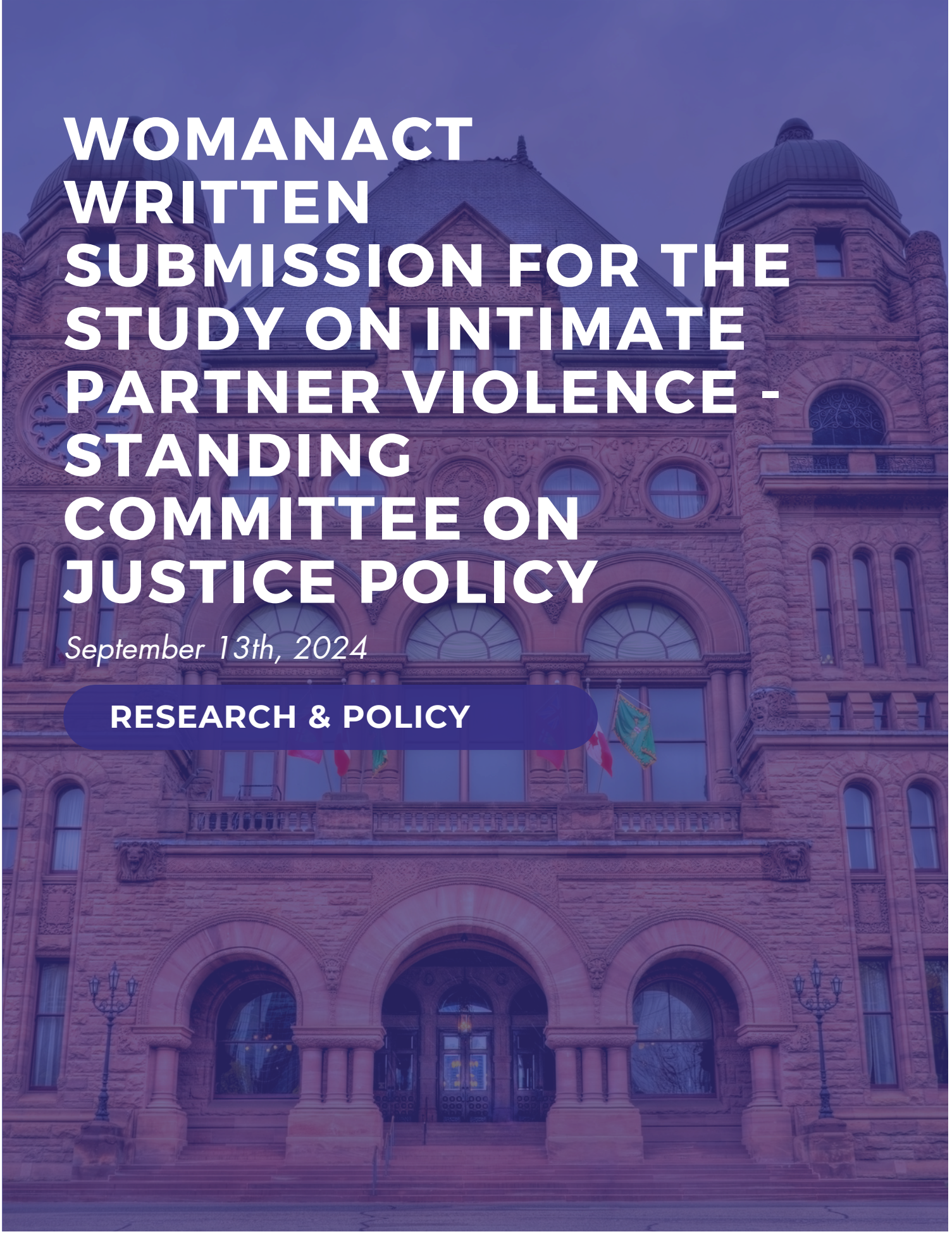

WOMANACT WRITTEN SUBMISSION FOR THE STUDY ON INTIMATE PARTNER VIOLENCE - STANDING COMMITTEE ON JUSTICE POLICY

September 13th, 2024

RESEARCH & POLICY

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Introduction

WomanACT has been a pioneer in the violence against women (VAW) sector for over two decades. Today, WomanACT is a charitable organization working collaboratively with the anti-violence sector, governments, private sector, and community members to give agency to survivors in ending gender-based violence and advancing gender equity by mobilizing research, policy, and education. WomanACT envisions a world where all women and gender diverse people have equal opportunities, can live free from violence, and have economic security.

WomanACT has been indispensable to the gender-based violence (GBV) community in its advocacy and policy efforts. Between 2022-2023 alone, WomanACT's emphasis on partnering with survivors and community organizations led to 1761 survivors participating in research, 16 survivors trained in community-based research, and 28 survivors engaged in policy development. Through research and policy analysis, WomanACT advances gender equity through initiatives that address the systemic issues facing survivors.

WomanACT's Safe at Home project advocates for an evidence-based approach that allows survivors of intimate partner violence to either stay in their home after the abusive partner is removed or move directly to independent housing (Klingbaum, 2022). WomanACT conducted a literature review, community-based research, policy analysis, and knowledge mobilization activities with academics and elected officials to raise awareness to and advance this model in Ontario.

WomanACT (2021a) is also advocating for the adoption of an evidence-based model of Multi-Agency Risk Assessment Conferences (MARACs) in Canada. In this model, local, multi-agency tables come together to share information on high-risk intimate partner violence (IPV) cases and jointly develop a risk-focused and coordinated safety plan. WomanACT adapted and tested the model in two pilot communities in Canada and is now evaluating the outcomes.

WomanACT's project on the Intersections Between Employment and Safety Amongst Racialized Women in Toronto took an intersectional approach to economic abuse, especially employment sabotage. The project engaged 59 racialized survivors in research, reached 486 individuals through capacity-building trainings, and published informational briefs on employment sabotage and on employer-employee rights and responsibilities.

WomanACT's position as a membership-based organization enables it to mobilize the community to advocate for and submit recommendations on key issues and policies that affect them. WomanACT collaborated with community organizations and stakeholders to create a Bill 173 – The Current State of Intimate Partner Violence in Ontario resource

package with evidence-based recommendations on the current state of intimate partner violence, as well as successfully collecting endorsements to support the passage of Bill 173.

Most recently, WomanACT's expertise in system change resulted in a publication on the impact of COVID-19 on IPV survivors and service providers, highlighting systemic challenges and providing recommendations for policymakers, legislators, and administrators to strengthen crisis response systems for the future.

Context

Intimate Partner Violence (IPV) is an epidemic in Ontario. The context of this epidemic is well documented and consistently shared by survivors and the organizations who support them (WomanACT, 2024). Given the extensive and lasting impacts on the health and wellbeing of communities, addressing violence as a public health issue is widely regarded as a best practice (World Health Organization, 2016).

A public health approach to ending GBV emphasizes prevention, understanding prevalence rates, the impact and causes of violence, as well as multi-system coordinated responses (Dahlberg & Krug, 2002; World Health Organization, 2022). A public health approach puts into focus the wide range of physical, mental health, and community costs of gender-based violence (Chief Public Health Officer, 2016; Krantz, 2002). This is an appropriate approach to IPV which is associated with low life-time health outcomes (Stubbs & Szoeke, 2021). IPV in Canada has shown to have long-lasting effects on physical and mental health such as injuries, post-traumatic stress disorder, cancer and shorter life expectancy, as well as economic costs to health care system, estimated in 2009 to be $200 million per year (Chief Public Health Officer, 2016). Survivors unequivocally bear the burden of these health and mental health costs as well as the suffering and loss of life that stems from IPV.

Beyond a public health approach, framing violence as an epidemic has roots as an evidence-based response to violence (Cerdá et al., 2018; Hewko & Slutkin, 2017; Patten & Arboleda-Flórez, 2004; Shackle, 2018; Sisk et al., 2022.) This is due to research showing that violence can behave as other contagious diseases and further targeting violence using known approaches to epidemics have been shown to be cost effective in reducing violence and preventing it (Cerdá et al., 2018; Hewko & Slutkin, 2017). Research suggests that in contexts where violence has been increasing, lack of intentional intervention can be associated associated with continued escalation (Cerdá et al.,2018). Considering the increase of IPV in Ontario, evidence-based public policy change is needed to stop this trend.

Global trends suggest that public health emergencies often lead to an increase in violence against women (World Health Organization, 2020).These crises amplify stressors such as housing instability, poor mental health, economic insecurity, inadequate service responses,

social isolation, and deepening social inequalities. The COVID-19 pandemic has been no exception. Ongoing research has shown evidence of spikes in violence against women, as reported by police, crisis support services, and self-reported data (Bond, 2020; Hancock, 2021; Statistics Canada, 2020).

Pandemic-related stressors, combined with systemic sexism and financial inequality, have fueled what is known as the "Shadow Pandemic" of violence against women (Obeng, 2022; UN Women, n.d). Even before the COVID-19 pandemic, it was widely recognized that systems supporting survivors—such as legal, housing, and health services—struggled to collaborate effectively (Office of the Chief Coroner of Ontario, 2009; Owaga et al., 2023).

COVID-19 also reconfigured the dynamics of abuse, with perpetrators manipulating the crisis as a mechanism of control by using tactics such as withholding food or money, knowing their victims had nowhere to go. Government mandated shelter-at-home orders led survivors being trapped in abusive situations, unable to access safe housing or services. Restrictions on shelters, infection prevention protocols, and fears of virus transmission made it even harder for survivors to leave or seek help. Accessing virtual or phone support while living with the abuser posed additional risks to safety (Owaga et al., 2023).

Survivors reported heightened risk of violence—whether psychological, physical, financial, or sexual—during the pandemic, with fewer safe options for support (Statistics Canada, 2020). Services were overwhelmed and struggled to adapt to virtual delivery, further complicating access to help. Health systems, social services, and the legal system were stretched thin, exacerbating all forms of gender-based violence.

Despite the easing of COVID-19 restrictions and the apparent return to “normal life” over the last year, survivors and service providers are still impacted by the effects of the pandemic. Service providers who have been chronically underfunded for decades are struggling to keep up with the increased demand and changing landscape of service delivery. A report from Women’s Shelters Canada highlights challenges faced by the VAW and the transitional housing sectors including high staff turnover, burnout, vicarious trauma and declining staff well-being, and low compensation (Hoogendam, R. & Maki, K., 2023). The lack of stable funding for the sector has contributed to this labour crisis which was exacerbated by the spike in demand and the need to pivot service delivery to accommodate the COVID-19 pandemic restrictions. As detailed in the report by Women’s Shelters Canada:

- More than one-quarter of VAW and housing staff (28%) are thinking about quitting their current job.
- 79% of respondents had experiences of trauma in their personal or professional life.
- Close to half of the respondents (47%) reported declines in their mental health.
- Nearly one-third (31%) felt overwhelmed by their caseload, with some carrying caseloads of 20 or more clients.
- 66% of non-managers or supervisors make less than $50,000 as an annual salary.

The rise of femicide in Ontario is just one of the tragic outcomes of this post-pandemic context. Data and analysis from 2021 reported by Statistics Canada revealed that police-reported family violence has increase for the fifth consecutive year with 127,082 victims in 2021, at a rate of 336 victims per 100,000 population (Statistics Canada, 2022). In reality, this number is likely to be much larger considering the high rates of underreporting due to a lack of trust in the police and the criminalization of vulnerable communities (Statistics Canada, 2022).

The most recent media-reported femicides collated by the Ontario Association of Interval and Transition Houses (OAITH) reports that 42 women and girls have been victims of femicide between November 2023 to July 2024 (Ontario Association of Interval & Transitional Homes, 2024). This is an average of five femicides per month, and an increase compared to the annual total from July 2023.

The Ontario Domestic Violence Death Review Committee found that of the 515 domestic violence related deaths reviewed between 2003-2020, 71% of the cases involved a couple with a history of IPV (Domestic Violence Death Review Committee, 2024). This report indicates that the growing number of femicides are preventable deaths with recognizable risk factors that demand upstream prevention.

The top recommendation from the jury at the 2022 Coroner's Inquest into the deaths of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam (CKW Inquest for short) was for Ontario to declare intimate partner violence an epidemic. This call is informed by experts from across the province and beyond, witnesses involved in the tragedy leading up to and on that day, frontline service providers working in the IPV and domestic violence sectors, community organizations, and, most notably, survivors of IPV themselves. In Ontario, 95 Municipalities have declared intimate partner violence and or GBV an epidemic.

Declaring IPV as an epidemic in Ontario represents a crucial step forward in acknowledging the severity of IPV and its devastating impact on individuals and families. It is a powerful message of solidarity and commitment and identifies IPV as a public health crisis and public policy issue that needs collaborative actions across systems to address. Declaring IPV as an epidemic in Ontario is not just a symbolic legislative move; it validates the combined research and advocacy efforts from the violence against women sector to end gender-based violence through a public health framework to support victims holistically.

Problem Statements and Recommended Solutions

IPV and GBV are pervasive issues in Ontario, exacerbated by structural inequalities, housing

insecurity, and the lingering impacts of the COVID-19 pandemic with no indication of a decline.

Despite extensive research and alarming statistics showing a rise in violence, including a significant increase in femicide, existing systems and services remain severely underfunded, fragmented, and reactive, rather than focused on prevention. Survivors of IPV and GBV experience significant barriers in accessing support, including limited safe affordable housing options, insufficient cross-sectoral collaboration, and inadequate long-term core funding that supports both intervention and prevention efforts without sacrificing one or the other.

There is an urgent need for Ontario to recognize and adopt a prevention-focused model that addresses the root causes of violence as per the recommendations that have been proposed by the Ontario Domestic Violence Death Review Committee's 2019-2020 Annual Report and Renfrew County Inquest, among others. Under Bill 173, recognition would involve promoting cross-sectoral cooperation that leverages the expertise of frontline service providers, ensuring stable and ongoing core funding for both direct services and community-led collaborative models.

UN Women (n.d) defines prevention as a mechanism of addressing structural conditions and the risk and protective factors that are linked to gender inequality and violence which inhibit woman and girls' safety from violence.

A prevention-focused approach examines the structural and social drivers that enable gender-based violence. This can include social norms and attitudes towards survivors and women-identifying individuals, such as victim-blaming, and systemic inequities that facilitate conditions which increases the risk of violence for women.

A prevention-focused approach to gender-based violence is also inherently survivor-centred. Survivors' firsthand experiences navigating systems and programs provide invaluable evidence of whether these services, designed to enhance their safety, are effectively fulfilling their purpose. Police, programs, and systems should be evidence-based and survivor-centred to give options for safety to survivors and to empower them.

The Ontario government is a key partner and has been making efforts in improving GBV prevention and education (Government of Ontario, 2023). However, these initiatives need to be developed and implemented in close collaboration with community-based organizations, like WomanACT, who work closely with frontline anti-violence practitioners and survivors to ensure that decisions meet community needs. The specific issues and policy recommendations outlined in the next section speak to opportunities for government to support community organizations in researching, testing, implementing, and evaluating evidence-based models, approaches, and responses for continuous improvement in GBV prevention and education.

1. Lack of affordable and independent housing options for survivors

The correlation between violence, gender, housing insecurity and homelessness is well-evidenced. Gender-based violence is a leading cause of housing insecurity and homelessness for women and gender-diverse people (Schwan et al., 2021). Research on young women experiencing homelessness has found that physical abuse (45%) and sexual abuse (35%) are among the primary causes (Schwan et al., 2021). WomanACT's Successful Tenancies (2023) research on survivors living in Toronto's rental housing market found that emotional, physical, financial, sexual abuse, and coercive control were the most common types of GBV experienced. Of the 141 survivors surveyed, 37% experienced GBV in their unit and 38% felt unsafe or at risk of GBV. The impacts of GBV on their tenancy included having to leave their rental unit (17%), facing eviction (10%) or have their housing damaged (19%) (WomanACT, 2023).

Women-led households across Canada experience disproportionate levels of core housing need and housing insecurity. 28% of women-led households are in core housing need, compared to 16% of male-led households who are in core housing need (Schwan et al., 2021, p.10). Renter households in core-housing need are also more likely to be women-led households, and women-led households are more likely to live in subsidized housing (Schwan et al., 2021).

The lack of affordable and independent housing options exacerbates the issue. A housing market analysis conducted by the Canadian Centre for Housing Rights (CCHR, 2024[JW1]) found housing affordability to be an ongoing crisis across Ontario. Where data was available across the five communities analyzed (Toronto, Ottawa, Peterborough, Lanark County, Thunder Bay), the average rent increase ranged from 13% (Ottawa) to 22% (Lanark County) (CCHR, 2024, pp.41-52). WomanACT's (2023) research on survivors in Toronto's rental housing market found that housing costs increased for most of the respondents (62%) during the pandemic, with 77% of survivors spending 30% or more on their household income on housing. This means that affordable rental housing as a source of stable and independent housing is out of reach for many women-led households affected by violence.

Most of the housing options for survivors have something in common: they place the onus on the woman to leave home to be free from violence (Breckenridge, et al., 2015). This response has impacts on survivors' economic potential (employment opportunities), well-being (loss of social connections), and makes support services inaccessible (WomanACT, 2021b). These disruptions often lead to hidden homelessness and long-term housing insecurity (WomanACT, 2021b).

Putting the onus on survivors is still dominant in Canadian housing practice and policy. Most housing programs, policies and funding sources for survivors are directed at providing emergency or transitional housing. However, violence against women (VAW) emergency shelters and transitional housing are at capacity with COVID-19 further reducing shelter

capacity due to social distancing restrictions (CCHR, 2024). A snapshot survey which looked at shelter capacity in one day found that 33% of facilities serving victims of abuse in Canada turned women away, with 82% of them saying it was because the shelter was full (Statistics Canada, 2024).

Existing housing models work with a standard definition of chronic homelessness which does not account for women and survivors' unique and long-term housing needs and disproportionate experiences of hidden homelessness (Yakubovich and Maki, 2022). Survivors are often forced to choose between continuing to remain in unsafe homes with their perpetrators (or accessible to their perpetrators), or in precarious housing situations that may compromise their financial security, social, and overall wellbeing (i.e., in shelters, or with friends/family) (WomanACT, 2022a). Both options are manifestations of hidden homelessness that are incompatible with the contemporary population definition of homelessness.

WomanACT sits on several housing tables in the City of Toronto dedicated towards establishing safe housing pathways for women and gender-diverse persons. We have heard from community stakeholders that existing referral pathways to current housing programs are innately restrictive, and the current procurement pathway to create new housing stock for women and diverse-households creates additional burden for smaller community-led organization due the need to secure private partnerships with large developers to build new housing units. The VAW sector service providers are already struggling to maintain services and programs, many exceeding their capacity, making such relationship building impossible without intervention.

Our research into Safe at Home housing model - where survivors are enabled to remain safely in their existing home or move directly to independent housing – found that most survivors (60%) want independent housing provided by private or non-profit landlords while an additional 16% preferred to stay in their home without their abusive partner present (Klingbaum, 2022, p.15). In contrast, less than 10% of respondents reported that they would prefer to stay in a shelter or with family and friends (ibid).

Our research project also inquired as to survivors' needs and supports required to make this option a reality. Key program components included: multiple housing options with immediate availability, coordinated case management, increase access to security measures, access to financial supports to offset the cost of setting up new housing, and improved justice system responses for the perpetrator (Klingbaum, 2022).

Survivors clearly want greater access to independent, affordable, and stable housing. A safe at home approach is an alternative to existing crisis-driven housing models aimed to facilitate survivors' access to independent and secure housing to facilitate their long-term economic security.

Recommendations

We are encouraged by the Ontario government's efforts to increase the supply of affordable housing through significant investments through the Canada-Ontario Community Housing Initiative (COCHI), the Ontario Priorities Housing Initiative, and Canada-Ontario Housing Benefit (COHB) as part of the National Housing Strategy (NHS).

Increasing affordable housing stock will help provide housing for survivors, but it will not address their specific needs related to safety or their access to holistic, coordinated community supports that are essential for strengthening their economic and social security. The Ontario government must work with its municipal service managers to address several key issues impeding survivors' access to safe and affordable housing options. This should include the following priority actions:

- Assess the eligibility criteria and referral pathways of current housing programs to ensure that survivors have access to a range of permanent housing options.
- Create core funding to social housing programs to replace current temporary housing relief, such as the COHB, that is paid directly to the user to use towards rent and is not restricted to social housing options. Unlike its success in the homelessness sector, COHB's uptake in the VAW sector has been limited by its perceived instability by survivors given its temporary benefit status require the client to come off the Central Housing Registry (CHR). In addition to the stigmatization and prejudice survivors experience in the housing market, several landlords refuse to rent to individuals with a benefit knowing its temporary nature (WomanACT, 2022a). Providing core funding to already existing housing programs can incentivize survivors to perceive social housing as a long-term housing option.
- Assess and remove barriers in the current housing procurement and development climate so that community-based and frontline agencies can secure and build affordable housing units for women experiencing violence. This would entail government intervention in connecting frontline service providers with affordable housing stock.

There is cause for concern that Ontario will not meet its targets for affordable housing for women and gender-diverse households, as exhibited by the City of Toronto Housing Dashboard. Unfortunately, the province-wide data published by the government does not break down information to show progress in increasing housing for vulnerable groups across the province. In contrast, the City of Toronto does this through its HousingTO Action Plan Dashboard. The provincial government should improve the transparency of its data reporting to ensure that the province is on track to reach NHS targets for vulnerable households, including women and gender-diverse led households. This ensures that community organizations have access to appropriate data and evidence to propose concrete recommendations that will increase housing availability for women and survivor-led households and support the provincial government in meetings its intergovernmental

commitments. This data should be made publicly available before the start of the next fiscal year (2025-2026) to inform community-based analysis and recommendations for the final three-year funding cycle of the NHS.

The National Housing Strategy is set to expire in 2028. The Ontario government must work with its provincial-territorial counterparts to pressure the federal government to develop a new 10-year national housing strategy that continues to maintain housing supply targets for the most vulnerable groups, including women and gender-diverse households and Indigenous families. Renewal of a national housing strategy sends a message that the Ontario government is committed to upholding the right to housing for all.

2. Need for improved systems collaboration with a focus on prevention

Survivors have complex needs that cross systems and services (House of Commons, 2022). Research with survivors has indicated unique challenges that emerge from encounters with police and (Saxton et al., 2018), legal assistance and family court supports (Cross, 2022), and health services (Dusing et al., 2024), among others.

The jury recommendations from the 2022 Coroner's Inquest into the deaths of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam (CKW Inquest) spoke directly to the need for "an all-of-government approach across ministries" and revealed several failures in systems responses in the deaths of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam.

There is a lack of inter-agency coordination across the multiple systems survivors engage with, often leaving survivors without the appropriate supports when they need it (Department of Justice, 2013). Due to poor communication between agencies, survivors often have to repeatedly recount their experiences, which can be re-traumatizing and discourage them from seeking further support such as family courts, police services and victims' services, and health services (Alberta Council of Women's Shelters, 2023). Lack of inter-agency information-sharing, collaboration, and service coordination also means that systems overlook critical points for early intervention and prevention, before the violence escalates. Survivors are therefore left with few options to protect themselves from further violence.

Systemic barriers and gaps faced by survivors can be addressed through multi-sectoral coordination, information-sharing, and collaboration to identify cases of IPV and offer proactive supports and responses to improve survivors' safety and prevent violence from escalating.

Service coordination brings together key community service providers to work collaboratively to mobilize local supports that can improve survivors' safety and address perpetrator accountability (Ending Violence Association of BC, 2019). Multi-sectoral collaboration improves practices for coordination and information sharing, raises awareness of risk and protective factors, bridges gaps between service providers, and reduces duplication, easing the burden on survivors navigating complex systems (Ending Violence Association of BC, 2019). Service coordination and multi-sectoral collaboration enhances survivor safety by ensuring that multiple agencies understand and address risk factors through a comprehensive safety plan.

There are several models of multi-sectoral collaboration and service coordination in Canada, including in Ontario. The "hub model", also known as situation tables, has been adopted in Ontario with 40 active tables as of 2016 (Global Network for Community Safety, 2016). Studies conducted on the hub model has shown positive outcomes, including increased and quicker access to services for clients, reduced barriers to support from agencies, improved

communication among agencies, and better understanding of client needs (Nilson, 2016). Unfortunately, there has been no recent comprehensive evaluation of situational tables, making it difficult to determine their benefits for survivors, especially racialized and Indigenous survivors who face systemic barriers. These survivors require intersectional approaches and regular feedback to address ongoing colonization and structural racism (WomanACT & Elizabeth Fry Toronto, 2022).

Survivors of IPV are often expected to be involved in situation tables, as research shows that IPV frequently occurs alongside other complex public health and safety concerns, such as mental health issues, substance use, homelessness, or child welfare involvement (Mason & O'Rinn, 2014; Jagasia et al, 2022; Langenderfer-Magruder et al., 2019).

Since 2019, WomanACT has been working with two Ontario communities to pilot the multi-agency risk assessment conference model, or MARAC. The MARAC model constitutes a local, multi-agency table that brings local agencies together to share information on high-risk IPV cases to jointly to develop a risk focused coordinated safety plan to reduce risk (SafeLives, 2014). While MARAC is a high-risk intervention model, its principles can also enhance prevention strategies by emphasizing cross-sectoral collaboration and awareness raising. The Canadian adaptation of MARAC is under evaluation, but studies of the original UK model have shown improved information-sharing between agencies, better understanding of client needs and risk factors, more coordinated safety plans for survivors and their children (Robinson, 2004), and a reduction of repeat violence a year following MARAC intervention (Robinson & Tregidga, 2007).

Recommendations

The Ontario government must provide resources for systems to collaborate and develop joint processes to address key challenges in coordination, information sharing, service awareness, and referral pathways. One opportunity is to collaborate with existing multi-sectoral tables in Ontario to integrate a dedicated violence against women (VAW) community practitioner, incorporate IPV risk factors into risk assessment and management planning, and mandate training on IPV and trauma-informed service delivery principles.

This can be achieved by leveraging the community safety and well-being plans (CSWB) that municipalities have been mandated to develop under new regulations of the Police Services Act, 2019. The government's Community Safety and Well-Being Planning Framework underscores the importance of service coordination and collaboration to improve community safety across Ontario's communities. Many of these local CSWB plans indicate gender-based violence or intimate partner violence as a priority area. For example, the City of Toronto's plan (SafeTO) details the development of a comprehensive gender-based and intimate

partner violence reduction strategy as one of its priority actions.
The Ontario government should identify municipalities which have designated gender-based violence or intimate partner violence as a priority area under their CSWB plan and work with these municipal governments to integrate an IPV lens into existing multi-sectoral tables. This can be done by integrating common risk indicators that are well-established in IPV literature, such as a history of domestic violence or victim self-assessment, when conducting risk assessments and safety planning at these multi-sectoral tables. Additionally, resources should be provided to these multi-sectoral collaboratives to establish a dedicated VAW community representative to participate in multi-sectoral collaboratives to integrate an IPV lens and advocate for survivors' needs and safety.

In addition, all local service providers participating in multi-sectoral anti-violence collaboratives should be mandated to undergo training on trauma-informed service delivery and IPV risk indicators. This would include healthcare providers, justice and correctional service providers, mental health and substance use workers, social workers, and any other frontline public service provider who may be providing support to a survivor through multi-sectoral collaboration. By integrating these actions to build IPV awareness and trauma-informed capacity in existing cross-sectoral collaboration, the province is enhancing local ability for early identification and intervention of GBV.

3. Need for whole-of-society approach to GBV education and bystander training

IPV and GBV affect individuals across all demographics and communities. More than 4 in 10 women in Canada (44%) have reported experiencing some form of psychological, physical, or sexual violence in the context of an intimate relationship since the age of 15 years (Cotter, 2021). This accounts for around 6.2 million women aged 15 years and older who have experienced some form of IPV. Additionally, women who experience IPV are likely to experience multiple forms of abuse compared to men survivors of IPV (Cotter, 2021). Nearly 1 in 3 (29%) women survivors of IPV reported experiencing 10 or more abusive behaviours (Cotter, 2021).

Certain demographics experience vulnerabilities which increases their likelihood of experiencing or being exposed to IPV and GBV. Indigenous women (61%) are more likely to have ever experienced IPV in their lifetime when compared with non-Indigenous women (44%) (Heidinger, 2021). More than half (55%) of women with disabilities reported experiencing some form of IPV in their lifetime compared to 37% of women without disabilities (Savage, 2021). Racialized women who identify as Arab, Black, or Latin American are more likely to experience IPV than other racialized groups. Women who identify as Arab (44%), Black (42%), and Latin American (47%) women were more likely to have experienced IPV since the age of 15 when compared to the prevalence rate of all racialized women (29%) (Cotter, 2021b).

It is estimated that two-thirds of people in Canada know someone who has experienced emotional, physical, or sexual abuse (Canadian Women's Foundation, 2023). Survivors of GBV are everywhere, and it is likely that everyone knows or will know a survivor at some point in their lifetime.

A key element of primary prevention is dismantling deeply ingrained values, attitudes, and behaviors that perpetuate gender-based violence and discrimination against women and survivors. This requires the involvement of all sectors of society to confront and reshape gender norms, attitudes, and practices (Crooks et al., 2019).

WomanACT is at the forefront of public education and awareness-raising about IPV with a goal to build every sector's capacity to recognize and respond to survivors. To this end, we have worked to equip employers with the understanding and tools needed to respond to workers affected by IPV. In a national survey of survivors' experiences of domestic violence in the workplace, a third (33.6%) of the respondents reported experiencing domestic violence and another third (35.4%) reported having one co-worker who they believe has or had experienced domestic violence (Wathen et al., 2014). Survivors in the survey indicated that domestic violence impacted their ability to get work (38%), played a role in job loss (8.5%), negatively affected their performance at work (81.9%) and impacted coworkers who expressed stress or concern for their situation (28.9%) (Wathen et al., 2014). In addition, nearly half of the survivors in the survey reported experiencing domestic violence at work or

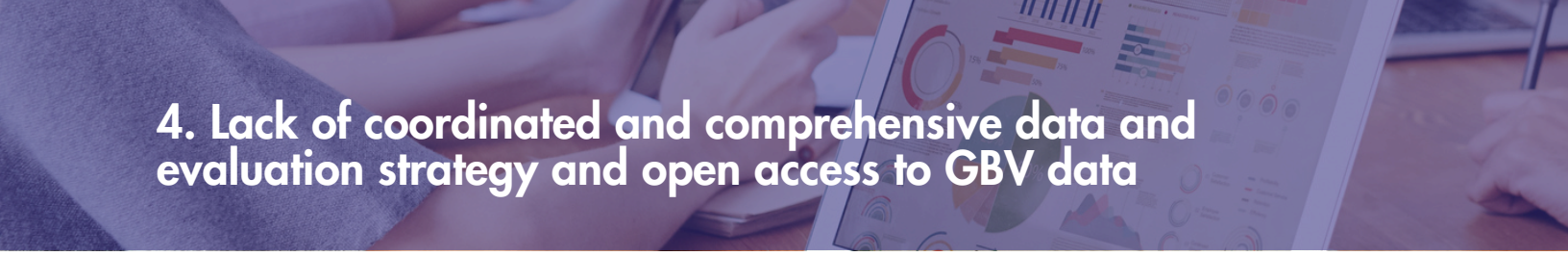
near the workplace, such as abusive phone calls, text messages, emails, or stalking or harassment at work (Wathen et al., 2014). WomanACT's own research with racialized survivors and their experiences and impacts on work revealed that the impacts of IPV compounded with racial discrimination and limited their ability to find work (Chellapermal, 2022[JW1]). IPV is clearly a workplace health and safety issue, as acknowledged by Ontario's Occupational Health and Safety Act and the Employment Standards Act (WomanACT, 2022b).

In speaking with racialized survivors, WomanACT heard that workplace culture is a key factor determining whether to disclose and ask for accommodations from their employers (Chellapermal, 2022). When survivors did disclose, there were mixed responses from employers and co-workers. In some cases, survivors said they were let go or dismissed soon after disclosure, and in other cases, survivors felt that co-workers withdrew or did not want to get involved (Chellapermal, 2022). Qualitative findings from this report show that there is still a long way to go in supporting workplaces to support survivors in a trauma-informed way.

WomanACT has focused its GBV education and training efforts in male-dominated industries, such as STEM. Labour force statistics from 2020 show that women make up very low proportions in many industries, such as construction (13%), manufacturing (27%), and transportation (22%) (Statistics Canada, 2021). Unfortunately, women in STEM industries are also experiencing sexual and gender-based violence in the workplace. In Canada, in 2020, 47% of women in trades, transportation, equipment operation, and related occupations reported experiencing inappropriate sexualized behavior at work, compared to 19% of men (Statistics Canada, 2021). In the natural and applied sciences 32% of women compared to 12% of men experienced inappropriate sexualized behaviours at work (Statistics Canada, 2021). Research has shown that a workplace culture imbued with gendered organizational structure and stereotype continues to permeate male-dominated industries like STEM (Makarem & Wang, 2020). Failure to address the underlying culture of gender discrimination and inequity means women and survivors in male-dominated industries continue to be exposed to gender-based and sexual harassment in their workplaces or make the difficult choice to leave the industry entirely. The low retention of women in STEM industries contributes to broader gender inequality in the workforce.

Recommendations

We acknowledge that the Ontario government is actively investing $100 million over the next three years in new community-based programs and services as part of its action plan to address GBV (STANDS), including investments for GBV education and awareness initiatives. We ask that the province establish a dedicated funding stream over the next three years solely for GBV education, awareness, and training targeted at workplaces and male-dominated industries such as STEM, sports, and finance and banking.



4. Lack of coordinated and comprehensive data and evaluation strategy and open access to GBV data

There is a lack of a comprehensive and coordinated approach to collecting, monitoring, and providing open access to data relevant to IPV and GBV. Community organizations rely on police and media reports which suggest that GBV and IPV are widespread and growing problems for Ontario's communities (OAITH, 2024). However, community representatives and researchers have long raised the issue that police and media reporting underrepresent the scope and prevalence of GBV (Statistics Canada, 2023). Findings from the 2019 General Social Survey (GSS) on Canadians' Safety found that 80%of survivors of spousal violence said that they did not report to the police and that police reports had decreased compared to 20 years prior (Conroy, 2021). Research that has examined the vulnerabilities of specific demographics, including Indigenous, Black, 2SLGBTQI+, newcomers and refugees, note that these communities are at a heightened risk of GBV, IPV and femicide (Fairbairn et al., 2018).

Unfortunately, we do not have reliable provincial data that disaggregates the prevalence or patterns of all forms of GBV in these communities. The absence of a systematic approach to collecting, monitoring, and publicly reporting data across provincial services—including healthcare, social, community, education, and justice systems—makes it difficult to track trends and changes in GBV prevalence. It also makes it difficult to evaluate the effectiveness of existing programs and services in addressing GBV rates and trends. As a result, decision-makers at all levels of government (including Indigenous governments) are unable to effectively allocate resources, determine community need and evaluate cost-effectiveness of program or funding decisions. At the community level, the lack of systemic and transparent reporting and monitoring of GBV data makes it difficult for community-based agencies like WomanACT to inform local policies and programming.

A comprehensive data collection and evaluation framework and open access database that brings together all available data from all public systems and makes it public is needed. Data should be collected and analyzed from all provincial services implicated in survivors' help-seeking and safety-planning including health services, police and correctional services, child protection services, courts and legal services, and educational services. This collated data should be made open access so that research and non-profit bodies can conduct independent analysis and develop evidence-based findings and recommendations that can shape effective and responsive anti-GBV policies and programs.

Recommendations

The National Action Plan to end Gender-Based Violence's identified gaps for research and knowledge mobilization include the need to "develop research capacity to address gaps in the evidence and analyses; and enhance data collection and governance to support intersectional populations-based analyses" and "supporting data collection and analysis of various forms of GBV, contexts, risk, and protective factors".

The Ontario government can become a national leader on addressing this critical gap in GBV data collection and monitoring by bringing together relevant ministries (education, health, Solicitor General, Attorney General, children, community and social services) and community organizations and service providers to develop a data collection and monitoring strategy and framework. It is essential that the government lead this initiative to facilitate data coordination across ministries and ministry-funded services. At the same time, it is crucial that service providers and community organizations need to be treated as equal partners at the table and engaged in the development of a GBV data collection and monitoring strategy and framework to ensure that it accurately reflects desired outcomes for survivors. The culmination of this policy and data activities should be an open access data bank such as an online dashboard.

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