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Thursday 9 April 2015

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Jeudi 9 avril 2015

**Select Committee
on Sexual Violence
and Harassment**

Strategy on sexual violence
and harassment

**Comité spécial de la violence
et du harcèlement
à caractère sexuel**

Stratégie de lutte contre
la violence et le harcèlement
à caractère sexuel

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**SELECT COMMITTEE
ON SEXUAL VIOLENCE
AND HARASSMENT**

**COMITÉ SPÉCIAL DE LA VIOLENCE
ET DU HARCÈLEMENT
À CARACTÈRE SEXUEL**

Thursday 9 April 2015

Jeudi 9 avril 2015

The committee met at 0900 in Valhalla Inn, Thunder Bay.

**STRATEGY ON SEXUAL VIOLENCE
AND HARASSMENT**

The Chair (Ms. Daiene Vernile): Good morning, everyone. The Select Committee on Sexual Violence and Harassment will now come to order. I'd like to welcome all the presenters and guests who are here with us today.

Let me share with you the mandate of this committee: We are here to listen to the experiences of survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You will inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. Your advice is going to help to guide us as we make recommendations to the Ontario government on dealing with systemic sexual violence and harassment. However, I do want to stress that we do not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

We welcome you and thank you for adding your voice to this important issue.

**ONTARIO NATIVE WOMEN'S
ASSOCIATION**

The Chair (Ms. Daiene Vernile): I'd like to now call on our first presenter, Karli Brotchie. Please come to the front. Take a seat where you see a microphone, Karli. You'll have up to 20 minutes to make your presentation, and that will be followed by questions from members of our committee, who are gathered around the table here. Please begin by stating your name for the record, and begin after that.

Ms. Karli Brotchie: Good morning. My name is Karli Brotchie. I'm an ending-violence-against-aboriginal-women policy analyst at the Ontario Native Women's Association here in Thunder Bay. As Ontario's voice for aboriginal women and their families, the Ontario Native Women's Association is pleased to present to the select committee as it begins to review Ontario's response to sexual violence and harassment.

ONWA is a not-for-profit organization established in 1972 to empower and support aboriginal women and

their families throughout Ontario. ONWA has considerable experience in the area of violence against indigenous women. In 1989, ONWA released *Breaking Free: A Proposal for Change*, a research report that was the first to highlight the shockingly high rates of violence aboriginal women experienced and, unfortunately, continue to experience.

In 2015, we updated this report through a community-based research project and uncovered the importance of culturally appropriate programming for indigenous women. In addition, ONWA currently participates in the Joint Working Group on Violence Against Aboriginal Women with four aboriginal partners and 10 ministries, and co-chairs the subcommittee on human trafficking.

In 2007, ONWA and the Ontario Federation of Indigenous Friendship Centres held a strategy meeting, the Summit to End Violence Against Aboriginal Women, with the goal of developing a framework to end violence.

From this meeting came the Strategic Framework to End Violence Against Aboriginal Women. Authored by ONWA and the OFIFC, the foundational principles of this document provide direction to our analysis. Those principles, which are echoed in this submission, are:

- that violence against aboriginal women must end;
- to successfully end violence, all people affected by violence—the victim, the abuser and the families—all need to have specific supports;
- that violence against aboriginal women is always done within the context of the community and, as such, the community as a whole has a central role to play in addressing the issue;
- that violence against aboriginal women is rooted in systemic discrimination and, consequently, issues of gender, race and cultural exclusion must be considered in addressing these contributing factors;
- that flexible, evolving and ongoing efforts must ensure government and aboriginal community coordination and collaboration;
- that, to be effective, all activities required to address violence against aboriginal women must be directed, designed, implemented and controlled by aboriginal women;

- that gender-based analysis must underlie all work; and
- that the capacity of aboriginal communities and governments to respond to crimes committed against aboriginal women must be strengthened.

This presentation is informed by our knowledge of the Action Plan To Stop Sexual Violence And Harassment, as well as our experience in working with aboriginal women and their families.

ONWA's submission is also shaped by our overarching mandate to provide the supports and resources necessary to empower aboriginal women and their families to build capacity within our communities and increase opportunities for collaboration for aboriginal women at the provincial and federal levels.

ONWA strives to address and respond to service gaps and barriers that continue to impact our people, recognizing that aboriginal women continue to be marginalized by mainstream systems. It is only with the full inclusion of diverse aboriginal women's voices that policies and programs will be successful in meeting the unique needs of aboriginal women and their families.

ONWA is the voice of aboriginal women in Ontario. As such, we must ensure that the needs of these women and their families are reflected in government policies and legislation, and that culture-based and community-driven solutions are supported. This is particularly needed, because aboriginal women experience shocking disparities in rates of violence.

Indigenous women account for 11% of dating homicide victims and 10% of non-intimate-partner violence. Between 2001 and 2011, at least 8% of all murdered women aged 15 and older were indigenous, a number that is double their representation in the Canadian population. Up to 50% of indigenous women experience childhood sexual violence, and 70% of those women do not report their sexual violence. Given these high rates, the government must do more to protect the safety of indigenous women and children.

We're calling for an indigenous-specific sexual violence and harassment strategy. In order to comprehensively address the unique needs of Ontario's indigenous women in a culturally safe manner, an indigenous-specific sexual violence and harassment action plan that accurately reflects the magnitude of the issues I mentioned above within an aboriginal context, and their impact upon the lives of aboriginal women, must be created. This must address the specific histories and experiences of aboriginal women and their children.

Moreover, as our update to the original Breaking Free report found, aboriginal women's healing is facilitated largely through cultural-based and culturally specific programming that provides safe spaces for indigenous women to develop relationships and build communities.

The joint working group is currently in the process of developing a long-term strategy to end violence against aboriginal women, and we're also in the process of developing a separate strategy specific to ending sexual violence. These plans are necessary to increase the safety of aboriginal women and children. ONWA would like to see this vitally important work continue; however, without annualized funding to the joint working group, it's unclear if it will. The joint working group has received funding for the next two years, but more

comprehensive, long-term and sustainable financial support is required to carry out sufficient campaigns to remedy the systemic violence aboriginal women and girls experience.

There is a need for culturally competent victim services and supports. The effective silencing of victims of crime has been witnessed by countless generations of indigenous women. For some, the extent of their victimization is so deeply ingrained within their lived experience that it's difficult for them to recognize that they are victims, to acknowledge that their rights have been violated.

Culturally safe programming, supports and education are critical to countering the trauma that has cycled through generations. Sexual violence is rooted in the legacy of residential schools, colonization, forced assimilation of aboriginal women through the Indian Act and other policies, and systemic discrimination that resulted in the loss of culture, roles, family and community structure for First Nations, Métis and Inuit women.

Indigenous organizations, agencies and communities should have an instrumental role in the designing and delivering of victim services and programming, recognizing that these organizations have valuable knowledge and experience to inform the discussion around sexual violence and harassment.

It's imperative that all support workers who work with vulnerable populations receive cultural safety training developed by aboriginal organizations, to ensure that they are equipped with the skills and knowledge necessary to support the unique needs of indigenous victims of sexual violence and harassment.

Support workers should also receive education on trauma—historic and intergenerational—to facilitate their understanding of the root causes, as well as the importance of culture and identity in healing.

0910

We'd also like to see more navigational supports for victims. These should include special provisions to facilitate and accommodate the unique needs of indigenous women, recognizing that indigenous women are especially vulnerable to violence, both general and sexual. Statistics have further indicated that the risk is the most high for indigenous youth.

In developing policing tools, factors which function as barriers to the participation of victims of crime in the justice system must be eliminated, recognizing that many of these barriers, such as a lack of support, fear of authorities etc., are inherently systemic. A recent report was published called *Those Who Take Us Away*. It revealed that there's a culture of fear surrounding police that is so widespread in indigenous communities that they're scared to step forward. Aboriginal women with children in particular fear retaliation if they step forward. They fear that child welfare will become involved. Many are left with no option but to leave their homes to escape violence, which leads to further vulnerabilities and risk of violence.

Policing tools should not only address the needs of victims who have reported incidents of sexual violence

and harassment, but also address the issue of under-reporting, as this is an issue of concern, particularly for indigenous people. Cultural competency training for members of law enforcement should also be provided. We found that 74% of respondents who have experienced sexual violence did not report their victimization. We need to address that.

There need to be additional supports for indigenous children and youth victims of sexual violence, and this is especially sad. Indigenous children are far more likely to be victimized than non-indigenous children. Up to 75% of those survivors of sexual violence in aboriginal communities are young women under the age of 18; 50% of those are under the age of 14 and, shockingly, 25% are under the age of seven. Special attention should be paid to the high number of indigenous children who are child-welfare-involved. Current estimates suggest that up to 85% of indigenous children in foster care are experiencing sexual violence.

We need an increased role for indigenous women's organizations. Funding should be targeted towards increasing the capacity of these indigenous organizations, agencies and communities to develop, deliver and evaluate preventive programming as well as community-based support services. Recent studies and reports have demonstrated the critical importance of addressing the root causes of violence against aboriginal women and girls.

It's precisely ONWA and our indigenous partners, such as the OFIFC and the Métis Nation of Ontario, who have this necessary expertise and the relationship with indigenous women and their families to carry out this work. However, it will not be possible without the necessary financial supports. Indigenous women should be spearheading initiatives designed to prevent and address sexual harassment and violence, and they should be provided with increased opportunities to advance these issues within a leadership capacity.

Aboriginal culture is a critical piece of prevention, and the culture-based, culture-driven models which our organizations use are uniquely placed to act as inhibitors to negative behaviours and choices. Culture has been demonstrated to be fundamental to aboriginal women's ability to generate a positive self-identity, to nurture healthy relationships and to enhance well-being.

Culture-based programs and services provided by and for aboriginal organizations generate outcomes that reduce the social and economic burden of aboriginal histories of oppression and exploitation. Socially, they create momentum for conversion of vicious cycles into virtuous cycles of expanding individual, family and community well-being, thereby improving the results of subsequent interactions for following generations.

Non-aboriginal approaches to programs and services have not been well received in the aboriginal communities, as they often fail to reflect aboriginal values, beliefs and traditions. This failure inhibits their uptake and their effectiveness in dealing with the significant challenges with which aboriginal people contend. Ongoing colonialism has embedded mistrust over initiatives or structures that are directed by external sources.

Aboriginal control over programs and services focuses on aboriginal strengths: resiliency, autonomy, spirituality, nurturing cultural pride and strengthening cultural identity. With aboriginal control, programs and services are proactive rather than reactive, responsive to local aboriginal needs in a timely manner, and are more preventive than curative. Aboriginal control over programs and services will require significant sustainable financial and human resources. The government must provide assurances that the necessary resources will be there.

Any plan to address violence—sexual violence, in this case—should provide a clear mechanism for input from indigenous women. Currently this action plan delegates this task to the Joint Working Group on Violence Against Aboriginal Women, as mentioned earlier, whose funding has not been annualized. Without this commitment from the government, it is uncertain if the critically important work of the joint working group can continue.

With the joint working group currently developing our long-term responses to all forms of violence against indigenous women and girls, there's critical work that will need to take place well after the current two-year funding agreement ends. In developing this long-term response, we anticipate that concrete and measurable outcomes will be developed to track changes in all forms of violence against indigenous women and girls in Ontario. Thus, it is only with annualized funding that our organizations will have the capacity to monitor these changes and to provide the accountability to aboriginal communities that is needed to ensure that all violence against indigenous women and girls ends.

We advocate for curriculum changes. The action plan mentions updating curriculum to help all students from grades 1 to 2 understand root causes of gender inequality, healthy relationships and consent. It acknowledges that awareness is necessary to challenge attitudes, to promote immediate change in rape culture and to encourage a long-term generational shift to end deep-rooted attitudes and behaviour.

ONWA agrees with this approach but advocates taking it one step further. Indigenous women in Ontario are not only impacted by misogynistic attitudes and gender-based violence, but also systemic racism and colonialist practices. The curriculum should also address the linkages between colonialism and the devaluation and subsequent increased sexual violence that aboriginal women and girls are subject to.

ONWA has recently completed research that examines the ways in which aboriginal and non-aboriginal children can learn about violence against aboriginal women as well as the traditional and current contributions of aboriginal women to Canadian society. This research found that both aboriginal and non-aboriginal students are interested in learning about these histories, but the current knowledge that they are given is simply not adequate. To change this, ONWA is recommending that the Ministry of Education and Ontario school boards work with the aboriginal organizations and communities to develop a curriculum that accurately reflects the

histories and contributions of aboriginal women in Ontario.

Lastly, this province and country have historically developed policies and legislation that have devalued and forcibly assimilated indigenous women, erasing our governance roles in the process. Currently there are policies and legislation that disproportionately affect aboriginal women and their families. One such piece of legislation is the Child and Family Services Act, the 2015 review of which ONWA participated in with our aboriginal partners, with the Métis Nation of Ontario and the Ontario Federation of Indigenous Friendship Centres.

In addition to this legislation, a review of policies that impact indigenous women's risk or services related to sexual violence and harassment should be undertaken to uncover where changes might be made and where new policies and legislation can be developed. ONWA and our new aboriginal partners have significant policy capacity in this area and are experienced in working with government ministries and staff to respond to and co-develop policies.

The Chair (Ms. Daiene Vernile): Ms. Brotchie, you have one minute left.

Ms. Karli Brotchie: In providing such opportunities to aboriginal organizations, the Ontario government can ensure that indigenous women's voices are heard on the issues immediately impacting our risks of sexual violence and harassment.

ONWA supports all measures that are taken to ensure the safety of indigenous women and girls. Thank you for allowing ONWA to present to this select committee. We appreciate the opportunity to help shape the government's response to sexual violence in Ontario.

The Chair (Ms. Daiene Vernile): Ms. Brotchie, thank you very much. Now our committee members will have some questions for you. We begin with our opposition members. MPP Hillier.

Mr. Randy Hillier: Thank you very much, Karli, for being here today. I just have a few short questions. The first one: The data and the statistics that you were presenting earlier in your presentation—is there any variation in those statistics that were measured between native women on-reserve as compared to off-reserve? Did you make that distinction? If there was any distinction, do you have those—

Ms. Karli Brotchie: I don't have them in front of me. That statistic—I'm assuming you're referring to the statistic that says 50% of indigenous women have experienced sexual violence?

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Mr. Randy Hillier: Yes. There was a host of them.

Ms. Karli Brotchie: To me, that was the most shocking statistic. What that came from was a review of pretty much every study that has been done on indigenous women and violence.

Mr. Randy Hillier: So—

Ms. Karli Brotchie: It was across Ontario.

Mr. Randy Hillier: Okay.

Ms. Karli Brotchie: Actually, I think it was across Canada. And to be clear, it wasn't a direct study, so the

researcher didn't go and poll every indigenous woman; it was a review of all previous studies on violence against indigenous women, and this was the number that they came up with.

Mr. Randy Hillier: And as far as you know, did that study break it down between differences? Was there any—

Ms. Karli Brotchie: That study did not, but it wasn't the purpose. The actual purpose of that study was just to come up with an accurate number, but I can get that information for you, if you'd like.

Mr. Randy Hillier: Yes, if that's available—

Ms. Karli Brotchie: It certainly is.

Mr. Randy Hillier: —if there is a discrepancy, variation or difference. That would be important.

Ms. Karli Brotchie: I anticipate that we will find that there's a difference, and I can get that information to you.

Mr. Randy Hillier: Okay. There are two other things I want to—when you mentioned about the principles, you mentioned specific programs, and then later in your presentation you made reference to specific barriers in existing legislation. I'm going to ask, does ONWA have a list of specific proposals, either legislative, educational or support-wise, for programs that are detailed or legislation that is detailed that you believe would be beneficial to have enacted?

Ms. Karli Brotchie: Our department at ONWA is new—the policy and research department is quite new—so we're in the process of doing a scan of all legislation that may impact indigenous women.

Mr. Randy Hillier: I know you mentioned the Child and Family Services Act and you mentioned the review, but is there anything in there specifically that you've found to be an impediment or that frustrates women coming forward and/or finding justice when these problems occur?

Ms. Karli Brotchie: I regret that I cannot answer that question. My file—I mostly do violence against aboriginal women, but we do have policy analysts at ONWA who review that particular legislation. So I can put you in contact with that woman, but I'm afraid I don't know the answer to your question.

Mr. Randy Hillier: Maybe if there are specific programs or education, the committee would be—

Ms. Karli Brotchie: I will certainly send that information.

The Chair (Ms. Daiene Vernile): Thank you, MPP Hillier. Our next set of questions is from our NDP caucus, from MPP Sattler.

Ms. Peggy Sattler: Thank you very much for the presentation. That was excellent.

I just wanted to clarify: I understand that there's this process currently under way with the joint working group, and you're looking at creating a long-term response to ending all forms of violence against indigenous women, but you also talked about the need for an indigenous-specific approach to ending sexual violence and harassment. Do you see that as being incorporated

into the joint working group's process, if there was sufficient funding? Because you also made that—

Ms. Karli Brotchie: Absolutely. The joint working group, actually, is working alongside the long-term, and indigenous-specific, response to sexual violence. So we are planning on addressing this, but it's been difficult with the funding in place only for two years. But absolutely, that is a task that the joint working group is taking on.

Ms. Peggy Sattler: Okay. What are the timelines that you're working toward on developing that plan?

Ms. Karli Brotchie: We're beginning the planning of the long-term response, actually, in May.

Ms. Peggy Sattler: It's beginning in May?

Ms. Karli Brotchie: Yes. Unfortunately, I do not know the end date off the top of my head, but the process is beginning very soon.

Ms. Peggy Sattler: Okay. And the response to sexual violence and harassment will be sort of parallel or fully integrated into the long-term response?

Ms. Karli Brotchie: To the best of my knowledge, yes.

Ms. Peggy Sattler: Okay. Thank you for that clarification.

My other question was around—you mentioned a couple of things. You talked about the positive outcomes associated with culturally competent approaches to ending violence against indigenous women. Do you have some specific data that you could share with this committee later, reports that you could file that show us the kinds of positive outcomes that are associated with those approaches?

You mentioned the need for cultural safety training developed by indigenous women. Are there already those programs in existence that could be borrowed and adapted and shared, on a provincial basis?

Ms. Karli Brotchie: To answer your last question, I am not aware, off the top of my head, of any cultural safety programs that are running—

Ms. Peggy Sattler: I think those are the words you—

Ms. Karli Brotchie: —although I'm sure that there are.

Ms. Peggy Sattler: Okay.

Ms. Karli Brotchie: I'm just having difficulty thinking this morning.

Ms. Peggy Sattler: You're doing a wonderful job. It was a wonderful presentation.

The Chair (Ms. Daiene Vernile): Thank you very much, MPP Sattler.

You're almost done. Just one more set of questions, from MPP McMahon.

Ms. Eleanor McMahon: Thank you, Karli. I think I speak for all of us in thanking you for coming here today and saluting you for your wonderful presentation. Just breathe, and it's okay.

As I mentioned to you before, when we were chatting, we're here to learn from you. The presentation that you made impacted us all.

Ms. Karli Brotchie: Thank you.

Ms. Eleanor McMahon: So thank you for your work. We want to salute you.

If I may just ask you, and through the Clerk as well, to share with us some of the studies that you highlighted—the 2007 study, *Breaking Free*, and the *Those Who Take Us Away* work that you mentioned. To echo my colleague's comments, if there's any other research that you think would be appropriate, we'd love that.

You mentioned some very compelling and heartbreaking statistics. I'd like to zero in on a few, and if you don't know the answers, it's okay. That's all right. My brain is full most days. If you can't think of it now, maybe you can follow up with us, and that's great too.

Ms. Karli Brotchie: Absolutely.

Ms. Eleanor McMahon: One of the really alarming ones that stuck out for me was the children under seven, and 25% of them—can you talk about that a little bit? Where did that come from? I'm not questioning it, by the way. It's alarming and heartbreaking.

Ms. Karli Brotchie: It is heartbreaking. That came from a study that was completed in 2009. Unfortunately, I don't have the author here.

Ms. Eleanor McMahon: That's okay.

Ms. Karli Brotchie: It was shocking to me, and it's probably shocking to you, but I don't think that this would necessarily be shocking to somebody who does front-line work in the child welfare field.

Ms. Eleanor McMahon: No.

Ms. Karli Brotchie: And it's certainly unacceptable. I'm certain that the child welfare workers, as well, think this is unacceptable.

We've got so few resources, so few homes to place these children in. I'm sure we've all been following the news about these children who are housed in hotels in Winnipeg—not to suggest that this is going on in Ontario in a similar fashion. You've got murders and sexual assaults. We don't have enough resources to care for these children appropriately.

These children are being removed from their homes, and these homes have experienced, in many instances, intergenerational trauma and things like this. They don't have appropriate mechanisms to be parents. Instead of helping people to be parents, we're apprehending children. There's quite a mess that's going on there.

I can send that study on to you as well—

Ms. Eleanor McMahon: That would be great.

Ms. Karli Brotchie: —because, unfortunately, I just have highlighted one piece. But I'm sure that the entire thing is even more heartbreaking.

Ms. Eleanor McMahon: And enormously helpful.

The other statistic, of course—85% of aboriginal children in foster care are being abused. That's another one that really caught my attention and I'm sure it did others' as well.

If you could share that with us, that would be great.

The Chair (Ms. Daiene Vernile): Thank you very much, MPP McMahon.

Ms. Eleanor McMahon: Thank you, Chair.

The Chair (Ms. Daiene Vernile): Ms. Brotchie, as mentioned by the committee members, if you can forward your research information to us, it would be appreciated.

Also, what you read to us this morning: If you have an extra copy, our Clerk would like to get a copy. If not, if you can email it to us.

Ms. Karli Brotchie: Certainly.

The Chair (Ms. Daiene Vernile): Will will bring you a card right now. We're looking forward to receiving your information. Thank you very much.

Ms. Karli Brotchie: Thank you.

The Chair (Ms. Daiene Vernile): You are now invited to join our audience, if you wish, to listen to this morning's presenters.

SHELTER HOUSE

The Chair (Ms. Daiene Vernile): I'd like to call up our next presenters, Patty Hajdu and Brad King, from Shelter House. Please approach the committee and have a seat. You have up to 20 minutes to make your presentation. For the record, if you could both please state your names, and begin.

Ms. Patty Hajdu: Great. Thank you very much, select committee. I am Patty Hajdu. I'm the executive director of Shelter House.

Mr. Brad King: I'm Brad King. I'm the program manager of Shelter House.

0930

Ms. Patty Hajdu: We're very pleased that you've given us this opportunity to talk to you about the issues of sexual violence and harassment that people in Ontario face. I say "people" purposely, for although women disproportionately face sexual violence, we know that boys and men are also victims.

As we mentioned our names already, I don't have to do the introductions, but I will tell you a little bit about Shelter House. Shelter House is a low-barrier homeless shelter in Thunder Bay that provides services to men, women and youth who are homeless and who are living in poverty. We provide short-term shelter to 62 people every night and we provide harm-reduction-based supportive housing for 15 men and women living with severe alcoholism. Our street outreach service program, which is new, provides 12 hours of daily outreach where we support people who are street-engaged to access medical, withdrawal management or shelter services. We do all of this through some dedicated funding, mainly provincial, a lot of grant writing and a significant annual fundraising commitment.

I'm sure you've heard a lot about many other issues that women and people face around sexual violence and harassment, but the focus of our presentation today will be on the experiences that we know of the clientele that Shelter House serves: those of people who are homeless and living in poverty.

I will cover three key themes that contribute to the high degree of risk and victimization that people who are

living in poverty and homelessness face and then offer some evidence-based solutions.

Theme 1: Shelter spaces cannot protect people from sexual violence or harassment. Firstly, the options for women without housing are severely limited. In smaller communities like Thunder Bay, women who are unhoused often don't have access to gender-specific sheltering. In Thunder Bay, women who are not eligible for violence-against-women shelters are in the position of either staying where they are or seeking shelter at Shelter House. Our segregated dorms offer some degree of safety, but the common spaces are mixed, as is the dining room and any other space in the shelter. Women may be forced to stay in the same facility that is also housing their abuser. The victim may not be comfortable telling staff or anyone that they are at risk or have been traumatized, fearing strong reprisal from their abuser.

Inter-gender violence is also difficult to manage in a dorm-like setting with open shower space stalls, especially in large dorms. For example, our male dorm space has 27 beds.

Both women-specific shelters in Thunder Bay are designated as being for women who are fleeing violence. The structure of these women's shelters is such that the woman must be fleeing a current violent relationship, and women staying at either shelter must not use substances while they're staying there. Women who use substances or are caught using substances while staying at a women's shelter are not able to continue staying there and instead must seek shelter in other facilities or with other people.

In the case of Thunder Bay, Shelter House is the only other alternative for women who are unhoused. Our facility is also low-barrier, which means that people who use and are under the influence of substances are welcome. However, one consequence of this low-barrier philosophy can be a very sexually charged environment, with verbal, physical and other forms of violence and harassment present at various degrees and various times.

Our staff work diligently to ensure that people are safe, but not all interactions and areas can be monitored at once. As a result, residents may face sexually violent statements or threats that are not observed or reported.

The second point is that the unhoused or precariously housed LGBT population are often victimized and cannot access shelters. People living in poverty in need of emergency shelter who are gay, bisexual or transgender also face risks of sexual violence and intimidation in a shelter space. Just as in the case of women, shelter spaces are not safe spaces for this population, either physically or otherwise, meaning that some may avoid seeking short-term shelter and instead stay in situations where they are at great risk.

Youth is another population who have even fewer options and are at extremely high risk for victimization when precariously housed or unhoused. Youth who are homeless and staying at shelters that house adults as well are at great risk for victimization. Personally speaking, this is one of the most heartbreaking things to witness as a practitioner.

Shelter House continues to offer this service because youth-specific sheltering is not available elsewhere in this community. We accept youth ages 16 and over. However, our admissions, thankfully, in the between 16 and 18 age category is less than 1% of our total population. I say “thankfully” probably from our perspective, but from the perspective of youth, we don’t think it’s because there’s less of a need; we think it’s because the alternative of staying in a homeless shelter that’s low-barrier is terrifying for most youth that age.

Youth ages 16 to 24, however, make up 25% of the people who we serve. That’s a shocking statistic as well. Youth at the younger ages, in particular, who have not been street-involved for very long, for example, are at high, high risk of victimization and predation by the population that we serve, and our facility is not staffed in a manner that can protect young people from risk or improve their social or health outcomes. It very much is a band-aid solution.

We suspect that at-risk youth are often in similar situations as women, where they perceive their current situation as safer or better than what they perceive the environment will be like in a homeless shelter. A lack of youth-specific sheltering likely prevents youth from leaving the situations where they are either being victimized or are at risk of being victimized.

Sex workers are also a population at risk and are often homeless but not visibly so. Sex workers are often victims of sexual violence and are often precariously housed. They are frequently considered in the hidden homeless population, as their survival depends on the male that they are being used for to generate revenue.

The second theme we want to talk about is that most services—and I mean in Ontario—are not trauma-informed or harm-reduction-based. Despite a focus on patient-centred care, and I’m sure everyone’s familiar with that phrase, health care services are often traumatizing for people who have been victims of sexual assault.

The people we serve are often facing extreme physical and mental health concerns and have had many, many negative experiences in health care settings. Some refuse to visit the hospital or deny emergency medical services, even in extreme distress.

Stereotypes about street-involved people, and aboriginal people, who make up about 80% of the population that we serve, result in care that can be unkind at best and dangerous at worst.

A recent story relayed by a health care service worker highlights how sexual trauma is not adequately addressed for people who are unhoused. A woman who had a history of homelessness, addiction and a suspected diagnosis of FASD was brutally victimized while living on the street. Her disfiguring wounds were difficult to treat, and she was also not a compliant patient. After some time, the hospital that was treating her felt that options had run out in terms of her treatment. She would not consent to a specific type of bandaging practitioners were recommending, and she would often leave the facility

without notice, returning after a day or two. The hospital could not find an alternative to a homeless shelter for discharge. The woman is once again unhoused, a sporadic resident at Shelter House, and at great risk for revictimization and worsening health. I should note that the wound is still open and untreated.

Many services require abstinence for participation or goals, despite all evidence against this approach. Many programs that have mandates to reach the hardest to serve still focus on abstinence as a precursor to receiving services. I could have spent my whole 20 minutes talking about abstinence-based care.

Treatment programs in Ontario are almost all focused on abstinence-based goals and few are culturally appropriate or trauma-informed. After-care transitional homes often mandate discharge if a person relapses, despite scientific evidence that relapse can be expected as a course of recovery. Mandatory discharge without an alternative housing arrangement places people who have been victimized at risk all over again.

A lack of trauma-informed care is evident across sectors and services. Trauma-informed care and facilities can provide women and victims of sexual assault a safe place to seek shelter and recover. But few services offer trauma-informed care, ours included.

In the case of Shelter House, not only does our physical layout and our broad mandate negate a trauma-informed environment; so does the reality of doing this work on a budget that is underfunded, resulting in extremely low wages and a very high casual pool of employees. Low employee retention makes even the basic training of non-violent conflict resolution and first aid challenging to maintain for us. Little time or money is left to ensure universal training and higher orders of skill sets, including trauma-informed practices.

The third theme I want to touch on—and this also is a very broad theme, and I’m sure you’ll hear more about it across the province—is that institutional structures contribute to the worsening mental and physical health of people who are victimized. For example, the experience of women who are street-involved is often discredited. We see, from our vantage point of offering emergency and supportive shelter for men and women in a mixed shelter, that women who have been victimized or harassed are often not able to access safe spaces away from their abuser. Women who are street-involved are often not given the same level of service response as those who are not. Women are frequently doubted, judged and told in verbal and non-verbal ways that their stated experience is not true, that it’s not that bad, that it’s not worth reporting. Sex trade workers are not taken seriously when they report victimization, and this repeated negation of their experience can lead women to give up trying to report their victimization over time.

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Bullying and intimidation in the population also prevents “ratting out” or reporting. Fear of further victimization can silence victims from reporting the violence or harassment that they’re experiencing. People who report

their abuser are not guaranteed protection if charges are not laid, or if their abuser is given a short sentence or is released on an early parole.

The grey area about when charges are laid is also a deterrent, as many street-involved people have experienced reporting an incident of violence that was then deemed consensual, with no charges laid.

The solutions that we offer begin with a stable foundation. Of course, you know I'm going to talk about a range of affordable housing. A range of affordable housing is critical to healing and safety. When we say a range, we mean a range of housing that is highly supportive, all the way to independent living. Housing provides the safety and security to begin healing from trauma, from abuse and from substance use issues.

The housing options must be comprehensive and include considerations of the levels of support, and transitional housing must reflect the science of substance use recovery, which now acknowledges that relapse is an expected part of a person's recovery process.

The second theme in a solution-focused vision is that emergency shelters should be adequately funded to ensure minimal risk of further victimization. We need segregated spaces or facilities as necessary, specialized staff with trauma training and safe spaces training, and core funding that allows organizations to focus on service delivery rather than the constant cycle of seeking funds through fundraising.

Thank you very much for your interest and commitment to this issue. It's encouraging to be asked about solutions to this very serious and common issue, and we welcome questions.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions will come to you from our NDP caucus.

Ms. Peggy Sattler: Thank you very much for that excellent presentation. You talk about the need for segregated spaces for women and youth. Is this something that you haven't been able to access funding for within the community? The barrier is strictly funding to create these segregated spaces, so within Shelter House itself, you've just had to try to create these temporary dorms?

Ms. Patty Hajdu: Shelter House was designed with segregated dorms and even meeting spaces. It was a really innovative design in 2006 that looked at perhaps providing resource spaces so we could bring in social workers. However, what happened was that the building was purpose-built for 42, and never with the consideration of sheltering youth. At the time, there was actually a youth facility, which later closed down due to funding issues.

What happened was that there was an unanticipated growth in the homeless population. So every single space that we use now is covered in mats at night. Because of fire code rules, you can't actually have furniture that's not movable in spaces where you're sleeping people, so the resource rooms are now vacant in the daytime, and sometimes multi-purpose if we can move things in and out, but they're generally reserved for the mats, the 20

extra mats that we put out. So the building was purpose-built for 42, now sleeps 62 and includes youth.

Ms. Peggy Sattler: Okay. The other question I had was around the fact that you allow people who are using substances to access your services. Yesterday in Sudbury, we heard from an agency that also allows people who are using to access the services, and they said that they got pushback—major pushback—from the funder in order to deliver that kind of service. You mentioned that most agencies don't allow people who are using. Can you talk a little bit about how you managed to make that transition to include people who are using substances among the people you serve?

Ms. Patty Hajdu: To be fair, I think the transition happened prior to me being the executive director, and it was done on an informal and casual basis, depending on the staff that were working. So there was no policy, but there was often a practice. When I became the executive director, I thought that we actually needed to state that that was our practice. We sell it to the community as a very valuable service—an essential service, really—because if you can imagine, probably at least half of the people who we serve are chronic substance users and chronically intoxicated. If you could imagine those folks unhoused, part of the sales strategy that I use in the community is that we are providing an essential service to the community.

We have had really very little pushback from the funders. The core funding that I spoke of comes through the Community Homelessness Prevention Initiative, which is Ontario funding through the DSSAB; however, we also get some municipal funding. We also have a number of other small provincial grants and a very little bit from the federal HPS funding. The remaining is fundraising.

We actually actively use the media to promote our message around how we contribute to a safer community for everyone, and we really use a public health focus that this is a social determinant of health, and that if we can keep these folks as healthy as possible, the entire community is healthy. We've had some degree of success in selling the concept that it's good for them and it's good for all of us.

The Chair (Ms. Daiene Vernile): Thank you. Our next questions will come from our Liberal caucus. MPP McGarry?

Mrs. Kathryn McGarry: Thank you very much, Patty and Brad, for coming in today. Although it seems overwhelming, your needs for the shelter and the populations that you serve, you're doing great work. It's hard to even know where to prioritize where to begin. I would imagine your organization speaks about this regularly.

There are a couple of things that I want to focus on. One, how are you integrated with other providers in the area? And would those providers provide some of the programs and counselling and some of the services that your population needs, either inside your area or do you have partnerships where you can provide those services with one of your organizations?

Ms. Patty Hajdu: I'm going to let Brad answer that, but I'll just preface it by saying that there is no funding for the position of program manager. We are actually using, right now, reserve money to pay for a salary just to do that, to stabilize our partnerships and to boost our partnerships. But I'd like to let Brad answer that question.

Mr. Brad King: Yes, we've been able to forge many partnerships with other organizations. Unfortunately, on the core issue of housing, the need is not being met, although we do work with a number of agencies that assist people in finding housing. Just the number of barriers to people who are using substances and the way the health care system is set up—we are able to make great strides for some people and we have had some success bringing our message out to the community and getting these needs met, but really, at its core, I think it is a systemic issue, as far as the lack of harm-reduction-based services. We just don't have those services, so there are a lot of people from other organizations that actually do share our philosophy, but systemically, it's very difficult to navigate people through the system. There seems to be, sometimes, more gaps than services.

Mrs. Kathryn McGarry: The abstinence-based care model speaks a lot to me because of my background before I was elected, recognizing that, yes, if somebody can't be sober and clean, then where do they get services? Would that be your main priority to start? If you were able to put a wish-list forward, I would imagine funding is at the top of it, but number 2, would it be programs, housing and shelters that will accept—

Mr. Brad King: True harm-reduction-based services, not just in words but in actions and trying to integrate the substance and mental health and physical health systems, are presently very siloed. If somebody has all of those issues going on, they don't fit one specific mandate. What we would like to suggest is to try to have organizations fit their mandates to the needs of the people rather than to slot the people in to meet the individual mandates.

Mrs. Kathryn McGarry: I appreciate that and I certainly understand where that's going. The eligibility criteria, then, you feel need to be broadened and, as I said—

Mr. Brad King: Very much so.

Mrs. Kathryn McGarry: The last question I just wanted to talk to you about was training. How do you see that rolling out if, again, you had a wish-list on how to make sure that everybody was adequately trained for the needs that you're needing to look after?

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Ms. Patty Hajdu: That's a really big question. I think one of the things that helps for sure is to be able to pay people a decent salary, so that you can retain people.

Part of the challenge for us is that the training is ongoing. It's a low wage. It's slightly better, through our last collective agreement, but still quite low. So we attract people who are either uneducated and are there because this is a job that they can actually get, with the education that they have, or brand new people who are

starting off their career, and this is a really great launching pad. Our best-case scenario is that we can hold on to someone for a couple of years. We have a few outliers.

But what that does is make constant training difficult, because people receive a bit of skill, and then off they go to the next job, and we're starting at the beginning. We can never get to those higher-level skills. Trauma-informed care is a commitment, really, and it requires ongoing training and quite a degree of rigour around your own self and your own person. To do that kind of work, you need a longer-term relationship with employees.

For me, a big component of the challenges that we have around training is really the workforce that we're dealing with, which is often short-term, temporary and casual-based, and much of that has to do with the funding reality of what we can afford to pay.

The Chair (Ms. Daiene Vernile): Thank you. Our final questions for you are from MPP Hillier.

Mr. Randy Hillier: Thank you for being here today. Early in your presentation, you used some words that I found astonishing, and I just want to get some clarification on them, to make sure that I'm understanding correctly.

The first phrase was that the shelter cannot protect people, and that they were subject to great risk. There were a number of these things. To understand this correctly, are they subject to risk, or are you actually seeing these things happen in practice, where people are being revictimized and where they are subjected to further violence in the shelter?

Ms. Patty Hajdu: Both.

Mr. Randy Hillier: Both.

Ms. Patty Hajdu: Both. They're subject to great risk, and we also see the violence perpetrated.

Mr. Randy Hillier: Okay.

Ms. Patty Hajdu: We typically have two staff on at any time, with 62 people. We also have a supervisor. The maximum number that you might see in the daytime, with administration staff, is 10 or so. But in terms of front-line staff, it's typically three, with 62 people.

Of course, things are being said back and forth. There's intoxication. We're also open 24 hours a day, which is a great service to the community as well, because it reduces loitering and panhandling. But that means that we have a congregation of people all the time, all day long, in various spaces throughout the organization.

Mr. Randy Hillier: What happens if somebody is engaged in that, and it necessitates calling the police, possibly with charges laid? Are they welcomed back afterwards? What happens here?

Mr. Brad King: First of all, if somebody is victimized, it's left to the victim of the crime. Often, that person will not want to lay charges, for their own safety, and that's something that we have to respect.

In terms of actual physical or sexual violence in the shelter, I would say that I've not experienced any actual incidents of somebody being sexually victimized in a

serious way in recent times. The shelter is significantly safer than the street. But having said that, the street around the shelter—leaving the front doors can be very unsafe, or leaving outside at night. We get people a few steps outside the door, or down the block, coming in bleeding or hurt, and in various forms of distress.

There are things that go on in the shelter that I think would be maybe more subtle—verbal harassment, things of that nature—that we don't know about.

As far as a serious incident, if somebody is a perpetrator and a predator, and we find their behaviour to be predatory, we would bar that person from the shelter for as long as need be. We would always do our best to protect the person who was victimized, but it's not always that cut and dried. If it's an abusive relationship—if, for example, the man is the aggressor and the man is asked to leave, oftentimes the woman will leave with him, and then her safety will be at greater risk. It's very difficult.

Mr. Randy Hillier: Okay. So we see a paradox here, of course, with recognizing people with substance abuse and wanting to help them, and then that periphery around the shelter maybe exacerbating or amplifying the danger. Are we looking at anything like a no-go zone around the shelter or something? It appears to me to be very contradictory and not achieving the results that you might want to achieve.

Mr. Brad King: Even in the case that somebody has a legal trespass and they're not to be on our property, there's actually nothing that the police can do other than ask them to leave.

Mr. Randy Hillier: Yes.

Ms. Patty Hajdu: And those are the systemic barriers that we see. Just as Brad said, there may be someone who is legally unable to be on our property, or we may call because there are two individuals fighting and we've discharged the person who we deem as the aggressor. They're asked to go for a walk around the block, they're back in an hour, it's minus 40, they have no place to stay and they haven't been arrested—so it's really a very good question. I don't think there's a simple answer to your question.

The Chair (Ms. Daiene Vernile): Thank—

Ms. Patty Hajdu: Sorry, just one comment. Can I add one comment to that? It does add quite a degree of moral distress for the staff at the door, because it's a real moral quandary, really. You have a human being and it's minus 40; yes, they've done some bad things, and yet they literally are at risk of freezing to death, so what do you do at 2 in the morning? Because no one else will take them. So we work very closely with our staff on compassion fatigue, vicarious trauma and moral distress, because those things are real and they happen every single day.

Mr. Randy Hillier: Thank you.

The Chair (Ms. Daiene Vernile): Ms. Hadju and Mr. King, thank you very much for coming and informing this committee. I would now invite you to join our audience if you wish to.

SEXUAL ASSAULT/DOMESTIC VIOLENCE
TREATMENT CENTRE, THUNDER BAY
REGIONAL HEALTH SCIENCES CENTRE

The Chair (Ms. Daiene Vernile): I will call on our next presenters this morning, from the Sexual Assault/Domestic Violence Treatment Centre: Melody McGregor and Dawn MacDonald. Please have a seat in one of the chairs where you see a microphone in front. Ladies, you have up to 20 minutes to make your presentation. Then, after that, it will be followed by questions from our committee. Please begin by stating your names, and begin after that.

Ms. Melody McGregor: I'm Melody McGregor.

Ms. Dawn MacDonald: I'm Dawn MacDonald. We're from the Sexual Assault/Domestic Violence Treatment Centre at Thunder Bay Regional Health Sciences Centre.

Ms. Melody McGregor: I'd like to begin by thanking you for this opportunity to speak to you about the issue of sexual violence and to offer some thoughts on how we can improve our response to survivors. This population's voice is, in my experience, one that has been much unheard. They are not heard because no one has been asking, and they are not talking. We have effectively created a society where they do not feel safe to talk about what has happened.

Let me first preface my remarks by saying that I acknowledge that talking about sexual violence and sexual harassment is unpleasant and uncomfortable, so much so that we have gone to great lengths to ignore them, understate them, minimize them and deny them. While it is human nature to avoid things that we don't like or don't want to believe, the unfortunate result has been that we've created many barriers to reporting, to accessing health care, to receiving justice and to achieving recovery.

Sexual harassment and sexual violence are crimes. They are gender-based crimes. Their very existence is a measure of the level of gender equality that exists or does not exist in our culture. We need all levels of society, from individuals up to government officials, to acknowledge that the right to integrity of person is a human right. It is the right of every person, and that includes women. Women have been persons in Canada since 1929.

I would also challenge each of you to examine your beliefs around our entitlement to justice. Further, what are your beliefs around the possibility of achieving it? I would propose that we need to build our response to victims of violence from a gender-based lens, a human rights lens and a criminal justice lens.

In the months from August 2014 to January 2015, Thunder Bay police crime reports indicate 56 reported sexual assaults. For that same period, 32 people received services through the Sexual Assault/Domestic Violence Treatment Centre at Thunder Bay Regional Health Sciences Centre. Of those 32, only 12 reported to the police. So that means that the police saw 44 survivors that did not seek services through the hospital program,

and the hospital program saw an additional 20 survivors that did not seek police services.

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If the statistic that only 33 of 1,000 sexual assaults in Canada are reported to police is accurate, we can infer that those 56 reports actually represented 1,697 sexual assaults in Thunder Bay in that six-month time period.

There is an ongoing epidemic of violence against women that no one seems to know about, or, for that matter, care about enough to take action. I have no doubt that this epidemic is occurring across the province.

Violence-against-women statistics are fairly consistent globally. The problem is not necessarily worse or better here in Thunder Bay than in a Third World country, for example. We see ourselves as so much more developed, and yet statistics measuring violence against women have not been improving or changing significantly for years. We should be appalled by that.

The SA/DV program at Thunder Bay Regional Health Sciences Centre is at one of 35 hospitals across the province that belong to a network of treatment centres whose mandate is to provide consistent and appropriate services to survivors of sexual and domestic violence.

While we certainly position ourselves as advocates, the foundation for all of the work that we do is premised upon supporting patients' informed choices.

We acknowledge that we do not always know what is best for other people. People have the right to determine what is best for them as individuals. What we do know is that high levels of family and community violence have a devastating, crippling effect on people's ability to sustain their individual livelihoods, and this impacts on the social, political and economic development of our communities.

It is necessary that we acknowledge the relationship between all forms of violence against women and their root causes. Domestic violence and sexual violence are very much related, and they stand on a firm foundation of misogyny, patriarchy and colonial structures. We need to stop treating these phenomena as separate entities. While each presents some unique features and challenges, they have the same origins and many similar results. There are both immediate and long-term physical and emotional health impacts. There is a relationship between the trauma of sexual and domestic violence and subsequent PTSD, chronic disease, anxiety and depressive disorders, lost work productivity, both temporary and permanent interruptions in education, lost participation in the community, and the effect on all relationships with others, including parenting. Violence leads to potential dysfunction in every area of the lives of survivors.

As a front-line health care provider, I witness first-hand the shock, disbelief, confusion and numbness that is the experience of many survivors. This is the first barrier to reporting and accessing care, and it is powerful. All service providers need to consider how their services can be provided during this time, when survivors may have difficulty concentrating, staying focused, taking in information or providing information.

You need to be aware that many, many survivors have multiple assault experiences across their lifespan. For most of us, a single event would be devastating. We would carry it with us forever. For many of the people I encounter, the word "resilient" does not even begin to explain. The lived experience of multiple victimizations is really beyond the comprehension of most.

This is something that we must mobilize the necessary resources to combat. This is why we need to do more to address child maltreatment. We know that child victimization significantly increases the risk of victimization in adolescence and beyond. There is also an increased risk of perpetration by survivors of childhood abuse.

In the eight short years that I've been doing this work, I have seen numerous repeat victims and heard countless stories of childhood abuse.

In my work, I also encounter an overwhelming sea of untreated grief and what is most likely widespread PTSD. For this reason, we need to provide expanded counselling services, and easier access to those services. Ideally, funding of longer-term counselling, through SA/DV centres, would allow for more effective treatment and recovery.

The view that sexual assault requires a short-term period of treatment and recovery is a monumental disservice to survivors. Sexual assault is not like a sore throat that will simply resolve with a short course of antibiotics.

Connecting increased counselling services to the SA/DV centres would also mean the ability to provide service when the patient indicates readiness and reduce the burden of searching for community services and sitting on waiting lists that is the current reality for survivors. Strengthening collaboration and referral processes among existing services and communities could accomplish a much more streamlined and seamless delivery of care to survivors.

Counselling services need to be made available without financial obligation on the part of the survivor, and there needs to be better public awareness around this. Current programs through VCARS and the Ministry of the Attorney General need to have more relaxed timelines for the application process. We cannot dictate when the survivor should be ready for counselling, and should also re-examine the length of service restrictions.

There is a general lack of available sexual assault services in rural and remote areas. The process is much more complicated in small communities, where privacy and relationships between community members are so intertwined. This is also true for the street communities or homeless shelter communities, where perpetrators and survivors must find a way to co-exist.

Providing SA/DV services in urban areas is also a challenge from a health care funding perspective. There is not a protected budget. There needs to be accountability or monitoring to ensure that the funding results in adequate service from the victim's perspective.

SA/DVs need to be supported in a way that ensures 24-hour coverage and delivery of services in a way that is

not diluted or distracted by other worthy health care needs. This needs to be important enough. Sexual assault care may not have the appeal of premature babies in the intensive care nursery or the life-and-death drama associated with trauma services in the emergency department, but it is just as critical to the long-term health of our communities. Sexual assault is not just a social problem or a private matter but a legitimate health care concern.

There is also a lack of resources with which people can access the help that does exist in urban areas. I experience this as missed appointments by women who could not access transportation, needed child care or had other household obligations.

Many victims have a lack of knowledge about existing available services. Information services like 211 help, but they need greater promotion and visibility. Some don't know how to access the services they need, or they lack an understanding about how the systems work. For example, the hospital does not have mandatory reporting of sexual assault to the police, so a survivor could access health care without interacting with law enforcement if that was their wish. Survivors may further fail to access health care because they may not wish to have an invasive and potentially re-traumatizing examination and they do not understand that a rape kit is not mandatory.

The second set of emotions I witness in victims is profound shame, guilt and fear. Again, they are powerful; in some cases, they are paralyzing. The issue of social stigma is very real. Our society has a very narrow definition of victim. We have a real victim narrative. This is a morally upright and sober white woman who was physically injured while resisting sexual assault by a stranger.

For the majority of survivors who do not fit in this description, this creates another barrier. Survivors who have consumed alcohol are less likely to report. There is often a lack of clarity around the consumption of alcohol and the implications for consent.

The very definition of assault can be seen as a barrier. Some survivors do not see the incidents as harmful or important enough. They have experienced worse. If there are no injuries, which is true for the majority of cases, the survivor is afraid of not appearing credible. This is also the case when there is a delay in reporting. Assumptions are made that the survivor has something to hide. Survivors feel restricted by lack of proof, such as may happen in a drug-facilitated sexual assault where there is no memory or recollection.

We need to develop a new narrative about what a victim of sexual assault looks like. We need public education about a true definition of sexual assault. We need more clarity around the issues of consent and the consumption of alcohol. We need a stronger message about who is responsible when a sexual assault occurs.

What we have learned is that teaching women the list of dos and don'ts simply isn't effective. We have been doing that for years, and it has had little effect on the rate of sexual assault. That very list is actually damaging. It distracts and blames. It impedes survivors from

recovering while they wrestle with the guilt and shame that is not rightfully theirs. Most importantly, it prevents perpetrators from seeing the full consequences of their actions and it allows them to avoid responsibility for it.

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Instead of analyzing whether a survivor is worthy, we need to address the questions about the perpetrator and the circumstances around the criminal behaviour. When the focus of blame is placed where it truly belongs, we will reduce some of the shame around having been assaulted.

We need program development for the perpetrators of this sexual violence. These are not strange men far removed from us; they are brothers, cousins, sons, uncles and fathers. They live in our community, our neighbourhoods and our homes. While they must be held accountable, we also have a responsibility to explore what it is we can do to help them heal from their own traumas and end this abuse.

It is also important to acknowledge that sexual assault of men and boys does occur and deserves attention. Services are limited. We can do better.

My patients are afraid. They're afraid of being disbelieved or blamed. They are afraid of retaliation by the perpetrator. The majority of victims know their assailant. This has very real implications in terms of the potential impact on family, employment, finances, housing, and loyalty to the perpetrator or other friends and family.

Survivors have competing priorities. Generally the women I meet bear the greater burden for their household in terms of income, children, chores etc. Sometimes there are co-occurring issues with mental health and addictions. We need increased services and access to those same services for these areas as well. Mental health disorders and drug and/or alcohol addiction can be the very risk factor that led to a sexual assault or can result from a survivor's unfortunate choice in coping strategies. This is an investment that we cannot afford not to make. Many survivors lack a support structure at the individual and community level. Where gender and social norms are supportive of violence and where there are low conviction rates and weak legal sanctions, we as a society provide no overarching support structure for people to rely on. There is a degree of acceptance of violence where we need to instead create an environment of non-tolerance.

We need measures to address poverty and homelessness. This is an area of vulnerability and exposure to predators, particularly for youth, women and minorities. Every day I care for women who are homeless or marginally housed. It is difficult for them to place health care in a priority position when they do not have a place to sleep safely or are hungry.

About 40% of survivors seek support from friends and family. Here, then, is an opportunity for education that can result in a more effective response. Here is where the myths surrounding sexual assault and all of the ideas that contribute to rape culture can begin to be broken down. Individuals, parents, families and coworkers all need to

be educated to develop new attitudes and understanding about the realities of sexual assault and what they can do to help. Much is said about what should happen before an assault, but little is said about what should happen after.

Survivors are afraid of loss of privacy, potential publicity and trial by media. There are countless examples of sensationalized stories. The use of the words “alleged” and “claimed” set the stage for doubting a survivor’s account. The practice of reporting race when the survivor or the perpetrator is not Caucasian needs to stop. Sexual assault is a human experience; it need not be racialized. The reporting of the marital status or the occupation of the perpetrator, along with the use of words like “well respected,” or “prominent,” somehow seek to mitigate the crime that has occurred. Often, the character of the survivor is examined under a public microscope. This has no relevance as to whether a sexual assault has occurred or not. Why, then, do the media report it and why do we read it? Media has a grave responsibility in reporting these crimes, and is failing miserably. They need to be held more accountable by both the public and regulatory bodies.

Part of the problem lies in the fact that we are so desensitized to the subtle and sometimes not-so-subtle nuances of language that we don’t even notice. We need to notice. We need to remember that just because someone is a very talented radio show personality or a well-known comedian, that does not preclude them from committing sexual assault. We should not question survivors simply because the perpetrators are famous or had promising futures in hockey. The media could do so much more than entertain; they could inform.

The area of social media also requires close monitoring. This has become the new hunting ground for predators. It is in this forum that youth and others are being harassed and experiencing cyber-violence.

Some survivors have a genuine dislike or distrust of police, the justice system, the social service and child welfare system, and the health care system. Our systems represent lengthy and complex processes. Many survivors have had previous negative experiences within our systems. We have reputations to repair and renew. Health care, law enforcement and criminal justice all need to be charged with the responsibility to make our services available, accessible, sensitive, relevant and effective.

The current numbers tell a much different story. There’s a gap between what women expect from the criminal justice system and the actual outcomes. We need look no further than the case of Cindy Gladue for an example. Justice reforms in the areas of how long the process takes, types of charges, and lengths of sentences need to be undertaken.

Currently, there appears to be reluctance or over-caution in the charging of accused perpetrators, and yet frequent cautions and threats to charge women with false reporting. I hear from survivors that this happens quite frequently, and I would suggest it happens more often in the case of domestic or sexual violence than with any other category of crime. In fact, I have not ever heard of

someone reporting a theft or damage to property or other crime being threatened with the consequences for false reporting.

Something needs to be done to counter the myth that women frequently make false reports about sexual assault. There have been false reports, and the seriousness of those and the effect on an accused must be acknowledged, but this is not a common occurrence.

There needs to be a better balancing of the rights of the victim and the rights of the accused. Where an accused enjoys lawyer-client privilege, the victim has no such luxury. Everything she discloses to the crown is subject to disclosure to the defence. There’s no confidentiality. The crown does not represent the victim; the crown represents the government. For this reason, victims should have access to legal representation free of charge during the trial process.

While increasing the power of the criminal justice system does not address the systemic nature of violence against women or improve gender equality, it will begin to send a different message: Sexual violence cannot and will not be tolerated. We need a legal system that treats all cases of sexual assault seriously. Cases where the victim and perpetrator are known to each other are no less serious than cases of rape by a stranger.

A thorough investigation of the accused perpetrator needs to occur. There cannot be haste in delegating cases to the “he said/she said” category, with responsibility never to be assigned to the guilty party.

My patients often tell me that they are encouraged to drop their cases and that the likelihood of a successful prosecution is low. There does not need to be such a large grey area. It can be much more black and white if we choose.

Having procedural standards in place that are consistently followed by all with less room for discretion would result in more consistent and defensible results. All forensic evidence collected should be submitted to and tested by the Centre of Forensic Sciences rather than left to the discretion of the investigator. Nurses are educated and trained to collect relevant samples based on the history of the assault.

Is it possible to expand funding for more specialized police units to investigate sexual assaults? We currently have a specialized domestic violence unit, and I believe it has led to some improvement in the response to survivors. Is there room to expand their role to incorporate sexual assault?

I understand that currently there is a limited curriculum and time allotted for education surrounding sexual assault and domestic violence. Improvements to the training process consistent in all jurisdictions, particularly in the areas of the effects of trauma on behaviour and memory, could only be beneficial.

Some thought needs to be given to the practice of taking statements from survivors in the period immediately following the assault. There’s a great deal of research around police officers involved in shootings and the timing of statements, the ability for accurate recall of

memory and the role of REM sleep etc. These are concepts that need to be explored in the context of sexual assault survivors.

The Chair (Ms. Daiene Vernile): I would like to let you know that you have one minute left.

Ms. Melody McGregor: Okay. I'll go fast.

What is the ideal time for an interviewer's statement? What can we do to counter the automatic assumption that survivors are lying when their memories don't make sense?

There's also opportunity for expanded curriculum in the areas of the health sciences, particularly nursing and medicine. The amount of time dedicated to these topics is non-existent or minimal at best. If it is really important, we should be teaching it.

The same is true for law school. I understand that this is not standard curriculum across the board. Changes in curriculum are challenging. There is the consideration of the time required. Will something else be left out? It will be difficult to set priorities. There will be opposition. But it still needs to be done.

So where does that leave us? It leaves us with a long list of things that need to be done. Many of them take money. Some of them will require a change in attitude and culture. All of them will take time. All of them will take a steadfast commitment and courage to continue advancing the ideals that we want to build our communities on. There will be resistance. Those of us on the front lines will continue, as we always have done.

1020

The real opportunity here is for government to accept the challenge and show the leadership we need, and to sustain it over time to ensure that change happens, regardless of which party is in power at any given time. Increased education, justice reform, public awareness campaigns, increased counselling services, increased health care services, attention to child welfare, services for male victims, strategies to counter poverty and homelessness: These are all places to begin. The benefits will be immeasurable.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions for you are from MPP Lalonde.

Mrs. Marie-France Lalonde: I want to say thank you to both of you for being here this morning. I have to say, this was a very comprehensive way of highlighting some of the issues that we've heard, yesterday or in Toronto. So thank you.

It brings, though, a few questions for me. What's very particular for me is that in Thunder Bay between August and January, you had 56 sexual assaults reported to the police. Out of those—actually, there were 56, but 12 reported and went to police. What is preventing—and I think you've highlighted it, but I just would like you to be a little bit more precise—for the rest? Between the 56 to the 12, there are a lot who have not reported it. What prevented them, in your opinion, from coming forward and either seeking help or reporting it to the police?

Ms. Melody McGregor: Just to clarify, those 56 reports were police reports, so the 12 were from the 32 whom we saw.

What stops them from reporting? Everything—I would say most often, previous experiences that they've had. Sometimes, they're not feeling credible—if they've been drinking, they don't have an injury, it's someone they know and all those implications. If they have had issues themselves, if they have outstanding warrants or anything like that, they can be reluctant.

Mrs. Marie-France Lalonde: Okay. Then my next question would be: How can we help those individuals that are not coming? What would be your recommendation to this committee for those unreported individuals? What can we do to help?

Ms. Dawn MacDonald: I think, from a police perspective, the people who are already going to the police are not coming for health care because of a lack of information as to what we can do, what we're able to do. Often, there's a big stigma around collection of evidence and how it's so important in the investigation when it's just such a small piece for the healing, and in order for them to move forward.

I think that we need to do more education with the police and get more education out to the communities about what the role of health care providers within a sexual assault is—that it's about a healing process and it's not just about collection of evidence.

The Chair (Ms. Daiene Vernile): Thank you. Our next questions for you will be from MPP Hillier.

Mr. Randy Hillier: Thank you very much for being here today. There are a couple of things you mentioned in your presentation that I would like you to expand upon a little bit and provide clarification. I think they're very profound and related.

One of the statements you made was that there needs to be a new narrative of what a sexual assault victim appears as. I think you're on to something very significant there. You also mentioned about a true definition of sexual assault. We know that we've changed the legal definition in the Criminal Code; "sexual assault" encompasses far more than the old terminology in the past of "rape." So I just wondered: What sort of work is being done on illustrating the need for that new narrative—or a more accurate narrative, I guess, is what I should be saying—of what a victim of sexual assault is and how we can assist in that function, but also your own views on the definition of sexual assault? Those changes that have happened in the Criminal Code definitions: Do you think they've led to an improvement or that there are some negative consequences with that change a decade or more ago, with sexual assault?

Ms. Melody McGregor: I think there's still some confusion on the part of victims understanding that what has happened to them is indeed a sexual assault. For people who have not had a penetrative type of assault, for example, sometimes they're not accessing care and they don't define it as a sexual assault. People need to understand much more clearly about all the different types of assault and that they all qualify as a sexual assault. In some ways, not using the word "rape" has been detrimental, I think. "Sexual assault" is much softer than

“rape.” Even I don’t really like that word and I do the work, but it’s really much more accurate. People don’t know what has happened to them.

The other thing is that they are desensitized. They’ve had so many different things happen to them that they don’t think of it necessarily as a bad thing, or people will come in and say, “I’m not really sure; I was drinking. I might have said yes but I don’t remember saying yes.” By our definition, that’s a sexual assault.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are—

Interjection.

The Chair (Ms. Daiene Vernile): Sorry. I’m the bad guy. I have to keep time here. Our final questions for you are from our third party.

Ms. Peggy Sattler: Yes, thank you very much for that very detailed list of recommendations. I think there are a lot of good suggestions for us to work toward.

One of the most interesting things I got from your presentation was early on when you said that we need to stop separating sexual assault and domestic violence, and talked about the fact that they both originate from the same kind of misogynist culture and have a similar impact on the victims and survivors. Can you talk to me a little bit about how they are separated and what we can do to treat sexual assaults and domestic violence more holistically and regard them as similar?

Ms. Melody McGregor: I don’t know if I can answer that.

Ms. Peggy Sattler: Much of your presentation seemed to focus on sexual assault and not domestic violence, although you are a treatment centre for both sexual assault and—

Ms. Melody McGregor: Yes. The reason I focused on sexual assault is because it was my understanding that that was the focus of today, but sexual assault and domestic violence often co-occur. In fact, in domestic violence cases where there is sexual abuse or assault, that is a much more dangerous offender. That woman is at much greater risk. I’m not sure that the general public is aware that that’s the case. We have a coordinating committee to end violence against women, and we talk about both types of violence. We have a treatment centre that covers both, but you do have rape crisis centres that are separate.

Ms. Peggy Sattler: And you would like to see more integration between those siloed services?

Ms. Melody McGregor: I would. I don’t know that that would be popular amongst all the groups, but—

Ms. Peggy Sattler: That would be your recommendation?

Ms. Melody McGregor: Yes.

Ms. Peggy Sattler: Okay. The other thing you mentioned was around childhood victimization, which leads to further victimization or even children becoming perpetrators. What kind of specific recommendations would you have to address childhood victimization?

Ms. Melody McGregor: I think some of the other presenters talked about strengthening the child welfare system, understanding that these things begin in childhood. The trauma begins, the lack of recovery, the vul-

nerability, all of those things. We have education programs in schools and we’re looking at processes in universities, and we have treatment for adult victims and so on, but there’s really very little attention to that really early period. That’s probably one of the most critical and where we can probably have the biggest impact.

The Chair (Ms. Daiene Vernile): Ms. McGregor and Ms. MacDonald, thank you both so much for coming and speaking to our committee today. I invite you to join the audience for the rest of the presentations today.

Ms. Melody McGregor: Thank you.

FAYE PETERSON HOUSE

The Chair (Ms. Daiene Vernile): I will now call on our next presenter: from Faye Peterson House, Debbie Zweep. Just have a seat in front of one of the microphones. Pour yourself some water, if you’d like some. You will have up to 20 minutes to make your presentation. Following that, our committee members will ask you some questions. Please start by stating your name and begin after that.

1030

Ms. Debbie Zweep: Good morning. My name is Debbie Zweep, and I am the executive director of Faye Peterson Transition House here in Thunder Bay. We’re a shelter for abused women and children, but we also work with men; I offer a Caring Dads program that works with fathers who have abused their partners, and the children have often been exposed to it. We’ve had the opportunity over the last 10 years to also talk to men who have committed sexual assault within the context of their intimate relationships, and I was very interested in the question that was just asked about the commonality between domestic violence and sexual assault. I’d like to address some of that from the viewpoint of the women we work with.

Just to give you some context, we’ve been around for 30 years. I asked my staff: The most junior staff has been 16 years with me and the most senior is 30. Most of the data you’ll see today is extrapolated from their conversations directly with the women that we’ve had this week and over the last year, so it’s very current information.

I think you’ve probably already heard this: The World Health Organization agrees that many prevailing societal attitudes justify, tolerate, normalize and minimize sexual violence against women and girls. Sexual violence is about power and control, not sexual desire, and it’s an act of aggression. We believe that it’s not the survivor’s fault, ever, and that it’s never okay.

This is from the United Nations, and I’d just point it out in what our definition of what violence against women is: “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Sexual violence is violence against women. It’s domestic violence. One cannot be extrapolated from the other.

From our experience of working with abused women, this is where we see violence: 45% from their intimate partner—and we would like to include in those statistics spousal and dating violence. The next greatest category is 27% by acquaintances and friends, then 16% by strangers and 12% by non-spousal family members. I think this is the other piece that you were asking Melody in regard to child victimization.

This is really quite a shocking statistic for us: Sexual crimes were by far the most common offence committed against girls. In particular, 47% of all violent crimes against girls under 12 that were reported to police were of a sexual nature. We see this trauma within women start at a very young age, and that carries through to many other experiences, which I understand some of your other presenters have talked about today.

Our police stats: In Thunder Bay, we know that in 2010 and 2011 we had the highest police-reported domestic violence. I want you to just continue to consider that in domestic violence I'm always talking about sexual assault. There's always a piece of that within domestic violence. Whether the charge shows up as that or as common assault, we believe that there has been sexual assault as well.

These are our local statistics. This is from Thunder Bay police between 2004 and 2013, the number of people charged with domestic violence. I'll just do from 2010: 738, 711, 672 and 607. That's not total charges, though. You can see that there are multiple charges for each of those.

I think that what is interesting about the police statistics when you take a look at it is the repeat offenders. We know that in 2010, 63% of the people who were charged with domestics had a previous charge of a domestic. In 2011, it was 51%; in 2012, 54%; in 2013, 52%. I don't have 2014 figures yet, but it's important to remember, again, that these are repeat offenders. These people are known to us. These are people whom we believe should be incarcerated and should receive the penalties in the criminal justice system. We're not talking about the first offence; we're not talking about a shove; we're talking about serious offences.

One of the things that we know about sexual assaults is that about 10% or less are reported. About 5% of those—maybe less—ever go to court, and probably half of those ever get a conviction. I just extrapolated some of that information; in 2009, we had 88 charges, but if we believe that that is 10% or less, we are looking at 880 charges. Then I went down and just expanded that for you. Up to 2013, there were 98 cases reported, but we believe there were more like 980 cases.

Our women: Over the last 30 years, abused women experienced sexual abuse within their relationships almost all of the time. Every woman we talk to will tell us that at some point within that intimate relationship, there was a sexual assault; there was sexual violence. We really believe that you have to look at domestic violence and sexual assault and sexual violence. They are within the same thing, and you can't pull them apart and provide

services here that are really great—ORCC or at a shelter. This is the same woman.

I don't want to say it's 100%, but we believe that close to 100% of all the women we serve have had sexual violence within their domestic violence relationship.

I'm going to quote my staff. One of them has worked with me for about 28 years: "The one thing that sticks in my mind was when a woman who was sitting with her second abusive partner, who was very physically abusive and deemed high risk by our community, stated, 'Well, at least he didn't rape me,'" as if somehow that was a determining factor of the goodness of the relationship.

One of my other, younger workers said, "Abused women, especially in intimate relationships, have stated that sex is expected, and they didn't feel they had the right to say no."

We know that the second-most-common way we see sexual violence is by an acquaintance or by a friend. We were discussing this just yesterday, actually—that this is often in the context of a college or a university, a student or a co-worker, where there's a peer relationship that already exists.

We know, when the assault takes place, that the women experience a lot of guilt and shame, wondering simple things—if they sent the wrong message. I heard Melody say as well, "Did they say yes?" and they don't remember that piece. They review their actions, how they dressed, all those typical things that we see.

They're hesitant to report to the police—and in this case, it's a little bit different because these are her peers. They might work with them; they might go to school with them. They have the same friends; they cross each other in the hallway.

Then let's talk about social media and the gross misuse of social media today in these kinds of situations to further shame not only the woman, but her family, her friends and anyone who might believe her. It's a real deterrent for young women to do that reporting.

I know the myth that we believed for years—that rape was only committed by strangers. We actually know now that that figure is about 6%. But who are the victims of stranger-perpetrated sexual violence? I have two women we're working with right now. I would say to you that both of these women had childhood trauma: sexual violence happening before the age of 12. They had sexual violence within their intimate relationships that led them to substance use to cope, and mental wellness issues surfacing.

I believe that because of those previous traumas, they're very marginalized. They're poor. They don't have access to many, many things in this community, least of all the money they need to do things with. Because of the poverty that exists with them, I believe that they've become the targets. They are the ones the stranger knows are vulnerable. This is how, for these women—recently, anyway, within this community—they were assaulted sexually.

Childhood sexual abuse: We know that for women who are incarcerated, 88% have had sexual trauma in

childhood. The women who we work with articulate their experience in childhood sexual abuse by a family member or an acquaintance of the family. We see this quite often.

Most of the women report that their childhood was shattered. When this happened, there was a lack of emotional responsiveness from their parents, their caregivers, and they reported to us that their basic needs of life were not met. This is how they start life, so they become very, very marginalized at this point.

Women who experience sexual abuse at the hands of family members, friends of the family or strangers are more at risk of experiencing more abuse, including sexual abuse, during young adulthood and adult life. The impact in their life is atrocious, because it does not allow them to live their life fully.

1040

Women have mental health problems comorbid with disorders like eating disorders and substance use, including narcotics, pain medications and co-dependency. This is from one of my senior staff as well and her work in art therapy with women.

I asked my staff over the last week just to put together a list of the impact that sexual violence has on the women they work with that are survivors as well of domestic violence. These were their top ones. The first one we all know is fear—fear of reprisal. Of the woman that I'm working with right now, I can say that the assault was so severe that about two weeks later when she was in the hospital in the elevator, someone reached over her shoulder just to press the button and it caused such fear that she ended up in a ball in the corner of the elevator. So fear is a huge factor in what results from sexual violence.

Anxiety: We see many anxiety-related disorders.

Depression: Anti-depressants as well go with that in trying to cope.

A loss of self: We see a lot of withdrawal.

The guilt: the continuing guilt and blaming herself that we have seen in the last month that she has been with us.

Anger: that somehow she is back with us. She has been with us a number of other times, but now she's here for this kind of violence.

Shame: We know that with shame, it's just like when we work with our men. If we don't get at the shame, if we don't move people out of shame, they will never recover. There's a lot of shame in regard to what has happened and a loss of her self-confidence, and serious trust issues.

Self-harming: We know that women will self-harm. I wouldn't say that it is common. I would say that in about 10% of the women that we serve we see self-harming happening.

Dependency on drugs and alcohol: I just wanted to clarify. Faye Peterson has had a harm-reduction policy for the last 10 years. We have methadone on site. We provide services to women. Women are only asked to leave, if they're using substances, based on their behaviour on the floor so that I have to call the police.

That's usually when a woman using a substance has to leave. But we have had harm reduction for about 10 years and we do believe in focusing on behaviour and recognize that substances are a coping mechanism that people have and use.

They feel like a bad parent, or when they were a child they felt like a bad child, and behavioural problems and physical problems like loss of bladder control and OCD and those kinds of things that we see resulting from it.

I want to end with four recommendations from the violence-against-women shelter sector here, again asking you to please remember the connection between woman abuse and sexual abuse. There is no separation between it. It happens within all of these relationships, whether women talk about it because they're really in crisis—they need housing. They need to get their kids. They have so many things that they have to do. Those discussions, because they are of such an intimate nature, may never happen right at the first couple of weeks, but they're there. It may take a year for them to come and talk to us or go to the sexual assault centre or the Thunder Bay Counselling Centre or to our women's centre, but they are all there and we hear them.

We would like you to develop an understanding of and address the reporting barriers. Again, I want to tell you that we have an amazing police department here in Thunder Bay—both the OPP and Thunder Bay police—but we could do better with regard to reporting.

Women call many times for help. They may not be assessed as needing help, but they need help, and we need to remember that every time we show up, it has to be like a new situation so that those barriers of “not wanting to call you because I've called you 10 times” can be removed.

To provide education on sexual violence, including information on the prevalence: all these myths that women are reporting things that aren't happening. We need to educate women and men. It is not just men that we need to educate on the misconceptions and attitudes informed by misogyny.

A gender-based analysis into all the conversations and strategies dealing with sexual violence, including workplace harassment: It is the experience of women. It's 83% of us that experience sexual violence. It is our context that needs to guide the policy development of the programs. To do anything less than that would really do women another disservice, so I ask you to please consider that.

And that's everything.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Zweep. Our first questions for you are going to come from our PC caucus.

Ms. Laurie Scott: Thank you very much for your presentation this morning. We heard earlier about shelters, I believe, that don't allow any substances in. You have methadone—

Ms. Debbie Zweep: Yes. All my staff are trained in drug administration; you should know that. Methadone carries as well: We have gone in the last two years to

allow the carries on site. I can't tell you that that isn't fraught with challenges, however; it is.

The only time we wouldn't allow a woman who was using substance was if the behaviour was such that we could not manage it and it had become violent. But yes, absolutely. We're a harm reduction and have been. We were the first shelter in the north to be harm reduction.

Ms. Laurie Scott: Right. I was surprised earlier at the shelter because it just can't be—

Ms. Debbie Zweep: And Beendigen as well, our sister shelter.

Ms. Laurie Scott: I'm sorry, what was the name?

Ms. Debbie Zweep: Beendigen Inc. Our aboriginal shelter also has—they may have to go out of the shelter to get their methadone; however, they have full access to their medications.

Ms. Laurie Scott: Also, for your intake, if I can use that word, previously they said that they had both a mix of the person who was assaulted and also the perpetrator in their shelter—shocking to me, but in your situation, such as the victim survivors who are in your—

Ms. Debbie Zweep: Yes. Through the Caring Dads program, what I typically have is a group of 12 men, and I would have relationships with the women and children of at least half of those, so that I believe I have the full context of what has happened within that relationship so that I can work with him around accountability, responsibility and change, and also provide her with the support that she needs.

I think it's really important for us to focus on behaviour. When behaviour like sexual violence, domestic violence or woman abuse happens, we need to remember that there has to be a system of support around that which allows that person to heal and to find the services they need.

Ms. Laurie Scott: Can I ask: How many minutes do I have left, Madam Chair? Do I have—

The Chair (Ms. Daiene Vernile): Yes, you have another minute.

Ms. Laurie Scott: Okay. Quickly, just in an overall, we've heard from different speakers that the intake for Thunder Bay for someone who either—do they call you directly? Do they call the police usually? I know there's no one answer, but an overall of who gets to go where—and I know there aren't enough beds. Can you give a little bit of a summary?

Ms. Debbie Zweep: We have two women's shelters of 24 beds each. They have 24-hour crisis lines; they can call any time. There is always someone there. We do not turn people away.

The police will bring women to us directly. They know that in an emergency situation, they bring them straight to our door. We've just developed a chat room on our website so that people can click in and access services that way. They can send us an email. They can send us a text. There is every way electronically possible to talk with us now.

Ms. Laurie Scott: Do you find that uptake is there?

Ms. Debbie Zweep: Yes, it is. Also, we have great referrals from the sexual assault/domestic violence unit and the women's centre. Thunder Bay isn't that large. We have a coordinating committee. We hope no one falls through those cracks. If they do, it's usually your next presenter who sees them.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from MPP Sattler.

Ms. Peggy Sattler: Thank you very much for the presentation. Two issues I wanted to focus on: the first was around the statistic on repeat offenders in domestic violence relationships, which clearly shows that there is a need for programming for men. Yesterday in Sudbury, we heard about some programs that were available both before it escalates and then one during the bail hearing. Both of those were voluntary—and then there's the Partner Assault Response program, which is mandatory court-ordered in some cases.

Is the system working in terms of providing those services for men who abuse? What kinds of recommendations would you give to deliver the appropriate kinds of supports?

Ms. Debbie Zweep: You must have been in my car yesterday. My son is a PAR facilitator and we were driving him to the airport, so we were having this conversation. I'm happy to enlighten you on that.

Early intervention hasn't worked really great in Thunder Bay. I think that it works really great in communities like London and perhaps Toronto, but we really haven't gotten the hang of it here. If we could use the early intervention program when the charge happens at the bail stage—the earlier the intervention, we know, the more successful we'll be in looking at some kind of change in behaviour. So that doesn't work really great here. We could improve that.

I think that there are lots of ways, lots of conversations, about PAR. Is it the appropriate model? No. I'm sorry, but 12 weeks is not going to do it. I do Caring Dads with three facilitators and 12 men, and I'm telling you, it takes 17 weeks to work in that detail with men at two hours a week to be able to see them move from pre-contemplation to contemplating they need to make change. Twelve weeks will not do it; education is not the only thing to do it.

1050

What Myles said to me was, "You know, we need longer periods. We don't need all the same men in the same kind of groups. We need men where it is a first offence. Yes, maybe it's EI; maybe it's an online program that has a check-in. But when it's a repeat offender, you need detailed counselling. You need one on one. You need check-ins, because you're such high risk that"—sometimes in Caring Dads, I'm the only one evaluating your risk and you need to do a better job with risk.

PARS can do that but not in its current format. It needs to engage in a therapeutic relationship with that man and the counsellor, that there's trust, that that person wants to change. If they don't like me—one of the guys didn't like me, because I was working with his partner as

well—that’s okay, because it’s perfectly okay to have a conversation with Myles or Alyson and to create that relationship. It’s all about relationship and trust and being able to move forward. But in its current format, it’s not very successful.

Ms. Peggy Sattler: Okay. The second issue I wanted to touch on was around workplace harassment, which was your final point there on your slide. You talked about co-workers as offenders. Certainly we see Bill 168 and the training component that has been included in that legislation. Can you talk about your experience with what is available in the province and whether it’s working to address workplace harassment and the incidents of co-workers as abusers?

Ms. Debbie Zweep: I think that since we brought in Bill 168, we have seen an improvement for sure with regard to awareness and with regard to where the training is available. Have I seen that implemented full force within this community? No. Do I know that there are providers? Yes. Have I heard that people would like more? Yes; people need more information. They don’t understand the actual basis of harassment.

The Premier’s new commercials are creating a lot of conversation: “Oh, that’s harassment. Oh, that’s inappropriate.” So I think what we have can be improved on in regard to letting people know that when we’re doing this kind of training around harassment, we mean this.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you this morning are from the Liberal caucus, beginning with MPP Gravelle.

Hon. Michael Gravelle: Thank you so much, Chair. May I begin by thanking my colleague MPP Thibeault, who has actually given me some time to be able to ask a few questions. I know we just don’t have nearly enough time. But I do want to begin by thanking the select committee for coming to Thunder Bay, for making that decision—there are lots of locations, obviously, that would have been appropriate or more than appropriate to go to. I’m going to Sioux Lookout next as well. So I think that’s really going to be excellent. I know everyone who is presenting today is grateful.

Debbie, if I may—we know each other well, and I just want to begin by thanking you for the great work that is done at Faye Peterson and the great work that you have done for a long time. There are so many areas. I do want to quickly talk about the point you really do want to make that when one talks about domestic violence and sexual violence, there is a tendency to separate it. You’re saying very clearly that you can’t because it isn’t.

Ms. Debbie Zweep: It isn’t.

Hon. Michael Gravelle: That’s something I presume you want the committee to listen to pretty closely.

Ms. Debbie Zweep: I do. I mean, we asked our women. That’s what we did when we knew you were coming. We went to our women; we asked them. We already knew, but we had them confirm that for us, and near to 100% of them said, “Yes, there is sexual violence in my life. In what you have categorized as woman-abused domestic violence, there is sexual violence. I

don’t have time to talk to you about that right now. I’ve got to get housing, and I’ve got to get custody of my kids and I’ve got to do all that.” Actually, it’s of such an intimate nature that really to process that takes some time.

Hon. Michael Gravelle: It’s an important point, and we appreciate it.

Related to the reporting barriers—I must admit that I had to sneak out for a couple of minutes during the last presentation, but what I walked back in on was a moment, and I know that MPP Lalonde was following up on it, and so was I, because what I heard was that if a sexual assault victim shows up in a hospital setting, there is not mandatory reporting of that. I want to ask you to confirm that, because that does strike me as certainly something that surprised me, because one would think that it would be. But that obviously ties into the need to make sure the reporting is more direct and not something that becomes a challenge, and, in a hospital setting, I guess I would have expected that it would be mandatory.

Ms. Debbie Zweep: No. I think it’s always a woman’s choice. I think Melody would probably have told you that they’ll keep the evidence, and women may decide. The woman I’ve been working with—this assault happened a month ago. It took her two weeks—and that’s with the support of my staff; we know her—to bring her to the police to make the report. Women need a lot of support. Her experiences—this woman is an aboriginal woman, and she would never call the police. The only way she got to the police is because she had a system of support around her and we went with her. We went and did the videoconference.

Hon. Michael Gravelle: But is part of the issue that if the person, obviously, is in the hospital, they may not want to report it to the—

Ms. Debbie Zweep: Yes.

Hon. Michael Gravelle: Because that’s their fear. Those are all the barriers that we have in place.

Ms. Debbie Zweep: All those things. There are all kinds of reasons that—

Hon. Michael Gravelle: But are you suggesting that we should—

Ms. Debbie Zweep: I’m supporting that.

Hon. Michael Gravelle: Regardless of—I mean, that’s where you need to presumably show respect for the person who has been assaulted.

Ms. Debbie Zweep: Yes. I think it still comes down to her choice. It’s going to be her choice.

Hon. Michael Gravelle: Have I got any more time? I don’t know if I do or not.

The Chair (Ms. Daiene Vernile): Six seconds.

Hon. Michael Gravelle: Okay. It was incredible and upsetting to hear the statistics you gave in terms of people under the age of—what was it, 14 or 12?

Ms. Debbie Zweep: Twelve.

Hon. Michael Gravelle: We certainly heard it from the Ontario Native Women’s Association this morning in terms of the children under the age of seven, the prevalence of those. Those are obviously incredibly upsetting

and alarming numbers. They're statistics based on facts, and obviously it speaks to the larger issue we have here.

The Chair (Ms. Daiene Vernile): Thank you.

Ms. Debbie Zweep: Thank you all this morning. Thank you, Michael.

The Chair (Ms. Daiene Vernile): May we please get a copy of your PDF of what you presented us today?

Ms. Debbie Zweep: Okay.

The Chair (Ms. Daiene Vernile): And you can email it to us. Debbie, thank you very much for coming and talking to us. You may join the audience for the rest of the presentations.

NORTHWESTERN ONTARIO WOMEN'S CENTRE

The Chair (Ms. Daiene Vernile): I'd like to call on the Northwestern Ontario Women's Centre: Gwen O'Reilly. Gwen, have a seat in front of one of the microphones. Pour yourself a glass of water, if you'd like. You will have 20 minutes to make your presentation, and after your presentation our committee members will ask you some questions.

Please state your name for the record, and begin when you're ready.

Ms. Gwen O'Reilly: My name is Gwen O'Reilly. I am the director at the Northwestern Ontario Women's Centre. It's just going to take me a minute to get my presentation up here. Do I have some tech support?

Hon. Michael Gravelle: You shouldn't count that against her time.

Ms. Gwen O'Reilly: That's right. Stop that clock.

The Chair (Ms. Daiene Vernile): That was the longest six seconds I've ever heard, too, by the way.

Ms. Gwen O'Reilly: Okay. I work at the Northwestern Ontario Women's Centre, and I have done for a few decades now. We are a community-based organization, and we do front-line support, education and advocacy work with women, mostly women experiencing poverty and violence. We help them with legal concerns, administrative concerns and human rights issues, so we do a little bit of everything.

Often we are the people who see women who don't get service at other places. We see the people who fall through the cracks. I have Michael Gravelle's office on speed dial. We do a lot of work with women that others do not, and we often have the time to hear their stories where other services don't.

Also, like many of the people who presented to you today, I am a member of the Thunder Bay and District Coordinating Committee to End Woman Abuse. I also, in that capacity, sit on the Domestic Violence Court advisory committee, so a lot of my presentation today will focus on some of the criminal justice and court response to violence against women.

One of the things our centre does, in conjunction with Faye Peterson Transition House, is run a women's Court Watch program. We have trained volunteers in court

following court cases in the criminal justice system around domestic violence and sexual assault.

You've heard a lot of the statistics; I'm not going to belabour them. The one thing I want to point out is that we are all aware—and we see this every day—that the incidence for aboriginal women is higher and the consequences are much more serious. Aboriginal women are much more likely to be injured, murdered or criminalized, which is a big problem.

I want to reiterate what many people have said to you: that reporting is difficult, not just because women don't want to report or are afraid to, but because violence is made to be invisible, it is minimized at every level of our legal system, right down to the language that we use to describe it. We can say, "He hit her," or "She was hit" or "There was violence." Many of our descriptions of violence, especially in the legal system, are very generalized and don't include personal accountability. That is something that we need to look at.

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One of the problems that we also see is that revictimization and criminalization are inherent in the system which is used to support women who experience violence. This is especially problematic for aboriginal women and women in general. When the police show up, there's a risk that you will lose your children. Police have to make a report to child welfare if there is violence in the home. That's problematic. A lot of women don't call police because of that.

You heard earlier people talking about mischief charges. I don't know how many women I've talked to who say, "I keep calling the police, and they are threatening to charge me with mischief." This is something we have to understand. This is why women don't call the police: because they are often not on their side. As an advocate for women, I see that a lot—that often, for women to make use of services that are provided to help them deal with violence, they need an advocate.

One of the things you have heard from other presenters is that the experience of violence is both gendered and racialized. There is a disproportionate incidence directed towards women and towards people of colour and of different abilities. There is a more serious injury and impact on those groups, and the motivation for that violence is clearly directed at people with less power.

The impact of that violence is that it reinforces existing oppressions, whether it's sexism, racism or ableism. That's something that is going to be difficult to incorporate, because we don't necessarily have this approach in our legal system.

This is where our legal system falls down. We know that violence against women results from a power imbalance and we know that the policies we use to address violence are gender-neutral. For that reason, they often further disadvantage women who interact with the legal system. Our legal professionals, judges and justices of the peace—they all don't want to be biased when they are dealing with cases in criminal courts. But neutrality is not the same as equality, and equality is not the same as

bias. Accounting for someone's differential experience does not make you biased; it means that you are adjusting for the impact of oppression. That's something that we need to understand very clearly if we're making new policy around violence. We have to account for people's experience.

You know the stats already; I don't need to give you that. You've also heard a lot about why women don't report. I'll talk a bit more about this later.

Domestic versus sexual violence: We've talked a lot about this so far. I wanted to reiterate that they are common forms of violence. They are both directed at women because they are women. You know that most women living with abusive men also experience sexual assault, you know that young women are more vulnerable, but what we haven't talked about yet is that the systemic response is very different. We have a lot of policies and procedures in place with regards to domestic violence, but not so much with sexual assault.

The term "domestic violence" is problematic. For a lot of us, we use the term "woman abuse" or "violence against women" because "domestic violence" erases the context of gender. It also erases the links to other forms of violence, like sexual assault, harassment and all the other forms of oppression that women experience. So we have a lot of these systemic silos that have been created.

In some ways, we're doing a good job around domestic violence or physical assault, but then we've completely ignored sexual assault. I often want to know why that is. Why have we taken this focus on domestic violence instead of sexual assault? Part of me says it's about sexism, right? It's the stereotypes about women and sexuality that are preventing us from dealing with this issue in the same way that we've dealt with domestic violence. It seems to me it's sort of like: There are good victims and then there are bad victims. There are the deserving and the undeserving. I suspect that women who experience sexual assault fall in that "undeserving" category, because we tend to blame them for their experience.

You've probably seen these stats as well. Thunder Bay has the dubious distinction of having the highest rate per capita of domestic violence charges reported to police. Our sexual assault rate is not the highest, but it's higher than the national rate.

As I was saying, in many ways we've done a pretty good job with domestic violence. We have all of these systemic responses. We have a new domestic violence unit in our local police. For many years, we have had mandatory charging policies. We have Domestic Violence Court—or a court process. It hasn't really caught on in Thunder Bay. We don't have a full Domestic Violence Court. We have enhanced prosecution. We have the Domestic Violence Court Advisory Committee, victim/witness programs, bail safety programs, risk assessment, and Partner Assault Response programs. We have all of these things, and some of these services capture women who are experiencing sexual assault, but not all.

The thing that you need to know about these programs is that many of them are under threat for funding. With the bail safety program—where we have a dedicated crown, a dedicated police officer and a dedicated VWAP worker working together to help victims get through court and to make sure that the information and risk assessments are done properly and get to the crown, get to the justice, get to the judge—last year, there was a possibility that the funding for that program would be removed. The bail safety program is one of the few things that is really working well to increase the safety of women who are actually making those reports and going through court. These are the sorts of things we need to support.

Likewise, Partner Assault Response programs, as Debbie mentioned earlier—their funding is also being restricted. Although there is a high recidivism rate—there's no doubt; we all have concerns about that—PAR programs are the only court-mandated programs that are dealing with men who are perpetrators. Otherwise, they are out there on their own, maybe with a piece of paper that's a bail condition or a restraining order—maybe not—continuing to harass women.

One of the things that we see in Court Watch is that now we have many, many dangerous men, men with repeat offences, who are being regularly released. It's very important that we have something like PARs that can be court-ordered, where men who are perpetrators can get some intervention. It's pretty dangerous just to let them go, and that's what's happening.

We have enhanced prosecution. This is one of the proposals in the Sexual Violence Action Plan.

One of the things I'm very concerned about is that we need to do a thorough review of how effective all of these responses are to domestic violence before we use them for sexual assault. We need to understand whether domestic violence courts actually are doing a better job, and how women's experience in them is. How are we doing in terms of accountability to women who are experiencing violence?

These are some local stats, and in a way, this shows you what kind of success we can have. The longer bars are domestic violence. These are domestic violence reports in Thunder Bay. The very short bars are sexual assault. You can see that there's a very large difference in reporting when it comes to domestic violence. In fact, what we hear is that when domestic violence is reported, women are more likely to also make a report of sexual assault, and usually that is through the bail safety program, because there's a police officer doing a risk assessment and doing a history.

These are sexual assaults. These are actually very low numbers, which you'll see in the next slide. There is quite a bit per year, but it may or may not mean anything.

Again, like Debbie, I've done this extrapolation. The 88 or nearly 100 per year is the sexual assaults reported to police, and if you use the 33 out of 1,000 number, you get much larger numbers. What Melody suggested earlier

was that it's actually 33 out of 1,600 in Thunder Bay. This you know already.

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What are we seeing in Court Watch? Over the last five years, we've recorded at least 268 individuals who were charged with sexual assault. In the most recent reporting period, our volunteers have followed 37 cases of sexual assault. I'm putting this forward because we have mechanisms in place already where we can evaluate the effectiveness of some of these policies.

One of those is Court Watch. We're not funded to do this. We do this off the side of our desk with volunteers. This, in general, is the role of women's advocates. We have a lot of information. We know who the women are. We know who the perpetrators are. With Court Watch, we have a very systematic understanding of what's going on in our courts with regard to domestic violence and sexual assault. We don't know what to do with that information. We would be happy to help.

In remand court—the very front end of the criminal court system—in our most recent data, we followed 14 sexual assault cases: 43% of those cases also involved a physical assault charge separate from the sexual assault charge, and 57% of the perpetrators had previous criminal charges, evidenced by a breach of existing bail conditions. Again, these are people who have criminal histories and probably previous histories of assault.

In recent years, between 2010 and 2013, we looked at about 37 sexual assault cases. Again, a high number of them involved additional charges: 23% of perpetrators had previous charges, and at least 58% of the perpetrators were released, either with conditions or a surety. At least 58% of the women assaulted knew their perpetrator. In 19% of those cases, the victims were also minors.

These are some of the things that we get from our surveys. We are still having core personnel saying inappropriate things to women who are victims. So a crown attorney asks, "What were you wearing?" The accused are saying, "I was led on by her, so she was to blame." Often these statements by the accused aren't interrupted by the judge or court personnel. This one: "She"—the 13-year-old victim—"is lying and was on drugs." This was a perpetrator who was screaming this in the courtroom, screaming this at the victim who was sitting there, and no one was intervening. Women say, "My boyfriend didn't believe me." We had one case where the justice of the peace didn't issue a specific no-contact order because he felt that because the perpetrator didn't know the woman's address there was no need for one. There are lots of stories. These are just some examples from the Court Watch program.

These are some general ideas about what women need in terms of how they should be treated by people who are serving them, by police and justice professionals:

- They need to be believed.
- They need to be treated with respect.
- They need an assurance of safety, confidentiality and autonomy.
- They need equal access to justice. This is what women do not have, and I see this every single day.

—They need information on their rights and on the legal system, and they need that in a form that is accessible to them. Just being handed a pamphlet by a police officer is not helpful.

—They need a supportive environment. As Melody talked about earlier, trauma means that women have a hard time taking in information, so they need support.

—They need a comprehensive support network of services and advocates.

I kept this presentation very general, but I do think that the other thing that they need is, they need someone to address poverty. You've heard several references to and concerns about homelessness earlier. I regularly deal with homeless women—because I do front-line work as well—who will not go to Shelter House because they are afraid of sexual assault. Many women sleep on the streets or sleep in other dangerous conditions because they are concerned that they are going to be raped if they go to the emergency shelter.

Thunder Bay used to have a dedicated women's homeless shelter. I'm sure, Michael, you remember the letters that I've written to you. The province, unfortunately, restructured the shelter money and the community residence was closed. That pre-dates Patty's arrival at Shelter House, but we did have a fairly well established shelter for homeless women and we lost it. Now we are seeing the repercussions.

We are also seeing many women who have very few choices in terms of escaping violence or getting legal help, and that is because they are poor—and that is because welfare rates and minimum wages are far below the poverty line. It will take provincial will to address those things. They are a central factor to helping women escape violence and really letting women be in a position where they can advocate for themselves, because that's not where they are now. They cannot advocate for themselves, as the circumstances are at present.

I think that is all I have, except that I want to say we also support an aboriginal-led solution that is designed by aboriginal women's advocates in consultation by women. That is very important, to take that lead, as I'm sure you all know.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. O'Reilly. I would also ask if you could either email or give us a hard copy of your very useful slide deck.

Our first set of questions for you is going to come from our NDP caucus.

Ms. Peggy Sattler: Yes. Thank you so much for the presentation and the slides. A couple of questions: The Court Watch program—is that only in Thunder Bay, or is a similar program available in other communities? Because I think that data would be very helpful to have on a provincial level.

Ms. Gwen O'Reilly: There was a longstanding program in Toronto, which we model ours after. I'm not sure if it still exists. I believe that they were trying to set one up in Ottawa as well, but again, it's hard to find funding for such things.

Ms. Peggy Sattler: Right. Okay. Another question: You talked about, and you provided a list of, all of the systemic responses—

Ms. Gwen O'Reilly: Some of them.

Ms. Peggy Sattler: Okay—some of the systemic responses that currently exist to address domestic violence. You mentioned the need for a thorough review of those kinds of programs before sort of applying them to sexual assault. Do such reviews exist? Have reviews already been conducted? Are you aware of reviews that you could share with this committee?

Ms. Gwen O'Reilly: There has been some research about the effectiveness of domestic violence courts in Ontario. I don't have that reference at my fingertips, but I could send it to you. But what I see when I sit at the Domestic Violence Court Advisory Committee is that this is a system that is already completely stressed, trying their best to meet the mandate that's been imposed on them and, at the same time, function in a very, very busy environment, where many people who don't have appropriate access to justice are going to court unrepresented etc.

Ms. Peggy Sattler: Okay. The final question: You talked about women fearing losing their children as one of the barriers to reporting. We heard about a pilot project that's under way in Toronto that combines Family Court with criminal court. Is that a solution that you think is promising and should be considered more widely?

Ms. Gwen O'Reilly: I think it depends on which case and which situation you're talking about. I mean, there are many women who are at risk of having their child apprehended because they are poor or racialized, period. So any police involvement is going to impact them negatively.

For cases that are in the family law system where there is a custody dispute and also violence occurring, that's very useful. To have some communication between criminal court and Family Court and to have orders that reflect what's going on in both courts is very helpful, because often in custody and access situations, this is where the violence just—custody becomes used as a weapon, and the violence continues for many years.

Ms. Peggy Sattler: Do I have time for one more question?

The Chair (Ms. Daiene Vernile): You have one more minute.

Ms. Peggy Sattler: I know in the domestic violence system, there is quite a bit of training that is provided for crowns and justices. The quote that you used from a crown attorney very recently who asked, "What were you wearing?" would indicate to me that there is a similar need for training of crown attorneys and judges. Do you know if those kinds of training programs are currently being offered, or if they exist?

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Ms. Gwen O'Reilly: There is some training. Pamela Cross has done some training with judges. We really need training done with justices of the peace. That is a big issue. There is now a violence-against-women cur-

riculum drafted for law schools in Ontario, so that will be very helpful.

But I also think that when we do this training—we don't do anti-racism, anti-oppression work. These are personal commitments. People have to understand their privilege and they have to understand the power of the system and how it impacts people who are in a situation where they are experiencing violence and poverty. That's what's missing. We don't have that larger understanding of the power dynamic that is operating both in people's lives and in the legal system when they use it.

Ms. Peggy Sattler: Is that part of the curriculum that's already available to law students?

Ms. Gwen O'Reilly: Well, I wouldn't say it's available to law students. A curriculum has been developed—

Ms. Peggy Sattler: For law students.

Ms. Gwen O'Reilly: —but, yes, it includes that analysis of power.

The Chair (Ms. Daiene Vernile): Thank you. Our next questions for you are from Minister Gravelle.

Hon. Michael Gravelle: Thank you so much, Chair, and thanks again to my colleagues for letting me participate this morning. Gwen, thank you so much. Thank you for, as you said, decades of work in terms of the front lines, and yes, if anything, I think you're probably even more of a fierce advocate than ever.

Ms. Gwen O'Reilly: I just yell less. I've mellowed.

Hon. Michael Gravelle: We never have enough time, but it's been really helpful, and obviously in terms of all the morning presentations, I think they're certainly having a real sense of a theme in terms of some of the things we need to focus on.

I was struck by a couple of things that you said, and I wouldn't mind you commenting on them. When you said that some victims of violence—domestic violence, sexual violence—are afraid to call the police because they're actually accused of mischief, it was startling to hear that. That made me think. I'm working on the presumption, if not the hope, that there is a good relationship with the Thunder Bay police force and the police chief, because that does sound like something that we shouldn't be hearing, right? That shouldn't be happening.

Can I ask you about whether the relationship in terms of the Thunder Bay police themselves and perhaps the police chief specifically has been supportive of trying to make sure that doesn't happen?

Ms. Gwen O'Reilly: We have a good relationship, and certainly the current chief is very supportive of these things. In fact, way back when, he was the chief official who signed the domestic violence protocol in Thunder Bay. They're aware of the situation and they have a new domestic violence unit. Those officers are good.

But the bottom line is that we have many marginalized women in Thunder Bay, and when police respond, they are not treated as human beings. They are treated as someone who is less than human. There are lots of studies around mandatory charging policies that show that if a woman is seen as aggressive or if she's using substances, or if she's racialized, she's up to three times more likely to be seen as the aggressor.

You've heard the stories earlier. These are often very complex situations. There are long histories of violence; there is a lot of complication of poverty, substance use, child welfare. It's not easy for police to show up and deal with these things because they're on the front end and there's a giant iceberg of problems below the surface that are behind today's circumstance. So it's not always easy to do the right thing, but we need to take into consideration that many of these people are afraid of police and are afraid of their abusers, and may not act to protect themselves because violence has been so normalized in their lives. We have to suspend judgement. Yes. We need a better approach.

Hon. Michael Gravelle: Certainly when you were talking about the Domestic Violence Courts and the term you used, where they haven't caught on here—you went into a bit more of a detailed explanation in terms of them perhaps being underresourced. But that was an interesting expression to use in the sense of them not being probably used as well as they can be, because I certainly was very proud when we were able to announce that there would be a domestic Violence Court here in Thunder Bay and that that was going to be important. I want a little bit more comment, if I can. They can work really well; they can be really helpful. It really is interesting too, listening—

The Chair (Ms. Daiene Vernile): Very quickly.

Hon. Michael Gravelle: —to Debbie about the work we've done with offenders and how important that can be. That speaks to some of the challenges.

Anyway, the Domestic Violence Court—any advice you have would be appreciated.

The Chair (Ms. Daiene Vernile): Thank you very much.

Ms. Gwen O'Reilly: Can I answer this?

The Chair (Ms. Daiene Vernile): Yes, very quickly.

Ms. Gwen O'Reilly: The Domestic Violence Court has been downgraded to a DV court process here. It hasn't ever taken off in its full form. Part of that is because this model was parachuted in by the province.

I think it would be possible to strengthen that process if you worked directly with local judiciary and the legal staff here. I think that's important, that we need a court that works for Thunder Bay, and we need it to reflect the challenges, because every court jurisdiction is different. There are a lot of things the same, but we have a different population and demographic.

It needs to be a made-in-Thunder-Bay solution as well, least of all so that it's acceptable to the judiciary, because they have a lot of control over what happens. And it needs to be done in the context of community advocacy. People who sit at the Domestic Violence Court advisory, at the coordinating committee level, should have some say in how that court system looks.

Hon. Michael Gravelle: As the local MPP, I'd love to have further conversations.

Ms. Gwen O'Reilly: Okay.

The Chair (Ms. Daiene Vernile): Our final questions for you today are from the PC caucus: MPP Hillier.

Mr. Randy Hillier: Thank you very much, Gwen. I enjoyed your presentation significantly. This Court Watch program I find quite interesting. I assume that that is following these cases, whether they be in criminal court or in Family Court or domestic—

Ms. Gwen O'Reilly: Just criminal court.

Mr. Randy Hillier: Just criminal court.

Ms. Gwen O'Reilly: If you give us some money, we'll go to Family Court too.

Mr. Randy Hillier: And you said that the Domestic Violence Court is a process and it's not a stand-alone court here in Thunder Bay?

Ms. Gwen O'Reilly: That's correct.

Mr. Randy Hillier: It's a process within the Family Court division?

Ms. Gwen O'Reilly: Within the criminal court.

Mr. Randy Hillier: Within the criminal court. Okay. You mentioned that you had a bunch of statistics and all your data that you've accumulated, but you didn't know what to do with it. One of the things I would suggest is to certainly share it with this committee. But in addition to that, there is a branch in the Ministry of the Attorney General which is a standing branch for review of procedures in our courts. You should be able to find that. If not, I can help you out. I forget the name—

Ms. Gwen O'Reilly: Yes, we've sent previous reports to the Attorney General.

Mr. Randy Hillier: Okay, but there is, like I said, a standing branch within the ministry to look at revisions and reform.

I think it's also important—you mentioned about the language. I think that is a critical and key portion of this. I'm wondering: Have you put together, or are you aware of any other groups that have, some proposals for changes to the legal language that we're using?

Ms. Gwen O'Reilly: There's a group in Victoria called Centre for Response-Based Practice. Cathy Richardson and Allan Wade are the principal consultants. They are doing training across the country around the use of language around violence against women, in courts, in child welfare matters, and in other arenas.

If you Google "response-based practice" and "Cathy Richardson and Allan Wade," you will find a lot of this information.

Mr. Randy Hillier: Response-based practice?

Ms. Gwen O'Reilly: Practice, yes.

Mr. Randy Hillier: Okay. Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. We've gone all around the horn, so we are convened until 1 p.m.

Thank you very much for coming and giving a contribution here to our committee.

Committee members, I would ask that you—

Interjection.

BEENDIGEN INC.

Ms. Patricia Nawagesic: Excuse me. I'm scheduled for 1 o'clock. I don't know if you want to work with me ahead of time or do it at 1 o'clock.

The Chair (Ms. Daiene Vernile): Committee members, may I ask you, would you like to take this witness now, at 11:30? Do you have other appointments, or can we go ahead and hear from this witness now?

Interjections.

1130

The Chair (Ms. Daiene Vernile): We are fine. Please have a seat. Just sit in front of any of the microphones. You will have up to 20 minutes to make your presentation. Begin by stating your name, and begin.

Ms. Patricia Nawagesic: Okay. I'll have a copy here for you as well.

The Chair (Ms. Daiene Vernile): Thank you.

Ms. Patricia Nawagesic: My name is Patricia Nawagesic, and I'm the acting executive director for Beendigen Inc., an aboriginal women's shelter here in Thunder Bay.

First I would like to say thank you to the Select Committee on Sexual Violence and Harassment for the opportunity to speak on behalf of the clients we serve, the staff, and the past and current board members who have dedicated their lives to work and volunteer in response to violence against aboriginal women, by sharing with you the work Beendigen has been doing over the past three decades.

Beendigen's history and programming: Our mission, since 1978, has been to provide safety and shelter to aboriginal women and children experiencing violence and to facilitate the cycle of healing through the delivery of culturally appropriate programs and services to individuals and families. Currently, we are a 24-bed facility.

Our values are based upon the belief that every woman and child deserves to live in a safe home free from violence. We believe that, given the opportunity, along with learning and healing, women can rise above the abuse that is so oppressive.

The agency was established to provide temporary shelter for aboriginal women and children who were dealing with abuse and were in need of food and shelter. Over the years, Beendigen continues to evolve to provide support services to abused women and families.

Crisis counselling, through a 24-hour crisis line and weekly programming, is often the link between women and services, as identified. Women and their children are helped to establish new homes and with coaching on how to create personalized safety plans. The families are connected to various community services as they are identified so they can live free from violence and move forward into the community.

Beendigen's Healing Our Own Counselling Unit has been funded through the Ministry of Community and Social Services since 1991; it consists of two full-time counsellors and an addiction worker through the National Native Alcohol and Drug Abuse Program. This worker is funded through the Ministry of Community and Social Services and Health Canada. We also have transitional housing support workers as well as Family Court support workers.

The counselling unit sees up to 300 clients, providing individual counselling, community advocacy supports,

referrals and addiction assessments. We offer a court-approved anger management group, a sexual abuse/sexual assault survivors group, an Anishnaabek women living free from violence weekly program, life skills, self-esteem, assertiveness training, weekly sacred circles, sweat lodges, a restoring balance trauma group, as well as an addiction awareness group and, finally, our own aboriginal child witness program.

Counselling and advocacy services are provided in Ojibway, Oji-Cree and French. Our services are unique because of the traditional aspects of what we offer to the community and those whom we serve.

Referrals are quickly processed for services as opposed to placement on a waiting list, and referred out if necessary. We work collaboratively with a variety of community partners to ensure we are meeting the needs of our clients and our community.

Aboriginal programming is very important. In 2000, funding was obtained from the Aboriginal Healing Foundation to respond to the impacts of deep-rooted residential school experiences of survivors.

One of the educational training workshops implemented was the sacred circle facilitation program. The sacred circles offered for the past 14 years are grounded with the aboriginal theory methodology of healing through medicine wheel teachings that provide inclusion of all cultures in the circle of life. Teachings of the four medicines are through monthly pipe ceremonies conducted by a visiting elder who provides teachings, such as naming ceremonies, as requested by participants. This ceremony is crucial for the development and the strengthening of the Anishnaabek identity and the heritage of participants throughout the healing journey.

The circle is opened with a smudging ceremony for cleansing the mind, body and spirit, further reducing anxiety as women learn to calm and ground themselves. The sacred circle acts as a maintenance program for participants in their walk to wellness in the following areas: parenting; grief work; depression; alcohol and drug abuse in the family; loneliness; abuse from family violence; divorce and separation; and, lastly, a support group through personal growth.

The Beendigen sexual abuse group has adopted the sacred circle group to open and close their program. The smudge ceremony helps participants lessen their anxiety and keeps them calm as they share their sexual abuse stories, thus healing from their abuse.

The healing journey for participants gradually moves to participating in sweat lodge ceremonies. Women will go into a sweat lodge to do more intense inner soul work. To prepare women to strengthen themselves—by speaking to the elder conducting the ceremony, they are able to overcome their fears and to learn how to walk the red road. It is hard work to sit in a sweat lodge. Only those women who can commit to the healing they are seeking will stand this ceremony and benefit, with the goal to heal.

The child witness group also incorporates culture in its methodology of education. An elder teaches the seven

grandfather teachings: love, courage, humility, honesty, respect, wisdom and truth. Each child, with the assistance of their mom, will draw with a color to demonstrate what the teaching from the group session means to them. Children are given a stick to use as their eagle staff on a nature walk as a group. They are taught the use of tobacco in their extraction of medicine from Mother Earth to give thanks for her gifts. The smudge ceremony is also utilized before any sharing is done as a group. Various elders locally are utilized to teach them the medicine wheel and fire teachings.

Annual drum-making workshops are planned. The Beendigen drum group meets monthly for the in-house residents and other clients. Moss bag teachings and full moon and giveaway ceremonies are done at various times throughout the year.

We also have a Talk4Healing program. In 2012, Beendigen and the Ontario Native Women's Association partnered in the establishment of a telephone crisis line which has been permanently funded by the Ministry of Social Services, resulting in the Talk4Healing program, servicing all aboriginal women in northern Ontario. It was established to respond to the high rates of violence experienced by aboriginal women and to address the particular challenges of accessing services in remote and isolated communities in northern Ontario.

The service area includes all aboriginal women and their families living in northern Ontario, including 12 districts as follows: Algoma, Cochrane, Kenora, Manitoulin, Muskoka, Nipissing, Parry Sound, Rainy River, Sault Ste. Marie, Sudbury, Timiskaming and Thunder Bay.

Talk4Healing ensures that referrals to existing services are provided in order to promote service coordination and collaboration across northern Ontario. Counselling is available through the help line for aboriginal women living in remote and/or isolated communities who may experience difficulties accessing limited local services.

Violence against aboriginal women requires a unique and culturally appropriate response that involves the healing of the woman, the family and the community. While the help line will primarily provide services to aboriginal women experiencing violence, information and referral services will be provided to others directly affected by violence, including aboriginal men, abusers and concerned family, friends and community members.

Talk4Healing features:

- toll-free and available 24-hours-a-day, seven-days-a-week, 365-days-a-year response via telephone;
- provides confidential and anonymous immediate response services; and
- operates throughout northern Ontario, and in addition to English, services are available in the three predominant aboriginal languages in northern Ontario: Ojibway, Cree and Oji-Cree, either directly through the help line or through a secondary service.

Services available to aboriginal women will include:

- emotional and crisis support and intervention;
- information on rights, options and safety planning;

- information and referral to appropriate community services, including, where possible, aboriginal cultural/holistic programs and services; and

- counselling over the telephone for aboriginal women living in remote and isolated communities who may experience difficulties accessing other services.

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Since the launch on October 19, 2012, we have seen a steady increase in call volume. To date, we have received more than 4,650 calls.

We continue to promote Talk4Healing in all our regions through the use of many marketing tools including Facebook, Twitter, billboards, radio, print, direct mail, and community presentations.

We have also recently completed production of a 10-minute public service video that we will be promoting to share the message of Talk4Healing. We look forward to the continued success of the line and hope to include more innovative approaches to meeting client needs throughout all of northern Ontario.

Beendigen supports and acknowledges the following works and recommendations proposed in the documents:

- the Ontario Federation of Indian Friendship Centres, in partnership with the Métis Nation of Ontario and the Ontario Native Women's Association, prepared the document Ontario's Sexual Violence Action Plan of 2011;

- A National Action Plan to End Violence Against Indigenous Women and Girls: Updated Draft—For Full Discussion and Input, by the Assembly of First Nations, in July of 2013;

- Aboriginal Shelters of Ontario, in partnership with the Social Services Coordination Unit of the Chiefs of Ontario, presented the Aboriginal Family Violence in Ontario Needs Assessment, which supports building on the work of A Strategic Framework to End Violence Against Aboriginal Women and other framework documents. Support is needed to create a specific framework to end family violence that reflects on- and off-reserve realities of service delivery in responding to family violence. We just put that out in December 2014.

We also ask that the Ontario government support the call for a national inquiry for missing and murdered aboriginal women.

Specifically, Beendigen staff recommended these wish lists—I guess—when I asked them to give me some feedback. I've only been at this for a year:

- child care funding be provided to sexual abuse survivors participating in group healing strategies;
- an outreach, education and prevention worker be funded for Beendigen so we can expand service in Thunder Bay specifically to those affected by the sex trade; the incarcerated; and aboriginal youth in Thunder Bay obtaining an education;

- an aboriginal family healing centre be funded and supported for Thunder Bay and region. Currently, clients with families have to go to southern Ontario to obtain treatment and healing at Kiikeewanniikan, a native family-based healing lodge located on Munsee-Delaware Nation, just 40 kilometres southwest of London, Ontario.

There are just some of things that we hope someday we will have, to be able to respond to the issues our people are experiencing.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Nawagesic. Our first questions for you are from MPP Anderson.

Mr. Granville Anderson: Thank you very much for coming forward today and for the compelling presentation that you provided to us. It's really an insight as to what's happening in the aboriginal communities.

Your facility has 24 beds, you said, so I would assume that wouldn't be nearly adequate for the amount of beds and the amount of costs that you have received. Where would these women go if you are unable to provide assistance or services to them, do you know?

Ms. Patricia Nawagesic: We work closely with Faye Peterson in referring women to obtain shelter, as well as at the region. We will try to help them get to another shelter if we can't provide it in our shelter.

Mr. Granville Anderson: Thank you. You indicated that you have received over 4,000 calls. Over what period of time have those calls occurred, and are those calls repeating?

Ms. Patricia Nawagesic: We just got the funding in 2012, so over three years, as of March 31, that's an approximation of calls that we had. We probably have more now. We have repeated callers. The workers get to know some of the people who are calling on a regular basis, to their personalities. We're finding that the counselling piece that we got for funding is not working. The actual counselling is happening right on the call, when they call, at the very moment. The system to provide a counselling service by our counsellor on the Talk4Healing line has very low response—maybe 16 calls throughout the three years. So we're looking at adapting maybe the counselling piece to be responded right at the moment of a call.

Mr. Granville Anderson: Okay. I have some more time?

The Chair (Ms. Daiene Vernile): You do.

Mr. Granville Anderson: Can you tell us about the challenges aboriginal women face and experience, whether it's within their own communities, within the health care system or within the criminal justice system, and some of the solutions or suggestions that you have in mind?

Ms. Patricia Nawagesic: For one thing, to even get out of the communities, especially the fly-in communities, is very difficult. We need funding to respond to some of these opportunities for people to leave their communities, to come to the centres to get shelter.

I've been involved with the Gezhewin Zaagadewin aboriginal sex trade committee. We have young women who are on the streets, addicted to alcohol and drugs. They're kind of stuck there, and we want to find ways to reach out to them and bring them to our centre to provide support to them. We also have women who are incarcerated, and there's very—there's some work being

done there, but we want to do more work with our people to do the outreach.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from MPP Scott.

Ms. Laurie Scott: Thank you very much for presenting to us today and for your dedication to helping the women.

I'll just maybe ask some specific questions. If you received a call from a remote community and the person was able to come—wanted to come; let's put it this way—do you have funding? Do you have a limit per year? Could you, say, help 30 people in remote areas or not, based on your funding? How would you bring them here? Does that happen much? Is there like a low percentage that will actually leave their community and come in on a crisis basis?

Ms. Patricia Nawagesic: Sometimes the women can get help to get out. If they're really in dire straits, we will provide funding for them and the whole family.

Ms. Laurie Scott: Can you tell that from the phone call? I realize it's really difficult; I just was trying to ask. You had put some questions out about the effectiveness of the crisis hotline.

Ms. Patricia Nawagesic: I really haven't been working in the front lines. I just started in March 2014 to help Beendigen through their transition of finding a permanent executive director. So I'm on a learning curve, but I do know that the workers do their very best to respond to calls and to get people out of their communities. There are challenges, I guess, at the community level, due to First Nations issues that may get in the way, especially if there are abusers in the community that are very supported by their councils and that. I've heard of situations where they have had trouble to get women out, but we will do our very best to help a woman get out with her children, because we know that it's very critical.

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Ms. Laurie Scott: Yes. It is a difficult question. I asked because it is a deep, cultural situation. I just wondered how you can break in, especially in the remote communities. So you're doing what you can; I absolutely agree.

Ms. Patricia Nawagesic: We are aware that there are deep, cultural issues. The aboriginal shelters of Ontario have formally been incorporated, and they're working with the Chiefs of Ontario to respond, both off and on reserves. We realize that we are receiving and working with the communities and that we need to work together. We can't work in isolation in responding to those needs.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you this morning are from our NDP caucus. MPP Sattler.

Ms. Peggy Sattler: Thank you very much for your presentation today. I wanted to ask you more about one of your final comments related to the aboriginal family healing centre and the need for such a centre in Thunder Bay. I'm from London, just outside of Munsee Delaware, so I'm really interested in knowing what kind of family would be accessing the aboriginal family healing centre

and what kinds of services are provided there. Just talk to me a little bit more about the value of such a centre.

Ms. Patricia Nawagesic: Right now, if we want healing, many of us go to the London healing centre. Personally, I have been to that healing centre and I took my son and my daughter with me. It was an opportunity to learn about my culture and heal through the methodology that works for us, through sweat lodges, healing circles and having the family there. Separating us from our family doesn't work and we need a place where we can take time to look at what's going on in our personal lives.

When you're caught in the middle of all these issues of addiction, depression and violence, it's very difficult, so we need our own way of healing. We acknowledge that we do have our own ways of healing. Systems that are provided through the mainstream healing methodologies don't work for us, because maybe we don't trust. I don't know what it is we don't trust, but it takes a long time for us to get to those places.

We want to find ways to get people in there sooner. Having an outreach worker would make a difference, or going to the young people at the schools. We have a high school here with young people who are struggling with identity issues. There are sexual abuse issues and family violence, and if we could outreach to them and work with them, we could make a difference. We have to get them when they're young, instead of arriving here, again caught in relationships. They need to learn what's healthy and how to identify when they're in unhealthy relationships, these kinds of things. A healing centre would make that possible with families.

Ms. Peggy Sattler: And currently in Ontario, is that the only aboriginal family healing centre, the one in Munsee Delaware, or that's the one that Thunder Bay families would be referred to?

Ms. Patricia Nawagesic: Yes, that's where we currently send families with a lot of addictions that are focused on alcohol and drug abuse, but I think that healing centres go deeper. The drug and alcohol issues are symptoms of deeper core issues that we walk with, and the healing centre would be able to do that for us.

We don't all fit under alcohol and drug addiction. You have a lot of people who are not addicted and are struggling with family violence issues, so they don't fit into the treatment centre aspects.

Ms. Peggy Sattler: At the family healing centre, would there be some kinds of supports or services specific to violence against indigenous women as well as substance abuse and other kinds of issues?

Ms. Patricia Nawagesic: Yes. I think we need to look at how violence is affecting us in our communities and how it hasn't always been there. The way it is today, it's huge and we need to find ways to educate families on how they can move away from that kind of lifestyle. We can do that through healing centres and outreach workers' education.

Ms. Peggy Sattler: Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Nawagesic, for coming and informing this committee on your important work.

To our committee members, we now stand adjourned until 1:30 this afternoon, but I have some important information to relay to you, so just please hang on.

We stand adjourned.

The committee recessed from 1159 to 1330.

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment continues today, on Thursday, April 9, in Thunder Bay.

MS. SAMANTHA SMITH

The Chair (Ms. Daiene Vernile): We have our first presenter this afternoon: Samantha Smith. Please state your name for the record, and you may begin any time. You'll have 20 minutes to speak to our committee, and then our committee members will ask you some questions. Go ahead.

Ms. Samantha Smith: Okay. My name, for the record, is Samantha Smith, and I am here today to speak on the issue of street harassment. I am a grade 12 student here in Thunder Bay, and last year, as part of a social science course that I took, I had to perform an investigation. I chose to do mine on the topic of street harassment.

In this presentation, I'm going to be covering a variety of issues, but I'm going to be doing a basic overview of what street harassment is. I'm also going to be talking about the prevalence and forms that people most commonly see it in, and some major misconceptions and misunderstandings that surround the topic. Then, as mentioned, I did a project on this, and I completed a survey and an investigation, so I'm going to be moving on from an overview to more of a look at the research that I did and my findings. I'm then going to be talking about some of the root causes, in my opinion and based on my research, of what causes street harassment and the underlying issues that are involved here. Then, afterwards, I'm going to be talking about some possible strategies, techniques and methods that can be used to combat and address the root causes of street harassment.

Starting off, I think it's important to have a solid understanding of what constitutes street harassment. A really good definition that I found defines street harassment as any action or comment between strangers in public places that is disrespectful, unwelcoming, threatening and/or harassing and is motivated by gender, sexual orientation or gender expression. That's a lot of words, but basically what street harassment is—and it's commonly known as things like catcalling, honking at someone on the street or saying something sexually motivated at someone. These are actions that take place in public places.

What's important to know about it is that it's a form of violence that truly affects everyone. Whether you've experienced it yourself or not, it's quite common that you will know someone who has experienced it. It is grossly

misunderstood by the general public, as well; a lot of people don't recognize it as a form of violence, which it absolutely is. In fact, the United Nations' definition of violence towards women includes "any act of gender-based violence that results in ... physical, sexual or psychological harm or suffering to women." This absolutely involves psychological harm, and can escalate to physical harm as well, so it's absolutely a form of violence, even if a lot of people don't necessarily immediately recognize it as one.

It's also a form of intimidation. I'm going to be talking about that a little bit later with some of the root causes, but it's a form of hostility and it's a form of intimidation. That's, in essence, what street harassment is and what I'm going to be talking about today.

In terms of forms and prevalence, it comes in a wide variety of forms. Some of the most common ones include things like obvious staring, whistling at someone, honking, making kissing noises, vulgar gestures, inappropriate touching or flashing. These would all occur in public places. It comes in a variety of forms. In terms of prevalence, women are most commonly affected by the issue. A survey that was completed in 2000 in America found that 65% of female respondents had experienced it, and 25% of the male respondents. So more females experienced it than males, yet there is prevalence for both genders. It's something that—obviously, with 65% of females—is a very common issue.

Just looking at the LGBT community, it's up to 90%, some statistics figure, of people in that community who have experienced street harassment in some form. So unfortunately, it's an extremely common form of violence in our society.

Moving on to some major misconceptions, I mentioned before that it's not always identified as a form of violence, and that's because there are a lot of misconceptions and misunderstandings that surround the issue. One of the most prevalent ones is that people see it as a compliment. They see it as flattering that you're commenting on someone in public and they don't see why it should be offensive or damaging in any way. That is not true. There are plenty of appropriate ways to compliment someone that don't involve intimidation, being hostile and making someone feel uncomfortable when they're in public. So it's absolutely not a compliment.

Another misconception is that people pretend not to like it, but they secretly do. That's simply not true. It makes people feel unsafe, it makes people feel uncomfortable, and it can lead to people feeling unsafe going out in public, which should never happen.

Another misconception is that people can ask for it: so by wearing certain clothing, going in certain areas or perhaps being under the influence—a variety of factors that influence whether it happens to a person or not. This is a misconception because people are harassed on the street no matter what they're wearing, no matter what neighbourhood they're in. It knows no boundaries. So that is another misconception.

Then the final major misconception is that because it's not physical violence, it's not truly harmful. That's simply not the case. Just because there isn't actual physical damage done to a person doesn't mean that that doesn't affect them psychologically and affect how they feel in their community and being out in public.

I thought it was interesting also to include that our society and mass media perpetuate this idea that street harassment is completely acceptable and that it's a compliment—so coming back to those misconceptions.

These were a couple of examples that I found. One of them—the middle picture there—is a picture of a moisturizer. It's describing how it's going to make you smell, and then the final part of the tagline reads, "And let the catcalling commence." It makes it seem like it's something that people want—simply not true.

On the other picture there, it's a face wash and the tagline is, "Wash. Get noticed. Pretend to be annoyed. Repeat." You can see that there's a picture of a construction—because it's often associated with construction workers. That's another misconception, because it's saying that people secretly want it. Again, that's not true.

Moving on to some of the root causes: Based on my research, one of the root causes I identified for street harassment is, as mentioned before, that it's not recognized as a real form of violence. So it becomes a root cause because people try and downplay it. They dismiss it as a mere nuisance or an inconvenience, and that it's harmless.

Another root cause is that it can be really hard to identify and even harder to report and take action against. It's hard to identify because it comes in so many different forms. There's also the issue of intent. So perhaps the person who made the action or made the comment didn't intend for it to be offensive, yet it still harmed that person. It's hard to identify, and then, in terms of reporting, it can be extremely hard because people don't know where to turn. They don't know who to talk to about this.

Another root cause is that we don't recognize how common it is. I talked before about the prevalence—65% of women, 25% of men, 90% of people in the LGBT community. It's clearly a very prevalent issue, yet people don't recognize it as that common. So when we do hear about it, we will sometimes associate it as a rare and isolated incident, and that's not the case.

Moving on to the research that I did, I mentioned that it originated as a class project. I decided to investigate street harassment and I performed a survey. What I was really interested in knowing is just whether students understand what constitutes street harassment. Do they have a basic understanding of what it is? Can they identify it in different scenarios? So I created a survey that I gave out to 29 grade 9 students at my high school, and that represented 15% of the grade 9 students at my school. It was seven multiple choice questions that posed either scenarios or statistics, and students had to choose the answer that they felt was either the most appropriate way to deal with that situation or that they felt was the

most accurate answer, if it was a statistic or something like that.

My hypothesis going into this investigation was that if both grade 9 males and females are tested regarding their perception of what constitutes street harassment, the males will have a less accurate perception of street harassment than females. I based that off the research I'd done before that had shown that more females were victims of street harassment. So I based my hypothesis saying that females would have a better understanding.

I went about that and I completed and conducted my survey. Then, when I got to analyzing all the results, what I ultimately found is that males actually chose the correct answer 15% more often than females, which was surprising to me. That disproved my hypothesis because it shows that males had a more accurate perception than females of what constituted street harassment. Overall, males chose the incorrect answers 52% of the time and females did so 67% of the time. This shows a huge lack of understanding of what constitutes street harassment. People were consistently choosing incorrect answers. Females did so at a higher rate, but both males and females did so the majority of the time. And I mentioned that, yes, it disproved my hypothesis.

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One thing I noticed is that when given the option, people chose the more lenient option. For example, there was one question on my survey that gave the scenario, "A woman is walking down the street and she's wearing a shorter skirt and a revealing top. A car goes by and honks and yells something at her," and then I gave options, such as, "This is completely unacceptable and wrong." I gave another option that was, "It's not very nice, but if she didn't want this to happen, she shouldn't have dressed in such a way." Overwhelmingly, both males and females would choose the more lenient answer, which is that it wasn't very nice, but if she hadn't dressed that way maybe it wouldn't have happened. This was shown in multiple questions, where there was a tendency to choose answers that put the blame on the victim. They were less likely to choose the hard answers, like "It's completely unacceptable and wrong."

Another finding was that students, when given questions, said that they wouldn't do street harassment themselves, they wouldn't engage in that, but they condoned the behaviour in other ways. That shows that, again, there's a lack of understanding there, because if they are saying that they wouldn't do it themselves but then they're providing answers that indicate that those are tendencies that lead towards street harassment, there's a disparity there. Like I mentioned before, overall, both genders have a poor understanding of what constitutes street harassment. So that's what came out of my survey.

What I went on to try and figure out was why it was more females—because it was females who chose the incorrect answer 15% more often. I started to do some more research and identify why it was more females than males, because this disproved my hypothesis. There were a couple of common things that I kept on coming back to.

One of those things was the issue of slut-shaming. If you're unfamiliar with what this is, it's basically embarrassing, insulting or otherwise shaming a woman or girl for her real or extrapolated sexual behaviour, including dressing a certain way—in a sexual way—having sexual feelings and/or exploring and exhibiting them. What I found is that this can be an explanation for why more females chose the incorrect answer over males, because we have a lot of girls who feel as though they need to slut-shame others so as not to be deemed a slut themselves. They would call these actions, when given multiple choice questions on the survey—they would choose the answers that were incorrect because we've been brought up in a way that teaches girls to blame themselves, that "You dressed this way, you walked in this neighbourhood, this is your fault." I feel like it's perpetuated more among females than it is among males. So that's one possible reason as to why it was more females.

Another reason could be the idea of victim blaming, so blaming the victims versus blaming the people who actually performed the action. Because women experience it in higher frequency, it could be possible that they chose the incorrect answer because they are blaming themselves and thus choosing the answer that would blame the victim as well. These are some possible reasons why I think it could be more females than males—which I thought was quite interesting and surprised me when I was doing my research.

Kind of bringing it all together in a sense, once I completed the survey, I was really interested in knowing what could be done to address street harassment. Obviously, through my research and through other research I had done, it was clear to me that street harassment was a huge problem that wasn't being addressed.

There are a couple of things that I think can help address the issue. Overall education is clearly important. The fact that people just can't identify what street harassment is and what constitutes street harassment is alarming, and it shows that there needs to be education for both females and males—education for all people—to understand what the issue is, and then also what can be done when you experience it: who can you go and talk to, what are the support services in your community where you could go and talk to someone. Because although it can maybe seem like isolated incidents—it happens once or twice when you're walking around—the long-term effects can be quite damaging. You feel less likely to go out in public because you're afraid of being harassed. It can also sometimes escalate to physical violence as well. There are a lot of ripple effects that come from street harassment that need to be addressed, so overall education I think is really important.

Another thing I have here is, when I was doing my research, I came across a site called Hollaback! It's basically an international website dedicated to the issue of street harassment. What's really unique about it is that they have branch sites for different cities, and cities can start one up. As you can see here, this is an example of

Ottawa's Hollaback! site. It allows victims of street harassment to share their story. It pinpoints where it happened on a map of the city, so that's helpful to see if there are certain areas where it's more prevalent than others. It allows them to share their story, and then they can also receive support from others. The site also provides local support services, whether it be counselling clinics or things of that nature, but specific to their city. I thought it was a really great resource to have, because when people don't know where to turn, this can be really helpful. It provides support, you're sharing stories, and you're hearing that it's not something that you have to go through alone, which I thought was really important.

I think that pretty much brings me to the end of my presentation. Thank you so much for listening and for having me here today.

The Chair (Ms. Daiene Vernile): Ms. Smith, it's astounding to hear that you are a high school student. Thank you very much. If I was your teacher, I'd give you an A-plus. Did you get a good mark on this project?

Ms. Samantha Smith: I did do well.

The Chair (Ms. Daiene Vernile): Okay. Good for you.

We have some questions for you now, beginning with our PC caucus. MPP Laurie Scott is going to ask you a few questions.

Ms. Laurie Scott: Well, congratulations—a great presentation.

Ms. Samantha Smith: Thank you.

Ms. Laurie Scott: What do you get now, is it A-plus or 99%? What did you get on your report?

Ms. Samantha Smith: Yes, it was up in the 90s. I did well.

Ms. Laurie Scott: Well, congratulations to you. That's quite an accomplishment, the presentation that you've done. I learned a lot. I hadn't really thought about trying to address the issue.

I wanted to ask, as you're going through school, about your exposure to how—so in Thunder Bay, it's a smaller high school. How many people are—

Ms. Samantha Smith: There's roughly 1,000 students at my school, ranging from grade 7 to grade 12.

Ms. Laurie Scott: Okay, so they start in grade 7. Very good.

How do you think the education system is—or just culturally, even in Thunder Bay, as an example—in terms of men treating women? Your statistics proved a lot of what we're hearing, just in a different—about women having the most street harassment. We see that, of course—as victims also; they're predominantly the victims. Do you have any input for us, at your age, which is very young, of what you think is happening or why women are—

Ms. Samantha Smith: Sure. Well, I think for the most part, at least at my school, I find it to be a very accepting place. I think that school staff and teachers do a really good job in a lot of classes at making sure that we have discussions about gender equality and gender-based violence. So I think that's really important. But when

looking at community as a whole, or just students' perception, I think a lot of it—I mean, we're in a digital age, and students are all online. I think a lot of our opinions are shaped by what we see online and having discussions with our friends. I think sometimes students will see something online that they think is funny and they'll have this discussion with their friend. Maybe they're not very informed on the issue, they don't know all the facts. I think that can lead to a lot of issues with gender-based violence, because students don't have all the facts. While teachers do a good job of promoting inclusivity in the classroom, I think outside of the classroom it can be a little bit challenging, because there's everything and anything on the Internet. You can find basically anything to support your viewpoint, even if it's not necessarily valid. I think that's something that can affect a lot of students and how they perceive these issues.

Ms. Laurie Scott: So do you think that the guys, the boys, don't realize that they've crossed some line of maybe how they should be treating young ladies or women?

Ms. Samantha Smith: Yes, I think that definitely occurs. I never want to generalize and say all guys, because that's absolutely not true, but I think there sometimes is this perception that it's a compliment and they say these sorts of things and they don't see them as harmful; they see them as flattering. That just leads to a lot of problems, because a lot of girls wouldn't identify it as a form of flattery. They feel harassed by it, because that's what it is: It's a form of harassment. So I think some people, and some guys, don't understand the repercussions of the comments that they're saying; they see them as kind of harmless.

Ms. Laurie Scott: Well, I am sure that your presentation and your education of them in the local area, hopefully, will make them think more often before they decide to say things or take action. Thank you for coming today.

The Chair (Ms. Daiene Vernile): Thank you. Some questions for you now from MPP Sattler.

Ms. Peggy Sattler: Thank you very much. I think you've got a very promising career as a social science researcher, so thank you.

There's been a lot of emphasis and work being done through the Ministry of Education, our safe schools policies, violence prevention policies and anti-bullying policies. You talked about the importance of education to make young people aware of what street harassment is and the impact it can have. Do you think more work needs to be done with the safe schools end of things to incorporate street harassment as one of the forms of violence or bullying that people can experience? And you did admit that it affects both boys and girls.

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Ms. Samantha Smith: I think there absolutely needs to be more education in the school system, because schools are where a lot of students—they might not have a home situation where they can talk to their parents or talk to their guardians about these sorts of things, but

schools should be a place where everyone is educated on these issues. So I think it's really important. Because I know, for example, in sexual education classes in high school or even in elementary school, that they start dividing by gender, I think it's important to have—both have conversations about street harassment, but they have a little bit of a different focus in each. I think having a male voice on something like the issue of street harassment, where the majority of victims are women, can be really powerful. Having a man speak out against street harassment can be really powerful, I think. So having education on street harassment in both classes, but perhaps having a little bit of a different focus in each can be really important as well. The role that men can play in addressing violence that affects women can be very powerful as well.

Mr. Taras Natyshak: Thanks. I enjoyed the presentation. It's certainly an issue that I think is gaining some prominence or awareness. I had come across a video that a woman made in New York, I believe, where she walked the streets for eight hours, and over that period of time she was harassed something around 100 times. It really shone a light on the issue and how prevalent it is. I'm wondering, in your research, did you come across any qualifiers as to who is the perpetrator? Is it young, dumb kids who have nothing better to do? Is that who makes up the bulk of it? Or is it random? As well, harassment, I would imagine, doesn't have to be relegated simply to sexual or gender-based—discrimination around race, as well, and I would imagine disability is also prevalent. That probably doesn't even make up any of your data.

Ms. Samantha Smith: Yes, exactly. I think that's an important point, that harassment isn't always sexually motivated. In my study that's what I focused on, but I think it's absolutely true when you look at things like race and disability. I think that's definitely a good point, and I think that's something more research needs to be done on.

In terms of your other question, which was looking more at the perpetrators, in my study I didn't look at that so much, but when I was looking at other research, what it seemed to point to is that the perpetrators tend to be people who don't know the victim. Unlike cases of sexual assault, where quite often the victim and perpetrator know each other, in cases like this it's a lot more random in that sense, where the perpetrators don't know the victim.

As far as a demographic or something like that, I don't know that exactly. I do know that it tends to be more males and male-to-female, and male-to-male as well, if there is a homophobic element involved. But I don't know everything there.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you today are from MPP McGarry.

Mrs. Kathryn McGarry: Thank you, Samantha. Your perceptive and well-presented presentation is incredible. Like MPP Scott, I hadn't thought of street

harassment as a form of sexual violence. I think what I'm hearing from that is that it's not just a form of sexual violence, but there's also that fear of crime. It's not just crime itself but the fear of crime that may impact people that have this happen to them. There's a lot in this that makes me sort of pause and think, can street harassment lead into other forms of sexual violence; or, for a young person that experiences this and finds it uncomfortable, could that possibly lead to their inability to deal with any forms of sexual violence in the future that might be more overt than just street harassment?

Ms. Samantha Smith: I think it's a great point, because I think the ripple effects of street harassment can be huge. The actual incident that occurs, whether it's someone honking or hollering at you or whatever, may seem sort of isolated, but down the road, I think it can affect a lot. Sometimes, just in that situation, things can escalate to become more aggressive. If someone is trying to talk to a girl on the street and she doesn't really want to respond—she's not interested—and they become more aggressive, that can lead to issues as well.

In terms of sort of general viewpoints and, I guess, dealing with those issues later on, I think it affects how women perceive themselves, because if they're constantly being seen as sexual objects whenever they go out in public and it sort of becomes the norm for them and just becomes accepted, I think that's definitely going to affect their relationships and their encounters later on, because if they don't have someone telling them that it's wrong, they're not going to know that it's unacceptable and that they shouldn't be treated this way, and perhaps they're going to come to accept other forms of violence later on because they don't know that this isn't acceptable in the first place.

Mrs. Kathryn McGarry: Yes, I would fully agree with what you had to say. You spoke to education being a component of trying to build awareness. Do you have some ideas, especially with young people, on how to address the education that this is wrong and also how to address dealing with sexual harassment and violence overall in the future for young folks?

Ms. Samantha Smith: As far as the actual education aspect, I think there may be a couple of things that could help out there. I think just having a class discussion on different forms of violence is really important because I know, specifically for street harassment, that a lot of people don't identify it as a form of violence in the first place. So if there could be more discussion on just what violence is and that it doesn't always have to be physical, that it can also include verbal violence as well, that I think, is really important.

I think also that sharing personal stories—and it doesn't have to be the student; it could be a video or something—is really important as well because it adds that element that it's actually people being affected. I think that can be really powerful. I spoke about that video, and that's a really powerful tool because you see firsthand how this is happening and you can see other videos that explain more of the effects and how it can

make a person feel. So I think sharing personal stories is really important too, because I think a lot of students will identify with that.

If, in my class, we were to have a discussion about street harassment, I know that myself and a couple of my friends would be able to talk about our experiences with it because it's common, and I think sharing those stories is really important.

Mrs. Kathryn McGarry: Okay. Am I out of time?

The Chair (Ms. Daiene Vernile): You've got about 30 seconds.

Mrs. Kathryn McGarry: How do you see that education rolling out to the adults in your life—parents, teachers, peers?

Ms. Samantha Smith: They need to understand better their role as supporters and what they can do to help their child who might be experiencing this or who maybe has questions about it as well. Again, the whole idea of education: They need to be more educated on why it's a form of violence and then also how they could support someone who's going through it—what are some community resources that they could turn to? How would they help address this? Things like that. So it's their support role.

Mrs. Kathryn McGarry: Social media campaigns, those kinds of things, to try and get the word out?

Ms. Samantha Smith: Yes, absolutely.

The Chair (Ms. Daiene Vernile): Thank you very much for your presentation today, Samantha Smith. I have a feeling we're going to be seeing great things from you in the future. We'll keep our ears and our eyes open for you.

You may join our audience now, if you wish to, to listen to the rest of our presenters this afternoon.

NISHNAWBE ASKI NATION

The Chair (Ms. Daiene Vernile): I'd like to now call on our next presenter, Deputy Grand Chief, Nishnawbe Aski Nation, Alvin Fiddler, to come forward. Mr. Fiddler, just have a seat at any of those chairs there that has a microphone in front. Pour yourself a glass of water if you'd like. You are going to have up to 20 minutes to address our committee, and once you are done they are going to ask you some questions. For the record, state your name, and begin any time after that.

Deputy Grand Chief Alvin Fiddler: Good afternoon, everyone.

The Chair (Ms. Daiene Vernile): Good afternoon.

Mr. Alvin Fiddler: Thank you for allowing the Nishnawbe Aski Nation to make a presentation to this committee.

Whenever I speak at a function in Thunder Bay, I always start by acknowledging the territory that we're in. The beautiful land that you see out there is the territory and the lands of Fort William First Nation. I acknowledge Chief Georjann Morriseau, her council, her membership, for allowing us to do business here today.

1400

My name is Alvin Fiddler and I am from one of the communities that NAN represents, a small community called Muskrat Dam in northwestern Ontario, a small community of probably 200 people. Nishnawbe Aski Nation is one of the PTOs in Ontario, a political territorial organization. It represents the communities that signed Treaty No. 9 back in 1905 and 1906, and then the adhesion that occurred in 1929 and 1930. We also represent communities that belong to Treaty No. 5, those communities that fall into what is now known as the province of Ontario. In total, there are 49 communities that NAN represents.

If you look at the map of the Nishnawbe Aski Nation, you will see—and I forgot to bring my map with me today—it encompasses nearly two thirds of the province of Ontario, from the Ontario-Manitoba border in the northwest, along the Hudson Bay, James Bay, down to Timmins and then just north of Thunder Bay. It's a very vast territory. A good number of those communities that we represent are fly-in remote communities.

Last Wednesday, I travelled to Toronto to attend the Justice for Cindy Gladue rally that was held outside the Ministry of the Attorney General's office on Bay Street. My wife will tell you that I'm away lots in my work as a Deputy Grand Chief. But I try to be selective in terms of where I need to go and where I need to be, considering the number of communities that we represent and the meetings that we have in Toronto or in Ottawa. I try to prioritize where I need to be because I value my time. I value the time that I spend with my wife and our two daughters. I always look at where I need to be next week or the week after.

When I saw this event that was being planned in Toronto, I knew that I had to be there because it's something that we need to talk about, the sad and tragic case of Cindy Gladue. It embodies a cross-section of so many issues that we're talking about here today: the sex trade, missing and murdered women, the failure of the justice system to do justice for people like Cindy Gladue, policing, the lack of First Nations people in the justice system—all those things that make up this case. I felt that that's why I needed to be there, that we need to talk about what happened with Cindy Gladue.

I think when people hear about this case, one of the most tragic and one of the most shocking aspects of what happened to Cindy was the fact that the judge who presided over that case made a decision to use the most private and most intimate part of a woman's body as evidence, to be put on display in a very public place, like in a courtroom. When people found that out, that was just very shocking. How can this happen? I think that's the question we need to ask ourselves: What can we do to make sure that this never happens again in the country and also here in Ontario?

We need to create legislation. We need to create policy. We need to create laws that will prevent this happening again in the country. It should never happen here in Ontario. That's why I was there, just to lend my

support to the people who gathered there. There was also a representative from Cindy's family who read a statement on the family's behalf stating their concerns with what happened to their loved one.

I also want to talk briefly about the situation here in the NAN territory and the communities that we represent. We have compiled some data in terms of trying to get a sense of how big this problem is, the number of sexual assaults, the number of domestic calls that our police service, the Nishnawbe-Aski Police Service, gets from our communities to respond to these types of situations, and it's really high. In fact, you would say that it's staggering, the fact that a police service like NAPS that is trying to provide a service to our community is not considered a full police service; that, in the eyes of the government, they're a program. And they are funded as a program. They're not funded as a regular police service. To try and respond to these types of issues is very challenging.

In addition to holding the women's portfolio for NAN, they also hold the policing portfolio as well as the justice portfolio. So I'm somewhat aware of what is happening in our communities on the policing front and also with the failures of the justice system.

I was asked last year by the Attorney General for the Liberal government at the time—of course, it still is—John Gerretsen, to co-chair this committee that was being set up to look at the recommendations that Justice Iacobucci had made in his report that was released in February 2014. We've been travelling across the province, talking with community members directly to hear from them in terms of how we can begin to fix the justice system so that it works for all, especially in our communities in the north. That's part of the work that NAN is doing to try to make things better for our communities.

We've also been working closely with our legal arm—that's NAN legal services—to ensure that it has the tools to work with our community, especially when it comes to dealing with victims in families that experience family violence in their homes and in their communities.

The other issue that we've been dealing with in NAN, when we talk about what's happening now in our communities, when we look at the data, for example, that we get from our police service—a lot of that is historic. The things that we're seeing in our communities—the rates of violence, the homicides, the suicides, the tragic things that you hear about in our communities—those things just don't happen overnight. There's a long and sad and tragic history that is contributing even now to what is happening in our communities.

One of them is Ralph Rowe. You probably don't know the name Ralph Rowe, so I'll just briefly talk about this individual. He was an OPP officer. In the 1960s he became an Anglican minister and a Boy Scout leader, and during the time that he spent in our community in the 1970s and the 1980s he abused, some have calculated, over 500 kids throughout the NAN territory. Those kids are now men, like myself, in their forties and early fifties, and if you visit any of the jails in Thunder Bay or in

Timmins or in Kenora, you will see many of his victims in these facilities. Where is Ralph Rowe? He is enjoying his freedom in BC.

1410

The people that he victimized—a lot of them—have continued on with that cycle of violence in their own homes, either with their spouses or their kids. I talk about this because, to me, that's another really glaring example of how the justice system in Ontario has failed our communities. There was a deal that was made between the crown attorney and his lawyer that any future cases, any future disclosures, would just be lumped in with what already happened previously in 1993 and 1994. So they more or less closed the door on any future—and we know that there are many more men out there who were never ready to come forward and make their disclosure.

I want you, as MPPs, as leaders of this province, to know that that's what we're dealing with in Ontario. Every time I go to the Ontario government to help us provide support for these families, it's always—you're begging for scraps of funding to do a healing conference, to do a meeting with these survivors in one of our communities or in Thunder Bay. They also want healing for their families. It's not just them who have been impacted by what happened to them when they were small. It's having an impact on their families today.

That's what I have to do every year, is to go back to Ontario. Every year, that funding level is getting less and less. But the impacts of Ralph Rowe are not getting less and less. In fact, as they have more kids or grandchildren, that impact is growing, because we don't have the adequate resources to really put in place a comprehensive plan that would begin to mitigate the impacts of this—we call him a monster. He has been labelled—in fact, I remember; I was there. One of the first judges for this case called him the most prolific pedophile in the history of this country. So that's what's happening in the NAN territory.

But there are things we have done, too, at NAN. We recognize that all individuals, all families, deserve to live in a safe home in a safe community. With whatever resources that we have at NAN, we've put in place different types of actions or programming to try and create that, because everyone has that right, to live in a safe home and in a safe community. All our children deserve to feel safe no matter where they are.

Just recently, we launched what we call the Draw-the-Line Campaign. I have some material here I'll leave with you. That's to create awareness in our communities, especially with young girls, of what is harassment. What does that look like? What are your rights? What can you do to defend yourself or to defend your friend if you see a friend of yours getting harassed? We launched that campaign just a couple of months ago, in February.

We've also created some resource material to help victims to know what their rights are, to know what to do if they experience violence in their homes or in the workplace or in their community.

I also want to acknowledge the NAN Women's Council. They've been very active. They just had a gathering

here in February, I think, and they had another election to select the members of the NAN Women's Council. They've been very strong and instrumental, not just in the NAN territory but even at the national level, to bring these issues to the forefront.

Last May, during the Mother's Day weekend, they held an event in Ottawa. They called it the 24-hour Sacred Gathering of Drums, to honour their missing sisters, to honour their missing daughters. I went with them. I felt that I needed to be there rather than—again, to the chagrin of my wife, I had to leave her here, and my mother, who is living up in Muskrat Dam. I very much wanted to spend Mother's Day with my mother, who is living with Parkinson's, but I went to Ottawa. They were there all night on Victoria Island with their drums and their songs, and the next day they walked over to Parliament Hill. That was the day—the next day—that the UN report came out outlining the issues, or some of the data, on missing and murdered women. We didn't know that was going to happen. It just so happened that we were there.

That afternoon there was a brief exchange with Minister Peter MacKay, Minister of Justice, when he came out to the front, and shortly after that there was a meeting that Minister MacKay called for. We went there two weeks later and met with him in his office, and that's where we proposed this idea of a round table. We knew the government of Canada's position that they had said no to an inquiry on missing and murdered women, but we did ask him if he would consider having a round table, a gathering of governments, a gathering of families, a gathering of different organizations like NAN or AFN, and that happened in February of this year.

We see that as the beginning of a national dialogue that needs to happen, and it needs to continue, because all of us have a responsibility to do something about what we're talking about here today. It's not just the government of Ontario or the government of Canada or First Nations or the families; we all have a responsibility, we all have a stake in how we can begin to fix this. I hope that continues. I was really encouraged, at that round table in February, to see a number of Premiers, including Premier Wynne from Ontario, play a leadership role in addressing this.

In closing, I just want to acknowledge the strategy that was rolled out recently by Ontario. The only thing I will say, though, and I say this with deference: Because of where we are, because of the fact that, I think, 32 or 34 of our communities are fly-in remote communities, we sometimes get lost in the regional process. We just want to issue the call or the red flag to the province in how this gets rolled out regionally: You need to be mindful of the uniqueness of NAN and the unique challenges when it comes to trying to provide a service to fly-in remote communities. It's difficult; it's challenging.

The Chair (Ms. Daiene Vernile): Chief of NAN, you have about 30 seconds left in your presentation.

Deputy Grand Chief Alvin Fiddler: If there's a way to work directly with NAN on this important strategy, I

would recommend that this committee make that recommendation to ensure that NAN and our communities do not get lost in this regional process.

Meegwetch. Thank you for listening to me.

1420

The Chair (Ms. Daiene Vernile): Thank you very much for your presentation. Your first questions will come from our NDP caucus.

Ms. Peggy Sattler: Thank you very much for making this a priority in terms of your time to come to speak before this committee. You bring a very important perspective that we are committed to honouring in the work that we're doing. Certainly, we've heard a lot over the last couple of days about the need to acknowledge the history of colonialism and the racism that intersects with violence against women to understand the experience of indigenous women. So I really appreciate your presentation.

I had a couple of questions. You mentioned that NAN police services is a program, not an actual police service. Is that because of federal legislation or does that have anything to do with the province of Ontario?

Deputy Grand Chief Alvin Fiddler: Well, police services like Nishnawbe Aski Nation or Nishnawbe-Aski Police Service were created under the federal program, the First Nations Policing Program.

Ms. Peggy Sattler: Okay.

Deputy Grand Chief Alvin Fiddler: In Ontario, that's APS, NAPS, and there's a number of stand-alone police services. So we are governed by that program and that's how we're funded. It's a tripartite process between NAN, Ontario and Canada.

Ms. Peggy Sattler: If a woman in one of these 49 communities that is represented by NAN experienced sexual assault, what would she do? Where would she go? Who would she talk to? Would her first point of contact be with the NAN police service, or would she go to a sexual assault/domestic violence treatment centre? What would she do?

Deputy Grand Chief Alvin Fiddler: Well, I would hope that there's a police officer in that community. In terms of other facilities or other services, chances are that they are not in our communities. There's no shelters. There's no emergency-type homes. One of the issues that we have with our police service is that because of the funding structure in place, we cannot guarantee on any given day that we'll be in this community. In fact, last winter, we issued a public safety notice to our communities—and I would suggest to this committee that you get that notice because it's still in effect today—that we're basically telling our community members, "We cannot guarantee your safety."

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from MPP Thibeault.

Mr. Glenn Thibeault: Thank you, Deputy Grand Chief, for being here today. Of course, I'm also a father of two young daughters, so being away from family is always difficult, and finding the time to be able to come

and speak to us today I think is very important for all of us. So thank you again for being here.

Your statements were very powerful. Your report that you submitted to us has 11 commitments, and I noticed the language difference where we get many reports that come to us and they say “recommendations.” Yours are asking for commitments, which I think are fantastic, because what I think we’ve been hearing over the last few days—specifically, I started in this with saying I’m a northerner, and you may differ, because I am from Sudbury and I hear that often—is that we need to do more when it comes to training and to ensure that the revictimization doesn’t happen.

Yesterday, in Sudbury—there are many First Nations communities around my hometown that we would consider remote, but you can still drive to them. We had Ms. Burton speaking about Dokis, Henvey Inlet. I grew up around that area, and you can still drive. They were talking about the problems of revictimization, where an aboriginal woman—they’re fortunate enough to have police in the area, and all of a sudden they are put in the back of a police car and taken two and a half hours into Sudbury, Sault Ste. Marie or wherever. So now they’re feeling like the victim because they are in the back of a police car.

How difficult is it for these fly-in communities? What do we need to hear, and what recommendations would you have for us, to ensure that the revictimization doesn’t happen again? Would you have any suggestions for us?

Deputy Grand Chief Alvin Fiddler: Thank you. There was a tragic fire that happened in Kashechewan in 2006 where two young men burned to death in a make-shift jail facility. There was an inquest that was held in Toronto in 2009. There was a whole set of recommendations that came out from that inquest into the deaths of James Goodwin and Ricardo Wesley. So we have been pushing both Ontario and Canada to really take a look at those recommendations, because I think they provide a blueprint in terms of how we can begin to address some of those issues.

Also, last year, the Auditor General of Canada came up to NAN territory when they were doing the audit of the First Nations Policing Program. Of all the regions in Canada, they picked Ontario and Alberta, and they came to NAN. I travelled with their audit team. We went up to six communities in the NAN territory, and they released their report last May. Again, there are some really good recommendations there in that report that the Auditor General of Canada provided.

I was really glad that they came to the NAN territory, because they got to see first-hand the conditions that we’re talking about. Sometimes I feel like I can talk and talk in meetings in Toronto and Ottawa without really getting my point across, but I’m really glad they came, because they really saw first-hand the conditions and they were able to capture that in the report.

Mr. Glenn Thibeault: Great.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions—

Mr. Glenn Thibeault: Could we ask that the Clerk, though, maybe get that report from the Auditor General of Canada in relation to—

Deputy Grand Chief Alvin Fiddler: That was released last May.

Mr. Glenn Thibeault: Released last May? That would be great, because they’ve got recommendations.

The Chair (Ms. Daiene Vernile): It will be public information. We can get that.

Our final questions for you are from MPP Hillier.

Mr. Randy Hillier: Thank you very much, Chief, for being here today and providing this report. I’ve only got a short period of time, and I’m not going to get all the information that I’d like to get. One of the things that we’ve been looking for that came out from an earlier presenter was if there’s any difference in the statistical breakdown from native people on-reserve and outside. I was wondering, with NAPS, would you have that statistical information about the number of sexual assaults and the different breakdown in what’s happening in your community that you’d be able to share with us?

Deputy Grand Chief Alvin Fiddler: I struggled with that a bit when I was—or not me, but when our staff were compiling the information for us to present to this committee. We do have some stats. We do have some data from our police service. But I’m hesitant to just compile that in a table and present it to you because, without providing the context of the data, without providing some background—I don’t want to be seen as feeding into the government’s position, especially the minister of Indian affairs, Valcourt, saying that it’s native men who are beating up native women.

Mr. Randy Hillier: I’m just looking at the numbers. We’re hearing all kinds of different statistics, and the lack of reporting or the reluctance to report, and I’m just seeing what we have from your communities, what’s happening there, and if it’s any different, or can we learn anything from these statistics?

I think it’s also important, for myself and I think everybody else here, to understand that you don’t have a police service detachment in each of your communities. Is that fair to say—there’s some sort of rotation? I think if you can maybe take a moment, in addition to the statistical question: How does the justice system work, and law enforcement, in these remote fly-in communities? Just give us a little bit of a better understanding.

1430

Deputy Grand Chief Alvin Fiddler: Well, ideally you would like to see all these systems in harmony, if I can put it that way: that they’re supporting each other, that all these systems, whether it’s the policing system, the justice system, community safety in our communities—all those things—are in sync with each other. But the fact is that there are gaps.

Mr. Randy Hillier: That’s what I’m trying to understand: the gaps. If an assault happens in a remote fly-in community, how does that get—

Deputy Grand Chief Alvin Fiddler: If it’s a very serious case, then the police or the NAPS police service

would fly in. They would have to actually charter a plane to fly in and address it there.

The Chair (Ms. Daiene Vernile): Deputy Grand Chief Fiddler, I'm sorry to do this to you, but if you want to wrap up, we're almost done with your time.

Deputy Grand Chief Alvin Fiddler: Yes. I mean, it's—

Mr. Randy Hillier: Maybe you could ask for another presentation later on, just to fill us in and to have that context, as well. Maybe some of that data could flesh out some of the details and give us context.

Deputy Grand Chief Alvin Fiddler: I would hope that this committee—that you do your homework, that you examine further the issues we're raising and also examine the conditions in our communities: the fact, as I said, that it's very challenging to provide a service to a number of communities that are so spread out in a wide geographic area, and that you make those recommendations. And whatever strategies or whatever programming is put in place, you need to factor all of those in.

The Chair (Ms. Daiene Vernile): Deputy Grand Chief Fiddler, you've given us a lot to think about. I want to thank you very much for coming and sharing your time with this committee. I invite you to join our audience, if you wish to, for the rest of the afternoon. Thank you very much.

Deputy Grand Chief Alvin Fiddler: Thanks.

GENDER ISSUES CENTRE,
LAKEHEAD UNIVERSITY
STUDENT UNION

The Chair (Ms. Daiene Vernile): I'd like to call our next presenters, from the Lakehead University Student Union: Jiyal Chung. I apologize if I didn't say your name correctly.

Ms. Jayal Chung: Jayal.

The Chair (Ms. Daiene Vernile): Jayal. Okay. Once we get started, I'm going to have you state your names for the record. Ladies, you have up to 20 minutes to make your address. Please begin by stating your names, and then start any time after that.

Ms. Jayal Chung: Do we need to press the button?

The Chair (Ms. Daiene Vernile): It's on. When you see the red light, you are ready to go.

Ms. Jayal Chung: My name is Jayal Chung.

Ms. Taslim Alani: My name is Taslim Alani.

Ms. Jayal Chung: Thank you for allowing us time to share and speak. I am the current coordinator of the Gender Issues Centre at Lakehead University Student Union. It is a student centre providing peer support, advocacy, action, resources and referral to services on and off campus.

Working from an anti-oppressive feminist framework is the way in which GIC raises awareness by campaigns, groups, events and doing outreach work on gender-based violence, anti-racism and other forms of discrimination. Taslim?

Ms. Taslim Alani: Once again, my name is Taslim Alani. I am a PhD student in clinical psychology. I also have a background in international development studies and women's studies. So I come here today as a researcher and as a student. I also sit as a board director of the Lakehead University Student Union, and I've also had the opportunity to teach courses at both the college here—that's Confederation College—and at the university. So I come today wearing a bunch of hats, with the hope of representing the needs of many students across the city.

Ms. Jayal Chung: Our presentation focuses on the university campus: the students' right to safety and their ability to experience education free of discrimination and violence. Looking at the incidents covered by media, including the online class, the Facebook page, Dalhousie, the gentlemen Facebook page, the St. Mary's rape chants at orientation and Mandi Gray at York University, as well as thinking about what students have experienced coming to the GIC to access support and resources at Lakehead, we can begin to understand how campuses reflect the challenges that we're facing right now in our society, and in providing support addressing and preventing this systemic issue.

Student unions in the Canadian Federation of Students have been at the forefront in playing a role in advocacy and providing campaigns such as No Means No since the 1990s, and prevention through ongoing peer support, asking for and figuring out mandatory education training. It is very important to have a stand-alone policy on sexual assault and sexual violence, such as harassment, to specifically lay out the process in which to accommodate a student's needs. The knowledge of supports and services on and off campus is very critical in regards to first response to people disclosing.

Regarding the barriers to reporting formally or informally, understanding the reasons why people choose to not report is a way to work meaningfully with students to develop support and improve the ways we can play a role to prevent sexual violence on campus. We'll get a little bit more detailed about those barriers and the challenges within the context of the university campus.

If we consider the prevalence and that at any time a person we care about might disclose, we can dialogue on these ways to working toward change. The CFS created a fact sheet in 2013 on sexual violence on campus. Four out of five female students said they had been victims of violence in a dating relationship. Many on-campus sexual assaults occur during the first eight weeks of campus, as you might know. More than 80% of rapes on college and university campuses are committed by someone that is known to the victim, half of these occurring on dates.

To make institutional change within the university, it's necessary, as I mentioned, to have that stand-alone policy. It is a way in which to take steps to ensure that the education policy and procedure, the support resources, are varied and well-funded, and that those taking on the role of facilitating such work, such as student centre coordinators, other students in leadership—that they know that they are supported.

I think Taslim will just share a little bit too. We both have served on various committees, so she can share a little bit on those experiences.

Ms. Taslim Alani: Yes. I just wanted to reiterate some of those stats again. That's four out of five women on university campuses who have experienced sexual assault, which is an astounding statistic. I think that's something to really take into consideration. That 80% of rapes on college and university campuses happen by someone that a woman knows is also something that we need to take quite seriously.

As I mentioned, I serve many roles within this community, not only the Lakehead community but the Thunder Bay community in general. In just having the opportunity to interact with students as a lecturer, as a teaching assistant, a lot of students have come to me with disclosures, not necessarily specifically related to sexual assault, but more so around relationship difficulties that often have connotations of sexual assault. Some students have come forward quite explicitly with disclosures, and just thinking about students' mental health and well-being and how we need to better support that—especially when we consider the other stresses of just being a student in general.

Also, in my clinical work, I have had the opportunity to work with women around issues of domestic violence and sexual assault, working with indigenous communities here around sexual assault and violence and how we can better support people. It is a very sensitive topic. We're looking not only at an isolated event, but we're looking at histories of trauma. We're looking at how our identities intersect and how we need to hear from the people who are experiencing, who are surviving these experiences, to better understand what we need to be doing to support them. It's not necessarily helpful for us to make decisions on behalf of others, but to really work collaboratively, as Jayal said, to take a community-based response to how we're approaching dealing with these situations, which is why it's so fantastic that this is happening here today.

Ms. Jayal Chung: Definitely. With taking a community-based-response approach, breaking down those barriers is one of the key approaches to look at how we apply policy, how we establish accountability and due process for people experiencing this. I've observed similar challenges, just as Taslim highlighted, in various groups within our city trying to address racism: for example, Diversity Thunder Bay; hate crimes by Thunder Bay police; how to best support people who have experienced these incidences; and in community conversations—in particular, Walking with Our Sisters, the exhibition that had come to the Thunder Bay Art Gallery in honour of missing and murdered indigenous women.

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There's a lot of grass-roots organizing and peer support happening, but still there are gaps in the recording and ways to report what counts—how incidences are legally defined, where the reports go and who has access to this information are questions. Though a person may choose whether to report formally or informally doesn't

often, in turn, mean that it gives relief to the person reporting and their sense of safety back. So looking at the big picture, how does this affect us as a city?

People who have faced trauma in the first place seeking help in their healing is the acknowledgement that it happened and the validation and the experience—just as Taslim mentioned about specific identities and the deeper impact that it has.

Universities are expected to handle complaints, but as reflected in the media, there are different stages to being able to effectively provide support due to a number of reasons: lack of care, lack of resources, and structural violence within the system.

A broad framework of understanding why it exists means we can understand how we can step forward to break down these barriers and that sexual violence affects all genders and particularly, as the MPPs mentioned, disabled racialized indigenous women and trans people. That needs to be part of the discussion speaking about sexual violence.

Taslim just has a bit to add to that.

Ms. Taslim Alani: Yes. So it's important to remember that when we're talking about violence against women, this isn't just a conversation about gender. As was highlighted before specifically in relation to Samantha Smith's presentation, we're talking about higher rates of violence against indigenous women, higher rates of violence against individuals who identify as queer or as trans or who are racialized. So while it is challenging to address some of these issues—especially within Canada because we consider ourselves a very multicultural, very open and tolerant country—we still see these differences in rates of violence. So it's really important to remember that it's not just about a gender problem. It's about an intersectionality and diversity problem. In continuing to pretend like it's not, we're not doing anyone any favours.

So to really understand the complexity of identity and how—when we even look at socioeconomic status, when we look at literacy rates, when we look at employment and housing, we know that all of these things contribute to how individuals experience violence and how often violence occurs to these individuals. I think we need to make sure that we're addressing this from a complex perspective and a holistic perspective.

Ms. Jayal Chung: A way in which to engage people that I found is through those personal working relationships on a personal level, talking to friends and colleagues, peers or family, the ways in which, at any time, someone we care about can disclose that this might happen. Knowing how to support that individual through their experience is so key in making institutional change in the workplace, at school and within relationships to improve first response. We need people who are compassionate in those leadership roles to engage in allyship and the resources, just continuing to build relationships at the local level and beyond.

The way we can do this—in summary: support the Canadian Federation of Students' recommendations; create and invest \$6 million for the sexual assault support

division within the government of Ontario; determine best practice in data collection; pursue received student complaints of policy non-compliance; and adjudicate long-term resource funding, the sustainable funding to students, campus groups, universities and colleges for education and training supports. That is a long-term commitment.

Folks might be aware that we already have much research that we can integrate, share and analyze coming from Metrac, developing a response to sexual violence, which we consulted when we had formed our task force at Lakehead University—violence accessibility; more Metrac reports.

I just wanted to speak to the specific example of Lakehead University, which has a population of 8,552 and a campus here in Thunder Bay as well as in Orillia.

Lakehead University's Task Force on Sexual Assault Education, Prevention and Support was struck in 2013. The task force's formation was a response to a letter to the editor published in our local paper, the *Chronicle-Journal*, by a former student. It captured her disclosure of an alleged sexual assault involving another student off-campus. The anonymous woman didn't formally report but shared her demoralizing experience in regard to a lack of clear process, in summary, and supporting her accommodation needs. She wrote about the experience of revictimization, and that she doesn't want this to happen to anyone else again.

In 2014, the Lakehead Sexual Misconduct Policy and Protocol came into effect. A brochure, website and orientation session—both student affairs and myself got to present a session on sexual assault and the policy consent information to first-year students, which will be ongoing. We continue to work collaboratively, as mentioned, for this programming, for orientation. Conveying the importance of training faculty and staff and students is really the very key approach to continuing to address this problem.

University is public education. It's a proactive way in which we can do this work. It's a tool for making change and raising awareness.

Taslim is going to chat about the barriers and a little bit more information about the cost of this violence.

Ms. Taslim Alani: If we think about the experience of violence and specifically women's experiences of violence, we often think about the justice system and the justice system's response. But it's much more than that. We're talking about women often feeling unsafe in their spaces. Again, Samantha Smith talked about that in terms of street harassment. Mr. Fiddler talked about it in terms of being afraid of the justice system not necessarily having accountable responses.

But we're also talking about it at the university level: not feeling safe in your classes, not feeling safe walking in the halls, not feeling safe walking to your car, whether during the day or at night. We're talking about how it affects interpersonal relationships—your relationships with your peers, your professors, administration.

We're talking about mental health issues. We know that experiences of violence can create the onset of post-

traumatic stress disorder, mood disorders, anxiety disorders. It can affect the overall quality of life of an individual. So we're not just talking about an incidence of violence; we're talking about this affecting potentially the rest of a woman's life, the rest of an individual's life. This is extremely problematic. If we're not taking proactive steps, if we're not being accountable for our actions in supporting individuals who are surviving the effects of violence, we're letting these problems continue to cycle through.

And then if we think about how these experiences affect just specifically the life of a student, we're talking about potentially dropping one's courses, losing all of one's tuition or potentially having your grades suffer and not being able to continue on, whether it's through graduate school, professional studies or looking for employment.

We're talking about having to access mental health care, which—fortunately, if you're a full-time student, you have the health benefits of a student, but that will fund maybe three sessions of therapy, which I'm hoping we know is probably not enough to help anyone.

The Chair (Ms. Daiene Vernile): Ladies, you have one more minute left in your presentation.

Ms. Taslim Alani: Thank you. We're talking about a bunch of effects on an individual's life.

Is it okay if I just wrap up?

Ms. Jayal Chung: Yes, sure.

Ms. Taslim Alani: Again, in just thinking about how we are here to represent students—not only of Lakehead University but students in Thunder Bay in general—it's important to be accountable, to have initiatives like this and to make sure that there are steps to help us move forward in the future. Remember to do your research, like Mr. Fiddler said, looking at some of the documentation that Jayal mentioned earlier on in the presentation.

Feel free to get in touch with either of us, should you have any questions, because we look forward to continuing this dialogue with you at a later date. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. Your first questions are going to come from MPP McMahan.

Ms. Eleanor McMahon: Thank you. When I look at the two of you, I think the future is in good hands. Can I just say that, for all of us of a certain age, we're honoured by your presence here today. The work that you're doing is so important for not just your future but the future of all young people across our province. So thank you.

Ms. Jayal Chung: Thank you.

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Ms. Eleanor McMahon: A couple of just startling statistics in your presentation. Before I continue, may I ask that if you have research like that that you could share with us, we'd be most grateful—

Ms. Jayal Chung: Sure.

Ms. Eleanor McMahon: —because it helps to shape our final report and we can include it in our conversations. So we really appreciate any data sharing that you can facilitate for us.

Some of the compelling things that you talked about in terms of those stats—four out of five women experiencing sexual assault; 80% are people they know. It leads me to something that we heard yesterday in Sudbury from Laurentian University. While the student union wasn't represented, their thoughts were reflected through the faculty members that were there and the staff at the university, who are certainly not only alive to this issue but, like you, seized with what needs to be done. They talked a little bit about the confusion around consent, and I wondered what your thoughts were about that. We're hearing that from various people, that it's—we just released our physical health and education curriculum, as you know, where we talk about consent at a very young age, but the fact that it's still an issue at university tells us that there is a gap that's missing there and there's some confusion around consent.

Finally, could I just get your thoughts on what might be at the root cause of this, which is what constitutes sexual assault, and the lack, maybe, of awareness around what that is, and maybe some abiding confusion? Can you give us your thoughts on that?

Ms. Taslim Alani: Yes. Jayal, do you want to address that first?

Ms. Jayal Chung: Yes. Just regarding consent education, I think it needs to happen at the elementary/high school level and the changes to the sex ed curriculum: body autonomy—what does it mean; how to communicate when somebody is making you uncomfortable; what is unwanted; which would be sexual harassment or assault. Having those conversations early within families and inspiring people to really understand consent, in the sexual context and outside the sexual context—with the No Means No campaign at CFS, it was very important to establish that. But the conversation is changing, just like in the States, Yes Means Yes and the move towards that. But consent always being a mandatory message, I think that needs to continue to be communicated at all ages.

Anything you wanted to add?

Ms. Taslim Alani: I think when it comes down to consent, there is a little bit of hesitation in having those conversations and making them explicit, and part of that is a larger societal issue around men supposing to always be interested in having sex and women kind of being complacent towards it. With that comes a power dynamic and a little bit of a lack of communication. I think that if we, in my opinion, took sex a little bit more responsibly, we could have those conversations instead of making assumptions about them. So like Jayal said, talking about No Means No or Yes Means Yes; having a conversation. If you are not ready to have a conversation about it, perhaps you shouldn't be doing it—and not assuming that consent is in place because there is some intimate behaviour going on; not assuming that just because someone is doing something or wearing certain clothes or using certain language, they are interested in engaging in sexual behaviour. With a Yes Means Yes kind of perspective, then we can actually ask the question, and if you don't hear a yes, don't assume that it is a yes.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is going to come from MPP Scott.

Ms. Laurie Scott: Thank you very much for presenting here today. I'll follow up a little bit on MPP McMahon's question on the education, the consent.

The TV ads are out now as part of the action plan. Do people your age watch TV much? Do they see the commercials? I mean, it's just—

Ms. Jayal Chung: That's a good question.

Ms. Laurie Scott: I thought of this question before and then since you're here, I thought maybe I'll ask you two what you think of that. I have family and they don't necessarily watch normal TV now.

Ms. Jayal Chung: I think on YouTube I have seen the "It's Never Okay" ads come up before videos, for example, so I think there are other avenues in which students talk about or young people talk about the campaigns and news articles that link back to, "Hey, this really engaged me. I have these questions. I was really upset over this." I think there are still other ways, though they might not be watching television as the medium itself.

Ms. Laurie Scott: I've got to ask this question and I don't really know how to ask it: Where are the men at the university? If that statistic of four out of five—there are a lot of good men. Are there not groups forming to say, "Do we hear of other males doing sexual assault to women?" Is there no male component in university saying, "Oh, my gosh, this has got to stop. We have to do something about this"?

Ms. Jayal Chung: I want to say that there are many men who access the centre who have dropped by to express the ways in which they want to be allies and asking how. That's one of the challenges, I think, with engaging youth and the expectations of what does it mean to be a man or a boy, using the language of male allyship, developing resources, looking at Jackson Katz or maybe, locally, leaders or politicians who are males. It is very powerful when a man makes a statement, especially addressing it to other men.

With the president, Dr. Stevenson, taking a stance, paying attention to this letter, the women who wrote to the paper, and striking the task force, I think that was a very powerful message to the university community that this is important, this should not happen, this does not reflect the priority of a safe, accessible, and quality education at Lakehead.

So I think more ongoing work; males do care. It's very hard to incorporate. I think there are reasons why men feel sometimes hesitant, especially if they're aware of their own privilege and how they take up space at events. That's my response to your question.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from MPP Sattler.

Ms. Peggy Sattler: Thank you for the leadership that Lakehead University has shown on this issue. I fully expect that that is a result of the advocacy and the work that you have both been doing. So thank you on behalf of post-secondary students.

A question I had about the policy: We heard yesterday that Laurentian is looking at developing its own policy and talked about some of the challenges in a small university when there's only one section of a program and it may end up that both the survivor and the perpetrator are in that classroom. How do you impose sanctions when you have a small-school setting? I wondered if you could share some of what you're doing at Lakehead to address that.

Ms. Jayal Chung: I think it comes down to student success support and recognizing that it's difficult, especially when you don't formally report this, and there is confidentiality.

In terms of how to respond, I think it is important that a professor steps in to recognize and have that one-to-one relationship to find ways to accommodate the person who has experienced it and take their needs into consideration first. What does that look like? I think it is a challenge and it requires multiple departments working together with that student to find out how best to accommodate.

Ms. Taslim Alani: I was just going to add really quickly that I think the needs of the student who experienced the violence is the primary priority, so working with that student to find out what would create a safer environment for them and supporting them through that process. Because it might not be, "This student can't be in my space"; it might be, "I would like to write my tests in a separate room" or "I would like to be able to access my lectures online or get a recording of the lectures so I don't need to come into this space." People can be flexible. I think we just need to take the time to listen to what they need and support them the best we can through that.

Ms. Peggy Sattler: Okay. Can I ask one more question?

The Chair (Ms. Daiene Vernile): Very quickly.

Ms. Peggy Sattler: Okay. The other issue that has emerged, and Laurentian also talked about this and I've seen some media discussion about it, is post-secondary institution policies balancing both the needs of the survivor and also the rights of the accused. I wondered if you just had a couple of comments on how Lakehead has managed that balance.

Ms. Jayal Chung: I think that's something we continue to work on, and it's at the administrative level. But confidentiality, especially if it's an informal report, is the challenge that we are all trying to face in responding. With respect to that, I think the advocacy piece and the peer support part is a way in which we can support the individual through their experience.

Ms. Taslim Alani: And if we just think about the amount of challenge, the amount of courage it takes for someone to come forward in the first place and the barriers that are in place, I think it's just really important to value and acknowledge all of that when someone does come forward and to make sure that that's respected while still trying to respect the rights of the individual being accused.

The Chair (Ms. Daiene Vernile): Ms. Alani and Ms. Chung, I want to thank you both very much for coming

and speaking to us today. May we have your written submissions? Can you either hand them over or email them to us?

Ms. Jayal Chung: Can I email them to you?

The Chair (Ms. Daiene Vernile): You absolutely may. Thank you very much.

Now, to our committee members, our next presenter has asked to speak to us in camera. I would very respectfully ask everyone else in the room if you would not mind clearing out. We want to assure this next person complete privacy, and we invite you to come back at 3:30, if you wish to continue as a spectator here at our presentations. So we're going to take a few minutes to clear out the room as we bring in our next person, who has asked for privacy. Thank you.

The committee continued in closed session from 1505 to 1545.

RAINY RIVER DISTRICT WOMEN'S SHELTER OF HOPE

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. We are now going to resume with our public hearings. Our next presenters are Rainy River District Women's Shelter of Hope. I would ask our presenters to begin by stating their names. You will have 20 minutes to speak to our committee, and then that will be followed by some questions by our committee members. Please begin any time.

Ms. Donna Kroocmo: Thank you. I am going to begin the presentation, but this is a presentation that's being offered both from a personal and a professional point of view. We welcome questions on either front, but I'm here in front of you today in both capacities.

My name is Donna Kroocmo. I'm the executive director of the Rainy River District Women's Shelter of Hope. If you look into your swag, on the left side I've included brochures that give you more of an idea as to what we do. We do help victims of sexual assault and women who have been abused from throughout the Rainy River district. We operate the shelter's 2nd Stage apartment building, a 10-unit building. However, more importantly, I believe, I am also the mother of a child sexual abuse victim. She is sitting next to me here today.

We wanted you to have some emotional content to put into some of the stories that you've likely heard. Because you've asked how to prevent sexual assault and harassment, one of the things that Serena, my daughter, and I struggled with was, what on earth could we possibly give you other than, "Societal attitudes need to change"? And I know from having served on communities, you're looking at, "Good Lord, how does that look? How do we do that? How do we make that happen?" So we brainstormed and came up with some suggestions for you. My big point is on pornography. I'm definitely an anti-pornographer. My father, who had molested my daughter, had been found with boxes and boxes of pornography in his garage, lots of pornographic videos, that kind of thing. Whether or not there's a cause and

effect, no one knows, the jury's out, but I do believe that pornography played a role.

I'd like to begin with, based on the work of Jackson Katz and others, it is clear that we're asking the wrong questions when it comes to sexual abuse. We should not be asking, "Why was she at that party or walking alone?" or "Why does she stay in that relationship?" Rather, we should be asking, "Why do men sexually abuse women?" We engage in victim-blaming far too often. One needs to read Gail Dines's book, entitled *Pornland: How Porn Has Hijacked Our Sexuality*—I brought it with me in case anybody would like to have a look through it—or hear her speak to understand the link between sex and violence. With the average age of viewing porn now at 11 and a half years of age, her research has also shown that the addition to pornography is growing rapidly, and this addiction leads to men watching increasingly violent or fringe porn—meaning granny porn, child porn and bestiality. She has shown that some men currently in prison for child sexual abuse had never shown any propensity towards victimizing children until they became addicted to pornography.

Pop culture also insists on the sexualization of women and young girls. Think Britney Spears, *Cosmopolitan* magazine, and the fashion industry, where an entire store in Paris is dedicated to making provocative clothing, including fishnet stockings, for little girls size 4 to 6.

It is my recommendation, therefore, that in order to work towards the prevention of sexual assault and harassment, we must work towards changing societal attitudes that perpetuate patriarchy and degrade women. Further, it is my recommendation that all pornographic sites must be inaccessible without a credit card. When the United Nations declared that access to the Internet was a universal right, they should have put some parameters around it. This would eliminate children under the age of 16 accessing the proliferation of these websites, teaching them that sex and violence are linked.

In our story, one evening, at the tender age of nine, my little girl came to me with tears in her eyes. She explained that while reciting her good-night prayers, God spoke to her and told her it would be okay for her to tell me. She then blurted out, "Grandpa's been touching me in my privates." Once the initial shock and horror was over, I went into robot mode and did what I could to seek justice for her. We went to the CAS and notified the police and of course all family members. The police and the CAS conducted their joint videotaped interview. The police also interviewed my parents. My father had managed a community centre in Fort Frances for years, and my parents had fostered children for the CAS. My mother informed the police that I was crazy.

The police were torn. It took six months, a very long, painful six months, before charges were laid. It only happened when my father finally agreed to take a lie-detector test and confessed. He told the officer, "Yeah, I touched her a few times, but I never really hurt the girl."

1550

In the interim, the entire extended family had decided that their father must be innocent, because the police had

not charged him with anything and they had turned on my nuclear family with a vengeance.

In another case, a separate case, speaking from a professional point of view, I had provided advocacy for a client. The perpetrator had been interviewed by the police and had confessed that he had molested his stepdaughter on two different occasions. The police then turned and asked the stepdaughter whether or not she wanted him charged with an offence. She declined, saying, "I just want to forget about it," which, of course, she never has. The perpetrator never received probation or any time in court despite the fact that he had confessed to a crime in front of the police.

Penetration of the victim by the male's penis receives an awful lot of unnecessary attention from numerous factions of so-called helpers. In our case, the crown attorney remarked that Serena's case was a relatively mild case of sexual abuse. I was outraged. No one had loved my father more than me. The betrayal was unbearable. It had been going on for years by someone her mother had adored. The level of trust and the length of time that the abuse went on are much better indicators of the aftermath suffered by the victim of sexual abuse than his penetration. Abuse is abuse whether or not penetration occurs.

As well, during the Criminal Injuries Compensation Board hearing where I was providing advocacy, the question was always asked, "Was there penetration?" The panel also then asked, "Was there penetration by his penis?" Apparently, the answers to these two questions provide the board with information on which they base their compensation. This is ludicrous.

When we were discussing going to trial with the crown attorney, I knew from having read voraciously on the subject matter that screens or closed-circuit televisions could sometimes be used in court when the victim is a minor. Our crown attorney stated that they had never been used in Fort Frances and if they had been, they'd be in the basement and they would need to be dusted off and checked to see if they were in working order. It was apparently quite a remarkable request, and we never did receive an answer. We are thankful: Because of the confession, Serena never did have to testify in court.

It is my recommendation that the police immediately believe the child when the victim is under the age of 10.

It is my recommendation that when the victim is over the age of 10, conduct lie-detector examinations immediately, or whenever the case involves a "he said, she said" story with no corroborating evidence. It may not be used as evidence in court; however, the outcome could be a confession, particularly if the examining officer is quite skilled at his or her job in conducting these types of investigations.

It is my recommendation that regardless of the victim's wishes, charges must be laid, particularly when a confession is made. This is a crime and needs to be treated seriously as such.

It is my recommendation that screens and closed-circuit televisions must be made available to every victim who is a minor.

It is my recommendation that public education has got to be a focus, particularly for justice system personnel, so they will never again refer to any crime as “relatively mild.”

Premier Wynne’s action plan *It’s Never Okay* is a wonderful beginning. At our last board meeting, several board members commented on how powerful those public service ads have been.

It is my recommendation that public education also teaches that penetration is not the determining factor in deciding the extent of damage done to the victim. The length of abuse and the betrayal of trust deserve much more attention.

One of the most difficult moments during the whole turmoil was when I escorted my little girl to the doctor’s office for a medical examination. The investigating officer had recommended that I seek medical evidence because this was still a “he said, she said” case, and it was taking a long six months to lay a charge.

In her office, with my nine-year-old daughter’s feet up in stirrups, the doctor stated verbally to me that she could see a perforation in the hymen, similar to the end of a pencil. It was absolutely devastating to see your baby daughter being treated like a woman with the full realization that her innocence was gone forever. Nevertheless, I did request a letter confirming the doctor’s findings.

What we received was a very innocuous letter, with the doctor stating she was not an expert in these situations and could not confirm whether or not molestation had occurred and did not mention the perforated hymen. We were told that physicians do not want to have to take time off from their practice in order to attend court.

It is my recommendation that medical professionals practise within their scope and level of training. No general practitioner should see a victim of sexual assault but make a referral to a properly trained specialist.

It is my recommendation that these trained specialists realize that because this is a crime, testifying in a court case may very well be the outcome of their findings and they must be willing and prepared to attend court.

It is my recommendation that the Northern Health Travel Grant be extended to include out-of-town trips to see such specialists and for follow-up therapy as needed.

In our case, we were advised, following this ordeal, to take Serena to another doctor, one who specializes in sexual assault. I just could not justify putting her or me through that again. It should have been done properly the first time.

You will note, if you’ve been following, that there are numbers following the aforementioned recommendations. These have been prioritized in what is in my humble opinion the most important to least important.

Two final points not spoken to but equally relevant: It is my recommendation that Ontario’s sexual assault centres and other services that support survivors be adequately funded.

It is my recommendation that we challenge today’s rape culture and continue and/or expand the new curriculum on sexuality to ensure we draw the links between

systemic issues and women’s experiences in order to decrease the horrific statistics, showing two out of three Canadian women have experienced sexual assault. This has got to change, and together, we can change it. This committee has the power to begin the process for making these positive changes, and I applaud you for your efforts in your worthwhile endeavour.

Thank you for your time and for listening. Now I’d like to turn it over to my brave daughter, Serena.

Ms. Serena Martin: Yes. Hi, I’m Serena Martin. I would like to provide three recommendations to improve outcomes for victims of child sexual abuse. I think recommendations would probably change if you look at teenagers and adults.

I’m recommending that the perpetrator’s name be publicized and be worthy of media attention.

I recommend free psychotherapy and a creative strategy that facilitates disclosures.

Yes, I am presenting as a survivor and as a critical observer of society. I’ll just start off by saying that Lionel Robar sexually abused me between the ages of three and nine. If you’re shocked that I just mentioned my perpetrator’s name—and this is public—great, I want to address that. I want to turn that on its head. I think that kind of sentence structure in naming the perpetrator should become more common, rather than, “I was sexually abused as a child.” I think the former makes it more of a crime—you know, somebody’s held accountable and the blame and shame is accurately placed on the perpetrator. So like other crimes, yes, I’m recommending that perpetrators’ names be public information and covered by the media.

This would not prevent children from disclosing. Of course, there are several barriers that prevent them from disclosing, but this is not a concern. At least it was never—I don’t read newspapers. I don’t know that perpetrators’ names are publicized or not.

So, to continue: In cases of incest, I think that publicizing the perpetrator’s name and making that media worthy would encourage family members in incest cases to work through their denial. In my case, that was a second wound, a huge wound; it’s when I needed them the most. I lost my cousins, my aunts, my grandma because they did not believe me. They seemed to be in denial. I think that general society, in cases of incest, is more supportive of the victim than the extended family, but to me, that was my world. My family was my world. So if we could influence family members of victims, I think that would be the way to go.

Also, this past summer, I finally did seek therapy. I was interested to see if anything was written about—I felt it was a war that I went through. There was nothing. No shred of evidence, nothing, and this really increased my feelings of aloneness and intense despair. It felt like society did not care to know, and it gave me the message that the abuse was nothing, that I was nothing—nothing more than roadkill. So even just a little snippet stating that Lionel Robar was convicted of this crime—so that I really knew that he did wrong and people blamed him for it.

1600

I think the concern among many people, however, is that the victim's name might leak. I have to say that after the trial, I was scared about people knowing regardless of the fact that my user's name was not published. I think, also, being given the message that it was scary for people to know that I was abused made me believe I had done something awful and repulsive to society. I think the message should shift towards, "Really, you have nothing to hide."

That feeds into my next point, which is free psychotherapy for anyone who ever experienced child sexual abuse so that they could receive this healing message that I just stated and be cured of many false beliefs and toxic emotions. The cost of unhealed child sexual abuse is really huge. You know that victims of child sexual abuse, they go on to become victims again of physical abuse, of rape. This makes sense. They feel worthless. They have no boundaries. They're out of touch with themselves so they don't react to their instincts. I'm speaking from experience because that happened to me.

I'm convinced that if I had therapy for my sexual abuse, the following would have been more probable: I would have not been attracted to a controlling man. I would have ended the abusive relationship quickly. I would have reported the abuse to the police. I would have said no to a man who gave me the heebie-jeebies and wanted to come into my home. I would have not dissociated when signs of rape commenced, and I would have reported the rape to the police.

Obviously, deep wounds affect a person's ability to concentrate at work, take care of themselves so that they are healthy, parent effectively and so much more. We can't expect victims who feel worthless to feel comfortable to pocket psychotherapy themselves. I bought myself very minimal—as if I'm going to spend \$1,000 on myself on my healing journey, which is so uncomfortable. I think that if victims are willing to do the intense emotional work—and it is work—I think psychotherapy should be free.

Honestly, I wouldn't be here today if my benefit plan didn't cover it. The medical system is very bogged down. We can't really put them through psychiatrists who can cancel at the last minute. It takes months and months and months to get in. I think they would fall through the cracks and just be like, "Okay, I'm done."

I'm advocating for psychological services, not counselling, because in my experience psychologists were much more effective than counsellors. Psychologists are trained to deal with root causes and basic beliefs. That's what we need to heal.

My mother mentioned paying for travel to therapists. This could be combined with Skype in northern Ontario. Victims of child sexual abuse might not even be comfortable sitting in the same room as somebody, so I think that's a great option. That's what I did.

My third recommendation is creative strategies to facilitate disclosures. We know that children often wait several years, as I did, or don't disclose at all. When I did

disclose I did find it such a stressful experience that I even dissociated.

Currently children are taught that child sexual abuse is wrong and to tell a trusted adult such as a teacher, the police, or a parent. At least that's what I remember growing up. But I would argue that adults in general are not trustworthy with this matter. They are, by their very nature, judgmental, capable of telling children when they're being good and when they're being bad, and they can punish you. A huge part of me believed that I did bad. Furthermore, it was hard for me to believe that my soft-spoken kindergarten teacher could prevent me from being murdered. I hardly ever saw a police officer as a child, and if I had, they would have been too intimidating to talk to. I didn't want to sadden my mother. I just wanted to be a good little girl and be loved. I also doubted that they could do anything to really help me.

So I'm thinking we need to create something, I think a mascot. I'm thinking an animal, as they come across as more non-judgmental than a human. I think the mascot needs to be believable—have a backstory, likes, dislikes, quirks, much like any character in a book you would read; visible—partake in parades, and have magical, powerful abilities so that the child actually believes that they can protect and defend; caring—they might have a slogan such as, "We work for kids"; amicable—this would increase feelings of rapport and make the mascot likable. Also, this would decrease children's feelings of anxiety surrounding the topic of sexual abuse. I think decreasing anxiety would definitely facilitate reporting. I remember the videos just coming across as way too serious and I was very anxious when viewing them in school. Most importantly, I think the mascot needs to tell children that, despite their magical, powerful abilities, they don't have the ability to know who the abusers are and if children are being abused. I remember thinking that everybody knew and just didn't do anything. So that's an important point to state.

Obviously this type of idea needs to really be fleshed out and looked at. It's very rough. I don't know why, but I'm just thinking an owl, because maybe when they say, "Who, who," it might actually mean something. They could teach children about sexual abuse and then provide children with 15 minutes to write down the name of anybody who's committing that act on them.

The Chair (Ms. Daiene Vernile): Serena, I need to tell you that you have one minute left in your presentation.

Ms. Serena Martin: Sure. And then for the children who are not having that act done to them, then they can instead write down their favourite place to be and the owl might visit them there, something like that.

That really does conclude my presentation and I want to thank you. I am newly pregnant and I'm very excited. I'm excited to see that people are working hard to make our society a better place.

The Chair (Ms. Daiene Vernile): Thank you both very much. Our first questions for you are from our NDP caucus.

Ms. Peggy Sattler: Thank you so much. I am awed by your courage and your bravery in stepping forward and naming the issue and not accepting stigma or shame. You are a wonderful, brave, powerful woman, and that is a really incredible story you've shared with us, so thank you.

I had a question about the recommendations in your mother's presentation. Recommendation number 4—I can't believe that this doesn't happen. If there is a confession made after a report has been given, it's not automatic that charges are laid? In your professional experience, is that not the case?

Ms. Donna Kroocmo: At the Criminal Injuries Compensation Board hearing, the officer was on speakerphone and he admitted that the stepfather had come to the police station and confessed to two counts. They then turned to the victim—she was 19 at the time—and said, "Do you want us to lay a charge?" And she said, "No, I just want to forget about it." And that's exactly what happened. No charges were laid.

Ms. Peggy Sattler: Do you know how common that is?

Ms. Donna Kroocmo: I can't really speak to that, because I think I was every bit as shocked as you are. That's why it's in this paper, because those kinds of anomalies do occur. I'm hoping it's an anomaly, but the fact that it occurred needs to be brought forward so that this can't occur.

This crime needs to be treated seriously, similarly to domestic violence. Now the police are well aware that when they go to a home it's not up to the wife or the partner; they lay the charge. I want the same sort of thing in place for sexual abuse victims. The police need to know that. The onus is on them to lay that charge.

Ms. Peggy Sattler: A follow-up question for Serena, on your recommendation about access to free psychotherapy. We've heard of cases where a child victim may be offered six sessions. Is that appropriate? In your experience, your healing journey, what length of time did you feel that you needed counselling in order to help you recover?

Ms. Serena Martin: Well, I intensely read about it, even when I wasn't in psychotherapy, and I allowed myself to really grieve. So it depends on the victim and their life circumstances, how their work situation is, what their home life is. I didn't have any children. I was off from work, so for me it was quicker. I did a lot of the work on my own, to be honest, but I needed somebody to guide me.

Ms. Peggy Sattler: Was it years?

Ms. Serena Martin: I'm not sure; I don't know how you would ever know if you were completely healed. I don't know if you ever really completely heal. But I do think that free psychotherapy would help people to be able to even talk about it. To talk about it creates a society that's more healing for other victims, because I find that when I talk about it, other victims say that it brings them courage and hope. And if I wasn't healed, I think I would just want to squash their stories down because it would bring up my own, and that's obviously very toxic.

So I think just psychotherapy in order to be able to talk about it, in order to have healthy relationships and a healthy relationship with yourself and to be able to parent effectively and not be living in fear—you can state the perpetrator's name and really understand that it wasn't your fault.

1610

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from MPP Lalonde.

Mrs. Marie-France Lalonde: Hi. How are you doing? Thank you very much for being here and sharing your story and probably bringing forward, as I explained to you earlier, the portion where we need to hear from the survivors the steps and the recommendations that you feel, as a survivor, of where we need to go. I thank you very much for being here and having the courage to present yourself in front of this committee.

I also want to say to Mom, thank you. Thank you for standing up for your daughter, because as you mentioned, sometimes in these situations the support is fragmented. It's not always there. To both of you, thank you for being here.

One thing that I had a question on is this: You lived through this abuse, Serena, from three until nine. What triggered that component that you felt comfortable enough to go see your mom and tell her?

Ms. Serena Martin: I don't really remember when I was thinking that. I think in grade 4 I did see a video, actually, that again taught me that sexual abuse is wrong and to tell somebody. At that point, I started thinking, "I don't know if people really know that this is going on," and I think it did prompt me to tell, even though it was very, very terrifying.

Mrs. Marie-France Lalonde: From your experience, would you say that this is something that this committee should look at creating—I know we're reviewing and revising our sexual curriculum. I think we believe strongly that this is the right thing to do. I hope you feel the same way. But what else can we do to help children feel comfortable in bringing—

Interjection.

Mrs. Marie-France Lalonde: Unless your mom—

Ms. Donna Kroocmo: Ollly the Owl. Yes. She created it.

Ms. Serena Martin: Like I said, I think just parents in general are scary. You don't want to upset them, and, again they're judgmental. You don't want to cause waves, you want to just please them. Yes; my mascot idea solves—I don't know. You can look at it—what other people might think obviously—

Mrs. Marie-France Lalonde: I have another question. From the time all this happened, you just referred that you sought help recently.

Ms. Serena Martin: Yes.

Mrs. Marie-France Lalonde: Again, what made you go and seek that help?

Ms. Serena Martin: I hit a huge low, and I didn't know why. I felt dead, and so that's why I sought—I had no idea the effects it had on my life, honestly. I really did not know.

The Chair (Ms. Daiene Vernile): I want to thank you very much and—

Mrs. Marie-France Lalonde: Wait. I just want to say congratulations also that you're going to be a mom.

Ms. Serena Martin: Yes, I'm excited.

Mrs. Marie-France Lalonde: On behalf of this committee, congratulations.

Ms. Donna Kroocmo: Can I say too that Serena did experience the Good Touch Bad Touch Program in JK, so she did go through that, which surprised me when she did come out with it later on, that that hadn't prompted disclosure. The teacher said that she became very quiet during that process. Again, I believe now, looking back, she may have been dissociating as young as four years of age, because the teacher said it was like she wasn't there when they were doing it.

There were some concerns—but again, working in the field, and I just didn't see it. When she talks about this gentle mascot, just like Smokey the Bear putting out forest fires, I think that's a really great idea because it's just so not scary.

The Chair (Ms. Daiene Vernile): Our final questions for you today are from MPP Scott.

Ms. Laurie Scott: I think it's fine; you guys just carry on the conversation, because the questions are—so finish your thoughts on that one.

Ms. Donna Kroocmo: That was it, basically.

Ms. Laurie Scott: Serena, I didn't know if you were about to say something.

Ms. Serena Martin: Just that it's an important issue to look at, the disclosure piece. Yes, you need to facilitate that and just take away the stress. It's so stressful. I dissociated during it, and she's a social worker. Lots of moms don't even believe the child, and that deepens that wound so much more. If we could have somebody that's just likeable, like I said, all that, and outside the family—obviously you would have to really flesh that out. But that idea of having a mascot that would look at those names brought forward and you would have to bring in social workers and police, perhaps, if you got a hit.

The Chair (Ms. Daiene Vernile): Any further questions?

Ms. Laurie Scott: Go ahead. It's okay.

Mrs. Kathryn McGarry: At our local women's crisis centre, we have an animal therapist that comes in weekly to play with the children. This puppy has gotten more information out of the children than anybody else. Would you think that an animal therapist in a centre would be able to do that?

Ms. Serena Martin: Yes, I was thinking that too when I was on camera and talking about my abuse, how horrible that was, and if I just had a little puppy or something to hold while I was talking about the abuse, I think that would have lessened lots of the trauma.

Mrs. Kathryn McGarry: Thank you.

The Chair (Ms. Daiene Vernile): Serena and Donna, thank you both very much for coming and sharing your experiences with us. You are welcome to join the audience now if you wish to for our final presenter for today.

MS. JUDITH PIDGEON

The Chair (Ms. Daiene Vernile): I would call to the witness area Judith Pidgeon. Judith, I apologize. We're running a little bit behind schedule. We've had some technical issues. Please have a seat. Pour yourself a glass of water, if you like. You will have up to 20 minutes to address our committee. It will be followed by questions from our committee members.

Please begin by stating your name and begin any time.

Ms. Judith Pidgeon: My name is Judith Pidgeon. I'm pretty well going to read this because it's very emotional. I'm going to speak about things that happened several years ago, actually, in Alberta and in Ontario. It's about me and my daughter. I wish my daughter was here. The mother and daughter before me gave a lot of very important information, and it applies to my daughter too as well, whatever she said.

I actually wrote this letter to Kathleen Wynne and I erased all the names. I had to; they told me I couldn't say the names. The reason I wrote it is that I have been abused by a misogynist in five ways: physically, verbally, financially, sexually and emotionally or psychologically. I'm seeking assistance, advocacy, justice, financial remuneration, human rights and a job.

Right now I'm fighting to retain my human resources licence. I went to university for five years to become a human resources person, and they're about to take it away, saying that I'm mentally incapacitated. I just went to a psychologist and started tests for that today.

I would also like: the return of my Ontario RN licence and the return of my Alberta RN licence—I earned that in 2001 when I did a refresher course; for my daughter to be able to see her daughter whenever she wants and to joint parent with the baby's father; for the mental incapacitation charge to be removed from my RN registry, as it is currently there; a job determining health care policy and law reforms; and to be able to go to Calgary and see my son. I haven't seen him in 10 years and I'm not allowed to go there or I'll be arrested by the police and put into a psych facility for the rest of my life.

I begin by asking for help from Kathleen Wynne and telling her how glad I am that she's addressing sexual violence and harassment as rooted in misogyny. We need laws, open round table discussions and other practical means to protect women and children in Ontario and hopefully someday all of Canada. Bill 168 from June 2010, protecting women in the workplace from violence and harassment, did not go far enough. According to police, this bill is not retroactive and no help for myself and my daughter.

I am pleading with you to be involved in my case. My professional organization, human resources, is having a mental incapacitation hearing to determine if I am mentally incapacitated as stated by my nursing licensing. I was ordered to go see a psychiatrist in December 2008 in Toronto, and if I didn't go they would pull my RN licence. I had to go, and then they still pulled it.

In 39 years, I had no charges against me, nor was I ever addicted to drugs, alcohol or mentally ill, except that

I do have post-traumatic stress disorder. I was an exemplary RN who loved my job as a home care nurse. My clients loved me and often asked for me.

1620

I was abused all five ways by my husband starting in 2001, when I was denied my nursing licence after I'd finished my refresher course. I got 89% in my 24 exams in three months and my clinical. My husband said, "I don't know what you did to them, but they hate you and you'll never work as a nurse again. I don't love you. I don't want you. Pack your bags and get out or I'll go to our family doctor and have you declared mentally incapacitated and take all your GICs and your RRSPs and put you in Ponoka for the rest of your life. You're no use to me now. Let the government look after you." He said this to me after we had had a hearing with my preceptor, the college president and the president of the nursing refresher course in September 2001.

My husband did just this. He did get me into Ponoka in August 2005. In my opinion, he is a dangerous psychopath and a misogynist. My husband is still trying to do this, and it will be 10 years since I've seen him in August 2015.

I had been working at Home Health since October 2005. The head of Alberta human rights had told me to go to Ontario to work in September 2004 when he discharged my human rights case after I lost a workman's compensation case in a quasi-court in August 2004.

On November 22, 2007, I was unjustly fired from my Home Health job and only allowed to do six cases a week from up to 66 cases per week. My union was involved. Then, my husband phoned my boss, and I was completely fired on June 17, 2008. I had only made \$15,000 in 2008, because I was not allowed to work.

My husband told my boss he had just heard I was living in Thunder Bay, and he didn't want anyone to get hurt. He said I had been in a psych ward in Alberta for abusing my daughter. Staff had made up 33 complaints and sent them to the board, the College of Nurses. I didn't see these complaints until the day I was fired, and there were 24 complaints on June 17, 2008. Then, my licence was suspended for two years and I was to take antipsychotics and every month see a psychiatrist for a blood sample to make sure I was taking drugs. Then I was to be considered for re-licensing in two years. I refused these meds and rejected the diagnosis.

This was a harsh and unusual punishment for someone who had not committed any of the supposed 33 incidents and never was allowed to participate in my hearing. It was in Toronto, June 21 and 22, 2009, and I had planned to do it by telephone, and they said, "You can't do that." At the time, I was a full-time Lakehead University student and graduated in 2012 with my honours BA in political science, pre-law degree and my post-diploma in human resources management from the college.

I wanted to be a lawyer to fight such injustice, and was refused admission to Fredericton, UBC and UVic, as my law school admission test was too low. I decided I want-

ed to work deciding health care policy for the LHIN that year, August 2011.

Thunder Bay was hiring a CEO for the LHIN, and I was advised to take the human resources post-diploma at the college. I did and wrote the professional exam, the NKE, in October 2012, and passed. I applied for over 80 positions in Thunder Bay and got not one interview. All my classmates got wonderful jobs, and I never got a job.

The March of Dimes helped me with my computer, and I was going to get a six-week placement in an office to help with my computer skills. In May 2013, the human resources registrar changed, and she started to investigate me regarding the nurses' licensing registry that I had been suspended due to mental incapacitation.

I had sent 50 pages of psychiatrist diagnosis—from two psychiatrists and my family doctor—saying I was normal except for the post-traumatic stress disorder. The HR registrar would not accept this and demanded to know why I had lost my RN licence. I told her I didn't know, except that the psychiatrist based his faulty diagnosis on what the nurses and staff had said regarding the 33 complaints of what my husband had sent or said.

I had needed extra time for my exams at Lakehead University, Confederation College and my NKE exam due to the post-traumatic stress disorder diagnosed in 2004. After my husband had involuntarily confined me in December 2005, the psychiatrist at that time said I was bipolar and wouldn't speak to me in the 20 days I was detained. She sent her student in. I got a referral from my family doctor in Victoria, BC and saw my psychiatrist for four visits, who diagnosed me with post-traumatic stress disorder in January 2004.

The human resources registrar threw this information—I'd sent all this to her so I could get extra time on my exam—in my face and started investigating me. This is illegal, by the way. Human rights protects anybody with a mental illness. If you self-disclose you're not supposed to be interrogated. This has been going on for two years. I had sent her about my psych disability, self-disclosed; she just threw it in my face.

This is a direct violation under Ontario human rights. I'm protected under law in the workplace. I was on a CPP disability and this information is confidential and for nobody else's business but my licensing body. As I stated, my human resources body has been investigating, harassing me and sending Purolator packages for two years now. It will be two years in May 2015. Like the RN licensing body, it was going ahead with a hearing on mental incapacitation without my knowledge, just like the RN licensing body. They refused my input in mid-January 2015 when I was on vacation out of the country and they couldn't contact me.

I'm a full-time caregiver and rarely home as I am at mom's house. I've had to pick up Purolator packages, and it's time and money for gas. I've insisted on phone calls and regular mail. My mom fell and fractured her pelvis in three places last February. She's 94 years old, and I, along with my two sisters, care for her in her home. She has Meals on Wheels and two showers a

week, and a PSW administers her meds and makes lunch if she needs it. We can't be there 24/7, but pretty close to it, as she has Alzheimer's.

I'm an unpaid private-duty nurse RN to my mom. I'm essential to her care as my other two sisters have husbands and homes to care for. One has seven grandchildren in Thunder Bay and spends a great deal of time babysitting them.

The HR licensing body is trying to have me declared mentally incapacitated and pull my licence. They asked me to resign my licence, which took five years of university and college and \$35,000 to get. I chose a new career at age 58 and still owe \$6,400 for tuition and books and borrowed \$6,000 to take a vacation from caregiving with my daughter in January 2015. I sent them my MBNA statement owing \$12,553 in January.

I'm a senior myself. I'm 65 years old and on Old Age Security and CPP. I receive \$1,113 a month and no supplement. Vicky at Bruce Hyer's office worked with me, phoned the government and filled out papers so I could get the maximum. I have to claim \$2,000 in income for the Lifelong Learning Plan for the next nine years because I cashed in \$28,000 of my RRSPs to get my education in a new career. This has to be counted as income and my RRSP investment income as well. I have no job and can't even get a job as a greeter at Walmart as I am overeducated in the nursing field and the HR field.

My appointment for assessment with a psychologist was today, and I'm going to have many more. I've asked the HR to pay the \$130-an-hour bill and then two weeks later I'm going to see him again for testing. I insist on an advocate and a friend for support. I did have one, but she didn't come today. She phoned and left a message that she couldn't come. Please see that I'm allowed this. The RN licensing board refused me my brother for my two-hour-and-45-minute interview with their psychiatrist. He only allowed my brother to come for the last half-hour and refused a tape machine. He recorded things I never said and misdiagnosed me. According to my sociology professor, this is abuse of the abused.

Pace tells me I am screwed. I want justice served and it can never be served in a quasi-court because you are guilty until proven innocent.

I was denied a hearing at the RN board. I was going to participate in my hearing by phone but they wouldn't let me. If I would have been present in Toronto I would have been involuntarily confined and injected with drugs against my wishes.

I don't know if Skype was available in June 2009. The September 2014 meeting with my HR licensing board was on Skype, and as soon as my nursing classmate left to do her foot care patients, the HR licensing board shut down the hearing, saying I was mentally incapacitated.

1630

My social worker, who was present for day one of my labour board hearing in March 2011, did not make it till 1 p.m. and the meeting was already shut down at 12:30. It was supposed to go from 10 to 5.

I need a judicial review in a court of law of the nurses' licensing board but neither Kinna-aweya nor legal aid

will help me and I have no money and am in debt due to my school and now my vacation.

Michael Gravelle and Bruce Hyer will not help me. Michael did help me get a labour board hearing and there was an investigation into human rights legal support. They said I never had a case and wouldn't help me file a human rights complaint against the company that fired me.

The union and the RN licensing board—it took three attempts to file my case as I'm not a lawyer. I signed off for damages with the company that fired me, with the union lawyer. It's all on CanLII. I was represented by an SEIU lawyer. However, the lawyer said the Charter of Rights and Freedoms of 1982 does not apply to me. We have a broken law system.

Because I am an abused woman who has been given a mental incapacitation label, I have no rights. Women, prior to 1928, were not persons under the law. They belonged to their fathers, or their husbands, if married.

My daughter—I'm going to go into my daughter now. She's 26 years old, in the same position as I am. Her father took her out of the psych ward in Calgary to Nanaimo, Burnaby and now Kelowna when she was 16. He left me at the psych ward in Calgary in August 2005.

George kept putting Amanda into psych ward after psych ward in Kelowna because she was lonely, depressed, displaced and had lost her friends, her family and her mother, who she was very close to. She kept acting out and cutting herself. George couldn't understand why. Because of this extensive psych history, they took her baby girl and she wasn't allowed to take her home from hospital in November 2012. She was living in a hotel room at the time with her dad and her boyfriend as they were unable to get housing.

On November 6, 2012, her baby was born. My daughter's boyfriend was responsible for signing the baby away to foster care and he wasn't the father. He is HIV positive; Amanda is not. Two doctors verified that she could breastfeed her baby, and this was important because she was allergic to milk and so was her baby. I wrote a long letter to the children's aid society and they never responded. My daughter pumped her breasts for a month, froze her breast milk, and the foster mother refused to give the baby the milk.

On December 6, 2012, Amanda's boyfriend left for Vancouver to work and on December 10, 2012, my husband went to Florida for three months with his girlfriend. At Christmas, Amanda, all alone, went to the Christmas dinner put on by charity. She went to the washroom and her jacket and her iPad were stolen. She was 24 years old, just delivered a new baby, all alone in a hotel room. I couldn't visit if I'd had the money because one phone call and I would have been picked up by the police and formed, or involuntarily confined in a mental hospital for the rest of my life. I can never go to Calgary to see my daughter and her husband and my two grandchildren, five and two, or see my son for this very reason.

By February 2013 my daughter picked up with an undesirable fellow in the motel she was in. He was a drug

abuser with a history of violence, a formerly incarcerated violent offender. I asked for help from my social worker. She told me she can't get involved; the social workers in BC know what they're doing. She said my daughter chose her boyfriend over the baby. It was a knife in my heart. All this time my daughter was seeing her baby four hours Monday, Wednesday and Friday. She got a nice apartment and they gave her a beautiful rug. When I took her away last Christmas—I took her away on vacation with me in January; she came home for Christmas and then we went. When she went back, they had changed the locks in her apartment. She had her own apartment and they changed the locks and she lost all her possessions.

The Chair (Ms. Daiene Vernile): Ms. Pidgeon, you have one minute left in your presentation.

Ms. Judith Pidgeon: Oh, I'm so sorry. I wish I could read more.

But what happened to my daughter is that she ended up in a homeless shelter and then moved in with this boyfriend. I can't tell you any more. I guess that's all. There's a lot more that is good. Thank you for listening.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first questions for you are from MPP McGarry.

Mrs. Kathryn McGarry: Judith, I want to thank you so much on behalf of all of us for having the courage and taking the time to come and speak to us today. I know you didn't finish your written presentation, but you may certainly leave that with us and our Clerk will make sure that that is part of our package in our entire committee to be able to finish off, if that would be okay with you.

I want to say that I'm sorry for your experiences. It sounds like a lot has happened to you, and I think indeed that's why all of us recognize the courage it takes to come forward to try to not only alert us to your situation but really look at ways that we can help prevent some of these things from happening to others.

So, one of the questions I really wanted to ask you was, how could your experience have been different? What could have happened in your journey, with services, to prevent these things from getting out of hand? What can you identify as being important in our society to prevent this from happening to others?

Ms. Judith Pidgeon: I think that every woman who is put into a psych ward should be spoken to. I did not get a psychiatrist to talk to me; she refused to talk to me. She talked to George, but she did not talk to me.

Mrs. Kathryn McGarry: Was George your—

Ms. Judith Pidgeon: Husband, yes. We were both in a room with her and he was starting to speak on something and I said, "No, that's not right. He's lying." I interrupted two or three times so she said, "Get out of the room. I'll talk to you later." And then, later, she was at the charts and I said, "Can you speak with me now?" and she said, "No, I have a meeting to attend." She never spoke to me, and I was labelled. I got labelled bipolar, and I was never bipolar.

Mrs. Kathryn McGarry: And what would have made your experience different from that point of view? Would it be an advocate who would have been with you who may have helped you to access services?

Ms. Judith Pidgeon: Well, it's a known fact that women who are put into psych wards—married women—do not get out. Later on, if you want to read a little further in my letter, a nurse told me the second time my husband had me put in—he just goes to a judge and he lies, and the police come out and they pick you up on the street and take you in. And I ended up in Ponoka for the rest of my life. My brother got me out and my sister got me out, but otherwise I'd be there for the rest of my life. And I'm not mentally insane, but I would have been in there—

The Chair (Ms. Daiene Vernile): Thank you. Sorry, just conclude.

Ms. Judith Pidgeon: Okay.

The Chair (Ms. Daiene Vernile): We want to thank you very much for coming and speaking to us today and sharing your story. Are you able to leave your written information with us? Or you could email it to us—

Ms. Judith Pidgeon: I would like to photocopy it. I'm not very good at email, I'm sorry. There's quite a bit yet, because it's 21 pages and we're only at 12.

The Chair (Ms. Daiene Vernile): Okay. Since we're in a hotel and I'm not certain what the procedures are here, if you're able to email it we'd appreciate it, but there's no imperative. We don't want to put any pressure on you. But I do want to thank you very much for coming and chatting with us today. I just want to adjourn our meeting and we can chat some more.

Ms. Judith Pidgeon: Can I fax it to you?

The Chair (Ms. Daiene Vernile): Yes, you may.

This meeting stands adjourned and we will meet again tomorrow, folks, in Sioux Lookout. Thank you.

The committee adjourned at 1639.

SELECT COMMITTEE ON SEXUAL VIOLENCE AND HARASSMENT

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Ms. Daiene Vernile (Kitchener Centre / Kitchener-Centre L)

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Substitutions / Membres remplaçants

Mr. Granville Anderson (Durham L)
Mr. Glenn Thibeault (Sudbury L)

Also taking part / Autres participants et participantes

Hon. Michael Gravelle (Thunder Bay–Superior North / Thunder Bay–Superior-Nord L)

Clerk / Greffier

Mr. William Short

Staff / Personnel

Ms. Carrie Hull, research officer,
Research Services

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