



OFFICIAL OPPOSITION DISSENTING REPORT

**STANDING COMMITTEE ON
JUSTICE POLICY'S STUDY ON
INTIMATE PARTNER VIOLENCE**

November 27, 2025

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Please note: At the time of the Committee submission deadline, a French translation was not available and will be provided as soon as possible.

Land Acknowledgement

The Standing Committee on Justice Policy's Study on Intimate Partner Violence met in what is today known as Toronto. Tkaronto; the place of the submerged trees; the gathering place. For thousands of years, this land has been the traditional territory of the Huron-Wendat, the Haudenosaunee, and the Mississaugas of the Credit River.

This territory is also the subject of the Dish with One Spoon wampum - a covenant originally made between the Anishinaabe and the Haudenosaunee. Everyone who shares this territory eats out of the same dish with only one spoon. We have a collective responsibility to ensure the dish is never empty.

This includes caring for the land and committing to coexist with each other in the spirit of friendship and mutual prosperity. Importantly, there are no knives at the table, representing that we all must keep the peace.

With Heartfelt Gratitude

To every survivor and witness who testified about intimate partner violence at the committee hearings: *thank you*. You placed your trust in this process, and we do not take that lightly. We recognize our obligation to turn your testimony into meaningful change.

Thank you to the family members who testified, shared their insights, called for action, and expressed their hopes for real, sustained change. Thank you especially to the grandparents, uncles and aunts who have become unexpected caregivers to young children as a result of femicide. Thank you to frontline workers, researchers, emergency responders, and legal and community advocates who brought urgency to our work. Thank you for refusing to let these harmful realities be ignored.

The truth is, we could not do this legislative work without you. You all gave this work direction, purpose, and heart. We did everything possible to represent your testimony accurately and faithfully.

We dedicate this dissenting report to victims of femicide. We are committed to addressing its predictable and preventable root causes so that it will never happen again. We dedicate this dissenting report to survivors of intimate partner violence trying to rebuild their lives under the austerity perpetuated by the provincial government. We dedicate this dissenting report to the survivors who are still in abusive situations. We hope that the measures proposed will create a social safety net that allows you to feel confident about leaving and never looking back.

Finally, we dedicate this to the children of the province of Ontario. We want you to have a future built on respectful, caring, and accountable relationships. We do this work for you.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'K. Wong-Tam', with a stylized flourish at the end.

Kristyn Wong-Tam
MPP Toronto Centre

On behalf of Dr. Jill Andrew, MPP Lisa Gretzky and MPP Peggy Sattler,
co-sponsors of Bill 173, Intimate Partner Violence Epidemic Act, 2024

On behalf of MPP Doly Begum, co-sponsor of Bill 55, Intimate Partner Violence
Epidemic Act, 2025

On behalf of MPP Catherine Fife, sponsor of Bill 189, Lydia's Law (Accountability
and Transparency in the Handling of Sexual Assault Cases), 2024

On behalf of Rev. Dr. Alexa Gilmour, Shadow Minister for Women's Social and
Economic Opportunity

EXECUTIVE SUMMARY

The following are the recommendations from the Official Opposition's Dissenting Report on the Standing Committee on Justice Policy's Study on Intimate Partner Violence. These recommendations are based directly on the testimonies of survivors, experts, frontline workers, and community organizations that appeared before the Committee.

It is essential to note that the recommendations are part of a broader body of work.

Numerous recommendations have been put forward in government reports, coroners' inquests, the Domestic Violence Death Review Committee's reports, community organization reports, and academic research studies. The Government of Ontario is urged to act not only on these recommendations, but also to review and implement the numerous existing recommendations that continue to be ignored.

The recommendations address intimate partner violence through a comprehensive, multi-sectoral approach that recognizes IPV as both a public health crisis and a systemic issue rooted in social inequality. They reflect a comprehensive understanding that intimate partner violence cannot be addressed through any single intervention, but requires coordinated action across prevention, response, and legal systems.

The dissenting report is organized across five key thematic areas:

- Addressing Violence Against Indigenous Women
- Prevention
- Response, Intervention, and Victim Supports
- Legal Responses
- Data, Accountability, and Oversight

Dissenting Report on the Standing Committee on Justice Policy's Study on Intimate Partner Violence:

RECOMMENDATIONS



**Addressing Violence
Against Indigenous
Women**



Prevention



**Response,
Intervention,
and Victim Supports**



Legal Responses



Addressing Violence Against Indigenous Women

1. **Implement the provincial calls to justice within the Reclaiming Power and Place:** The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.
2. **Provide sustainable and core funding for Indigenous women's organizations** – investments should reflect the disproportionate rates of violence Indigenous women experience.
3. **Invest in culturally responsive shelter services**, both transitional and affordable housing, with specialized housing supports for Indigenous women fleeing violence.
4. **Legislate the Pathways to Safety Strategy** to ensure Indigenous women's safety remains a priority for future governments.
5. **Ensure any provincial and municipal declarations and responses to intimate partner violence explicitly recognize the disproportionate rates of violence against Indigenous women and girls**, their unique and intersectional experiences, and the root causes of this violence.
6. **Prioritize Indigenous women's safety at all levels of government** in all policies, plans, and strategies that impact, or have the potential to impact, the lives of Indigenous women.
7. **Involve Indigenous women in the development of all legislative, policy, program and service responses** to the issues that impact them, including gender-based violence.
8. **Provide increased and sustainable investments from all levels of government into new and existing community-based culturally grounded programs** and services that improve Indigenous women's safety and promote family and community healing.
9. **Provide additional and separate new investments for Indigenous men and boys** to support healing and restoration of balance in communities.
10. **Implement a community development approach to ending violence against Indigenous women that recognizes the distinctiveness of First Nations, Inuit, and Métis women**, and the different experiences and challenges faced by Indigenous women living in urban, rural, remote, and Northern communities.



Prevention

Prevention Education with Children, Youth, Caregivers and Community

11. **Invest in sustained public education campaigns** on gender-based violence.
12. **Equip community-based organizations with sufficient resources to provide information sessions to newcomers**, especially on IPV, to help newcomers understand the laws, their roles and responsibilities, and specifically the laws concerning IPV in Canada.
13. **Invest in school-based violence prevention programs** that are regionally responsive, culturally safe and demonstrate promising practices and/or evidence-based approaches.
14. **Invest in standardized risk/need assessment guides** to identify and address risk factors such as domestic violence, substance abuse, and poverty early on.
15. **Use a rights-based approach when interacting with young people**, informed by consent-awareness education.
16. **Invest in evidence-based parenting education** that can be tailored to parents' needs, learning styles, and preferences, ensuring these programs are accessible to all.
17. **Ensure cross-ministerial collaboration** for evidence-based parenting education promotion, dissemination, and outcome accountability, including the Ministries of Children, Community and Social Services, Education, Health, and the Attorney General.
18. **Invest in the public education system:** Dedicated teachers, educational assistants, child and youth workers, ECEs, custodial and trade workers – they make all the difference, helping students get the one-on-one attention they need and maintaining a nurturing learning environment.
19. **Significantly increase funding for school-based mental health workers, social workers, educational assistants, and child and youth workers** to address the critical gap that schools face needing more support staff as a result of provincial underfunding.
20. **Establish minimum staffing ratios for mental health professionals** in schools, ensuring every school has regular access to a psychologist, social worker, or mental health specialist.

21. **Prioritize funding for rural, remote, and northern schools**, which are significantly less likely than urban schools to have access to psychologists, social workers, and mental health specialists to address the high rates of intimate partner violence that youth in northern, rural and remote communities face.
22. **Invest in sustainable, ongoing funding for school mental health positions**, rather than project-based or short-term grants, to ensure workforce stability and continuity of care for students.
23. **Form formal collaboration partnerships between schools and community mental health organizations** to provide comprehensive support for students and families, thereby alleviating pressure on teachers.
24. **Allocate dedicated new provincial funding to school boards to hire and retain mental health professionals**, indexed to inflation and student population needs.
25. **Invest in training and professional development for school-based mental health staff** on trauma-informed, culturally responsive approaches to supporting students affected by intimate partner violence and family violence.

Professional Training

26. **Invest in data collection and provide mandatory training for judges**, crown attorneys, police, victim services personnel, veterinarians, and animal welfare investigators on the “violence link” and how to identify animal abuse.
27. **Provide mandatory training on trauma-informed and culturally responsive IPV services** for judges, crown attorneys, legal personnel, police and law enforcement, and victim services personnel.
28. **Invest in a multi-sector approach** to address IPV.
29. **Invest in trauma-informed, anti-oppressive, culturally-responsive IPV training**.
30. **Explore developing “a uniform standard” for risk assessment** that allows for the comprehensive understanding of how IPV manifests across various cultural contexts to be adopted by law enforcement and relevant services/agencies across the Province.

Recommendations for Link Between Animal Abuse and Intimate Partner Violence:

31. **Provide and require training for family law professionals, prosecutors, and the judiciary** on the link between animal abuse and IPV in family violence cases.
32. **Provide sustained and consistent core funding to shelters, enabling them to become pet-inclusive** and allowing more survivors to leave unsafe situations with their pets.
33. **Ensure animal abuse is included as a factor in domestic violence** and other offender risk assessments.
34. **Consider modifying crime-tracking systems to include animal abuse** in itemized or linked incident tracking, such as Major Case Management (MCM) and Violent Crime Linkage Analysis System (ViCLAS).
35. **Include standard questions about pets and other animals**, including how they are treated, in domestic violence calls and interviews by police and social service agencies.

Social Assistance

36. **Double Ontario Works and Ontario Disability Support Program** rates, indexed to the rate of inflation.
37. **Raise the minimum wage** and index it to the rate of inflation.



Response, Intervention, and Victim Supports

Survivor Supports

38. **Review and modify the funding formula for survivor support services**, including, but not limited to, shelters, sexual violence services, legal clinics, and court support worker programs, and increase the base budgets. Invest in annualized funding indexed to inflation rather than project-based funding models.
39. **Invest in core funding for victim services and provide per capita funding** for services, ensuring that organizations offering core victim services are funded 50% by the Ministry of the Attorney General.
40. **Investigate the needs and gaps in survivor supports that are currently 100% provincially funded**, to allocate funds to these organizations more effectively.
41. **Reinstate the 33% funding increase promised to sexual assault centres (SACs)** pledged in 2018.

Housing and Shelter Services

42. **Invest in housing options to reduce shelter bottlenecks**, including affordable rent-geared-to-income stock, adjustments to the Canada-Ontario Housing Benefit (COHB), purpose-built housing for families, supportive housing for survivors and their families, and capital and operational funding for the development of transitional housing.
43. **Dedicate funds to housing projects for women and families escaping abusive situations**; invest in a range of shelter, transitional, supportive, and affordable housing projects.
44. **Amend the Residential Tenancies Act, 2006 (RTA)** to improve rental affordability, including by implementing rent regulation and vacancy control and to allow for the removal of the abuser from the lease, enabling the survivor to remain in their home.
45. **Implement comprehensive rent control to prevent “renoviction,” “demoviction,”** and increase protection from predatory and negligent landlords, ensuring that rental units are properly maintained.

Child Care

- 46. **Invest in a robust, accessible, formal childcare system** with ample spaces across Ontario (including rural areas), so that parents who need to relocate can access childcare in their new location quickly and seamlessly.
- 47. **Make significant investments in workforce training and retention**, as well as capital infrastructure to support this growth.
- 48. **Invest in childcare offerings that are flexible** and suit the needs of shift workers, rural residents, and Indigenous communities.
- 49. **Invest in trauma-informed childcare for children** interacting with the court system.

Food Security

- 50. **Invest in programs that provide tangible supports for survivors**, including food.
- 51. **Properly fund shelters** so that they can provide clients with adequate and nutritious food.
- 52. **Support and invest in provincial wide school nutrition programs.**

Mental Health Services

- 53. **Explore expanding existing collaboration with School Mental Health Ontario** to develop and offer resources and training for school-based mental health professionals to support IPV prevention and intervention.
- 54. **Increase investment in community-based agencies**, including but not limited to community mental health centres and specialized shelters, to help deliver affordable mental health services, trauma-informed therapy, and peer support groups tailored to survivors' needs.
- 55. **Expand the registered nurse (RN) scope of practice** to include making referrals to specialist care, such as gynecology, psychiatry, or other specialty mental health services.
- 56. **Ensure that mental health services are OHIP-funded.**
- 57. **Ensure survivor support and victim services remain free to access** and remove barriers to mental health resources.

Francophone Survivor Support Services

58. **Invest in expanding French-language violence against women services**, including exploring the creation of new shelters and intimate partner violence programs in underserved regions such as Southern and Northwestern Ontario.
59. **Index operating budgets for French-speaking organizations** annually to account for inflation, ensuring they can maintain service levels amid rising costs.
60. **Fund the development of French-language psychotherapy** programs for survivors of violence and the workers who support them.
61. **Create new staff positions in existing French-speaking organizations** to address rising demand for counselling, transitional and housing support, Family Court support, and services for children exposed to violence.
62. **Fund second-stage transitional housing for French-speaking survivors** to relieve pressure on shelters and provide tailored support for women achieving independence.

Culturally Responsive Services

63. **Support equity-seeking organizations and ensure coordination within the sector**, taking into account the relevant cultural context at every stage of project development.
64. **Build capacity within equity-deserving communities regarding understanding of IPV**, as well as potential supports accessible within their communities, including faith-based resources.

Child Welfare and Child Safety

65. **Address the chronic underfunding of children's aid societies** to resolve budget deficits, understaffing, and the placement of youth in unlicensed settings, which undermines the sector's capacity to implement reforms related to IPV.
66. **Conduct a comprehensive review of system-wide understaffing and underresourcing within child welfare** to ensure the efficacy of government initiatives to protect children and families from IPV.
67. **Establish a centralized, multi-ministry working group to coordinate IPV response** across social services, health, justice, education, housing, and labour, with explicit focus on child safety outcomes.
68. **Implement comprehensive data collection** regarding child protection involvement in cases of IPV to enable evidence-based policy development and progress monitoring.

69. **Mandate family violence programs in all social work**, social service worker, and child and youth worker programs to ensure discussion on the impact of IPV on children and youth, addressing the current gap in professional training.
70. **Review, invest and modernize the Partner Assault Response (PAR) Program** to a more current model that includes a focus on the impact on children and youth who are exposed to gender-based violence, and expand eligibility beyond low-risk offenders.
71. **Invest in promising practices and evidence-based perpetrator intervention** programs that focus on child safety.
72. **Ensure that the Domestic Violence Death Review Committee's recommendations are implemented** through sectoral or cross-sectoral tables to review and develop coordinated strategies, rather than leaving implementation to individual sectors without accountability.
73. **Provide doctors, nurses, and other health professionals with information on intimate partner violence**, including screening tools, to improve early identification of families at risk.
74. **Increase investment in services for youth in care who have been exposed to intimate partner violence**, addressing challenges in education, mental health, and housing stability that contribute to poor outcomes.



Legal Responses

Legal Aid

- 75. **Restore previous budget cuts and increase funding to Legal Aid Ontario** to ensure greater access to survivors.
- 76. **Amend the Legal Aid Ontario frameworks to enhance the eligibility** threshold and introduce mandatory cultural competency training for all family law practitioners.
- 77. **Invest in sustained legal aid reform**, rather than temporary amendments.
- 78. **Enhance access to services** tailored to language, transportation, and disability needs.

The Use of Parental Alienation Claims by Abusers in Family Court

- 79. **Provide ongoing training and education for Ontario judges, Crowns and other family justice professionals on “parental alienation”** and associated concepts, specifically as they relate to domestic violence.
- 80. **Ensure that family law practitioners have affordable or free access to experts** who can give evidence regarding the discreditation of “parental alienation syndrome.”
- 81. **Invest in Legal Aid Ontario and community programs**, such as the Family Court Support Worker program, to ensure support at all stages of the protection order legal process.

Court Delays

- 82. **Monitor all criminal cases pending disposition** for more than eight months and analyze the reasons for delays; capture the reasons for cases being delayed and stayed by judges (Auditor General recommendation).
- 83. **Commit to making the necessary investments to end Ontario’s chronically backlogged courts.** These efforts should include a legal workforce recruitment and retention strategy.
- 84. **Develop restorative and alternative justice models**, including Indigenous restorative justice frameworks, to expand access to justice and healing on the survivor’s own terms.
- 85. **Permanently expand legal aid eligibility** to reduce the number of survivors forced to navigate family law proceedings without representation.

Bail Reform

86. **Expand Ontario's bail compliance dashboard** to include domestic violence and sexual assault offenders, as well as individuals with peace bond conditions related to domestic incidents.
87. **Establish an independent, centralized body to oversee bail**, with a specific focus on designing and implementing safety plans for individuals on bail who have been charged with IPV-related offences.
88. **Improve funding and support for supervised bail programs** under the Bail Verification and Supervision Program.
89. **Develop trauma-informed approaches to bail conditions** that recognize the complex dynamics of IPV relationships and centre survivor choice and safety planning.
90. **Study the feasibility of, and implement if feasible**, justice sector participants having access to relevant findings made in family and civil law proceedings for use in criminal proceedings, including at bail and sentencing stages (CKW Inquest).
91. **Ensure that survivor-informed risk assessments** are incorporated into the decisions and positions taken by Crowns relating to bail, pleas, sentencing, and eligibility for Early Intervention Programs (CKW Inquest).
92. **Review and amend, where appropriate, standard language templates** for bail and probation conditions in IPV cases (CKW Inquest).
93. **Explore the concept of real-time geo-tracking systems** to monitor offenders out on bail (CKW Inquest).
94. **Standardize risk assessment across jurisdictions** to allow for consistent monitoring, community safety, increased transparency, and higher quality data (CKW Inquest).
95. **Strengthen provincial bail systems with increased compliance monitoring** and clear consequences to deter offenders from breaching conditions (CKW Inquest).

Restorative and Alternative Justice

96. **Lift the moratorium currently preventing survivors of sexual assault from accessing restorative justice services.**
97. **Support and invest in culturally safe restorative justice models** that meet the unique needs of their communities.
98. **Sustainably invest in alternative and restorative justice programs** in Ontario, including but not limited to the Community Justice Initiatives Revive Program.

Partner Abuse Response Program

- 99. **Increase sustainable, regionally responsive PAR funding.**
- 100. **Extend the length of PAR** and shrink group sizes.
- 101. **Integrate a self-referral model into PAR** as a preventive measure, rather than a reactive one.
- 102. **Invest in establishing more individualized and regionally responsive programming** as opposed to a “one size fits all” model.

Gun Control

- 103. **Implement the recommendations of the Nova Scotia Mass Casualty Commission**, especially C.21 (reducing gun lethality) and C.22 (revocation of firearms licenses for conviction of gender-based, intimate partner, or family violence).
- 104. **Create a comprehensive plan to limit perpetrators’ access to guns**, especially when previous threats with a weapon have been recorded.
- 105. **Increase the use of court-ordered language**, ensuring that alleged and convicted offenders will not reside in homes that have firearms.
- 106. **Create and fund a comprehensive early intervention program for youth** involved in guns, gangs, and street violence.

Protection Orders

- 107. **Ensure that people at risk of IPV have 24/7 access to accessible reporting tools** that will notify Chief Firearms Officers.
- 108. **Explore enhanced licence revocation in reports of IPV**, stalking, and related threats.
- 109. **Ensure the immediate enforcement of orders to remove access to firearms** following the issuance of removal orders.
- 110. **Explore the breaking down of silos surrounding protection order data**, enabling law enforcement and service providers to share data, potentially including real-time location information, to enhance safety.
- 111. **Work with the Law Commission of Ontario to understand the feasibility of and implement, where possible, their recommendations to improve protection orders**, including: availability of emergency protection orders; increased access to legal aid; education for protection-order decision makers about IPV risks; plain language drafting of protection orders; creation of a protection order database; and ease of registration and enforcement of protection orders issued outside of Ontario.

112. **Investigate the expansion of protection order applications** to serve more people at risk, including those who have experienced teen dating violence and to cover technology-facilitated abuse.

Family Court

113. **Increase funding for and availability of family court support workers.**
114. **Increase training for family court judges and lawyers** on IPV competence.
115. **Implement the training mandates outlined in Keira's Law**, which has already been passed by the Ontario legislature.
116. **Hold the Ministry of the Solicitor General and the broader Ontario government accountable** for implementing and monitoring the recommendations outlined in all previous DVDRC reports.
117. **Ensure that family law decision makers receive training** to understand how IPV affects children.

Data, Accountability and Oversight

118. **Establish a robust internal government accountability mechanism** to ensure the implementation and monitoring of IPV-related policies and recommendations across all ministries.
119. **Appoint an independent Gender-Based Violence Commissioner** to provide oversight, public reporting, and accountability for the government's response to intimate partner violence and gender-based violence.
120. **Establish an advisory body to the GBV Commissioner that includes both internal government representatives and community organizations**, ensuring survivor voices and frontline expertise inform policy development and implementation.
121. **Commit to appointing an independent investigator when creating committee reports** on gender-based violence.

Closing Summary

These recommendations are part of a myriad of recommendations that have been made to address intimate partner violence and gender-based violence. Government reports, coroner's inquests such as the CKW Inquest, the Domestic Violence Death Review Committee, community organization reports, and academic research studies have all contributed extensive recommendations over many years. **The knowledge and solutions exist. What is needed now is the political will and sustained investment to implement them.**

Intimate partner violence is predictable and preventable. The patterns are well understood, the risk factors are well-documented, and effective interventions have been identified. Every femicide represents a failure of systems that had opportunities to intervene. We must act now.

The recommendations consistently emphasize several cross-cutting themes:

- **Sustained and stable funding:** Project-based and short-term funding undermines service delivery and workforce stability. Annualized funding indexed to inflation is essential for effective IPV response.
- **Community and Survivor-centred approaches:** Survivors must be at the centre of policy design and service delivery. Their autonomy, safety, and healing must guide all interventions.
- **Recognition of intersectionality¹¹:** Communities that are historically and currently marginalized, including but not limited to Indigenous, Black, Racialized, Francophone, newcomer, 2SLGBTQIA+, and people living with disabilities, are targeted for and subjected to IPV at higher rates than the general public and require specific, sustainably funded and culturally responsive, accessible services.
- **Protecting and strengthening the social safety net:** Housing, childcare, food security, mental health services, and adequate social assistance are not peripheral to IPV prevention – they are foundational to enabling survivors to leave and rebuild their lives.
- **Trauma-informed training:** All professionals who interact with survivors – from police to judges to healthcare workers – require comprehensive, ongoing training in trauma-informed, culturally responsive practice.
- **Alternative pathways to justice:** The criminal justice system alone cannot address IPV. Restorative justice and community-based alternatives must be available to survivors who seek them.

1 Crenshaw, Kimberlé. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *University of Chicago Legal Forum*, vol. 1989, no. 1, 1989, pp. 139-167.

- **Accountability and oversight:** Independent oversight through a GBV Commissioner and robust internal accountability mechanisms are essential to ensure that recommendations are implemented and progress is measured.

The Official Opposition urges the Government of Ontario to act on these recommendations with the urgency of the epidemic, with the urgency that intimate partner violence demands. Declaring intimate partner violence an epidemic would signal that commitment and catalyze the coordinated, resourced response that everyone in our province deserves.



WHY A DISSENTING REPORT?

This dissenting report, or minority report, was written and submitted on behalf of the Official Opposition Ontario NDP MPPs and represents our response to the Government Report submitted to the Standing Committee on Justice Policy's Study on Intimate Partner Violence (hereafter referred to as the Committee Study).

Through this dissenting report, as minority Standing Committee on Justice Policy ("Committee") members, we exercise our rights to disagree in whole and in part with the process, findings, conclusions, or recommendations of the majority in the government-dominated legislative Committee.

A dissent is necessary when the committee process and report writing are heavily controlled by the government, and the deficiencies include:

- Mission drift from the approved mandate to study intimate partner violence (IPV) exclusively
- Consultation was significantly reduced from previously made commitments
- Consultation was restricted as the Committee was not permitted to leave Toronto
- Travel resources to Indigenous, northern, rural, and Francophone communities were removed
- Affected communities were silenced through the exclusion of witnesses
- The debate was reduced and restricted
- Minority member privileges were revoked

We believe the Government Report does not adequately capture all evidence, perspectives, legislative assessments or policy risks raised during the study. A dissenting report is required to ensure the legislative record remains accurate, balanced, and transparent. In this report, we strive to correct the interpretation of the record, prevent mischaracterization of the findings, and preserve expert and survivor testimonies.

Legislative oversight is required, as the Government has disrupted the longstanding parliamentary process of having non-partisan, professional public service staff record, prepare, analyze, test, research, and write the final report for submission to the Committee for consideration and line-by-line review. Instead, the government tabled a partisan report, written by a Government Member in the name of the multi-partisan Committee.

Critical motions to amend and strengthen reports are necessary and routinely adopted at every standing committee of the Ontario Legislative Assembly. If a non-partisan, conventional report-writing process had been permitted during the IPV study, the

Committee, with both majority and minority members, would have collectively strengthened the report, corrected inaccuracies, filled in omissions, and prevented harm to affected communities. In the absence of these necessary interventions, this dissenting report was written to maintain the procedural record.

This dissenting report serves as a long-term reference for future committees, a record of legislative reform efforts, policy reviews, court challenges, or public inquiries. A dissent ensures important warnings and alternative approaches are not lost.

Without this dissenting report, the Government Report may be taken as unanimous, providing an inaccurate basis for policy or legislative change. **The writing process for the Government Report contains dangerous precedents that the Official Opposition believes should not be normalized in Ontario's legislature.** This risks undermining public trust, misinforming decision-makers, and marginalizing impacted communities whose experiences or evidence were not fully reflected.

Transparency and accountability are important to the dissenting members, and we exercise our right to distinguish ourselves from select recommendations in the Government Report. **Furthermore, this dissenting report serves as a record that debate was restricted and that no consensus was achieved in the government-controlled process for report writing.**

INTIMATE PARTNER VIOLENCE IS AN EPIDEMIC IN ONTARIO

The Government-tabled report suggests that part of the Committee's work included a responsibility to determine whether Intimate Partner Violence is endemic or an epidemic. This is not true. The record will show Bill 173, Intimate Partner Epidemic Act, 2024, was referred to the Committee but never called for debate. **The Committee was never tasked with making a recommendation regarding any declaration.** The idea of declaring IPV endemic in Ontario was not meaningfully discussed during the Committee study period.

This dissenting report recommends that the Government of Ontario declare intimate partner violence an epidemic in Ontario while acknowledging its endemic and systemic origins. This dual framing supports both urgent action and sustained policy transformation, ensuring that Ontario responds proportionately to the scale, severity, and structural roots of violence.

Translating social behaviour into the language of epidemiology is challenging at the best of times. Intimate partner violence in Ontario has qualities that characterize endemics: IPV is persistent and systemically entrenched in social life. IPV also has qualities that

characterize epidemics: IPV often kills unpredictably and can escalate with crisis-level frequency. That is why 106 municipalities and many public health organizations have already recognized IPV as an epidemic. The Ontario Legislature must prioritize action and outcomes for survivors and people at risk: those outcomes are most assured when IPV is recognized as an epidemic.

This nuance is more than semantic. Experts repeatedly told the Committee that recognizing IPV as an epidemic will directly support an emergency-level government response, inter-ministerial coordination, resource allocation, centralized data monitoring and collection, transparency, accountability, and public safety.

Naming intimate partner violence as endemic recognizes its ongoing, systemic, and structural embeddedness in Ontarians' social lives, but it does not compel urgent action. Knowledge that IPV is ongoing has not prompted the government to deploy emergency response solutions. **Governments act to fight epidemics, but they learn to live with endemics.** The case for action to address the social determinants of safety includes IPV. Still, it is not realistic to believe that declaring IPV an endemic will transform underlying gender inequality, poverty, housing precarity, disability discrimination and racism. These barriers are systematically embedded in institutions and need to be addressed through multiple lenses, not just IPV.

When the CKW Inquest set out in its first recommendation that the Government of Ontario declare intimate partner violence an epidemic, they did so knowing that it would elevate government response and accountability for what is ultimately a public health and safety crisis. **The declaration of an epidemic creates public expectation for swift, coordinated intervention and a whole-of-government response.**

Survivors and experts told the Committee, on every day of hearings, that framing IPV as an epidemic would help mobilize immediate investments in crisis support services, emergency shelter capacity, risk assessment teams, and enhanced policing and judicial responses. Describing IPV as endemic is unlikely to secure the same outcomes for survivors and their children.

Yet the strongest argument for declaring IPV an epidemic is more straightforward: it is what survivors and policy experts called for this Committee to do. The Committee's study on IPV did not hear calls to declare IPV an endemic. Survivors and advocates called on the Committee to recognize IPV as an epidemic because it would validate the crisis communities are facing and recognize how difficult it has been to marshal the political will to act. Concluding that this Committee heard that IPV is endemic would amount to gaslighting survivors and experts. **The Ontario Government should choose to believe survivors.**

Government Motion to Declare IPV Endemic in Ontario

On the morning of November 5, 2025, Charmaine Williams, Associate Minister of Women's Social and Economic Opportunity, moved a motion in the legislature "seeking unanimous consent that, in the opinion of the House, the government of Ontario recognizes the **endemic** nature of intimate partner violence in Ontario and its significant and continuing impact on individuals, families, and communities."

The Official Opposition agreed to support the Associate Minister's motion. It was unanimously adopted. As the Government was informed, immediately afterwards, Lisa Gretzky, MPP for Windsor West and Official Opposition Shadow Minister for the Ministry of Children, Community and Social Services, moved a motion seeking "unanimous consent of the House that the government of Ontario recognize and declare intimate partner violence an epidemic." This would be the fifth time the Official Opposition moved such a motion. Government MPPs called out, "No," and the unanimous consent motion failed.

On November 24, 2025, the Associate Minister explained to Global News that "intimate partner violence is deep-rooted. It's not something that just pops up requiring short-term solutions to address it, because you can't make intimate partner violence go away." She justified her refusal to declare IPV an epidemic because it would be "disingenuous" and suggested doing so would oversimplify a complicated, long-term and unsolvable problem.

The Official Opposition strongly disagrees with the Associate Minister and her government. We know that intimate partner violence is endemic in its persistent and systemic dimensions, and an epidemic as violence against women and girls is not inevitable. Ontario can end intimate partner violence. Declaring it an epidemic would compel the government to take emergency response and swift action, bringing critical funding, system-wide reform, rapid inter-ministerial coordination, and a crisis-level government response. The declaration that IPV is endemic has triggered no such response. Just as we believe survivors, we believe that IPV must and will end when the root causes are understood and addressed.

INTRODUCTION

In 2015, three women were killed in a triple femicide in Renfrew County. Anastasia Kuzyk, Nathalie Warmerdam, and Carol Culleton were murdered by a man who had a documented history of intimate partner violence. Kuzyk and Warmerdam were his former intimate partners, and Culleton was a woman who was known to him in the community. After nearly seven long years, in June 2022, the jury at the historic Culleton, Kuzyk & Warmerdam (CKW) Inquest issued 86 recommendations. These recommendations targeted the systemic roots of IPV and gender-based violence (GBV). GBV includes IPV, family violence, sexual violence, and human trafficking in its definition.²

While the CKW Inquest's recommendations called for change by various public bodies, 68 out of the 86 or nearly 80%, fall under provincial jurisdiction. **The Ontario Government must implement all of these recommendations to address both the systemic and epidemic dimensions of IPV.**

Rates of IPV increased everywhere and have remained elevated since the COVID-19 pandemic began. During this time, the United Nations declared violence against women the "Shadow Pandemic."³ As early as May 2020, a survey conducted by the Native Women's Association of Canada (NWAC) revealed that 1 in 5 Indigenous women had been subjected to domestic violence since the pandemic began.⁴ Recent statistics released by the Ontario Provincial Police (OPP) show that reports of intimate partner violence in Ontario were up 18.1% in 2024. This means Ontario had 6,289 IPV victims compared to 5,326 in 2023. The number of IPV victims in Ontario had already increased 13.5% in 2023 over 2022.⁵ Halfway through 2025, the total number of femicides recorded in Ottawa exceeded the final number of femicides throughout all of 2024.⁶

This crisis occurs within the broader context of Ontario's weakened social safety net. The Official Opposition has long recognized that survivors of IPV face not only violence but also systemic barriers created by inadequate social supports. Insufficient social assistance rates, lack of shelters, transitional beds and affordable housing, inaccessible mental health care, lack of legal support and an overburdened justice system, underfunded victim services and many other service deficiencies compound the challenges survivors face in leaving abusive relationships. The testimonies heard by this Committee consistently highlighted how the erosion of Ontario's social safety net leaves survivors trapped in

2 United Nations and Government of Canada. Definitions of Intimate Partner Violence. United Nations, n.d.

3 United Nations. "The Shadow Pandemic: Violence against Women during COVID-19." UN Women www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19.

4 Native Women's Association of Canada (NWAC). The Impacts of COVID-19 on Indigenous Women and Gender-Diverse People in Canada. Online Survey Conducted by Native Women's Association of Canada (NWAC), Results audited by Nanos Research, 3 June 2020.

5 "Police data shows intimate partner violence calls on the rise in Ontario." CBC News, 15 July 2025, www.cbc.ca/news/canada/ottawa/opp-community-agencies-see-increase-ipv-cases-more-coordination-1.7584470.

6 Lucius, Joanne. "Ottawa Has Already Exceeded Its Femicide Total for 2024." Ottawa Citizen, 3 June 2025.

dangerous situations. **Any meaningful response to IPV must include strengthening these fundamental social supports.**

The Mass Casualty Commission (MCC)'s landmark report *Turning the Tide Together*, similarly concluded that social determinants of health are also the social determinants of community safety and well-being.⁷ The Commission's "prevention-first approach" to safety provides a framework that reinforces the need for the Ontario government to address IPV through investment in social infrastructure, rather than merely relying on criminal justice responses. The Official Opposition's dissenting report highlights the critical importance of strengthening Ontario's social safety net. Without doing so, survivors face impossible barriers to leaving abusive relationships safely.

In the months following the CKW Inquest, 90 municipalities declared IPV an epidemic. At the time of writing this dissenting report, 106 municipalities in Ontario, as well as the provinces of Nova Scotia and New Brunswick, have declared IPV an epidemic. Ontario has yet to show this leadership. Experts, professionals, and survivors in Ontario have identified the dual crises of IPV and Gender-Based Violence (GBV) as a critical and necessary step.

In March 2024, MPP Kristyn Wong-Tam, alongside Official Opposition co-sponsors MPP Lisa Gretzky, MPP Jill Andrew, and MPP Peggy Sattler, introduced Bill 173: *Intimate Partner Violence Epidemic Act, 2024*. The Bill put forth the simple but powerful demand that tops the list of CKW Inquest recommendations: The Government of Ontario shall recognize that intimate partner violence is an epidemic in Ontario.

On April 10, 2024, following the second reading of Bill 173, the Ontario government explicitly stated their intention to support the bill. However, instead of immediately passing Bill 173, unequivocally declaring IPV an epidemic and catalyzing action, the government referred the bill to the Committee and insisted on further studying the issue of IPV.

On April 17, 2024, the Standing Committee on Justice Policy adopted a Motion to commence "a comprehensive study of intimate partner violence in Ontario." The Committee adopted a phased approach to the work related to this study on June 6, 2024. In the words of the Government House Leader, the Committee was tasked to:

1. **Conduct a substantive, in-depth study on intimate partner violence** to give us a better understanding of what additional supports are needed;
2. **Travel across this Province** and be given the tools and resources required to come back with recommendations so we can be a leader in this country;

7 Canada, Mass Casualty Commission. *Turning the Tide Together: Final Report of the Mass Casualty Commission*. Vol. 1, 2023, Executive Summary.

3. **Conduct an in-depth, thorough investigation** and come up with reports that we can enact as quickly as we possibly can;
4. **Look at every aspect of the issue** so we can develop a Team Ontario approach to addressing the challenges faced daily in communities across this great Province.⁸

After Bill 173 was referred to the Committee for a lengthy study, Kirsten Mercer, a respected lawyer with a focus on gender justice and strategic public policy, aptly recognized, “there is a cost to that time... the inaction is measured in people’s lives.”⁹

As of June 2025, the Ontario government has voted against declaring IPV an epidemic on four separate occasions. The Ontario government has justified its lack of action by stating that an act declaring IPV an epidemic does not have any “teeth.”¹⁰ This is contradictory to what experts, professionals, and survivors of IPV and GBV across the Province shared with the Committee. Many witnesses framed other substantive recommendations within the context of their organization/themself supporting Bill 173 and a declaration of an epidemic. As experts in public health, community safety, and legal proceedings have highlighted, ending violence against women is part of securing Ontarians’ public health.¹¹ **While declaring IPV an epidemic would be the first of many steps needed to address IPV in Ontario, it is still necessary.**

8 Hogarth, Christine. “April 10, 2024.” Hansard Transcript, vol. B, 10 Apr. 2024. Legislative Assembly of Ontario.

9 Casey, Liam. “Intimate Partner Violence Study Cut Short as Ontario Eyes Early Election.” The Canadian Press, 5 Dec. 2024. CBC News, www.cbc.ca/news/canada/toronto/intimate-partner-violence-study-cut-short-ontario-election-1.7401234.

10 Casey, Liam. “Intimate Partner Violence Study Cut Short as Ontario Eyes Early Election.” The Canadian Press, 5 Dec. 2024. CBC News www.cbc.ca/news/canada/toronto/intimate-partner-violence-study-cut-short-ontario-election-1.7401234.

11 World Health Organisation. “Violence against Women.” WHO, 25 Mar. 2024.

INTIMATE PARTNER VIOLENCE COMMITTEE PROCESS

The Committee study was conducted in three phases.

Phase One:

During Phase One, the Committee heard from select expert witnesses and organizations, including academics and researchers, community and Indigenous organizations, municipal policing and justice partners, and advocates in the fields of GBV and IPV. For a complete list of witnesses, please refer to Appendix 1.

The Committee held hearings in Toronto on July 17, 18, 23, 24, 31, and August 1, 14, 15, 28, and 29, 2024. During consultations, witnesses were asked to highlight challenges and advocate for solutions identified through their own work or their organization's work. The Committee requested that witnesses structure their submissions as problem statements, explaining "the issue, the consequences for the stakeholders, the ideal outcome, and the gaps or barriers between the current reality and the desired future."¹² In total, 90 experts, professionals, and organizations were consulted during the first phase of the Committee.

Phase Two:

During the second phase of the study, the Committee heard from relevant Ontario Ministers on the topic of IPV and any relevant Ministry work undertaken.

The Committee held hearings in Toronto on November 20, 27, and 28, 2024. The following Ministers presented to the Committee:

1. Associate Minister of Women's Social and Economic Opportunity
2. Minister of Education
3. Minister of Health and Associate Minister of Mental Health and Addictions
4. Minister of Indigenous Affairs and First Nations Economic Reconciliation
5. Minister of Children, Community and Social Services
6. Solicitor General
7. Attorney General

¹² Standing Committee for Justice Policy. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings. Legislative Assembly of Ontario, p. 1.

Phase Three:

During this final phase, the Committee invited select survivors and their families to share their testimonies. The Committee held hearings in Toronto, both in-person and via virtual meeting platforms, on January 14 and 15, 2025. **Despite being promised resources to travel across Ontario so that the Committee could hear from rural and Indigenous survivors and organizations, the government refused to schedule any hearings outside of Toronto.** At the onset of the government wanting to launch a new IPV study, in the legislature, Minister Paul Calandra publicly declared that “should the Committee accept this challenge, we will authorize them and provide them all the necessary resources that they need to travel the entire Province, to go to other jurisdictions, if need be.”¹³ As per this promise, Phase Three Committee hearings were set to include a trip to Renfrew County in eastern Ontario to meet with those involved in the CKW inquest, as well as with Indigenous, northern, fly-in, remote, and rural communities. Official Opposition Members of the Committee advocated that the Committee must honour its founding promise to travel and hear from survivors and community members. Official Opposition Members felt that travelling to these communities would have shown the respect that is required to help heal many communities’ historically damaged trust in government. However, despite the Official Opposition’s advocacy, these visits did not occur.

This section of the dissenting report points to a key failure of the Committee: the lack of Indigenous consultation. A critical shortcoming of the Committee process was the failure to adequately include the experiences and perspectives of Indigenous women from northern and remote communities. **Had the Committee been permitted to leave Toronto, the consultation with Indigenous witnesses would have taken place in person as originally promised and planned.** Their perspectives would have been more comprehensively captured in the decision-making process.

Instead, Indigenous communities were invited to travel to Queen’s Park to provide their testimonies or to testify virtually. There are individual, cultural, and systemic barriers to this participation. Many Indigenous witnesses shared that their voices and the voices of their communities were inadequately captured through this process and that they were silenced.

Many witnesses struggled with internet connection and faced technical difficulties, which impacted the Committee’s ability to learn from them. Many victims and survivors of IPV lack a safe, confidential space in their homes or communities to turn to virtually. Committee members raised concerns about the risks and limitations of virtual presentations, as well as the requirement for survivors to present testimony in-camera (a proceeding that is held privately, with the public excluded to discuss sensitive or confidential matters). The issue with in-camera consultation is that it becomes impossible to inform the public

¹³ Calandra, Hon. Paul. “Domestic Violence.” Ontario Legislature, Edited Hansard, 43rd Parliament, Session 1, 10 Apr. 2024. Legislative Assembly of Ontario.

about discussions or decisions made, as they were concealed from the public. In-camera consultations should have been offered to survivors, but should not have been the only option available.

This dissenting report additionally acknowledges that the critical voices of members of Black, Indigenous, Racialized and Francophone communities, as well as communities living with disabilities, are systemically overlooked and not adequately represented. It is critical to acknowledge that the colonial and institutional nature of any committee study undertaken by the Ontario Legislative Assembly will alienate marginalized communities and create barriers to their participation.

Much more must be done to make Black, Indigenous, Racialized, and Francophone Ontarians, as well as Ontarians living with disabilities, feel welcome and honoured in government spaces. Making promises in front of the media only to break them when the camera stops rolling perpetuates the lack of faith in government that makes addressing many dimensions of IPV so incredibly challenging.

It must also be acknowledged that for many people with disabilities, the format of these Committee hearings was itself a barrier. Several survivors who spoke prefaced their comments with the fact that they had sustained traumatic and/or hypoxic brain injuries from the abuse that they had suffered. These injuries made it more challenging for the survivors to deliver their presentations. Another survivor with an intellectual disability disclosed that they were unsure about presenting, but with support from their community, they shared an incredibly memorable, moving, and insightful presentation. All of these survivors provided valuable testimony that enriched the conversation and the Committee's understanding. More support must be provided in the future for those making public presentations at Committees, so that legislative processes are accessible to all Ontarians.

Report Writing

Following the legislative Committee process described, and upon the new session of parliament after the winter election, the Government House Leader tabled a motion calling for the Committee to continue its work and for the Government to produce the IPV report, which was to be brought forward by the Member of Kitchener South-Hespeler.

Reports are a critical aspect of Committees, and it is imperative that the content of such reports comprehensively reflects the testimonies heard by the Committee. In response to the Government Report, this dissenting report on the Committee for Justice Policy's Study on Intimate Partner Violence was developed to highlight areas that the Government Report de-emphasized or otherwise omitted. This dissenting report highlights common and overarching recommendations made directly by witnesses to address systemic problems across sectors, which the Government Report fails to address adequately. As previously noted, this report inherently suffers from critical limitations as a direct result of

the methodological process undertaken by the Committee it summarizes. To respect the witnesses who shared their experiences and stories throughout the Committee hearings, the Ontario government must take action following the publication of these reports.

This dissenting report is organized by theme and includes recommendations drawn directly from witness hearings that address repeated issues and experiences presented by witnesses. Recommendations have either been drawn directly from witness testimony, where applicable or amended to encompass various interrelated recommendations heard. While this dissenting report does not intend to represent the comprehensive findings of the Committee, it aims to examine areas for action that are not necessarily captured or are to be contested in the Government Report.

SECTION I:
**ADDRESSING
VIOLENCE AGAINST
INDIGENOUS WOMEN**



Recommendations from Committee Hearings

SECTION I: ADDRESSING VIOLENCE AGAINST INDIGENOUS WOMEN

The Committee process did not respectfully, meaningfully or adequately create opportunities to learn from Indigenous communities about the violence they are facing. This is a failure of the process created by the government, not a reflection of the depth of knowledge, expertise, and leadership that exists within Indigenous communities. In an effort to address this gap, the dissenting report has prioritized testimony and recommendations from the Indigenous nations and organizations that did participate, recognizing that their insights must inform any response to intimate partner violence in Ontario.

The Committee heard statistics both devastating and unsurprising about the current reality of IPV in First Nations, Métis, and Inuit communities. The common themes voiced by witnesses and organizations are encapsulated by the Ontario Native Women's Association:

1. Indigenous women's experiences with IPV are unique;
2. There is a need for community healing and Indigenous-women-led, community-based solutions for prevention; and

“If you want to get the true picture of being able to address the gaps in the policy and resources and services, you need to come into one of our communities. You need to see and examine what type of police services are there, and what type of resources are available for the women and children, and you will see that there is none. You will see that there’s a lack of housing, where a woman, at many times, when we say she has nowhere to go, that is so true, because we’re talking about some communities where we have 15 people living in one house. How would you be able to define that as a safe space for a woman and her children to go to? So we do have many places that we can suggest, but that would require us to consult with our communities before we put their name forward.”¹⁴

Anna Betty Achneepineskum

Deputy Grand Chief for Nishnawbe Aski Nation

14 Nishnawbe Aski Nation. Standing Committee on Justice Policy. Legislative Assembly of Ontario, 24 July. 2024, <https://www.ola.org/en/legislative-business/committees/justice-policy/parliament-43/transcripts/committee-transcript-2024-jul-24>

“We do sewing classes and traditional healing. We’ll do cultural programming, which is proven to address mental health and addiction. We find that we have to be able to be there when the community needs us. That’s why investments into our centralized intake system are critical, to be able to have one number where a programming service is able to remove as many barriers as we can to meet their needs. That’s the best practice that we need systems and services to do across the province.”¹⁷

Cora McGuire-Cyrette

CEO of the Ontario Native Women’s Association

3. Indigenous women’s organizations and communities working to improve safety and facilitate healing require core, sustainable funding.¹⁵

The Ontario Native Women’s Association (ONWA) highlighted that following the CKW Inquest, over 100 Ontario municipalities declared IPV an epidemic. By contrast, “no epidemics were declared after the National Inquiry into Missing and Murdered Indigenous Women and Girls found that violence against Indigenous women... constituted a deliberate race-based, gender-based genocide.”¹⁶ The Committee heard how the different responses to the mass deaths of non-Indigenous women reflected the persistent, systemic violence normalized against and survived by Indigenous women and Two-Spirit peoples, as well as their systemic deprioritization by all levels of government. ONWA has called on governments to recognize and heed the unique ways that Indigeneity, gender, and sexuality shape experiences of IPV. The IPV epidemic emerged from this land’s history of colonialism, racism, and assimilation.

During hearings, the Ganohkwasra Family Assault Support Services urged the Committee to commit to acting on the MMIWG 231 calls to justice. While witnesses urged Members to pass Bill 173 and declare IPV an epidemic, they stressed that declaring IPV an epidemic must also recognize the unique and disproportionate ways that IPV harms Indigenous women, girls, and Two-Spirit peoples.

15 Ontario Native Women’s Association. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 49.

16 Ontario Native Women’s Association. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 4.

17 Ontario Native Women’s Association. Standing Committee on Justice Policy. Legislative Assembly of Ontario, 24 July. 2024, <https://www.ola.org/en/legislative-business/committees/justice-policy/parliament-43/transcripts/committee-transcript-2024-jul-24>

Indigenous-led organizations also highlighted the challenges of securing the sustainable core funding required to deliver services that are culturally appropriate and safe for Indigenous peoples and communities. ONWA described how Indigenous-led solutions focused on “harmony and balance with the individual, family, and the community.” They contrasted this focus with how many IPV services designed for non-Indigenous Ontarians are “crisis-oriented, punitive towards the perpetrator, and separate families and the community.”¹⁸ The Ganohkwasra Family Assault Support Services highlighted how the Haudenosaunee’s distinct matriarchal traditions and values have helped to inform and develop culturally responsive healing and justice services.

The Chiefs of Ontario highlighted the unequal access to victim services across various regions in Ontario. The healing journeys of survivors of IPV and sexual violence can be more challenging when they live on reserves, in rural communities, in Northern Ontario, or in fly-in communities. Witnesses consistently emphasized the importance of adopting a “distinctions-based” rather than a “pan-Indigenous” approach to recognize the unique experiences of First Nations, Métis, and Inuit peoples.²⁰

*“Regional disparities in victim services greatly impact the healing journey for survivors of intimate partner violence and sexual violence. Based on email correspondence we’ve had from Ontario, it is apparent that **approximately half of Ontario First Nations do not have recognized victim services programs in their communities.** Anecdotally, we are aware of situations of unreported sexual violence due to a lack of accessible and culturally safe victim services. We have heard of cases where, despite reporting a sexually violent act, rape kits have not been available. Rape kits aid in the criminal investigation and prosecution of an offender, and failing to have resources such as these speaks to the abhorrent and chronic underfunding and under-resourcing of victim services in Ontario First Nations. Some northern remote First Nations communities like Sandy Lake First Nation, to name one, are more than 250 kilometres from a sexual assault or rape crisis centre.”¹⁹*

Ms. Sarah Whelan

Policy analyst in the Women’s Initiatives Sector at the Chiefs of Ontario

18 Ontario Native Women’s Association. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 51.

19 Whelan, Sarah. “Testimony before the Standing Committee on Justice Policy.” Legislative Assembly of Ontario, 24 July 2024, www.ola.org/en/legislative-business/committees/justice-policy/parliament-43/transcripts/committee-transcript-2024-jul-24#P649_198540.

20 Chiefs of Ontario. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 54.

The Committee heard about the geographical disparities between Indigenous communities. Sandy Lake First Nation was cited as an example of a northern, remote First Nations community that is 250 kilometres away from the nearest sexual assault or rape crisis centre.²¹ Nishnawbe Aski Nation highlighted their community members' difficulties when needing to access sexual assault evidence kits (SAEK) and facing delayed police responses due to a lack of available resources.²² The Committee heard from multiple witnesses about how First Nations, but especially Northern First Nations communities, face practical and cultural barriers when survivors need to access IPV supports and services. Abusers are often aware of how geographically isolated survivors are, and exploit this as a tool of control.²³

Recommendations for Addressing Violence Against Indigenous Women:

1. Implement the provincial calls to justice within the Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.²⁴
2. Provide sustainable and core funding for Indigenous women's organizations - investments should reflect the disproportionate rates of violence Indigenous women experience.²⁵
3. Invest in culturally responsive shelter services, both transitional and affordable housing, with specialized housing supports for Indigenous women fleeing violence.²⁶
4. Adopt the recommendations from the Ontario Indigenous Women's Advisory Council (OIWAC),²⁷
 - a. "Ontario legislates its Pathways to Safety Strategy to ensure Indigenous women's safety remains a priority for future governments, in the same way that Ontario has legislated a response to human trafficking (Anti-Human Trafficking Strategy Act, 2021), racism (Anti-Racism Act, 2017), and poverty reduction (Poverty Reduction Act, 2009).

21 Chiefs of Ontario. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 54.

22 Nishnawbe Aski Nation. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 55.

23 The Committee heard about this phenomenon from various witnesses and organisations.

24 National Inquiry into Missing and Murdered Indigenous Women and Girls. Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. 2019, www.mmiwg-ffada.ca/final-report/.

25 Ibid.

26 Ibid.

27 Ontario Indigenous Women's Advisory Council. "Statement from the Ontario Indigenous Women's Advisory Council on Declaring Intimate Partner Violence an Epidemic." Ontario Federation of Indigenous Friendship Centres, 25 Nov. 2024, ofifc.org/statement-from-the-ontario-indigenous-womens-advisory-council-on-declaring-intimate-partner-violence-an-epidemic/.

- b. Any provincial and municipal declarations and responses to intimate partner violence explicitly recognize the disproportionate rates of violence against Indigenous women and girls, their unique and intersectional experiences as Indigenous and as women, and the root causes of this violence.
- c. Indigenous women's safety be prioritized at all levels of government in all policies, plans, and strategies that impact, or have the potential to impact, the lives of Indigenous women.
- d. Indigenous women be involved in the development of all legislative, policy, program and service responses to the issues that impact them, including gender-based violence. This will assist with the inclusion of Indigenous women's world views, the unique intersectionality of their experiences, and their specific safety needs. All actions to address violence against Indigenous women and support Indigenous women who are survivors of violence should be directed, designed, implemented and led by Indigenous women.
- e. Increased and sustainable investments from all levels of government into new and existing community-based culturally grounded programs and services that improve Indigenous women's safety and promote family and community healing, including funding for violence prevention, education, and awareness; culturally relevant shelter services, transitional housing and affordable housing; community-based child welfare prevention; Indigenous-specific mental health, addictions and wellness programs; and programs that support Indigenous women's leadership. This includes capital funding for critical infrastructure for programming and safe spaces for Indigenous women.
- f. Additional and separate investments for Indigenous men and boys to support healing and restoration of balance in communities.
- g. Implement a community development approach to ending violence against Indigenous women. This approach recognizes the distinctiveness of First Nations, Inuit, and Métis women, and the different experiences and challenges faced by Indigenous women living in urban, rural, remote, and Northern communities. It enables solutions that are varied and unique to each community. Solutions are based on and respond to the needs identified by Indigenous women in the community and are led by or co-developed with Indigenous women and their community. A community development approach supports Indigenous women's leadership and builds community capacity to end violence and create safety for Indigenous women."

SECTION 2: **PREVENTION**



SECTION 2: PREVENTION

2.1 Prevention with Children, Youth and Families

The Committee heard repeatedly of the importance of prevention educational programming related to IPV and GBV for:

1. school-aged children and youth
2. caregivers
3. the general public

Overwhelmingly, witnesses recommended increased funding for public education campaigns on matters related to IPV as a means to destigmatize and raise awareness. Relevant topics recommended included the link between firearm ownership and domestic homicide and the impact of IPV in rural communities.²⁸ The Committee also emphasized the importance of outreach strategies that consider diverse communities and culturally responsive public education programs.

The Committee heard extensively about the need for educational programs embedded into curricula for school-aged children, youth, and their parents. Ray Hughes, Dr. Peter Jaffe, and Dr. David Wolfe told the Committee that “violence is learned and without parents and educators teaching the basics, teens will learn how to navigate relationships haphazardly from sources such as peers, family, video games, and the media.”²⁹ Witnesses from the Child Development Institute contextualized the need for educational programs by explaining that exposure to IPV accounts for 45% of child maltreatment and that children who witness family violence “develop twice the rate of psychiatric disorders” compared to those from non-violent homes.³⁰ Such disorders often result in significant behavioural issues such as aggression, low self-control, difficulty managing anger, and poor decision making.”³¹ These responses to IPV exposure make children more prone to perpetrating IPV as they age, both as victims and perpetrators. Experts stressed to the Committee the importance of promoting healthy relationships and teaching young people how to recognize and reduce the risks of IPV.³² Experts recommend social-emotional learning programs for youth, as well as engaging influential adults and peers, with an aim of instilling appropriate attitudes toward violence and gender equality.³³

28 Hughes, Ray, et al. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 6.

29 Ibid.

30 Child Development Institute. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 6.

31 Hughes, Ray, et al. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 6.

32 Niolon, P. H., et al. Intimate Partner Violence Prevention Resource for Action: A Compilation of the Best Available Evidence. National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention, 2017.

33 Niolon, P. H., et al. Intimate Partner Violence Prevention Resource for Action: A Compilation of the Best Available Evidence. National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention, 2017, p. 17.

Witnesses identified programs that centred on age-appropriate learning and focused on identifying and engaging in healthy relationships, as well as promoting consent awareness. Programs aimed at engaging students of various ages included Stop Now and Act (SNAP), Roots of Empathy, The Fourth R, and Paths.³⁴

The Committee heard that educational programs must also address technology-facilitated gender-based violence (TFGBV) and Teen Dating Violence (TDV). Young people already experience these technology-facilitated forms of violence at high rates, and Ontarians are increasingly in the digital world, which means that more prevention will help keep Ontarians safer. Examples of TFGBV include cyberstalking, online rape threats, sextortion, doxxing, and the nonconsensual sharing of sexual images.³⁵ Young people often do not know who to ask for help and would uniquely benefit from learning about the resources available to them. The former Minister of Education presented various changes to the curricula for children aged kindergarten to Grade 12 to the Committee; however, there was no breakdown of what financial investments were made by the Ontario Government. If new programs are making young Ontarians safer, it is curious that they were not explicitly referenced by the Minister or other Committee hearings.

The Committee heard that schools are a critical site for prevention and early intervention; however, Ontario school boards are chronically underfunded, making them unable to meet the demands, including having the necessary mental health infrastructure to fulfill this role.

Official Opposition MPPs recently re-tabled Bill 43, Consent Awareness Week Act, which proclaims the week beginning on the third Monday in September in each year as Consent Awareness Week. Consent Awareness Week would “invite Ontarians to have thoughtful, affirming, intersectional and age-appropriate conversations about consent,” opening the door for such conversations to be held in elementary through post-secondary classrooms.

Regarding post-secondary education, the Enhanced Assess, Acknowledge, Act (EAAA) program, as mentioned in Recommendation 5.6.5, has proven to have positive impacts; however, its efficacy should continue to be monitored. Working with post-secondary stakeholders, particularly students and survivors, will be crucial in developing regionally responsive programming that effectively addresses this unique context.

Another form of education emphasized in the Committee was positive parenting programs. The Positive Parenting Association Ontario (PPAO) spoke about the benefits of Evidence-Based Parenting Education (EBPE), highlighting programs such as Triple P and Circle of Security.³⁶ Family outreach and parenting classes were identified as early intervention

34 Ibid. (The CDC notes that the randomized controlled trial for “The Fourth R” reveals significant impact on boys but no significant impact on girls).

35 Western University. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, pp. 11-12.

36 Triple P is “a multilevel parenting program designed to help parents of children 0-16 years develop skills, strategies and confidence to parent children positively.” Research suggests that this program has been effective in impacting family dynamics and reducing long-term child maltreatment.

strategies and effective preventative methods in breaking generational patterns of IPV. The Positive Parenting Association Ontario and Triple P requested an annual investment for evidence-based parenting education and a national campaign to encourage parents to self-refer to parenting classes.³⁷

Recommendations on Education Prevention Heard by Committee:

1. Invest in sustained public education campaigns on GBV.³⁸
2. Equip community-based organizations with sufficient resources to provide information sessions to newcomers, especially on IPV. Sessions should be held for newcomers to help them understand the laws, their roles and responsibilities, and specifically the laws concerning IPV in Canada.³⁹ Consider partnering with local community or religious centres to inform these programs and develop outreach strategies.⁴⁰
3. Sustainably invest in school-based, evidence-based programs that are regionally responsive programming.⁴¹
4. Invest in standardized risk/need assessment guides to identify and address risk factors such as domestic violence, substance abuse, and poverty early on.⁴²
5. Use a rights-based approach when talking to young people. This can be driven by consent-awareness education.⁴³
6. Invest in evidence-based parenting education that can be adapted to parents' needs, learning styles, and preferences. Ensure that these programs are made accessible.⁴⁴
7. Ensure cross-ministerial collaboration for evidence-based parenting education promotion, dissemination, and outcome accountability, including the Ministries of Children, Community and Social Services, Education, Health, and Attorney General.⁴⁵
8. Invest in the public education system: Dedicated teachers, educational assistants, child and youth workers, ECEs, custodial and trade workers – they make all the difference, helping students get the one-on-one attention they need and maintaining a nurturing learning environment.

37 Positive Parenting Association Ontario and Triple P. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 7-8.

38 Aura Freedom International. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 10.

39 Toronto Police Service. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 83.

40 Canadian Council of Muslim Women. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 51.

41 Augimeri, Dr. Leena. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 9.

42 Ibid.

43 Western University. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 12.

44 Positive Parenting Association Ontario and Triple P. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 8.

45 Positive Parenting Association Ontario and Triple P. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 8.

9. Significantly increase funding for school-based mental health workers, social workers, educational assistants, and child and youth workers to address the critical gap that schools face needing more support staff as a result of provincial underfunding.
10. Establish minimum staffing ratios for mental health professionals in schools, ensuring every school has regular access to a psychologist, social worker, or mental health specialist.
11. Prioritize funding for rural, remote, and northern schools, which are significantly less likely than urban schools to have access to psychologists, social workers, and mental health specialists to address the high rates of intimate partner violence that youth in northern, rural and remote communities face.
12. Invest in sustainable, ongoing funding for school mental health positions, rather than project-based or short-term grants, to ensure workforce stability and continuity of care for students.
13. Form formal collaboration partnerships between schools and community mental health organizations to provide comprehensive support for students and families, thereby alleviating pressure on teachers.
14. Allocate dedicated new provincial funding to school boards to hire and retain mental health professionals, indexed to inflation and student population needs.
15. Invest in training and professional development for school-based mental health staff on trauma-informed, culturally responsive approaches to supporting students affected by intimate partner violence and family violence.

2.2 Professional Development Training

The Committee repeatedly heard about the need for improved education and training for those within the IPV sector and those interacting with victims of IPV. This included justice personnel and legal professionals, as well as law enforcement personnel. However, witnesses also raised the importance of expanding training beyond those in the IPV sector directly, to include service providers with training relevant to their respective fields. For example, the Woman Abuse Council of Toronto (WomanACT) highlighted dental hygienists who may be positioned to see dental fractures resulting from IPV, and the Ontario Association of Interval and Transition Houses recommended mandatory training in male-dominated fields, including construction. The Committee heard about how IPV can infiltrate every facet of a person's life, and as a result, professional training programs and educational programming should reflect this.

Witnesses overwhelmingly advocated for trauma-informed training, particularly for legal personnel. Witnesses from Luke's Place voiced that "survivors are best served by having a lawyer for legal advice and representation and a family court support worker to provide critical emotional support, safety information, and legal information through a trauma-informed, intersectional approach."⁴⁶ The Committee heard about a general lack of understanding among justice workers regarding the ways that trauma can impact memory; for instance, survivors may not recall their experiences in a linear progression or may not be able to engage with some memories at all.⁴⁷ Further, IPV cases where there has been physical trauma, including strangulation, a form of abuse discussed frequently, can impact the person's ability to recall facts. Dr Halina Haag recommended skills training for justice and legal professionals to help them recognize and better support survivors and perpetrators with brain injury, from which the Committee heard 75% of people who suffer IPV have been subjected to.⁴⁸ Witnesses reported a fundamental misunderstanding and lack of training among professionals dealing with IPV survivors, regarding the impact of psychological and physical trauma on memory and cognitive function. The implementation of trauma-informed responses by legal personnel, something experts recognize the field has been slow to adopt, will require investment into training and means to ensure its implementation.

Recommendations for Professional Training:

1. Invest in data collection and provide mandatory training for judges, crown attorneys, police, victim services personnel, veterinarians, and animal welfare investigators on the "violence link" and how to identify animal abuse.⁴⁹
2. Judges, crown attorneys, legal personnel, police and law enforcement, and victim services personnel receive mandatory training on trauma-informed and culturally responsive IPV services. This extends to professions that might not explicitly deal with IPV but could interact with survivors.⁵⁰
3. Invest in a multi-sector approach to address IPV.⁵¹
4. Invest in trauma-informed, anti-oppressive, culturally-responsive IPV training.⁵²

46 Luke's Place. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 68.

47 Rise Women's Legal Centre. A Lawyer's Guide to Keeping Women and Children Safe in BC's Family Law System. Rise Women's Legal Centre, 2021, p. 11.

48 Wilfrid Laurier University. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 46.

49 Stoddart, Teena. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 77.

50 Woman Abuse Council of Toronto (WomanACT). Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 42.

51 National Centre for the Prosecution of Animal Cruelty. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 78.

52 YWCA Toronto. YWCA Toronto Recommendations for Addressing Intimate Partner and Domestic Violence in Canada, p. 8

5. Explore developing “a uniform standard” for risk assessment that allows for the comprehensive understanding of how IPV manifests across various cultural contexts to be adopted by law enforcement and relevant services/agencies across the Province.⁵³

2.3 Understanding of the Link Between Animal Abuse and Intimate Partner Violence

Another area illuminated to the Committee is the link between animal abuse and IPV and the interconnections between these two forms of violence. This link was raised repeatedly throughout the hearings process. Teena Stoddart, a retired police officer with experience on the Ontario Behavioural Science Unit as a Violent Crime Linkage Analysis System (ViCLAS) Analyst, told the Committee that the “violence link” between human and animal abuse is found in violent crimes from partner assault to terrorism.⁵⁴ The National Centre for the Prosecution of Animal Cruelty introduced jarring statistics: “among survivors in 16 Canadian shelters, 89% reported their partner had mistreated their pet, 21% reported their partners had injured their pets, and 15% reported their partners had killed their pets.”⁵⁵ The Committee heard that a common barrier to survivors seeking aid is fear of what might happen to their pets, an inability to leave their pet in the care of their abuser, and feeling indebted to pets who protected them from their abuser.

The National Centre for the Prosecution of Animal Cruelty testified that 75% of animal shelter staff were aware of individuals who refused to go to a shelter because there were no accommodations for their pets.⁵⁶ The witness explained that, while animal abuse is a known identifier of IPV, front-line workers like police, victim services, veterinarians, animal welfare investigators, judges, and crown attorneys are “not trained on the significance of threats to animals and/or animal abuse, the fact that threats to an animal or animal abuse are linked to other crimes, or even how to identify animal abuse.”⁵⁷ Training that fills this knowledge gap among frontline workers is an investment in preventative and early intervention strategies.

While the Government Report rather vaguely identifies training of this nature, these areas represent just a few overlooked opportunities for professional training and education. Based on Committee hearings, disaggregated funding with a clear implementation plan,

53 Ontario Association of Chiefs of Police. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 83. Note: This does not suggest only one tool for risk assessment, but a process that is standardized. Dr. Sandy Jung stressed the importance of employing different risk assessments in different contexts.

54 Stoddart, Teena. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 76.

55 National Centre for the Prosecution of Animal Cruelty. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 77.

56 Ibid.

57 Ibid., p. 76.

in collaboration with relevant skilled and community partners, is a necessary measure. Other areas of training raised included coercive control, cross-sectoral training, and overlapping identifiers associated with IPV.

Recommendations for Link Between Animal Abuse and Intimate Partner Violence:

1. Provide and require training for family law professionals, prosecutors, and the judiciary on the link between animal abuse and IPV in family violence cases.⁵⁸
2. Provide sustained and consistent core funding to shelters, enabling them to become pet-inclusive and allowing more survivors to leave unsafe situations with their pets. Consider the United States' Pet and Women Safety (PAWS) Act as an example.
3. Ensure animal abuse is included as a factor in domestic violence and other offender risk assessments.
4. Consider modifying crime-tracking systems to include animal abuse in itemized or linked incident tracking, such as the Major Case Management (MCM) and Violent Crime Linkage Analysis System (ViCLAS), as well as their provincial counterparts.
5. Include standard questions about pets and other animals, including how they are treated, in domestic violence calls and interviews by police and social service agencies.

Response to Government Report: Prevention Recommendations

Prevention Education

Many changes related to education and prevention in the Government Report are changes that communities and experts have been calling on the government to make for decades. However, the government's recommendations often take a highly centralized approach, where the Ministry of Education imposes a curriculum without explicit guarantees of consultation with local communities and the educators who will be responsible for delivering it. The recommendations also remove the opportunity for school boards and educators to address local risks and concerns.

The pattern of central control from a Ministry in downtown Toronto, unfamiliar with the distinct realities in local communities across the Province, risks leaving youth in harmful situations because they are not adequately prepared or supported for the actual context

58 National Centre for the Prosecution of Animal Cruelty. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 78.

in which they live daily. Moreover, the report does not acknowledge how the persistent pattern of cuts to education funding will limit the Ministry's ability to ensure that the curriculum is well-developed and adequately resourced, as well as the ability of teachers and education workers who are already struggling to meet students' needs due to the lack of resources. For example, the report's recommendations overlook the unique realities of rural, remote, and northern communities. According to the 2023 report by People for Education,⁵⁹ rural schools are significantly less likely than urban schools to have access to psychologists, social workers, and mental health specialists.⁶⁰ The provincial government's failure to invest in sustainable public funding for community mental health agencies, family support services, and youth programming disproportionately affects rural and northern communities.

Curiously, despite defunding Ontario schools, the provincial government recognizes them as the key place for addressing the prevention of future violence. The People for Education's 2022-23 Annual Ontario School Survey notes that 91% of schools need more support for students' mental health and well-being.⁶¹ The percentage of schools with no access to a psychologist has doubled from 14% in 2011 to 28% today.⁶² Only 9% of schools have regular access to a mental health or addiction specialist, while 46% have none.⁶³ Schools alone cannot deliver prevention programming; they depend on key community services. Mandating Province-wide delivery of programs like Fourth R, CBIM, and SNAP without sustaining resources and rebuilding the broader social safety net is setting schools and communities up to fail, and creating a future where gender-based violence will continue.

School Resource Officers

The Official Opposition advocates for ongoing, regionally responsive, and sustainable investments in the public education system. Violence can only be prevented when we address its root causes, and that reactive, enforcement-focused responses are insufficient. Investment in prevention through education, early intervention, and addressing socioeconomic determinants is not merely preferable to responding to a crisis after it happens; it is essential to reducing violence in the first place. The testimonies heard by this Committee consistently reinforced this approach, yet the recommendations in the Government Report do not reflect the voices of experts.

The Government Report's focus on school resource officers (SROs) as a key point of prevention falls outside both the scope of the committee's mandate and what was heard in

59 People for Education, "Principals sound the alarm about students' mental health" (2023), <https://peopleforeducation.ca/report/principals-sound-the-alarm-about-students-mental-health/>

60 Ibid.

61 Ibid.

62 Ibid.

63 Ibid.

the deputations and submissions received from survivors and experts. The report fails to acknowledge how extensive research demonstrates that SRO programs disproportionately hurt Black, Racialized, and Indigenous students.⁶⁴ SROs cannot prevent IPV. There is no research showing that SRO programs are an effective way to prevent IPV. Furthermore, criminalizing young people will not make them less likely to continue cycles of IPV. The cost of SRO programs will further diminish available funds for schools that urgently need resources to fund adult supervision, mental health support, and smaller class sizes: the solutions that would most likely have a significant and lasting impact on protecting young Ontarians who are at risk of IPV.

When asked what would help students' mental health, including those impacted by youth dating violence, principals in Ontario did not call for more police in schools.⁶⁵ They called for investment in human resources and the broader social safety net: mental health workers, social workers, educational assistants, child and youth workers, and stronger connections to community services. People for Education's survey found that 82% of schools report needing more support staff.⁶⁶ Principals emphasized that collaboration with local mental health organizations could provide much-needed support for students and families while relieving pressure on teachers.⁶⁷ These are the investments that would address the root causes of harm to young people, rebuilding the social infrastructure that helps families before a crisis hits. School Resource Officers cannot fill the gaps left by cuts to mental health services, child welfare, and community support.

In addition to investing in mental health services, the government should scale up groundbreaking programs addressing violence in schools, such as the restorative justice program at the Keewatin-Patricia District School Board (KPDSB). The public school board serving northwestern Ontario has been a leader in implementing restorative justice practices in Canadian schools since 2006. The board recorded over 2,000 suspensions in 2003, under zero-tolerance policies, which significantly dropped to 274 by the mid-2010s, after shifting to restorative approaches.⁶⁸ The board's Safe and Supportive Schools coordinator attributed this success to a change in how schools address incidents, noting that restorative practices focus on understanding students' decision-making processes and changing behaviour rather than simply removing them from the classroom.⁶⁹ KPDSB's restorative practices are integrated with the board's Character Development programs, grounded in Anishinaabe Seven Grandfather Teachings. Values such as respect, kindness,

64 Ontario Human Rights Commission. "OHRC Submission Regarding School Resource Officer Programs." Ontario Human Rights Commission, 30 June 2025, www3.ohrc.on.ca/en/ohrc-submission-regarding-school-resource-officer-programs.

65 People for Education, "Principals sound the alarm about students' mental health" (2023), <https://peopleforeducation.ca/report/principals-sound-the-alarm-about-students-mental-health/>

66 Ibid.

67 People for Education, "Principals sound the alarm about students' mental health" (2023), <https://peopleforeducation.ca/report/principals-sound-the-alarm-about-students-mental-health/>

68 "Restorative Practices Reduce Suspensions in Ontario School District." International Institute for Restorative Practices, www.iirp.edu/news/restorative-practices-reduce-suspensions-in-ontario-school-district.

69 Ibid.

responsibility, honesty, and bravery form the foundation of restorative approaches.⁷⁰ The Ontario Human Rights Commission has recognized KPDSB's work, noting that restorative practices, progressive discipline, and Aboriginal healing circles have led to a culture of caring and inclusion, alongside significantly reduced suspensions.⁷¹ The board's 2024-2029 Strategic Plan continues this commitment, emphasizing meaningful learning experiences built through respectful, trusting relationships and the fostering of safe and healthy communities.⁷² This is one of many examples of site-specific, ground-breaking programming already happening in Ontario schools that needs to be invested in by the Ontario government.

70 "Restorative Practices." Keewatin Patricia District School Board, www.kpdsb.on.ca/pages/view/restorative-practices.

71 "Keewatin-Patricia District School Board." Ontario Human Rights Commission, www3.ohrc.on.ca/en/count-me-detailed-case-studies/keewatin-patricia-district-school-board.

72 "2024-2029 Strategic Plan." Keewatin Patricia District School Board www.kpdsb.on.ca/pages/view/2024-2029-strategic-plan.

SECTION 3: **RESPONSE, INTERVENTION AND VICTIM SUPPORTS**



SECTION 3: RESPONSE, INTERVENTION AND VICTIM SUPPORTS

3.1 Survivor Supports

The Committee repeatedly heard about the inadequacy of project-based and short-term funding, and subsequently, the need for sustained and annual funding indexed to inflation for survivor supports. Throughout this report, “survivor supports” refers to the comprehensive range of community-based support services for victims of IPV, including both police-based victim services and community organizations such as shelters, counselling agencies, hospital-based services, legal support programs, and other specialized services that support survivors. The instability of funding is currently a significant barrier to accessible and comprehensive services. Specifically, the Committee repeatedly heard about the need for wraparound and trauma-informed service hubs, whereas requiring individuals to attend different organizations to meet their various needs acts as a systemic barrier.⁷³

The Child Witness Centre cautioned that grant and project-based funding result in short-term, high-turnover staff, compounded by the fact that contract employees are not eligible for benefits.⁷⁴ This was consistent with the testimony of many witnesses who referenced challenges to staff recruitment and retention.⁷⁵ The Committee heard from the Barbra Schlifer Commemorative Clinic that the current inconsistent and unstable funding model leads to “continuous precarity” among those delivering services to victims.⁷⁶ A lack of annualized funding hinders the delivery of services and programming, and staff are constantly allocating resources and time to pursue funding.⁷⁷ The Committee heard that project-based funding is inadequate to uphold necessary programming, and there is no “‘bridge’ between the government, the Domestic Violence Death Review Committee (DVDRC), inquest tables, and commissions, impacting the ability to implement recommendations.”⁷⁸

73 Youth Association for Academics, Athletics, and Character Education. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 19.

74 Child Witness Centre. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 27.

75 The persistent challenges experienced by shelter and transitional housing staff is discussed in further detail in section iii (b).

76 Barbra Schlifer Commemorative Clinic. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 29.

77 YAAACE was among witnesses who referenced this experience. Issues around staff and service delivery are expanded upon in the context of housing and shelter staff in section iii (b).

78 Lee, Erin. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 26.

Recommendations on Survivor Supports:

1. Review and modify the funding formula for support services to shelters, sexual violence services, legal clinics, and court support programs and increase base budgets. Invest in annualized funding indexed to inflation rather than project-based funding models.⁷⁹
2. Invest in core funding for victim services. Provide per capita funding for services so that organizations offering core victim services are funded 50% by the Ministry of the Attorney General.⁸⁰
3. Investigate the needs and gaps in victim services that are currently 100% provincially funded, with the aim of allocating funds to these organizations more effectively.⁸¹
4. Reinstate the 33% funding increase promised to sexual assault centres (SACs) pledged in 2018.⁸²

3.2 Housing and Shelter Services

Throughout the course of the Committee hearings, witnesses consistently raised the issue of housing and shelter services for those fleeing IPV. “All roads lead back to housing,” remarked one witness, noting that housing is both an input and outcome in the issue of IPV.⁸³ Housing challenges were raised by witnesses across a range of disciplines, from academics to police officers and crown attorneys, demonstrating their impact across the system.

While housing represents a core input, it is also a barrier to leaving abusive relationships. The Committee heard from the Ontario Association of Interval and Transition Houses (OAITH) that shelters currently operate at near full capacity across the Province.⁸⁴ The witness highlighted that survivors fleeing abuse into a shelter are only provided accommodation for 30-60 days at most, which is less than half the estimated time necessary for survivors to adequately access and navigate essential services, find stable employment, and secure long-term housing.⁸⁵ Additionally, many witnesses noted that many survivors are “trapped in their homes,” forced to stay in or return to unsafe domestic situations repeatedly because shelters are full and paying for housing on their own is out of reach.⁸⁶

79 Ibid., p. 27. Note: Investing in annualized as opposed to project-specific or one-time funding was a recommendation heard repeatedly from various witnesses and organisations.

80 Child Witness Centre. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 28.

81 Ibid.

82 Sexual Assault Support Centre of Waterloo Region. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 29.

83 WomanAct. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 41.

84 Klingbaum, Alissa. “Safe at Home: Supporting Women to Remain Safely in Their Own Home When Leaving a Violent Relationship.” WomanAct, pp. 3-4.

85 Ibid.

86 Faye Cassista.. Study on Intimate Partner Violence in Ontario - June 13 2022 audio full, p. 11

Therefore, survivors leaving shelters often still lack permanent, safe housing – a reality which disproportionately impacts Indigenous, racialized, and disabled women, compounded by discrimination in the housing market.

Witness after witness identified limited transitional and long-term supportive housing for survivors of IPV as a primary issue. The YWCA Ontario has called for long-term, supportive, and second-stage housing to connect survivors to essential services.⁸⁷ YWCA Ontario also highlighted that survivors with pets currently have no access to shelter units in which they can be housed with their pets and are therefore commonly forced to choose between fleeing IPV and leaving their pets behind.⁸⁸ In addition, witnesses reported that survivors with complex needs, including those with substance use disorder or mental health concerns, or those facing legal involvement themselves, are denied access to shelters; as one survivor-witness expressed: “For me, one of the largest difficulties that I faced as a survivor was the fact that I did not fall neatly into the box of the perfect victim.”⁸⁹

While the Province committed to providing \$202 million towards housing and homelessness prevention and “more than \$3 billion through federal, provincial and municipal partners for affordable housing in 2024,” this money does not appear to be flowing through to the sector.⁹⁰ The Committee heard from the Barbra Schlifer Memorial Clinic that current investments into housing initiatives trickle down and do not account for 1) the needs of survivors, 2) the needs of those leaving violent intimate partner relationships who require specialized support.⁹¹ Funding issues lead to challenges with shelter maintenance and upkeep; meanwhile, shelters are typically already forced to fundraise to bridge funding gaps for programming.⁹²

Recommendations for Housing Services and Shelter Services

1. Invest in housing options to reduce shelter bottlenecks, including affordable rent-gear-to-income stock, adjustments to the Canada-Ontario Housing Benefit (COHB), purpose-built housing for families, supportive housing for survivors and their families, and capital and operational funding for the development of transitional housing.⁹³

87 YWCA Ontario. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 40.

88 Office of the United Nations High Commissioner for Human Rights. “The Right to Adequate Housing.” OHCHR, 2009.

89 Hoogendam, R., and K. Maki. “Feminist Brain Drain: Labour Issues and Worker Wellness in the VAW Shelter Sector.” Women’s Shelters Canada, 2023, p. 1.

90 Hoogendam, R., and K. Maki. “Feminist Brain Drain: Labour Issues and Worker Wellness in the VAW Shelter Sector.” Women’s Shelters Canada, 2023, p. 38.

91 Barbra Schlifer Commemorative Clinic. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 30.

92 Ibid.

93 Ontario Association of Interval and Transition Houses. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 25.

2. Dedicate funds to housing projects for women and families escaping abusive situations. Invest in a range of shelter, transitional, supportive, and affordable housing projects.⁹⁴
3. Amend the Residential Tenancies Act, 2006 (RTA) to improve rental affordability, including by implementing rent regulation and vacancy control and to allow for the removal of the abuser from the lease, enabling the survivor to remain in their home and maintain stable housing. The witness highlighted WomanACT's Safe at Home model as an example.⁹⁵
4. Implement comprehensive rent control, preventing "renoviction" and increasing protection from predatory and negligent landlords to ensure rental units are appropriately maintained for the safety and health of tenants.⁹⁶

3.3 Childcare

The Committee repeatedly heard, from stakeholders across the spectrum, about how access to both formal and informal childcare impacted victims of IPV and their decisions to remain in or leave relationships.⁹⁷ Access to reliable and flexible childcare is a critical part of the social safety net that allows survivors to leave abusive situations when they are ready. If a survivor knows that moving away will mean losing access to childcare, whether through a formal childcare centre or informal social networks, it becomes much more difficult to leave. This issue is exacerbated in rural areas and when parents require childcare to secure or maintain employment.⁹⁸ When stable childcare is accessible for survivors and their children, it can act as a critical source of stability, routine, and mental health support for children and their parents.

Recommendations for Childcare

1. Invest in a robust, accessible, formal childcare system with ample spaces across Ontario (including rural areas), so that parents who need to relocate are able to access childcare in their new location quickly and seamlessly.⁹⁹
 - a. Make significant investments in workforce training and retention, as well as capital infrastructure to support this growth.¹⁰⁰

94 YWCA Ontario. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 24.

95 Canadian Centre for Housing Rights. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 43.

96 Ontario Council of Agencies Serving Immigrants. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 57.

97 Ontario Association of Interval and Transition Houses. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 25.

98 Canadian Centre for Housing Rights. Nowhere To Go: Gender-based violence and housing insecurity in Ontario, p. 82.

99 Ontario Association of Interval and Transition Houses. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 24.

100 Office of the Auditor General of Ontario. Performance Audit: Canada-Wide Early Learning and Childcare Program - Special Report 2025, p. 6.

2. Invest in childcare offerings that are flexible and suit the needs of shift workers, rural residents, and Indigenous communities.¹⁰¹
3. Invest in trauma-informed childcare for children interacting with the court system.¹⁰²

3.4 Food Security

Presenters, including Dr. Valerie Tarasuk of PROOF, repeatedly informed the Committee about the struggles many survivors face in meeting their basic needs, including access to food. Food security is a core social determinant of health and safety.¹⁰³ The Canadian Centre for Housing Rights highlighted that food insecurity is rampant among survivors and that many people accessing shelters struggle to access culturally appropriate foods that meet their dietary requirements.¹⁰⁴

Many presenters also noted that there is a strong link between food-insecure households (caused by poverty) and violence against women and children, often brought on by severe economic stress to parents. Poverty reduction is violence prevention.¹⁰⁵

Recommendations for Food Security

1. Raise social assistance rates above the poverty line.¹⁰⁶
2. Invest in programs that provide tangible supports for survivors, including food.¹⁰⁷
3. Properly fund shelters so that they can provide adequate food for clients.¹⁰⁸
4. Support and invest in provincially wide school nutrition programs.

3.5 Mental Health Services

Mental health supports for survivors of IPV and their children were raised as critical services that currently remain inaccessible or are inadequate. Youth mental health experts highlighted that “survivors of IPV are significantly more likely to experience mental health conditions such as PTSD, depression, anxiety, and substance use disorder” compared to the general population.¹⁰⁹ Experts also highlighted the critical preventative role that

101 National Inquiry into Missing and Murdered Indigenous Women. Master List of Report Recommendations, p. 89.

102 Aura Freedom International. Relentless Resistance 2 - The Grassroots Speaks Again, p.22.

103 PROOF. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 99.

104 Canadian Centre for Housing Rights. Human Rights-Based, Gender-Sensitive National Standards for Emergency Shelters Across Canada, p. 25,57

105 PROOF. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 99.

106 PROOF. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 99.

107 Canadian Centre for Housing Rights. Human Rights-Based, Gender-Sensitive National Standards for Emergency Shelters Across Canada, p. 25,57

108 Ibid

109 PREVNet. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 60.

mental health supports can play in protecting children and youth, as experts highlighted how childhood exposure to IPV increases the risk of future mental health challenges. The Committee heard that mental health services should be targeted not only at survivors and children but also to help young people at risk of becoming perpetrators of IPV.¹¹⁰

Witnesses who spoke about perpetrator prevention programs highlighted how few mental health interventions are tailored to the experiences of young boys and men. This lack compounds structural determinants of poor mental health among this demographic.¹¹¹ Dr. Jo Henderson from the Centre for Addiction and Mental Health (CAMH), told the Committee that “mental health, substance use, gender, early experiences, and IPV are all ‘intricately and complexly interwoven.’”¹¹² Many witnesses linked mental health, including PTSD among men, to substance abuse and IPV.

Among youth in particular, mental health supports emerged as crucial to prevention and healing. A witness from the Children’s Aid Society of Toronto (CAST) spoke to the correlation observed between GBV, child abuse and neglect, substance misuse and mental health within families.¹¹³ Mental health assessments and treatments were discussed by witnesses as early intervention strategies among children and youth, as well as critical services to those experiencing teen dating violence (TDV); whereas the Committee heard that psychological abuse is the most prominent form of TDV.¹¹⁴

Overwhelmingly, the Committee heard that mental health care is health care. Dr. Haline Haag from Wilfrid Laurier University told the Committee that brain injury (BI) is a highly common but widely underrecognized symptom of IPV, “with up to 75% of women subjected to physical violence by intimate partners having a possible BI as a result.”¹¹⁵ The Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, whose clients across the Province were identified as primarily women facing abuse by their male partners, highlighted the lack of trauma-informed counselling services available across the Province for victims of IPV. The Committee repeatedly heard of the importance of specialized mental health services, whether this be specialized for youth, survivors with BIs, survivors with addictions, 2SLGBTQI+ survivors, and/or those requiring culturally responsive services.¹¹⁶

110 Positive Parenting Association of Ontario and Triple P. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 8.

111 University of Calgary. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 16.

112 Henderson, Dr. Jo. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 61.

113 Children’s Aid Society of Toronto. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 95.

114 PREVNet. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 60.

115 Wilfrid Laurier University. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 46.

116 Ontario Association of Interval and Transition Houses. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 24.

Recommendations for Mental Health Services:

1. Explore expanding existing collaboration with School Mental Health Ontario to develop and offer resources and training for school-based mental health professionals to support IPV prevention and intervention.¹¹⁷
2. Increase investment in community-based agencies like community mental health centres and specialized shelters to help deliver affordable mental health services, trauma-informed therapy, and peer support groups tailored to survivors' needs.¹¹⁸
3. Expand the registered nurse (RN) scope of practice to include making referrals to specialist care, such as gynecology, psychiatry, or other specialty mental health services.¹¹⁹
4. Ensure mental health services are OHIP-funded.¹²⁰
5. Ensure survivor support and victim services remain free to access and remove barriers to mental health resources.¹²¹

3.6 Francophone Communities

The Committee heard that Francophone survivors of intimate partner violence encounter unique barriers that necessitate specialized responses. Action ontarienne contre la violence faite aux femmes, a provincial French-language feminist organization, was the only organization to testify solely on the needs for Francophone survivors. The witness stressed that language barriers add another layer of vulnerability for French-speaking women experiencing violence.

The witness explained that when a French-speaking survivor cannot access services in her own language, she may be misdirected, fail to fully understand her legal rights, miss out on essential services, or feel so isolated that she returns to an abusive relationship. The Committee learned that although Ontario has five French-language shelters and 13 external programs addressing sexual violence and intimate partner violence, considerable gaps in service remain throughout the province.

117 Henderson, Dr. Jo. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 61.

118 Child Witness Centre. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 28.

119 Ontario Native Women's Association. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 49.

120 The Gatehouse Child Abuse Investigation and Support Site. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 24.

121 Child Witness Centre. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 28.

The Committee learned through this testimony about the operational challenges confronting French-language organizations. These organizations struggle to recruit and retain qualified staff, partly because of a smaller pool of French-speaking candidates in certain regions and partly because wages in the violence against women sector lag behind those in other non-profit and institutional settings. Research from 2021 confirmed that compensation across the French-speaking violence sector network fell below averages in comparable sectors. These workforce challenges have a direct effect on the availability of services for Francophone survivors.

“Language is an aspect of the intersectionality of oppression experienced by individuals who are not part of the majority language group. Language barriers can aggravate a person’s circumstances, isolating them further and limiting access to the help they need.”¹²²

Action ontarienne contre la violence faite aux femmes

Access to French-language mental health services was raised as a pressing concern. Witnesses noted a significant shortage of French-speaking psychotherapists with expertise in gender-based violence, leaving both survivors and the frontline workers who support them without adequate therapeutic resources in their language.

Geographic disparities in service availability were also highlighted. The Committee heard that Southern Ontario is served by only one French-language shelter, located in Toronto, while northwestern Ontario lacks any dedicated intimate partner violence services in French.

The Committee acknowledges that French-language organizations serving survivors of violence play an important role not only in supporting women and children but also in sustaining the vitality of Ontario’s Francophone communities, which hold a distinct status protected under the *French Language Services Act*.

Recommendations for Francophone Communities:

1. Invest in expanding French-language violence against women services, including exploring the creation of new shelters and intimate partner violence programs in underserved regions such as Southern and Northwestern Ontario.

¹²² Action ontarienne contre la violence faite aux femmes, Written Submission to the Standing Committee on Justice Policy: Study on Intimate Partner Violence (Aug. 2024).

2. Index operating budgets for French-speaking organizations annually to account for inflation, ensuring they can maintain service levels amid rising costs.
3. Fund the development of French-language psychotherapy programs for survivors of violence and the workers who support them.
4. Create new staff positions in existing French-speaking organizations to address rising demand for counselling, transitional and housing support, Family Court support, and services for children exposed to violence.
5. Fund second-stage transitional housing for French-speaking survivors to relieve pressure on shelters and provide tailored support for women to achieve independence.

3.7 Culturally Responsive Services

The testimonies heard by the Committee emphasized that any meaningful provincial response to IPV must explicitly address the systemic and historical reasons that marginalized individuals are at increased risk of being subjected to harm. The Committee heard about the myriad ways that marginalized communities uniquely and disproportionately experience IPV and GBV. These communities require distinct solutions. The Committee heard that communities, including but not limited to newcomers, refugees, Black, Trans, 2SLGBTQI+, and disabled women, and gender-diverse people, experience vulnerabilities to IPV and can experience unique barriers when accessing mainstream services.

For instance, the Ontario Council of Agencies Serving Immigrants (OCASI) highlighted that non-status, refugee and immigrant (NSRI) women are less likely to seek support “due to fear of deportation and may have an immigration status that ties them to an abusive partner or employer.”¹²³ The Committee heard from multiple witnesses that this fear can become a tool their abusers exploit, particularly if women have limited knowledge of the Canadian legal system or experience language barriers.¹²⁴ As this document has previously highlighted, a lack of awareness of legal rights in Canada and what services are available to women with precarious immigration status, as well as those who experience language barriers, was voiced by multiple witnesses. However, throughout phase 2 of the Committee and throughout the Government Report, NSRI victims went completely unmentioned.

Witnesses commonly highlighted a current focus on “gender and individual treatment,” which can limit the resources available for adapting to the distinct experiences of diverse communities. The Committee heard that solutions need to consider cultural, religious,

123 OCASI. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, pp. 57-58.

124 Ibid., 58.

and linguistic differences to support and serve survivors and family members; this was described by witnesses as a “culturally integrated family safety response.”¹²⁵

The Committee also heard that increasing government funding and expanding the accessibility criteria of legal aid could specifically benefit women and gender-diverse people from equity-deserving communities for IPV-related cases. The Committee heard that requiring individuals in need of protection to navigate complex, Canadian legal processes without guidance or representation is “an impossible burden,” and that the barriers experienced by individuals with intersectional identities must be accounted for in developing state solutions.¹²⁶ Many women from low-income households continue to struggle to meet the threshold to access legal aid, but simultaneously cannot afford to hire private representation.¹²⁷

Due to the truncated, institutional, and colonial nature of the process, many gaps exist in the presented data and recommendations around specific racial and cultural communities. Many presenters spoke about how broad patterns of marginalization are made worse for Black survivors, but the committee heard from few Black-focused organizations. This is a significant oversight and must be corrected moving forward.

Recommendations on Culturally Responsive Services:

1. Fund the development of, and provide training on, the CIFSR culturally integrative model in all communities across Ontario.¹²⁸
2. Increase Ontario Works (OW) and Ontario Disability Support Program (ODSP) rates and the minimum wage.¹²⁹
3. Support equity-seeking organizations and resource coordination within this sector, considering the relevant cultural context at every stage of project development.¹³⁰
4. Build capacity within equity-deserving communities regarding IPV understandings, and develop more accessible supports for diverse communities, including faith-based supports.¹³¹

125 Ashbourne, Dr. Lynda, and Dr. Mohammed Baobaid. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, pp. 49-50.

126 Law Commission of Ontario. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 107.

127 Luke's Place. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 72.

128 Ashbourne, Dr. Lynda, and Dr. Mohammed Baobaid. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, pp. 49-50.

129 Ontario Council of Agencies Serving Immigrants. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 58.

130 Muslim Resource Centre for Social Support and Integration. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 53.

131 Ibid.

3.8 Child Welfare and Child Safety

The testimonies heard by the Committee emphasized that children and youth exposed to intimate partner violence require a dedicated, coordinated response that centres their safety and wellbeing. The Committee heard that IPV is inextricably linked to child welfare, with exposure to violence in the home representing a significant and substantiated form of harm to children. Without explicit attention to child safety within the provincial IPV response, children remain at heightened risk of ongoing harm.

The Children's Aid Society of Toronto (CAST), the largest child welfare agency in Toronto, testified that they receive over 5,000 referrals annually related to exposure to intimate partner violence—representing approximately 50% of all referrals to the agency. CAST reported that intimate partner violence is the most substantiated type of abuse or risk of abuse for the children and youth they serve, with approximately 94% of these cases involving woman abuse. The majority of these referrals involve families with children under the age of five, highlighting the critical importance of early intervention.

The Committee heard alarming data on the cyclical nature of IPV and its lasting impact on children. CAST testified that referrals for children exposed to intimate partner violence have a re-opening rate of 40%, demonstrating that without sustained intervention, families continue to experience violence. Children exposed to IPV are more likely to be at risk of physical harm and neglect, and exposure to intimate partner violence is a common factor for youth who come into care as teenagers due to behavioural challenges. CAST reported that outcomes for these youth are poor, with challenges in education, mental health, and housing stability.

Since 2019, CAST have seen the deaths of seven children where domestic violence was the primary reason for involvement with the child and their family. This underscores the lethal stakes of inadequate intervention and the urgent need for systemic reform.

The Committee heard that significant gaps exist in the current system. CAST testified that intimate partner violence is not a mandated course in most social work programs, despite the fact that there are few scenarios where a social worker would not be dealing with family violence. Additionally, services for fathers and men who perpetrate violence are limited and often require men to have committed harm and be before the criminal justice system before they can access intervention. The Partner Assault Response (PAR) Program, offered through the Ministry of the Attorney General, is currently only available to low-risk offenders and requires a review with a better focus on child safety for those men who parent.

CAST highlighted effective practices that are working well, including local agreements between child welfare agencies and the Violence Against Women sector. CAST has established two dedicated Domestic Violence Teams and has implemented the Caring Dads Program, through which over 700 fathers have participated, accounting for over 1,500

children served. A 2018 study conducted by CAST with Dr. Katreena Scott demonstrated that re-opening rates for cases where fathers had participated in the Caring Dads program were 20% lower than those for cases where fathers had not participated—evidence that targeted intervention with perpetrators improves child safety outcomes.

Notably, the Committee heard testimony that all the fathers who participated in Caring Dads disclosed their own exposure to intimate partner violence as children, and many had been subjected to physical abuse and neglect themselves. This intergenerational pattern underscores the importance of intervention not only for immediate child safety but for breaking cycles of violence.

The Committee also heard that the Domestic Violence Death Review Committee, under the Office of the Chief Coroner, reviews deaths resulting from domestic violence and develops recommendations for sectors. However, these recommendations are not binding, and there is no table that brings sectors together for discussion and planning. CAST called for consideration of a centralized, multi-ministry working group to address this gap.

Recommendations on Child Welfare and Child Safety

1. Address the chronic underfunding of children's aid societies to resolve budget deficits, understaffing, and the placement of youth in unlicensed settings, which undermines the sector's capacity to implement reforms related to IPV.
2. Conduct a comprehensive review of system-wide understaffing and underresourcing within child welfare to ensure the efficacy of government initiatives to protect children and families from IPV.
3. Establish a centralized, multi-ministry working group to coordinate IPV response across social services, health, justice, education, housing, and labour, with explicit focus on child safety outcomes.
4. Implement comprehensive data collection regarding child protection involvement in cases of IPV to enable evidence-based policy development and progress monitoring.
5. Mandate family violence programs in all social work, social service worker, and child and youth worker programs to ensure discussion on the impact of IPV on children and youth, addressing the current gap in professional training.
6. Review, invest and modernize the Partner Assault Response (PAR) Program to a more current model that includes a focus on the impact on children and youth who are exposed to gender-based violence, and expand eligibility beyond low-risk offenders.
7. Invest in promising practices and evidence-based perpetrator intervention programs that focus on child safety, such as the Caring Dads Program.

8. Ensure that the Domestic Violence Death Review Committee's recommendations are implemented through sectoral or cross-sectoral tables to review and develop coordinated strategies, rather than leaving implementation to individual sectors without accountability.
9. Provide doctors, nurses, and other health professionals with information on gender-based violence, including screening tools, to improve early identification of families at risk.
10. Increase investment in services for youth in care who have been exposed to intimate partner violence, addressing challenges in education, mental health, and housing stability that contribute to poor outcomes.

Social Assistance

The Committee heard testimony repeatedly from expert witnesses that social assistance is foundational to survivors' ability to leave abusive relationships and rebuild their lives. Financial dependence on an abuser is one of the most significant barriers to leaving, and inadequate social assistance forces many survivors to choose between poverty and violence. When survivors lack the financial means to secure housing, food, and childcare, they are more likely to return to abusive situations. Witnesses emphasized that poverty reduction is violence prevention, strengthening income supports enables survivors to achieve independence and long-term safety.

Recommendations for Income Security:

1. Double Ontario Works (OW) and Ontario Disability Support Program (ODSP) rates, indexed to the rate of inflation.
2. Raise the minimum wage and index it to the rate of inflation.

Response to the Government Report on Supports for Victims

Childcare

The Official Opposition welcomes the Government Report recognizing the role of affordable and publicly funded childcare as a way to address the root causes of IPV structurally and as a tool to empower survivors to leave abusive relationships. The government should take their recommendations to heart and sign lasting agreements, not just a one-year extension, with the federal government to guarantee \$10/day child care for Ontario families. This would protect Ontario families and child care workers from the ongoing uncertainty over

whether funding agreements will be renewed.¹³² While other Provinces have achieved the \$10/day child care milestone, this government is not delivering comparable results as Ontario parents face the highest average childcare costs in Canada.¹³³ It is also curious that the Government Report makes recommendations that would have already been addressed had the government had supported Official Opposition bills to create a workforce strategy for the Early Years and Child Care sector.¹³⁴

The Hubs Model

The Government Report recommends the creation of a Legislated Ontario Integrated Violence Prevention and Response Network (OIVPRN) to coordinate regional planning hubs that would be designated under proposed new legislation. Better coordination and resourcing to ensure the appropriate handling of cases involving IPV could often be beneficial. However, the Official Opposition must note that a new network would be grafted onto a legal system that is already buckling. Ontario's justice system regularly fails to prosecute heinous crimes within adequate timelines. To succeed, the government must simultaneously bolster support and staffing for every office that IPV survivors will interface with.

While multi-service hubs have been proposed as a promising model for integrated SGBV care, the report fails to document the limitations of their effectiveness. Who is included in them? Would hubs solely coordinate violence against women services, or would they include law enforcement and the Children's Aid Society? The government proposal suggests the latter without acknowledging how this could impact survivors' willingness to engage with proposed hubs. Indigenous, racialized, and marginalized survivors often distrust institutional systems due to histories of harm and current realities.¹³⁵ For rural, remote and northern communities, hubs do not resolve the fundamental barrier of geographic distance.

Rural women live on average three times farther from domestic violence resources than urban women. In addition, 45% of rural shelters have access to public transit compared to 96% in urban areas.¹³⁶ It is also important to note that the current funding model, which is fragmented and competitive, is often tied to population metrics or urban benchmarks that rarely account for rural realities. This makes it difficult for smaller communities to secure

132 Ontario Coalition for Better Child Care, Association of Early Child Care Educators of Ontario, Child Care Now, "Letter to families re: Canada-Ontario agreement extension" (2025), <https://childcareontario.org/wp-content/uploads/OCBCC-AECEO-CCN-Letter-to-parents.pdf>

133 Office of the Auditor General of Ontario, "Performance Audit: Canada-wide Early Learning and Child Care Program" (2025), https://www.auditor.on.ca/en/content/specialreports/specialreports/en25/AR-PA_CELandCCP_en25.pdf

134 Karpoche, Bhutla, et al. "Bill 191, Childcare and Early Years Workforce Strategy Advisory Committee Act, 2024" (2024), <https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-191>

135 Sheppard-Perkins, Madeleine D., and Francine E. Darroch. "Space, Place, and the Politics of Access: Service Provider Perspectives on Health System Responses to Sexual- and Gender-Based Violence in Rural Communities." *Health & Place*, vol. 96, 2025, p. 6.

136 Sheppard-Perkins and Darroch, p. 6.

resources, even when the need is evident on the ground.¹³⁷ These challenges suggest that effective rural SGBV responses may require mobile or satellite models embedded in trusted community settings, rather than centralized, institutionally led hubs.

This specific proposal would benefit from further consultation and adaptation to not be a one-size-fits-all solution. Each region has distinct and specific characteristics. It is essential that local experts, especially those with lived experiences, are involved in the design and implementation of a possible hub model. Francophone, Northern, Rural and Indigenous communities face unique challenges, and centralizing services in proposed hubs may not be suitable for regions with these dominant populations, especially if service organizations are unevenly funded. Asking underfunded service providers and underpaid staff to travel great distances to take on additional responsibilities without receiving extra funding will minimize participation and hub effectiveness. If hubs are properly planned, trauma-informed, well-resourced, linguistically appropriate, and community-driven, then they may be beneficial in addressing the lack of coordination between agencies, police, child welfare, and Ministries. Witnesses presented to the IPV committee the ongoing problems in handling legal cases involving IPV, often resulting from siloed systems and a lack of data sharing, as well as inadequate funding for social services, court staff, and support for survivors. It is unclear whether adding another layer of staff to support governmental coordination would resolve these issues. The proposed network does not clearly centre community supports for IPV survivors and their families in ways that fully reflect much of what the Committee actually heard.

While additional resources for the coordination of IPV supports and data tracking would be helpful, it would also be worthwhile to recognize that while these changes could benefit IPV cases, they also could benefit cases involving gender-based violence more broadly, cases involving the sexual exploitation of minors, as well as the prosecution of hate crimes.

Child Welfare

Part 5 of the Government's Report presents several vital recommendations regarding Child Welfare Risk Assessment, Case Management, and Data Collection in IPV/Coercive Control Cases. However, it does not address the well-documented capacity crisis within the sector and its potential impacts on implementation.

The report correctly identifies that standardizing child welfare risk assessment and case management in cases involving IPV and coercive control is essential to improving safety outcomes for children and non-offending caregivers across Ontario.

¹³⁷ Sheppard-Perkins and Darroch, p. 8.

Currently, the absence of consistent practice expectations results in uneven investigations and variable responses among CASs, despite years of DVDRC (Domestic Violence Death Review Committee) findings highlighting the need for a structured, evidence-informed approach. Developing province-wide guidance would ensure that child welfare workers are equipped to identify coercive control, assess risk, recognize the protective efforts of non-offending caregivers, and address the emotional and developmental needs of children exposed to IPV.

Moreover, aligning expectations with existing tools and validated IPV risk assessment frameworks would strengthen cross-sector collaboration, generate more reliable documentation, and reduce the likelihood of missed risk indicators. By establishing consistent standards for safety planning, referral pathways, and case decision-making, Ontario can enhance service quality, support implementation of longstanding recommendations, and build a more coordinated, accountable system that better protects families and children living with IPV and coercive control.

The government's recommendation of a centralized mechanism to track and report CAS implementation of IPV-related expectations is also welcome. With no standardized provincial mechanism for monitoring how CASs implement IPV-related expectations and no structure existing for tracking specific practices, the Province cannot assess uptake or progress in addressing IPV with families and children. MCCSS should issue directives to CASs for accountability and expectations. The recommendations also emphasize the crucial need for comprehensive data collection on child protection involvement in cases of IPV.

The Government Report, however, fails to acknowledge how the crisis of capacity within the child welfare sector will affect the government's ability to implement these changes. Ontario's chronic underfunding of children's aid has led to budget deficits, understaffing and layoffs across the sector.¹³⁸ A rising number of youth are being warehoused in unlicensed settings, including hotels, rental apartments, and office buildings, as CASs struggle to provide proper care for children with increasingly complex needs.¹³⁹ Children are dying at record numbers under Ontario's care network: 134 children in 2023, and an average of 118 between 2020-2022 (roughly one child every three days).¹⁴⁰

138 "Provincial funding for children's aid not keeping up with need, union officials say amid layoffs." CBC News, March 26, 2025, <https://www.cbc.ca/news/canada/windsor/Wecas-layoffs-underfunding-1.7493048>; "Children's Aid Society of Ottawa at breaking point, organization says." CBC News, June 18, 2024, <https://www.cbc.ca/news/canada/ottawa/ottawa-childrens-aid-society-in-crisis-1.7238715>.

139 "This confidential report reveals Ontario is spending millions to warehouse kids under Children's Aid care in hotels and other unlicensed settings." Toronto Star, July 17, 2025, https://www.thestar.com/news/investigations/this-confidential-report-reveals-ontario-is-spending-millions-to-warehouse-kids-under-childrens-aid-care/article_d2ab01fb-d8b4-4293-8e0a-f71695dc93c7.html

140 "Number of kids who died under Ontario's care network reaches new high." Global News, May 22, 2025, <https://globalnews.ca/news/11190625/ontario-care-network-child-deaths/>

These are significant and systemic challenges within the sector, which will frustrate government efforts to address IPV. For example, the Government Report does not account for potential complications related to understaffing in its recommendation that MCCSS establish Province-wide training requirements on IPV and coercive control for all child welfare staff with case-carrying or supervisory responsibilities. Mandatory, evidence-based training and mandatory refresher training should be implemented. (Indeed, a mandatory refresher training with a focus on emerging trends could take place every 18 months rather than every three years as recommended.) A review of system-wide understaffing and underresourcing is necessary to ensure the effectiveness of government initiatives in protecting children and families from IPV.

SECTION 4: **LEGAL RESPONSES**



SECTION 4: LEGAL RESPONSES

4.1 Legal Aid

The Committee heard from various witnesses about the need for Legal Aid Ontario (LAO) to expand its eligibility threshold and ensure that its services are accessible. LAO recently raised its income eligibility threshold for access to family and criminal duty counsel, as well as criminal certificate services.¹⁴¹ This move included an increase in income threshold for families of up to four people accessing family and criminal duty counsel services to \$45,440, and the asset threshold for duty counsel services also increased to \$15,000 for all families.¹⁴² This included an increase in the income threshold for criminal certificate services to \$45,440 for families of up to four people.¹⁴³ However, these increases are temporary and will only be in effect until spring 2028. Sustained action is required for sustained solutions, and threshold expansions must be greater and made permanent. Recently, British Columbia introduced a family law clinic model to expand legal aid access for family law services through a “multidisciplinary, trauma-informed” approach.¹⁴⁴ This represents a more comprehensive investment in legal aid services, with an explicit focus on access for IPV survivors.

The Department of Justice Canada has outlined the “costs to society” when it relies on inadequate legal aid services. Relevant costs include a slower court process as people are representing themselves, increased shelter costs for women and children who cannot get legal protection after fleeing IPV, homelessness, and further marginalization of those experiencing intersectional barriers. The Committee heard that these costs are disproportionately felt by those experiencing intersectional barriers.¹⁴⁵ As this examination concludes, “the inadequate funding of legal aid services is costly and not cost-saving.”¹⁴⁶

Recommendations for Legal Aid Ontario:

1. Restore previous budget cuts and increase funding to Legal Aid Ontario to ensure greater access to survivors.
2. Invest in sustained legal aid reform, rather than temporary amendments.
3. Enhance access to services tailored to language, transportation, and disability needs.¹⁴⁷

141 Legal Aid Ontario. “Legal Aid Ontario Planning Three-Year Increase to Financial Eligibility for Duty Counsel and Criminal Certificate Services.” Legal Aid Ontario, 11 Dec. 2024.

142 Legal Aid Ontario. “LAO Raising Financial Eligibility Thresholds Beginning March 3.” Legal Aid Ontario, 28 Jan. 2025.

143 Ibid.

144 Attorney General of British Columbia. “\$29 Million Legal Aid Expansion for People Experiencing Family Violence.” Attorney General B.C., 15 Feb. 2024.

145 Birnbaum, Rachel, and Nicholas Bala. “The Impact of the Lack of Legal Aid in Family Law Cases.” Department of Justice Canada, 2019.

146 Ibid.

147 University of Guelph. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 75.

4. Amend Legal Aid Ontario frameworks to lower the financial eligibility threshold permanently and introduce mandatory cultural competency training for all family law practitioners.¹⁴⁸

4.2 The Use of Parental Alienation Claims by Abusers in Family Court

The Committee heard both expert and survivor testimonies about the devastating impacts of parental alienation claims employed by abusers in family courts. Broadly, parental alienation syndrome (PAS) has been understood as “deliberate or unintentional acts that cause unwarranted rejection by the child towards one of the parents, usually the father.”¹⁴⁹ In 2023, the United Nations Special Rapporteur on Violence Against Women and Girls released an extensive report that examined ways in which family courts across regions apply and respond to the parental alienation concept in custody cases.¹⁵⁰ The report reveals that when parental alienation is alleged in family courts, histories of domestic violence are often ignored, leading to the “double victimization” of victims of IPV.¹⁵¹

The concept of PAS was originally introduced by Dr. Richard Gardner in 1985, and has since been criticized by medical, psychiatric, and psychological associations based on “its lack of empirical basis, its problematic assertions about sexual abuse and for recasting abuse claims as false tools for alienation, which, in some cases, have dissuaded evaluators and courts from assessing whether abuse has actually occurred.”¹⁵² In 2020, PAS was officially removed from the International Classification of Diseases by the World Health Organization.¹⁵³

The application and impact of PAS claims in the Ontario family court systems have been devastating for survivors. IPV and parental alienation are intrinsically connected. Suzanne Zaccour has argued through an analysis of Quebec case law that it is critical to distort the idea that domestic violence is an exception in parental alienation cases, as opposed to being the norm.¹⁵⁴ Zaccour explicitly links parental alienation and domestic violence as connected fields of study. The National Association of Women and the Law Director of Legal Affairs has stated that the overshadowing of IPV by parental alienation claims in family courts has “become so rampant that some lawyers have advised their clients not

148 Canadian Council of Muslim Women. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 51.

149 Alsalem, Reem. “Custody, Violence against Women and Violence against Children.” Report of the Special Rapporteur on Violence against Women and Girls for the United Nations, p. 3.

150 Alsalem, Reem. “Custody, Violence against Women and Violence against Children.” Report of the Special Rapporteur on Violence against Women and Girls for the United Nations, p. 3.

151 Ibid. p. 2.

152 Ibid. p. 3.

153 Ibid., p. 3.

154 Zaccour, Suzanne. “Parental Alienation in Quebec Custody Litigation.” *Les Cahiers de droit*, vol. 59, no. 4, Dec. 2018, pp. 1073-1111.

to report abuse to the courts.”¹⁵⁵ Therefore, the use of PAS claims in family courts forces survivors to conceal domestic violence in their households.

Survivors identified the use of parental alienation claims as a method of perpetuating abuse through the court systems, often recognized as “systems abuse.”¹⁵⁶ The interventions that family law courts have prescribed in response to parental alienation accusations have been invasive and re-traumatizing. In the most extreme cases, these include custody reversal and forced contact, sometimes in the form of reunification treatment. While Ontario and Canada have yet to introduce legislation aimed at addressing these harmful and problematic court resolutions, the Centre for Research & Education on Violence Against Women & Children (CREVAWC) on behalf of the Alliance of Canadian Research Centres on Gender-Based Violence, has compiled examples from various states that have taken legislative steps toward ensuring the psychological, emotional, and physical safety of children involved in high-conflict separations.¹⁵⁷

One of the more devastating public stories that has emerged in connection to PAS in family courts has been that of Kiera Kagan, as told by her mother, Jennifer Kagan-Viater. Kiera was four years old when she died in what her mother believes to be a murder-suicide by Kiera’s father. Kiera’s father claimed parental alienation to justify access to Kiera, which Dr. Kagan identifies as a “common tactic an abuser may put forward in Family Court as a counter-allegation when abuse is identified.”¹⁵⁸

This concept has been applied on a deeply gendered basis in family law courts. A study from the U.S. found that “when a father has alleged alienation by the mother, her custody rights have been removed 44 per cent of the time. When the situation was reversed, mothers gained custody from fathers only 28% of the time. Thus, when alienation is accused, mothers were twice as likely to lose custody compared to fathers.”¹⁵⁹ It is important to note that the issue of parental alienation is complex. While PAS as a syndrome has been largely discredited, there are situations where genuine alienating behaviours occur as part of an abuser’s pattern of control, in which the abuser alienates children from the protective parent (typically the mother) as a tactic of ongoing abuse. Any policy response must carefully consider these nuanced situations to ensure that protective parents are not further harmed. The National Association of Women and the Law suggests that this can be addressed through the family violence framework rather than through

155 Ibid.

156 Systems abuse is a tactic of coercive control: “Systems abuse is also known as litigation harassment, “legal bullying, paper stalking [or] paper abuse. The term also captures the manipulation of multiple legal systems against the survivor (e.g., immigration, child protection)” (Sowter).

157 Scott, K., et al. “Implementing Limits to Reunification Therapy: Is There a Way Forward for Canada?” Family Violence & Family Law Brief, no. 34, Centre for Research and Education on Violence Against Women and Children, Western University, 2024.

158 Kagan, Dr. Jennifer. Testimony. Study on Intimate Partner Violence in Ontario Crown- Phase 1 Summary of Hearings, p. 73 .

159 Isalem, Reem. “Custody, Violence against Women and Violence against Children.” Report of the Special Rapporteur on Violence against Women and Girls for the United Nations, p. 5.

parental alienation concepts.¹⁶⁰ Family violence research is more credible and better established than parental alienation research, and family violence interventions do not carry the risks to children that parental alienation interventions do.

Recommendations Regarding “Parental Alienation Syndrome”

1. Ontario judges, Crowns and other family justice professionals must receive ongoing training and education on “parental alienation” and associated concepts, specifically as they relate to domestic violence. This should include education and training on how abusers may use parental alienation claims as a litigation tactic, while also recognizing situations where abusers engage in genuine alienating behaviours against protective parents.
2. Family law practitioners should have affordable or free access to experts who can give evidence regarding the discreditation of “parental alienation syndrome”.
3. Invest in Legal Aid Ontario and programs such as the Family Court Support Worker program to ensure support at all stages of protection order legal processes.¹⁶¹

4.3 Court Delays

The Committee heard repeatedly about the critical court delays in Ontario’s criminal justice system. Ontario’s courts are so backlogged that serious cases, including alleged physical and sexual assault, are being thrown out because it has taken too long to schedule and complete trials. This reality is exemplified primarily through testimony in which survivors cited court backlogs as a barrier to healing and, in extreme cases, a barrier to justice. Witnesses commonly highlighted the Supreme Court of Canada’s *R. v. Jordan* (2016) decision, which requires that if a provincial court trial exceeds 18 months or 30 months in a superior court to complete, the accused person’s lawyer can bring an application to have the charges stayed, meaning there is no decision or closure for the victim or the alleged perpetrator. This decision led to a 2019 Auditor General’s report, which resulted in 10 recommendations and 23 actions.¹⁶²

Key findings of the audit included:

1. The Ministry of the Attorney General (Ministry) lacks effective systems and procedures to determine whether its taxpayer-funded resources are being utilized efficiently and cost-effectively to support the timely disposition of criminal cases.

160 National Association of Women and the Law. “Banning Parental Alienation Accusations in Family Court.” Brief submitted to the Standing Committee on the Status of Women for its study on Coercive Behaviour, May 2024, pp. 10.

161 Law Commission of Ontario. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 107.

162 Auditor General of Ontario - 2019 Annual report Volume 3, Chapter 3, p. 146.

2. The Ministry lacks the key data it needs to measure and publicly report on the results and effectiveness of mental health court operations in Ontario.
3. The Office of the Auditor General experienced delays in receiving information. It was not granted full access to case files, which prevented it from determining the reasons for delays in the criminal court system.¹⁶³

One witness, whose case has been made public, was a victim of attempted murder by her boyfriend at the time. Her case was rescheduled twice and ultimately dropped due to the right of her abuser to timely access to a trial. Her abuser now walks free, other than being subject to a peace bond. This case is neither unique nor isolated. Other witnesses reported that court backlogs have prevented them from fully healing and reintegrating into their communities.

When the government allows our court systems to slow down as they have, they make Ontarians less safe by releasing people charged with serious and violent crimes back into our communities. Currently, an average of over 80% of those incarcerated in Ontario prisons on any given day are in pre-trial detention and awaiting a hearing. This is a direct result of delays to timely bail hearings, court and system inefficiencies, and unnecessary adjournments.¹⁶⁴ Extended stays in pre-trial detention can have severe impacts on those accused and increase risks to both individuals and the communities they belong to. Evidence has implications for the accused, including “lost jobs, lost housing, and disruptions to families and communities.”¹⁶⁵ The Canadian Civil Liberties Association has also found that accused are more likely to accept onerous bail conditions and plead guilty to escape detention, resulting in significant limitations on their freedom and mobility, compounding the impacts of detention.¹⁶⁶

Recommendations to Address Court Delays

1. Implement the Auditor General of Ontario’s recommendation to monitor all criminal cases that have been pending disposition for more than eight months, and analyse the reasons for the delays; capture the reasons for the cases being delayed and stayed by judges; distinguish the reasons under the control of the division and the courts, as well as those caused by defence counsel; and take timely action, including appropriately allocating resources and working with the judiciary, to improve the court scheduling process.¹⁶⁷

163 Office of the Auditor General of Ontario. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 64 to which they belong.

164 Berger, Laura, et al. “Still Failing: The Deepening Crisis of Bail and Pre-Trial Detention in Canada.” Canadian Civil Liberties Association and Education Trust, 2024, p. 30.

165 Ibid.

166 Deshman, Abby, and Nicole Myers. “Set Up to Fail: Bail and the Revolving Door of Pre-trial Detention.” Canadian Civil Liberties Association and Education Trust, 2014.

167 Office of the Auditor General of Ontario. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 65.

2. The Attorney General commits to making the necessary investments to address Ontario's chronically backlogged courts.¹⁶⁸ Those efforts should include a workforce recruitment and retention strategy.
3. Consider restorative and alternative justice models, including Indigenous restorative justice frameworks, to expand access to justice and healing on one's own terms.¹⁶⁹
4. Permanently expand legal aid eligibility to reduce the number of survivors forced to navigate family law proceedings without representation. While survivors are not parties to criminal proceedings and cannot have legal representation in criminal court even when they can afford it, expanded legal aid access helps survivors obtain civil protection orders, navigate family law matters related to custody and property division, and access other legal supports that intersect with their safety and well-being during criminal proceedings against their abuser.

4.4 Bail Reform

The Committee heard testimony regarding Ontario's bail system as it relates to IPV offences. Bail reform could help improve current court delays. Law enforcement representatives and survivors alike referenced the "catch and release" model and criticized the risk to safety for survivors and their families. The Standing Committee on Justice Policy held a previous study on bail reform, where many experts critiqued the term "catch and release" as framing the system as excessively lenient while erasing the safety crisis facing inmates and workers in Ontario's correctional system. The Committee heard that when offenders receive bail quickly, there is less time for safety planning, and it builds distrust in law enforcement among victims.¹⁷⁰

Witnesses from law enforcement backgrounds consistently raised bail reform in relation to IPV, particularly in reference to recent changes to the provincial bail compliance dashboard. The Ontario Provincial Police (OPP), Guelph Police, and Durham Police highlighted the bail compliance dashboard, explaining that despite its success in tracking serious offenders, "a significant gap remains: the dashboard currently excludes individuals released on domestic violence and sexual assault charges, even when these offenders are subject to enforceable conditions."¹⁷¹ Expanding the provincial bail compliance dashboard to encompass those on bail with IPV convictions effectively was an initiative that emerged frequently among law enforcement witnesses. Establishing a provincial framework for operational data collection about bail and court capacity is also a welcome recommendation in the Government Report

168 Guelph Police Service. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 80.

169 Chiefs of Ontario. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 54.

170 Guelph Police Service. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 80.

171 Durham Regional Police Service. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 86.

The Ministry of the Attorney General provided insight into recent changes to the “ladder principle,” which directly targets IPV offenders, highlighting that a reverse onus now applies.¹⁷² Thereby, the accused must demonstrate why detention in custody is not justified as opposed to justifying a more onerous form of release for an accused with previous IPV convictions and discharges.¹⁷³ The government has been boasting of a “tough on crime” approach to bail. This rhetoric has not translated into results. Ontario’s courts and bail system continue to be underfunded and burdened with high case backlogs. This underfunding has had devastating consequences for the safety of survivors whose cases collapse before conviction because of the Jordan rule. With over 80% of those being held in provincial prisons awaiting trial, this approach only compounds the problems of the criminal court system. The chronic underfunding of this justice system limits the ability of Crowns, Justices of the Peace, and Judges to identify and mitigate risks during bail court properly.

Along with the amendments to the bail compliance dashboard that the Committee heard about, bail reform tactics that should be explored include expanding supervised bail and establishing an independent centralized body to oversee bail. For instance, organizations like Elizabeth Fry and John Howard societies currently operate “bail residences” through which staff provide community-based supervision to those who would otherwise be held in detention.¹⁷⁴ The Government Report entirely overlooks these alternative models, which have the potential to significantly alleviate the strain on the carceral system. As the Committee heard, these models are not necessarily right for all offenders. The safety of victims and their families must be ensured and prioritized.

It is essential to recognize that bail conditions, particularly mandatory no-contact provisions, present complex challenges. While such conditions are intended to protect survivors, the Committee heard that many survivors do not want their partner charged, including those with concerns about systemic anti-Indigenous and anti Black racism within the carceral system, and do not want no-contact bail conditions imposed. In some cases, survivors may facilitate breaches because they wish to maintain contact with their partner despite the abuse, especially when they share children. This can lead to poor police response if problems arise in the future, and gives the abuser leverage over the survivor. Any bail reform must be trauma-informed and survivor-centred, recognizing that mandatory no-contact provisions may not serve the best interests of all survivors. Policy responses should prioritize the autonomy of survivors while ensuring that safety planning and support services are available.

172 Ministry of the Attorney General. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 67.

173 Ministry of the Attorney General. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 67.

174 Elizabeth Fry Society of Ottawa. “Residential programs.” Elizabeth Fry Society, www.efryottawa.com/residential-programs. See also John Howard Society. “Services in Court & Detention.” John Howard Society of Ottawa.

Recommendations for Bail Reform

1. Expand the bail compliance dashboard to include domestic violence and sexual assault offenders, as well as individuals with peace bond conditions related to domestic incidents.¹⁷⁵
2. Consider establishing an independent, centralized body to oversee bail, with a specific focus on designing and implementing safety plans for individuals on bail who have been charged with IPV-related offences and are at risk of reoffending. This body should work collaboratively with survivors to develop bail conditions that respect their autonomy while prioritizing safety.
3. Improve funding and support for supervised bail programs under the Bail Verification and Supervision Program.
4. Develop trauma-informed approaches to bail conditions that recognize the complex dynamics of IPV relationships and centre survivor choice and safety planning.
5. CKW Inquest Recommendations:
 - a. Recommendation 11. Study the feasibility of, and implement if feasible, justice sector participants having access to relevant findings made in family and civil law proceedings for use in criminal proceedings, including at bail and sentencing stages.
 - b. Recommendation 43: Ensure that survivor-informed risk assessments are incorporated into the decisions and positions taken by Crowns relating to bail, pleas, sentencing, and eligibility for Early Intervention Programs.
 - c. Review and amend, where appropriate, standard language templates for bail and probation conditions in IPV cases, and develop a framework for identifying the appropriate conditions based on level of risk in collaboration with stakeholders.
6. Explore the concept of real-time geo-tracking systems to monitor offenders out on bail, allowing police and related agencies to access a dashboard that updates hourly or faster, including spatial tracking information, instead of relying on static documents.¹⁷⁶
7. Standardize risk assessment across jurisdictions to allow for consistent monitoring, community safety, increased transparency, and higher quality data.¹⁷⁷
8. Strengthen provincial bail systems with increased compliance monitoring and clear consequences to deter offenders from breaching conditions.¹⁷⁸

175 Durham Regional Police Service. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 86.

176 Esri Canada. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 84.

177 Guelph Police Association. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 80.

178 Guelph Police Association. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 80.

4.5 Restorative and Alternative Justice

In recognizing the current failures of the criminal court system, as well as the unique cultural and individual experiences of survivors, the Committee heard frequently about restorative and community-based justice initiatives. The Committee heard that investment in restorative and alternative justice has the potential to provide an avenue for offenders to be held accountable for their harm, thereby enhancing both the recovery of victims and offenders. As opposed to the increased focus and “overreliance” on the criminal justice system, amendments and investment into alternative, community-based justice models offer a different path forward.¹⁷⁹

The Committee heard that restorative justice for sexual violence is not currently permitted under Crown Policy D4 in Ontario. This denies survivors the opportunity to engage in a process that may better align with their needs for healing and justice. Survivors have long voiced that restorative justice offers a “survivor-based approach” to justice, better meeting the complex needs of each survivor and their unique circumstances.¹⁸⁰ Survivors4Justice, a grassroots organization, recently published an open letter to the Attorney General on this issue, with over 50 signatories.¹⁸¹

A study at the national level reveals that fear of the criminal justice system is among the top reasons provided as to why survivors do not report their sexual assault, cited by 42% of those surveyed.¹⁸² This fear tends to stem primarily from past experiences with the criminal justice system or current beliefs held about the criminal justice system. The Committee heard that for those who experience systemic barriers and historical marginalization within the criminal justice system, such as Indigenous, racialized, immigrant, disabled, 2SLGBTQI+, and trans women, sex workers, and gender diverse folks, relationships to the criminal justice system can be uniquely fraught. Many marginalized groups have expressed an aversion to engaging the criminal justice system, rooted in part from being historically “over-policed” and experiencing “criminalization of their relationships.”¹⁸³ For those occupying these positions, restorative and alternative models may provide a safer and more conducive opportunity for healing and justice.

The Office of the Federal Ombudsman for Victims of Crime (OFOVC) reports that “there is evidence that RJ (restorative justice) processes have positive implications not only for victims, but also for the wider community,” and that “research indicates RJ better meets the needs of victims and survivors and produces higher levels of satisfaction than experiences

179 Mosher, Janet. Testimony. York University. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 94.
Note: The Committee heard about the “overreliance” on the criminal justice system.

180 Survivors4Justice. “The Right to Restorative Justice for Sexual Violence Survivors.” Survivors4Justice, 9 June 2025.

181 Ibid.

182 Survivors4Justice. “Deciding Whether or Not to Report - Survey of Sexual Assault Survivors.” Survivors4Justice, 9 June 2025.

183 Community Justice Initiatives of Waterloo Region. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 71.

with the traditional court system.”¹⁸⁴ There is a recognition that unique attention and interventions are required for GBV and sexual violence specifically, and the OFOVC has recommended that the federal government provide core funding to community-based RJ programs. In the Ontario context, this begins with lifting the moratorium that currently prevents survivors from engaging in RJ practices if they so wish. Many feminist advocates and experts in the field have raised the point that “RJ processes are victim-centred; taking into account the victims’ interests, victim safety, and power imbalances between offender and victim, so as not to further harm and violence.”¹⁸⁵ It is essential to note that RJ has been deemed more cost-effective than the traditional system if you consider that it has demonstrated success in reducing re-offending.¹⁸⁶

Importantly, the values and practices of restorative justice are deeply rooted in First Nations traditions; “these practices are rooted in relationality, collective accountability, and the sacredness of all beings - values which are undermined by colonial systems of violence.”¹⁸⁷ The Committee heard the recommendation from the Chiefs of Ontario to “provide funding and resources for First Nations’ community-built and culturally reflective restorative justice and healing frameworks. Fill service delivery gaps through a process of ‘service mapping’ to highlight ‘the cracks in the system.’”¹⁸⁸ There is evidence of better health and well-being in communities that rely on the “principles of restorative justice based on cultural values and First Nations ways of being and knowing,” as one witness stated. The Committee heard that helping to reconnect individuals with the land as part of a restorative justice process can also be an essential source of healing for First Nations people.¹⁸⁹

In their testimony, Community Justice Initiatives of Waterloo Region shared about their groundbreaking Revive program that offers community-based responses to sexual harm, offering parallel support services to survivors, people who have offended, and affected family members within a restorative framework. The Revive’s 12-week Educational Group for persons who have sexually offended and the Peer Support Group for People Who Have Offended Sexually is currently on hold due to a lack of funding.

Community Justice Initiatives (CJI) noted that many marginalized community members refuse, with good reason, to interface with the justice system when they have experienced harm. This refusal is often due to historic over-policing, criminalization of their relationships, and the colonial nature of Ontario’s justice system.¹⁹⁰ In order to meet the needs of survivors who, understandably, do not want to interface with Ontario’s adversarial

184 Office of the Federal Ombudsman for Victims of Crime. “(No tot All) Hurt People Hurt People: Re-thinking the Victim-Offender Overlap.” Government of Canada, June 2021.

185 Ibid.

186 Ibid.

187 Survivors4Justice. “The Right to Restorative Justice for Sexual Violence Survivors.” Survivors4Justice, 9 June 2025.

188 Chiefs of Ontario. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 54.

189 Survivors4Justice. “The Right to Restorative Justice for Sexual Violence Survivors.” Survivors4Justice, 9 June 2025.

190 Community Justice Initiatives of Waterloo Region. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, pp. 71.

justice system, it is critical that the Ontario government invest in and provide pathways to alternative and restorative justice models when survivors request it.¹⁹¹

The Committee heard that RJ may not be appropriate in all cases, and that it would require thorough and trauma-informed safeguards. It was also recognized that, beyond lifting the moratorium to permit RJ in Ontario for cases of IPV and sexual violence, funding and resources need to be allocated to RJ organizations and providers to ensure that these services can be delivered effectively, safely, and promptly, so as not to recreate the backlogs currently plaguing the criminal justice system. Funding is necessary to support staff for these organizations, particularly for those serving large and geographically dispersed areas.

Recommendations for Alternative and Restorative Justice

1. Lift the moratorium currently preventing survivors of sexual assault from accessing restorative justice services.¹⁹²
2. Support and invest in culturally safe restorative justice models that meet the unique needs of their communities.¹⁹³
3. Sustainably invest in alternative and restorative justice programs in Ontario, including but not limited to the Community Justice Initiatives Revive Program.

4.6 Partner Assault Response Program

Overwhelmingly, the Committee heard that the Partner Assault Response Program (PAR) was not delivering the desired or intended outcomes for survivors or perpetrators. PAR is a court-ordered program for those who have been charged with domestic violence-related offences, through which offenders must attend 12 group education and counselling sessions. According to the Ontario government, PAR intends to help participants better understand domestic abuse, learn non-violent strategies to engage in healthy relationships and become aware of personal triggers that lead to violent behaviour.¹⁹⁴ The program also supports victims and their families by “reducing their isolation and helping them make informed decisions about their safety and relationships with the accused.”¹⁹⁵ However, the Committee heard, even from the Attorney General himself, that PAR is “not reaching its full potential.”¹⁹⁶ Research shows that dropout rates for programs like PAR are high, and a lack of evidence-based research poses challenges to informed policy discussions about how to respond to that.¹⁹⁷

191 Community Justice Initiatives of Waterloo Region. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, pp. 71.

192 Survivors4Justice. “The Right to Restorative Justice for Sexual Violence Survivors.” Survivors4Justice, 9 June 2025.

193 This was a repeated recommendation the Committee heard from multiple organisations and witnesses.

194 Ontario Newsroom. “Partner Assault Response program.” Ontario, 15 May 2023.

195 Attorney General of Ontario. “Ontario Investing in Partner Assault Response program.” Ontario Newsroom, 13 Dec. 2022.

196 Ministry of the Attorney General. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings.

197 Scott, Katreena, et al. “The (Dubious?) Benefits of Second Chances in Batterer Intervention programs.” *Journal of Interpersonal Violence*, vol. 28, no. 8, 2013.

Despite investments of over \$2 million in additional funding annually since December 2022, Committee Members heard from survivors and experts alike that PAR programs have not delivered expected or sufficient results. Instead of investing further in PAR, which has been criticized for its “one size fits all” approach, witnesses identified numerous programs and resources that would benefit from greater government funding. One of the main themes identified in relation to PAR was a need for changes in perpetrator prevention programming to increase availability and develop more individualized and responsive programming.

The Committee heard from Dr. Katreena Scott of Western University that improvements to the current PAR program could include: “training and supporting full time program staff (including in rural areas); running smaller groups with more closed or staggered entry (a maximum of 12 people); integrating/incorporating group and individual sessions to allow risk management and responding to individual needs; lengthening the programs to 20 or 22 weeks; and strengthening the curriculum by drawing on existing evidence.”¹⁹⁸ Dr. Scott further proposed programming explicitly designed for serious and repeat offenders, drawing on the “risk-need-responsivity” model. This coincides with other witness testimonies that PAR does not effectively provide preventative solutions but, instead, focuses only on rehabilitation after violence has already occurred and law enforcement has intervened. One survivor expressed explicitly that PAR was ineffective in their experience.

Janet Mosher, associate professor at Osgoode Hall Law School at York University, raised concerns about the unintended impacts of PAR on family law courts. The witness testified that after completing PAR, a man might be viewed by the courts as a “good father” regardless of whether the rehabilitation process was successful.¹⁹⁹ This creates the potential for cases in which children are placed in unsafe environments. Training for family and civil law personnel, which recognizes the “longstanding critique” of legal responses to IPV that are focused on “isolated instances of violence,” could help mitigate these risks.²⁰⁰

Another critical limitation of PAR is the inability to self-refer²⁰¹. Therefore, perpetrators cannot access these services without first being charged or convicted, and then being legally mandated to attend. Family Service Ontario’s recommendations include government investment in preventative as opposed to responsive services, which engage men to reconcile their histories of trauma, understand their behaviours, and move toward true change.²⁰² The witness testified that a solution could include modifying PAR programs to enable voluntary access - self-referral - for lower-risk men.²⁰³ The Committee heard from the witness that approximately 40% of IPV is low-risk and situational, suggesting that this

198 Scott, Dr. Katreena. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 87.

199 Mosher, Janet. Testimony. York University. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 94.

200 Mosher, Janet. Testimony. York University. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 93.

201 John Howard Society of Toronto. “Partner Assault Response (PAR) programs.” John Howard Society of Toronto.

202 Family Service Ontario. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 22.

203 Family Service Ontario. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 22.

modification to PAR could engage a significant portion of those prone to IPV and even serve as an “upstream” preventative measure.²⁰⁴

The government decision to invest heavily in PAR, and the treatment of this method in the Government Report, embodies criticisms of the government’s “overreliance” on the criminal justice system. Treating the criminal system as the “primary societal response to gender-based violence” has been criticized by scholars and experts alike.²⁰⁵ As many scholars have posited, the “tough on crime” model can have adverse and traumatic impacts on victims of violence, including IPV and GBV. The Committee heard about this reality from Ms. Mosher of York University, who shared that no academic literature proves that criminal justice intervention reduces IPV and, in fact, a recent systematic review of mandatory charging policies shows them to be ineffective.²⁰⁶ For instance, according to the Canadian Association of Elizabeth Fry Societies, “mandatory charging laws’ in the context of partner violence were intended to save lives; however, in the decades since enactment, there has been no decrease in IPV and an increase in the criminalization of the very women who were meant to be protected.”²⁰⁷ A witness recommended that the mandatory charging policy that leads to dual charging or charging of survivors be reviewed, particularly in cases that concern psychological and coercive control. Amendments and investments could instead be allocated to alternative, community-based justice models that offer a path forward.

Overall, the Committee heard collective criticism of the overreliance on programs like PAR, predicated on involvement with the criminal justice system, as opposed to other effective solutions presented to the Committee.

Recommendations for the Partner Assault Response Program

1. Increase sustainable, regionally responsive PAR funding.
2. Extend the length of PAR and shrink group sizes.²⁰⁸
3. Integrate a self-referral model into PAR as a preventive measure, rather than a reactive one.
4. Invest in establishing more individualized and responsive programming as opposed to a “one size fits all” model.

204 Family Service Ontario. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 22. Note: The Committee heard about the importance of investing in “upstream” measures from various witnesses.

205 Leigh Goodmark explores this concept extensively in: Goodmark, Leigh. *Imperfect Victims: Criminalized Survivors and the Promise of Abolition Feminism*. 1st ed., vol. 8, University of California Press, 2023.

206 Mosher, Janet. Testimony. York University. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 94.

207 Canadian Association of Elizabeth Fry Societies. Testimony. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 38.

208 Scott, Dr. Katreena. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 87.

4.7 Gun Control

Guns are a common weapon used in femicides, IPV-related homicides, and threats to the life of a survivor. Rural intimate partner femicides and femicides of Indigenous women are more likely to involve a firearm.²⁰⁹

The Mass Casualty Commission noted that guns in the home increased the risk of accidental injury, suicide, domestic violence, and hate crimes, among others.²¹⁰

Recommendations for Gun Control

1. Implement the recommendations of the Nova Scotia Mass Casualty Commission, especially C.21 (reducing gun lethality) and C.22 (revocation of firearms licenses for conviction of gender-based, intimate partner, or family violence).²¹¹
2. Create a comprehensive plan to limit perpetrators' access to guns, especially when previous threats with a weapon have been recorded.²¹²
 - a. Increase the use of court-ordered language, ensuring that alleged and convicted offenders will not reside in homes that have firearms.
3. Create and fund a comprehensive early intervention program for youth involved in guns, gangs, and street violence.²¹³
4. Ensure that people at risk of IPV have 24/7 access to reporting tools that will notify the Chief Firearms Officers.
5. Explore enhanced licence revocation in cases of alleged IPV, stalking, and related threats.
6. Ensure the immediate enforcement of orders to remove access to firearms following the issuance of removal orders.

209 Jaffe, Dr. Peter. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 5.

210 Nova Scotia Mass Casualty Commission. Final Report of the Mass Casualty Commission: Reco, p. 5.

211 Nova Scotia Mass Casualty Commission. Final Report of the Mass Casualty Commission: Reco, p. 26-27.

212 Green, Viven & Moreno, Rodrigo. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 90.

213 Youth Association for Academics, Athletics, and Character Education. Recommendation. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 19.

4.8 Protection Orders

Protection orders are a key legal intervention to keep survivors and their families safe by disallowing a perpetrator from contacting the survivor or from coming within a certain distance of them. However, protection orders can be complex, confusing, difficult to enforce, and don't always result in desired safety outcomes. Additionally, sometimes protection orders are enacted against the wishes of the survivor, often as part of bail conditions.

The Committee heard from numerous presenters, including the Law Commission of Ontario, the Jean Tweed Centre, Esri Canada, and Dr. Deinera Exner-Cortens, regarding the need to modernize the protection order system in Ontario. They shared how survivors need more legal support, the system needs to be less confusing and more responsive, and that information sharing between courts and frontline responders could be improved to increase safety. The Committee also heard about how protection orders are not a blanket solution and are sometimes imposed on survivors as a condition of bail for the offender. If a survivor participates willingly in breaching a protection order they did not request, it can cause law enforcement and the legal system to take the risks they are subject to less seriously. Recommendations heard by the Committee were sweeping and should be addressed to facilitate survivor autonomy and safety.

Recommendations for Protection Orders

1. Explore the breaking down of silos around protection order data so that law enforcement and service providers can share data, potentially including real-time location data, to increase safety.²¹⁴
2. Work with the Law Commission of Ontario to understand the feasibility of and implement, where possible, their nine recommendations to improve protection orders, including:²¹⁵
 - a. Availability of emergency protection orders
 - b. Increased access to legal aid
 - c. Educate protection-order decision makers about IPV risks
 - d. The writing of protection orders in plain language
 - e. Creation of a protection order database available to courts, law enforcement, and GBV service providers in Ontario
 - f. Ease of registration and enforcement of protection orders issued outside of Ontario

214 Esri Canada. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 84.

215 Law Commission of Ontario. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 107.

3. Investigate the expansion of protection order applications to serve more people at risk, including those who have experienced teen dating violence, who almost universally do not live with their partners, and to cover technology-facilitated abuse.²¹⁶

4.9 Family Court

Family court and the stress that it creates for victim-survivors came up repeatedly in the Committee process, especially during Phase 3 survivor testimonies. Many survivors with children shared how their abusers used the family court system to financially and legally abuse them. They described their former partners bringing them back to court as often as possible for frivolous matters, just to remain in the survivor's life. These repeated court appearances caused them stress and forced them to pay for costly legal representation. Many survivors described lengthy and difficult custody battles, not being believed when they shared details of abuse, and children forced to spend unsupervised time with an abusive parent.

Recommendations for Family Court

1. Increase funding for and availability of family court support workers.²¹⁷
2. Increase funding for Legal Aid Ontario to support survivors in family court and across the legal system.²¹⁸
3. Increased training for family court judges and lawyers on IPV competence.²¹⁹
4. Implement the training mandates set out in Keira's Law, already passed by the Ontario legislature.²²⁰

4.10 Domestic Violence Death Review Committee

The Domestic Violence Death Review Committee (DVDRC) in Ontario was created in response to recommendations from the inquests into the deaths of Arlene May and Gillian Hadley. Established in 2003, the multi-disciplinary committee's mandate is to review all domestic violence-related deaths to help prevent similar deaths in the future. The committee comprises community-based subject-matter experts from across the province. The DVDRC helps the Office of the Chief Coroner in investigating and reviewing these deaths to identify trends, risk factors, and systemic issues.

216 Exner-Cortens, Dr. Deiner. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 97.

217 Barbra Schlifer Commemorative Clinic. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 29.

218 Aura Freedom. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 10.

219 Ibid.

220 Exner-Cortens, Dr. Deiner. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 97.

The Committee heard from Jennifer Kagan-Viater, mother of Keira Kagan, who was killed in a murder-suicide by her father. Keira's death was investigated by the DVDRC. Jennifer's testimony was extremely moving, and the Committee is extremely grateful that she chose to share her experiences and expertise.

Presenter after presenter stated that every DVDRC report contained helpful recommendations, which were often repeated in subsequent reports over a period of more than 20 years. Currently, there is no legal requirement that the recommendations be implemented and monitored by institutions, including the government. This is yet another case of the Ontario government having all of the expert feedback it requires to make changes and reduce IPV, but failing to do so.

Recommendations for the Domestic Violence Death Review Committee

1. Hold the Ministry of the Solicitor General and the broader Ontario government responsible for implementing and monitoring the recommendations set out in **all** previous DVDRC reports.²²¹ Including but not limited to;
 - a. Implement the training mandates set out in Keira's Law, already passed by the Ontario legislature.²²²
 - b. Ensure that family law decision makers receive training to understand how IPV affects children.

Response to the Government Recommendations on the Legal System

The recommendations in the Government's IPV Report are disproportionately and unduly influenced by the personal assumptions and opinions of its single author. Oftentimes, it would have been more reasonable for the recommendations to recognize that goal-oriented recommendations with latitude for local adaptation across Ontario would lead to more trauma-informed, resilient, and relevant recommendations. The differing realities on the ground facing justice stakeholders, IPV experts and survivors across Ontario matter.

Any of the proposed recommendations requires more genuine consultation than Ontarians have seen from this government to be truly supportable. Many government bills have been time-allocated, which means they bypass committee consultations and the opportunity for amendments. New legislation proposed by the government, arising from the IPV report, must be thoroughly reviewed, debated, and given broad opportunities for public

221 Children's Aid Society of Toronto. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 95.

222 Kagan, Dr. Jennifer. Study on Intimate Partner Violence in Ontario - Phase 1 Summary of Hearings, p. 97.

consultation. Changes to Ontario's tort system and related civil laws must be made in a manner that is trauma-informed and flexible, given the rapid evolution of generative audiovisual technology.

Calls for more training are supportable and reflect what the IPV Committee heard during deputations. Recommendations to improve or modernize the justice system often overlook the fact that the courts in Ontario have become increasingly overloaded under the current government. Current government decisions to de-prioritize hiring and retention of court staff underlie why many cases have been dropped, and trials have collapsed. Fixing these court system failures for IPV survivors is welcome, but anyone who survives a crime in Ontario also deserves a functioning justice system.

In 2019, Ontario's Auditor General audited the Ministry of the Attorney General and concluded that it lacked effective systems and procedures to determine whether its resources were being utilized or allocated efficiently to support the timely disposition of criminal cases. She recommended the government start tracking the reasons criminal charges are withdrawn by prosecutors or stayed by judges. It would help reduce costs and ensure cases progress efficiently through the legal system amid chronically high case backlogs. Increasing transparency in the handling of criminal cases would effectively reveal the causes of delays and help remove those barriers.

Lydia's Law

Citing the government's inaction to collect the data requested by the Auditor General, Official Opposition MPP Catherine Fife introduced Bill 189, Lydia's Law (Accountability and Transparency in the Handling of Sexual Assault Cases), 2024, to support the audit recommendations. Lydia's Law was scheduled for debate on May 15, 2024. On May 14, without warning, the government used its majority to prevent the bill from being debated or voted on. While claiming the bill was being "expedited" to the Justice Committee, the government failed to follow through on its promise, never calling it for review.

It's been six years since the Auditor General's recommendations were accepted by the Attorney General, and at the time of publication of this dissenting report, the government has yet to proactively report on the number of sexual assault cases and intimate partner violence cases before the court system and the reasons for cases being stayed and withdrawn before trial. These are essential issues to address in a criminal justice system with long-term and increasing delays in resolving cases and a backlog of remand inmates detained in correctional institutions.

Bail

As referenced in previous sections, calls to update and enhance bail supervision dashboards and IPV risk assessment tools are very welcome and strongly supported by the Official Opposition. However, it must be recognized that overhauling processes and requiring new suites of tools when the court system is currently failing to process and prosecute IPV cases promptly is risky without more funding and a strategy to hire and retain staff.

Restorative Justice

A glaring omission in the Government Report is the lack of a serious discussion and consideration of exploring and expanding access to restorative justice. This issue deserves repeated mention, as the government is unwilling to listen. Many presenters and depositions to the Committee have shared how adversarial justice processes damage family systems, retraumatize survivors, and exacerbate the risks facing everyone involved. Restorative justice is not appropriate for every situation involving IPV. Still, its systemic underfunding and sidelining by past and current governments is a serious missed opportunity to build an Ontario with healthier, safer communities and less IPV.

The criminal justice system is a multi-year-long process, and it is punishing for survivors who are eager to begin their recovery and put the trauma of sexual violence and intimate partner violence behind them. With the Government's refusal to expand alternative justice and trauma-informed options to survivors, we know that they will likely be re-traumatized if forced to accept a lengthy and expensive wait until their case reaches trial.

Family Court

The importance of modernizing family courts in Ontario is uniquely significant and worth highlighting. Ontario's justice system is notorious for inflicting additional trauma and retraumatizing survivors, as well as trapping survivors in legal obligations to continue engagement with their abusers. It is also essential to ensure that risks involving firearms that emerge during family court proceedings are shared with the correct authorities to limit firearm access as quickly as possible when the possession of firearms by dangerous individuals is known or suspected. Increasing funding for training at every aspect of the legal system that touches IPV is especially welcome, provided the government ensures adequate funding and genuine consultation. Likewise, the report correctly highlights the role that animal abuse can play in IPV. Animal abuse can be the figurative canary in the coal mine, signalling dangerous individuals, and fear for one's pet traps many survivors in unsafe living conditions.

Gun Control

The Committee heard more direct calls for change about gun control than exist in the Government Report's recommendations. More must be done to ensure that abusers and likely perpetrators with access to firearms have their access withdrawn. Education about the dangers of IPV alone is insufficient when it comes to firearms. The Official Opposition would have recommended that this report endorse immediate enforcement of orders to remove access to firearms, as women have been killed during the intervening time between when an order for police to remove firearms is issued and when it is actually enforced. The Government Report's reliance on Crime Stoppers should be further reviewed and evaluated by experts. Consultation with stakeholders, including gun control advocates and regulators, is strongly encouraged.

The Government Report should have gone further in supporting the strengthening of red flag and yellow flag laws in the context of IPV. "Red Flag" Laws are new measures that allow any member of the public to apply to a court for an emergency prohibition order to immediately remove firearms from an individual who poses a danger to themselves or others. "Yellow Flag" Laws allow a Chief Firearms Officer (CFO) to temporarily suspend an individual's licence for up to 30 days when there is reason to suspect they are no longer eligible to hold one (e.g., suspected of illegal activity), allowing time for investigation.

The Official Opposition also recommends exploring enhanced Licence Revocation so that CFOs can more easily and quickly revoke a firearms licence in cases of domestic violence, criminal harassment (stalking), or when a protection order has been issued against the licence holder. The Official Opposition also wished to see the Government Report more explicitly call for the expansion of reporting systems so that, for example, anyone at risk of IPV has 24/7 access to support lines and reporting tools dedicated to IPV and public safety concerns to be reported to CFOs.

Risk Assessment Tools

New risk assessment tools and referral processes are likewise welcome, but adding to the workload of the IPV sector without commensurate increases to base and operational funding, indexed to inflation, would not be sustainable. Moreover, the best tools cannot alone address the risks of men who lack the social determinants of safety. Government protections that enable economic stability for workers, affordable housing investments, access to healthcare and education, and the guarantee that everyone in Ontario has the ability to learn, work, and live with dignity will make every recommendation in this part of the report more likely to be successful.

SECTION 5: **DATA, ACCOUNTABILITY AND OVERSIGHT**



SECTION 5: DATA, ACCOUNTABILITY AND OVERSIGHT

Throughout the Committee's study, the need for better data tracking, clear accountability after a report, and ongoing oversight of government action to combat IPV was raised. Currently, data about IPV is often siloed across organizations, fragmented, or not tracked at all. In order to measure the impact of the government's response, consistent enhanced data tracking is essential to ensure that the government takes accountability for making progress in addressing IPV.

It is vital that the changes to data tracking are implemented and measured in a way that does not further burden overworked frontline workers.

The Government Report makes recommendations to enhance data collection related to IPV and ensure that the government's response is accountable to Ontarians. Recommendations to enhance and coordinate data tracking are broadly supportable provided that the government invests sufficient new funding to data-related goals and does not simply re-allocate existing funding from elsewhere.

Data tracking will be enhanced if funding for IPV data-tracking is supported by predictable funding that is indexed to inflation instead of annualized project-based grant. We recommend that the government extend this insight about predictable long-term funding that is indexed to the rate of inflation and extend it to all other programs that support Ontarians' social determinants of safety.

Government accountability and oversight must remain flexible and context-specific. The Ontario government should not impose one-size-fits-all implementation models on distinct communities or require organizations to create programming that does serve their clients meaningfully, just to check a box.

The Ontario government can not be left to oversee itself on this imperative matter. The government must appoint an independent Gender-Based Violence Commissioner and task them with establishing an advisory body comprising diverse experts in IPV/GBV. This commissioner should track progress, make recommendations, and hold the government accountable for taking real action to end IPV in Ontario.

Future committees on gender-based violence should appoint an independent report lead to ensure accurate, non-partisan information and recommendations are shared. For example, British Columbia appointed Dr. Kim Stanton to conduct an independent systemic review of how the legal system treats survivors of intimate partner violence and sexual violence. The final report was released in June 2025. It was produced through a process designed to centre survivors, engage experts across sectors, and deliver evidence-based recommendations without partisan interference in the findings or conclusions.

Recommendations for Data, Accountability and Oversight

1. Establish a robust internal government accountability mechanism to ensure the implementation and monitoring of IPV-related policies and recommendations across all ministries.
2. Appoint an independent Gender-Based Violence Commissioner to provide oversight, public reporting, and accountability for the government's response to intimate partner violence and gender-based violence.
3. Establish an advisory body to the GBV Commissioner that includes both internal government representatives and community organizations, ensuring survivor voices and frontline expertise inform policy development and implementation.
4. Commit to appointing an independent investigator when creating committee reports on gender-based violence.

CONCLUSION

As this report illustrates, IPV is a complex and deeply intersectional issue that requires a multi-sectoral solutions approach.

The Official Opposition's dissenting report aims to highlight key learnings from the Committee, as raised by advocates, survivors, and IPV experts, which were de-emphasized in the Government Report. It argues that any meaningful response to IPV must include strengthening Ontario's social infrastructure.

The testimonies heard throughout this Committee process consistently returned to a central demand: that Ontario must declare Intimate Partner Violence an epidemic.

Yet, as of the publication of this report, the Ontario government has repeatedly voted against declaring IPV an epidemic on separate occasions, despite 106 municipalities and over 150 organizations across Ontario having taken this critical step.

This declaration must be followed by concrete actions to support survivors and improve their material conditions. The voices of experts, professionals, Indigenous leaders, community organizations, and survivors themselves have provided the roadmap. Implementation of the recommendations must be carried out at a speed that meets the crisis-level of intimate partner violence that we are seeing in the province. Ongoing community input and genuine government accountability are crucial to the implementation of the recommendations provided by the Committee's witnesses. Women, their families and communities across Ontario have been waiting too long for real government solutions. Every day that passes without urgent action and investments from their government, the loss and suffering are compounded.

It is time for the government to act.

APPENDIX I: ORGANIZATIONS AND INDIVIDUALS APPEARED BEFORE THE STANDING COMMITTEE ON JUSTICE POLICY

Phase 1:

July 17, 2024

- Child Development Institute
- University of Calgary - Katreena Scott, PhD C. Psych. Professor and Academic Director, Centre for Research and Education on Violence Against Women and Children, Western University, Tier I Canada Research Chair in Ending Child Abuse and Domestic Violence;
- Professor Lana Wells, Associate Professor and the Brenda Strafford Chair in the Prevention of Domestic Violence, Faculty of Social Work, University of Calgary;
- Children's Aid Society of Toronto - Lisa Tomlinson
- Western University
 - Peter Jaffe, Professor Emeritus, Faculty of Education, Centre for Research & Education on Violence Against Women & Children, Western University, Founding Member, Chief Coroner's Domestic Violence Death Review Committee;
 - Ray Hughes - Fourth R Founding Partner;
 - David Wolfe - Professor Emeritus, Faculty of Education, Western University
- Sonya Jodoin - Chair of the Office for Victims of Crime, Ontario Ministry of the Attorney General
- The Gatehouse - Sabra Desai, MSW, RSW, Chair Board of Directors; Maria Barcelos, MA, Executive Director & Registered Psychotherapist

July 18, 2024

- White Ribbon - Humberto Carolo, Chief Executive Officer
- Ontario Association of Interval and Transition Houses - Marlene Ham, Executive Director
- PREVNet - Wendy Craig, Co-Scientific Director, Special Advisor to the Principal Community Engagement, and Professor, Queen's University
- PROOF - Valerie Tarasuk, Lead Investigator, Food Insecurity Policy Research and Professor Emerita, Department of Nutritional Sciences, Tim Li, Research Program Coordinator

- Irvin Waller - Professor at the University of Ottawa and Vice-President of the International Organization for Victim Assistance.
- Jo Henderson -Senior Scientist, McCain Centre for Child, Youth and Family Mental Health
- Lynda Ashbourne, Professor Emerita, Guelph University
- College of Social and Applied Human Sciences, Family Relations & Applied Nutrition
- Mohammed Baobaid, Founder and former Executive Director at Muslim Resource Centre for Social Support and Integration (MRCSSI)

July 23, 2024

- Goldblatt Partners LLP - Kirsten Mercer, Lawyer and Counsel to EVA Renfrew at the CKW Inquest
- Ontario Network of Victim Service Providers
- Triple P
 - Julie London, Director, Positive Parenting Association Ontario and Regional Coordinator, Hastings Prince Edward and York Region
 - Wendy Anderson, Board Member, Positive Parenting Association Ontario and retired Executive Director, The Hub EarlyON Centre
- Youth Association for Academics, Athletics, and Character Education (YAAACE) - Devon Jones, Founder, Ardavan Eizadirad, Executive Director
- Safe Centre of Peel - Shelina Jeshan, Director, Strategic Partnerships and Collaboration
- The Oaks Revitalization Association - Mark Tenaglia, Executive Director, Joe Williams, Managing Director
- Canadian Council of Muslim Women - Nuzhat Jafri, Executive Director
- Jean Tweed Centre - Belinda Marchese, Executive Director
- Interval House of Hamilton - Sue Taylor, Executive Director, Liza Ritchie, Director, Programs and Services
- MacEwan University, Dr. Sandy Jung, Department of Psychology

July 24, 2024

- Ontario Native Women's Association (ONWA) Cora McGuire-Cyrette, Chief Executive Officer
- Violence Link Consulting - Teena Stoddart, Founder and retired Sergeant, Ottawa police services
- Counterpoint Counselling Cooperative
 - Vivien Green
 - Rodrigo Moreno
- Lanark County Interval House Executive Director, Erin Lee
- Child Witness Centre - Robin Heald, Executive Director
- Muslim Resource Centre for Social Support and Integration (MRCSSI) - Mohammed Baobaid, Founder and former Executive Director
- Chiefs of Ontario
 - Nancy Johnson, Director, Women's Initiatives,
 - Rebekah Ederer, Research Lead, Women's Initiatives,
 - Sarah Whelan, Policy Analyst, Women's Initiatives,
 - Rebecca Timms, MMIWG Policy Analyst, Anishinabek Nation
- Nishnawbe Aski Nation - Anna Betty Achneepineskum, Deputy Grand Chief Loretta Sheshequin, Director, Women's Initiatives
- Sexual Assault Support Centre, Waterloo Region - Sara Casselman, Executive Director, Lyndsey Butcher, Director, Services

July 31, 2024

- Executive Director and Clinical Leader at the Bridges Centre - Tim Kelly
- Ontario Shores Centre for Mental Health Sciences - Leena K. Augimeri, Director, Program Scaling, Strategic Partnerships and SNAP / EARL Co-Founder at the Child Development Institute (CDI) & Adjunct Professor, at the University of Toronto.
- Association of Municipalities of Ontario (AMO) - Lindsay Jones, Director, Policy and Government Relations
- Barbra Schlifer Commemorative Clinic - Deepa Mattoo, Barrister, Solicitor, and Executive Director

- Butterfly - Asian and Migrant Sex Worker Support Network - Elene Lam, Executive Director, Butterfly and Assistant Professor, York University (School of Health Policy and Management)
- Ganohkwasra Family Assault Support Services - Sandra Montour, Executive Director
- Toronto Metropolitan University's Centre for Student Development and Counselling - Jesmen Mendoza, Psychologist
- National Centre for the Prosecution of Animal Cruelty - Kerri Thomson, Manager, Justice and Legislative Affairs, Humane Canada; Amy Fitzgerald, Professor, Department of Sociology and Criminology, University of Windsor

August 1, 2024

- Dalhousie University - Suzie Dunn, Assistant Professor, Dalhousie University's Schulich School of Law
- Tod Augusta-Scott
- Jellinek Ellis Gluckstein Lawyers - Erin Ellis, Senior Associate; Vanshika Dhawan, Associate
- Luke's Place - Carol Barkwell, Executive Director; Emily Murray, Legal Director
- York University - Janet Mosher, Associate Professor, Osgoode Hall Law School
- Ontario Coalition of Rape Crisis Centres (OCRCC) - Joanna Brant, Co-chair; Elise Hineman, Co-chair; Nicole Pietsch, Advocacy and Writing
- Ontario Council of Agencies Serving Immigrants (OCASI) - Berivan Kutlay Sarikaya, Coordinator, Community Education, Gender-Based Violence Project

August 14, 2024

- Moose Hide Campaign - Raven Lacerte, Co-Founder and National Ambassador
- Waypoint Centre for Mental Health Care - Zoe Hilton, Research Chair, Forensic Mental Health
- YWCA Ontario - Medora Uppal, Chief Executive Officer, YWCA Hamilton; Heather McGregor, Chief Executive Officer, YWCA Toronto; Elisabeth Zimmermann, Executive Director, YWCA Niagara Region
- Family Service Ontario - Susan Somogyi, Chief Executive Officer
- WomanACT - Harmy Mendoza, Executive Director
- Aura Freedom - Marissa Kokkoros, Executive Director

- The Canadian Centre to End Human Trafficking (CCTEHT) - Julia Drydyk, Executive Director
- ONGIA - Andrew Hammond, President

Aug 15, 2024

- Wilfrid Laurier University - Halina (Lin) Haag, CIHR Fellow and Contract Faculty Member, Faculty of Social Work
- Guelph Police Service - Ashley MacArthur, Detective Constable and Committee Chair, Ontario High Risk Intimate Partner Violence Coordinators
- Jennifer Kagan
- Ontario Nurses' Association - Erin Ariss, President and Registered Nurse Michelle Bobala, Registered Nurse
- Waterloo Regional Police Service (WRPS)
 - Amy Hachborn, Staff Sergeant, Intimate Partner Violence Unit
 - Jennifer Hutton, Chief Executive Officer, Women's Crisis Services of Waterloo Region
- Law Commission of Ontario (LCO) - Laura Snowdon, Counsel
- Ontario Network of Sexual Assault/Domestic Violence Treatment Centres - Sheila Macdonald, Director
- Ottawa Coalition to End Violence Against Women (OCTEVAW) - Yamikani Msosa, Executive Director
- Ontario Provincial Police (OPP) - Allan Gelinas, Detective Staff Sergeant, Bail Support Team

August 28, 2024

- Western University - Kaitlynn Mendes, Professor, Sociology and the Canada Research Chair in Inequality and Gender
- University of Windsor - Mia Sisic, Adjunct Assistant Professor, Department of Psychology and Senior Research Associate, Girls - Flip the Script with EAAATM Across Canada
- Office of the Auditor General of Ontario
 - Shelley Spence, Auditor General;
 - Vivian Sin, Audit Director

- Ontario Crown Attorneys' Association
 - Donna Kellway, President;
 - Lesley Pasquino, Vice-President
- Action ontarienne contre la violence faite aux femmes - Maïra Martin, Executive Director
- The Ontario Association Chiefs of Police (OACP) - Mark Dapat, Deputy Chief, Peel Regional Police
- The Canadian Association of Elizabeth Fry Societies (CAEFS) - Emilie Coyle, Executive Director;
- The Council of Elizabeth Fry Societies of Ontario - Kelly Potvin, Executive Director
- University of Guelph - Mavis Morton, Associate Professor, Sociology and Anthropology, College of Social and Applied Human Sciences (CSAHS)
- Toronto Police Service (TPS) - Mustafa Popalzai, Detective Constable, Major Crime Unit

August 29, 2024

- Kids Help Phone - Alisa Simon, Executive Vice President, E-mental Health Transformation and Chief Youth Officer
- SafePet Ontario - Hayley Glaholt, Executive Director and Co-Founder
- City of Toronto, Safe TO
 - Scott Mckean, Associate Director, City of Toronto, Violence Prevention and SafeTO;
 - Nat Rambold, Equity Consultant, City of Toronto, Gender-Based and Intimate Partner Violence, Gender Equity Unit
- Nishnawbe-Aski Legal Services Corporation - Alana Odawa-Lindstone, Victim Witness Program Manager
- Community Justice Initiatives of Waterloo Region - Kate Crozier, Interim Executive Director
- Esri Canada - Shaun Hildebrand, Manager, Law Enforcement Solutions
- Dr. Carmen Gill, Department of Sociology at the University of New Brunswick.
- Women's National Housing & Homelessness Network (WNHHN) - Kaitlin Schwan, Co-Founder and Research Advisor, and Associate Professor, Family Medicine, University of Southern California
- Ministry of the Attorney General - Teresa Donnelly, West Region Sexual Violence Crown, Sexual Violence Advisory Group, Criminal Law Division

Phase 2 Hearings:

- Associate Minister of Women's Social and Economic Opportunity
- Minister of Education
- Minister of Health and Associate Minister of Mental Health and Addictions
- Minister of Health
- Associate Minister of Mental Health and Addictions
- Minister of Indigenous Affairs and First Nations Economic Reconciliation
- Minister of Children, Community and Social Services
- Solicitor General
- Attorney General

Phase 3 Hearings:

This phase was devoted to survivors of IPV and affected families to share their stories and recommendations. All parts of these hearings were done in camera. Names cannot be published.