Brief submitted by Women's Shelters Canada to the
Standing Senate Committee on Social Affairs, Science and Technology
April 16, 2024

Women's Shelters Canada (WSC) is a national non-profit organization representing 16 provincial and territorial shelter associations and the more than 600 violence against women (VAW) shelters and transition houses from across the country.

While Women's Shelters Canada has long advocated for national policies to address intimate partner violence (IPV), we have several concerns about Bill S-249. Our two primary concerns are the development of a national strategy for the prevention of intimate partner violence, and the requirement of health care professionals to report suspected IPV to police.

We have advocated for a national plan to address gender-based violence (GBV) since we formed as an organization in 2013, and strongly believe that this is key to reducing violence against women, girls, and gender-diverse people. In 2014, we released Canada's Blueprint for a National Action Plan which inspired the structure of the NAP pillars. In November 2022, the federal government announced the National Plan to End Gender-Based Violence (NAP).[1] We are unsure how Bill S-249 adds to the NAP. Rather, we believe that greater resources should be focused on the NAP. The creation of a second similar national plan could lead to fragmentation of funding, and of political and public attention on this issue.

In November 2022 when this Bill was in second reading, Senator McPhedran asked how this Bill would fit with the Roadmap for the National Action Plan on Violence Against Women and Gender-Based Violence,[2] which we developed in collaboration with 40 anti-violence leaders from across Canada. This document was provided to Women and Gender Equality Canada (WAGE) to act as a guide for the development of the NAP. Through this Bill, Senator Manning indicated that he hoped to bring all the players to the table. Through our work on the NAP, and the continuing efforts by WAGE and the provinces and territories, we believe that this is beginning to happen. We need to continue to focus, refine, and resource the current NAP, not divide our energy and resources.

Our second concern is with section 1d – *the requirements for health professionals to make a report to the police if they suspect that a patient is a victim of intimate partner violence*. We believe that this may raise safety concerns for those experiencing violence, while also removing agency from those receiving health care. Many who experience violence choose not to report

[1] The National Action Plan to End Gender-based Violence - https://femmes-egalite-genres.canada.ca/en/gender-based-violence/intergovernmental-collaboration/national-action-plan-end-gender-based-violence.html
[2] Dale et al. (2021) Roadmap for the National Action Plan on Violence Against Women and Gender-Based Violence. Women's Shelters Canada.

this violence, particularly to police. While there are many reasons that individuals may not report, an important factor is fear of an abuser, and that involvement of police could escalate violence. Further, many women experiencing abuse do not report as they are financially dependent upon their abuser. Without the financial means to support themselves, there are limited opportunities to leave a violent relationship. When there are children in a relationship, reporting can be even more difficult, as women fear the involvement of child welfare agencies and the potential removal of their children. It has also been documented that women with BIPOC partners are reluctant to go to police fearing police violence against their partners. These are only a few reasons that women do not report violence, but they demonstrate the complexity that goes into deciding to go to the police. Taking these decisions out of the hands of women experiencing abuse not only strips them of their agency, but also potentially creates dangerous and/or life-threatening situations.

While health care workers can be allies for those experiencing violence, we also know that many injuries that are caused through IPV are not well understood by health care workers. Increasingly we understand the links between IPV and traumatic brain injuries,[3] but this requires more training for health care workers. By comparison, we fear that injuries that seem consistent with IPV will be reported, despite there being no violence experienced, leading to unnecessary and possibly stigmatizing engagement with police.

In addition to our concern about the safety of women experiencing violence with mandatory police reporting, we know that the current VAW shelter and transition house infrastructure cannot respond to the ever increasing demands. Across Canada, hundreds of women and children are turned away from shelters each night due to lack of capacity. With mandatory reporting by health care workers, there will potentially be increases in those attempting to access shelter. Unless there is more funding, and shelter spaces, shelters and transition houses cannot absorb an increase in those attempting to access refuge. If violence is being reported on behalf of women, we would want to ensure that there are safe spaces available; currently, these are very limited.

Despite our concerns with this Bill, we do believe that section 1c – *the requirements for representatives of health care facilities, medical practitioners, and nurse practitioners to provide information on access to legal assistance to patients who they suspect may be victims of intimate partner violence* – is important. For this to be successful, health care workers will require training on GBV, the types of community supports available, and trauma-informed approaches to working with survivors. This should be carried out by those with knowledge and experience working in the anti-violence sector. Once again, this will require resourcing for those providing the training.

Several years ago, the Public Health Agency of Canada funded an extensive national project, the VEGA project, which created pan-Canadian, evidence-based guidance and education resources to assist healthcare and social service providers in recognizing and responding safely to family violence. The VEGA Team developed these resources in collaboration with expert consultants, 22 national organizations and other stakeholders. VEGA focuses on three main

[3] Supporting Survivors of Abuse and Brain Injury Through Research (SOAR) - https://soarproject.ca/

types of family violence: child maltreatment, intimate partner violence, and children's exposure to intimate partner violence.

We appreciate more attention being focused on IPV, and the good intentions at the heart of this Bill. To have an all-of-society approach, we know that must include health care workers, as they can be a first line of defence for women experiencing violence. Yet we need to ensure that the safety and agency of survivors are central to any policy. In its current form, we believe that this policy could be harmful to those experiencing violence.

While there is always much more to do, we feel that some of the critical elements are already in place through the NAP. By bringing more attention, actors, and resources to work happening under the NAP, we can expand this plan and affect significant changes in current VAW rates.