence Against Women and Gender-Based Violence. Women's Shelters Canada; 2021. https://nationalactionplan.ca/wp-content/uploads/2021/06/NAP-Final-Report.pdf

² Jaffe P. The Peter Jaffe Lectures on Ending Domestic Violence. Ontario: Western Centre for Research & education on Violence Against Women & Children; 2021.

³ Ibid.

⁴ Statistics Canada. Victims of police-reported violent crime in Nova Scotia. 2016.

⁵ Foshee et al., 2014; Giordano et al., 2010; Pensak, 2015; Smith et al., 2010. Radius Child & Youth Services.

⁶ Dines G. Pornland: How Porn Has Hijacked Our Sexuality. Boston: Beacon Press; 2010.

⁷ Page S and Temple-Malt E. Healthy relationships education offers a real chance to reduce domestic violence. Straffordshire: The Conversation; July 31, 2018.

⁸ Johnson M, Mishna F, Okumu M and Daciuk J. Non-Consensual Sharing of Sexts: Behaviours and Attitudes of Canadian Youth. Ottawa: MediaSmarts; 2018.

⁹ Bielski Z. The pleasure gap: How a new program is revolutionizing sexual health education for young women. Globe & Mail; Dec 5, 2020.

¹⁰ Ibrahim D. Trafficking in Persons in Canada 2019. Statistics Canada; 2021.

¹¹ Taylor G. The Chief Public Health Officer's Report on the State of Public Health in Canada 2016: "A Focus on Family Violence in Canada". 2016.

¹² McInturff K. The Gap in the Gender Gap: Violence Against Women in Canada. Ottawa: Centre for Policy Alternatives Canada; 2013.

¹³ Yakubovich AR, Stöckl H, Murray J, et al. Risk and protective factors for intimate partner violence against women: systematic review and meta-analyses of prospective–longitudinal studies. American Journal of Public Health. 2018;108(7):e1-e11.

¹⁴ WHO. RESPECT: Preventing violence against women: a framework for policymakers. Geneva: World Health Organization; 2019.

¹⁵ When the Roof Falls In/ My Voice Matters: Project Reports – Housing & GBV. Halifax: YWCA Halifax; 2021.

¹⁶ Women's Centres Connect: Women's Resource Centres are Antidotes to the Complex Issues Faced by Rural Women. Nova Scotia: WCC; September 2021.

¹⁷ When the Roof Falls In. Halifax: YWCA Halifax; 2021.

¹⁹ Statista Research Department, Population Distribution of Nova Scotia, by rural/urban type 2016. Last updated: 2022.

NS Adv Council Status of Women, December 2020.

²³ Crocker D. "The system is hard to get to know." Home For Good: research report. Halifax: Atlantic Evaluation Research Consultants; 2018.

²⁴ Breau S, Saillant R. Regional income disparities in Canada: exploring the geographical dimensions of an old debate. Regional Studies, Regional Science. 2016;3(1):463-481.

²⁵ Dawson MR, Sutton D, Zecha A, Boyd C, Johnson A, Mitchell A. #CallItFemicide: Understanding sex/gender-related killings of women and girls in Canada, 2020. Guelph: Canadian Femicide Observatory for Justice and Accountability; 2021.

Ross N and Ryan C. A Review of Pro Arrest, Pro Charge, Pro Prosecution Policies: Redefining Responses to Domestic Violence. Weighing Justice in Nova Scotia Project. Halifax: Dalhousie School of Social Work; 2021.

²⁷ Clare's Law. Gov't of Alberta, 2022. https://www.alberta.ca/clares-law.aspx

²⁸ UN Convention on the Rights of the Child. Gov't of Canada, 2021. https://www.canada.ca/en/public-health/services/national-child-day/united-nations-convention-rights-of-the-child.html

¹⁸ Strauss C. Basic Income and the Care Economy. LEAF; 2021 https://www.leaf.ca/wp-content/uploads/2021/09/Basic-Income-The-Care-Economy-Executive-Summary-Recommendations-Final.pdf

²⁰ Statistics Canada: Police-reported intimate partner violence in Canada, 2019. Statistics Canada; updated 2021.

²² Dawson MR, Sutton D, Zecha A, Boyd C, Johnson A, Mitchell A. #CallItFemicide: Understanding sex/gender-related killings of women and girls in Canada, 2020. Guelph: Canadian Femicide Observatory for Justice and Accountability; 2021.