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**Official Report  
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Wednesday 8 April 2015

**Journal  
des débats  
(Hansard)**

Mercredi 8 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**

Wednesday 8 April 2015

Mercredi 8 avril 2015

*The committee met at 0900 in the Radisson Hotel, Sudbury.*

**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 the presenters who are here with us today, and the guests.

I would like to share the mandate of this committee with you. 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 will stress that we do not have the power or the authority to investigate individual cases. That is better left to the authorities.

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

**ONTARIO NATIVE WOMEN'S  
ASSOCIATION**

**The Chair (Ms. Daiene Vernile):** To our first presenter, Barbara Burton, with the Ontario Native Women's Association: You now have up to 15 minutes to speak. Following that, our committee will ask you questions. Please begin by stating your name for the record.

**Ms. Barbara Burton:** My name is Barbara Burton. Aanii. Hello, everyone. Good morning. I'm a local lawyer and a citizen of Dokis First Nation. I'm also here as the president of the Sudbury Native Women's Association, which is an arm of the Ontario Native Women's Association.

First off, I'd like to acknowledge that this is Anishnawbe territory. As you know, there's a site in Sheguiandah that they believe is 10,000 years old. As a people, we believe we have been here much longer.

At one time, Anishnawbe women were held in high regard as leaders and givers of life. The women carry the

culture, and it was up to us to ensure that our children grew up strong and happy.

Now, Anishnawbe women have been marginalized, brutalized and cast aside as a result of colonization's discriminatory practices and society's marginalization.

At first, there were the missionaries and the Jesuits, who taught our men that we needed to be beaten with a stick if we would not obey them, as the man of the house, or if we would not force our children to be Christians. And then there was the impact of the residential school system. We lost our culture, our language and our traditional values.

My mother, Louise, was the daughter of the chief of the Dokis nation. At one time, Dokis reserve was the richest reserve in Canada. My mom and her brothers and sisters were hidden in the bush every time somebody would see the RCMP boats coming to the island, because they knew that those boats were coming to pick up the children. My grandparents would hide all of the children in the bush so they wouldn't be taken away. Because they were hidden, they didn't have to go through the residential school system.

My mother had a grade 4 education, because that's the only grade that they went to on the reserve, but I grew up with a sober mother.

Mine, and many other mothers, refused to pass on the language, even though we grew up hearing it all around us. Our mothers were trying to save us from the punishments that the schools gave them when they were caught speaking their own language.

Many of our ancestors were beaten and sexually abused while in those schools. Some were killed. Those who survived came home after being in the school system for their formative years. They didn't know how to parent their own children. They did not have parents; they grew up in a school. They didn't know how to show love or respect, but they did know how to pass on the violence and sexual abuse that they had received while in the school system, and they did.

I have clients, male and female, who have suffered this kind of abuse from their own parent. Their own parent had never been through the residential school system, but that parent's father had. So their granddad had been through the school system, and as the granddad abused his own children, so his children abused the young ones.

My clients were there with me in court or in my office, because they were acting out from all of the abuse they dealt with all their lives. They were drinking, leading very dangerous lives, assaulting others or were involved in the sex trade. They had lost their children to the CAS, because they didn't know how to parent either, all because of government policies that felt that they knew what was best for us as native people. They believed they could somehow beat the Indian out of us.

Then came the Sixties Scoop, and you know what preceded that? The Second World War ended, so the veterans came back. There was all kinds of money around them for them to attend school, and many became social workers. Now the country had a lot of unemployed social workers. So, where before the government had left our families on the reserve alone, now they started to apprehend our children on the reserves and put them into foster care off the reserves. Soon there were many employed social workers.

They apprehended our children for a lot of reasons. Back then, they could apprehend because our homes weren't as nice as white people's homes. It was many years before the court system finally decided that this was not a good reason to apprehend native children. But they didn't go away. Soon there were more Anishnawbe children in the foster care than there ever were in residential schools.

Many of these children, growing up without the love of their families and their small communities, didn't fare well. Some of them were also physically and sexually abused. Again, without parents, they didn't know how to parent. They turned to drugs and alcohol to help cope with all of their painful memories.

This practice continues to this day. The CAS, as you know, is an arm of the government. When apprehending our children, they will state in their briefs to the court that there has been intergenerational abuse within this family. But then they do nothing about it. They don't give supports to this family to deal with the intergenerational abuse. They apprehend the children. That's how they deal with it.

The government doesn't set up any programs to deal with the effects of the abuse. They don't provide the family with the support they need to keep their children. The government's response is to apprehend the children and tell their Anishnawbe mother that she has to make changes before they will send the children home.

Here in Sudbury, where do our men and women who have been sexually abused, or who are sexually abusive, go to find culturally appropriate and competent programming, supports and education, which is critical to countering the trauma that has cycled through generations?

First Nations organizations, agencies and communities should have an instrumental role in the designing and delivering of victims' services and programming, recognizing that it is these organizations that have valuable knowledge and experience to bring to the discussion around sexual violence and harassment.

All support workers who work with vulnerable populations should receive cultural competence training, 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.

In particular, support workers should receive education on trauma—historic and intergenerational—to facilitate their understanding of the roots and cycle of trauma, as well as the importance of culture and identity as part of the healing process.

Because none of this is happening, many Anishnawbe mothers don't report the abuse that they experience. The pain that they will suffer if they report the abuse is far greater to them than the pain that they're going through now in their own home, so they tolerate it. So another generation grows up living with the abuse, and the cycle continues.

#### 0910

Aboriginal women are approximately three times more likely to experience spousal violence than non-aboriginal women. Sexual assaults account for more than one third of violent incidents involving an aboriginal victim. Most of these victims of violence are aboriginal women between the ages of 15 to 34. Eight out of 10 native women have experienced some form of violence, and these are only the reported cases.

We can take steps to better the situation. We need to improve the socio-economic outcomes for aboriginal women and families. We need all levels of government to understand the reasons behind the abuse and work together to improve the situation. We need men to take a stand and be part of the solution. But mostly, we need a society to take a portion of the money that they're spending on apprehending our children and on jailing our men and women and put it towards helping to make healthy communities for our children.

I was originally called to the bar in 1993 in Vancouver and then in Ontario in 2010. During that time, I have never seen a First Nations crown attorney; I have never seen a First Nations CAS lawyer. We are just not seen as part of the solution. British Columbia has First Nations judges and First Nations courts that deal with family and criminal violence together since so often it's the same situation. I have never seen a First Nations judge in northern Ontario, even though our cities are surrounded by reserves.

In order to comprehensively address the unique needs of Ontario's indigenous women, an indigenous-specific sexual violence and harassment strategy action plan that accurately reflects the magnitude of these issues and their impact on the lives of indigenous women needs to be created. It's not enough just to have a plan. There has to be a component of that plan that is specifically geared to sexual violence and harassment of native people.

The effect of the silencing of victims that has been witnessed by countless generations of girls and boys has to be addressed. For some, the extent of this victimization is so deeply ingrained within their lived experiences that it's difficult for them to even realize that they're victims. This is why culturally competent programming, supports and education are critical to countering the trauma that has cycled through generations of aboriginal people.

Further, to culturally appropriate and accessible services: We need to improve the policing mechanisms that surround sexual violence and harassment. Factors that continually function as barriers to the participation of victims of crime in the justice system must also be addressed when developing policing tools. This includes recognizing that many barriers, such as lack of support services and fear of authorities on the basis of retaliation or further abuse by the police, are inherently systemic.

Policing tools as well as the action plan should not only address the needs of victims who have reported incidents of sexual violence and harassment perpetrated against them, but also address the issue of under-reporting of victimization, as this is an issue of concern, particularly for indigenous victims of crime. Cultural competency training for members of law enforcement must also be provided.

When we consider how well the action plan addresses sexual violence and harassment, it is crucial that we also recognize that indigenous children are especially vulnerable to being victimized, particularly indigenous youths from 15 to 24 years of age. You may all recognize that from the recent killings in the Winnipeg area. Therefore, provisions to facilitate and accommodate the unique needs of those children have to be included in the action plan.

Indigenous organizations and agencies have the knowledge and expertise to play a crucial role in addressing and minimizing sexual violence and harassment of these aboriginal women and girls. Funding should be targeted towards increasing the capacity of indigenous organizations, agencies and communities to develop and deliver preventive programming as well as community-based support services. In the spirit of respecting the traditional roles of indigenous women, it is indigenous women themselves who should be spearheading initiatives designed to prevent and address sexual harassment and violence. Women should be provided with increased opportunities to advance these issues within a leadership capacity.

While the action plan acknowledges that sexual violence and harassment are rooted in misogyny, it provides no context for the distinct colonial racist history that continues to impact the sexual violence experienced by our women. The plan should include a clear mechanism for input from indigenous women. The Sudbury Native Women's Association remains committed to this issue and supports any mechanism that works to ensure the safety of indigenous women.

The following commitments are needed in order to fully protect indigenous women and girls from sexual violence and harassment, and again, this just is by way of summing up:

- an indigenous-specific sexual violence and harassment strategy;
- cultural competency training that is designed and delivered by indigenous organizations and communities;
- legislation that addresses existing barriers to reporting sexual violence and harassment; and

—increased involvement of indigenous women in respect to preventing sexual violence.

Earlier on, before we started our meeting, I was speaking with Ms. McMahon about some of the people that I've dealt with over the years and some of the information that I've learned both through my own lived experience and through that of others. I was telling her about a girl, a very beautiful girl; I met her in the Burnaby Correctional Centre for Women. She wanted to start up a native sisterhood in there so they could have something of their own inside this penitentiary for aboriginal women, so she asked if I—

**The Chair (Ms. Daiene Vernile):** Ms. Burton, I'm sorry to interrupt, but you have one minute left.

**Ms. Barbara Burton:** Okay, we'll leave this story for another time, then.

But I ask all of you: Remember, when you do your deliberations, that we need our children to survive. Remember that a change begins with one step, and today is a day for us to come together and start taking those steps. But take the steps with us, not on our behalf.

I just wanted to remind you: Our children are counting on you. Thank you.

**The Chair (Ms. Daiene Vernile):** Thank you very much, Ms. Burton. Again, I apologize for having to interrupt, but I have the tough job of being the timekeeper.

**Ms. Barbara Burton:** I understand.

**The Chair (Ms. Daiene Vernile):** You will now get some questions: four minutes each for our caucuses. We begin with our PC caucus. MPP Hillier.

**Mr. Randy Hillier:** Thank you, Ms. Burton, for being here. You've got a lot that you talked about. With limited time, I just want to zero in on one element. You mentioned, near the end of your presentation, legislation to address the barriers to reporting. You're in legal practice; you're practising law. What sort of legislation are you contemplating there? What specific barriers could legislation address that are barriers to reporting?

**Ms. Barbara Burton:** The whole question of legislative changes and barriers is not a new one. There are other provinces in Canada that are dealing with it on a far more effective basis than we are. There's a judge in BC, Justice Marion Buller Bennett—

**Mr. Randy Hillier:** What was that last name?

**0920**

**Ms. Barbara Burton:** Buller Bennett—and she has been a judge out in Port Coquitlam for quite some years. First of all, she brought in the Gladue report, where she sees nothing but aboriginal people—for half a day or however long it takes—who are pleading guilty. As a native person who is aware of what our background has been and what these people are going through, she's able to see them as people rather than simply as problems that keep popping up in front of the judges. She knows the solution is out there.

She has also started a First Nations court, as I said, that combines when a family has had incidents of violence in there. There's the woman who has been hurt, the man who is abusive, and the children who have likely

been apprehended. She sees them as a whole. She deals with child apprehension; she deals with the criminal actions; and they come up with responsible methods of dealing with that situation in that home that can strengthen and support that family. These changes can come here too. There just has to be a will.

**The Chair (Ms. Daiene Vernile):** Thank you very much. Questions now from our NDP caucus.

**M<sup>me</sup> France G linas:** Good morning, and thank you for coming this morning. I want to have your opinion as to: We have a number of First Nations-led agencies. Are any of them the beginning of what you're hoping for? If we think of Shkagamik-Kwe Health Centre, if we think of aboriginal health access centres, is this something we could build on to have a led-by-women solution, or were you thinking of something different?

**Ms. Barbara Burton:** I wouldn't focus solely on aboriginal-run organizations. There are organizations in town; for example, ours: the Sudbury Native Women's Association. There's also the Sudbury Women's Centre. The Sudbury Women's Centre has changed in the last few years. If you walk in there now, you'll see people from all cultures. That never used to happen. Now we've got all cultures in there. If the Sudbury Native Women's Association were to work with the Sudbury Women's Centre to provide a program for people to walk in and be dealt with in a culturally competent manner by people who are not threatening to them because they're not seen as the authorities, that will go a long way to bringing people in. Even before there's an incident with the courts or an incident of violence, women can come in and learn how to live in a home where people are healthier.

**M<sup>me</sup> France G linas:** What keeps it from happening now? Why isn't the Sudbury Native Women's Association doing those partnerships? Just help me understand.

**Ms. Barbara Burton:** It's not doing that because we don't have any money. It's always a situation of money. Even the Sudbury Women's Centre, which does fabulous work here in this town, spends a lot of their daily time trying to get more money to keep the centre open for the women. There have to be serious commitments made to the people who are actually out there dealing with this on a day-to-day basis and trying to do the best they can to support families and to strengthen families. Those are the organizations that need to be funded. If you give money to a hospital, it's too late; the woman has already been victimized. That's why she's in the hospital. We need to get them earlier.

**The Chair (Ms. Daiene Vernile):** Thank you very much. A question now from our Liberal—MPP McGarry.

**Mrs. Kathryn McGarry:** Thank you very much, Ms. Burton, for coming in. I think your stories and your clear, organized and concise way of presenting not only the issues but the solutions is very necessary to this committee. I very much appreciate everything you said, and we'll be looking back in the Hansard for some of those things.

It's difficult to even ask a comprehensive question. You have done a lot of thinking about what is needed to

break the cycle, to stop apprehending the children and to be able to forward this work. I think a comprehensive plan that's designed by First Nations people to actually cut the vicious circle off would be very helpful.

Let's just assume that we would be able to fund all the programs. What would be your priority steps to actually start to break that cycle of violence?

**Ms. Barbara Burton:** I believe education is a big component. People have to understand why they're doing what they're doing and why they're allowing it to happen. When they understand why it's occurring, then they can open up and they can start dealing with it.

Helping to raise family self-esteem is another way of strengthening the family.

We really need programs for our men. Our women will look for people like me—and there are a lot of us out there—and they'll come to us for help.

Education, programming, and support to keep the families together, to help them grow in a healthy manner, is what we need.

**Mrs. Kathryn McGarry:** I would agree that being able to keep the children with the families and working in their own community to finally break this inter-generational cycle is the best way to do it.

In terms of support programs, who do you feel is best to design those programs, and how would you see those supports and programs rolling out?

**Ms. Barbara Burton:** I'm on the board of the Ontario Native Women's Association. I'm also president of the Sudbury Native Women's Association, and I sit on the board of the Sudbury Women's Centre. All of those people deal with grassroots women. They know the problems; they know the solutions. That's where the funding should be going.

**Mrs. Kathryn McGarry:** I also see that, really, all three levels of government should be coming in to support this, according to how you would design the program. Would you start this very early on in schools, or just in community centres, just within the groups that are already existing in the First Nations communities?

**Ms. Barbara Burton:** Both. All of them. The whole thing.

**The Chair (Ms. Daiene Vernile):** Ms. Burton, thank you very much for coming and speaking to this committee and informing us. I'm very grateful that you are here today with us.

**Ms. Barbara Burton:** Thank you for giving me the opportunity to be here.

#### MAPLEGATE HOUSE FOR WOMEN

**The Chair (Ms. Daiene Vernile):** The committee now calls on Melody Rose to take the witness chair.

Ms. Rose, welcome. You now have up to 20 minutes to speak to our committee, and following that, you will be asked questions. Please start by stating your name and then begin any time.

**Ms. Melody Rose:** Thank you for having this hearing today. My name is Melody Rose. I am the executive

director for the Maplegate House for Women, which is a shelter for domestic violence in Elliot Lake.

I have brought a scenario for you today, and then I would like to make a few recommendations and point to some of the issues that we have in our northern areas. I'm sure some of them are very systemic. I have not put all the information on your paper, but I have put an outline.

On October 16, 2013, our client S.M. arrived at Maplegate, accompanied by a female OPP officer. She stated that she had been raped by a male acquaintance. She disclosed that she had pressed charges and had been accompanied by the same female officer to the Sault Ste. Marie hospital, where she underwent a medical exam for rape so evidence could be collected. As well, she was given a morning-after pill. She stated that she became angry when the man who raped her had started bragging about it, and disclosed that she was tired of people taking advantage of her. She disclosed that she had hoped that charging the man was the first step in stopping that.

### 0930

One of the issues here that I would like to point to, in your northern communities, is that in Elliot Lake we do not have rape kits at our hospital. Women have to be transported two and a half hours to another hospital to have a rape kit done. Not only that; the woman is transported to that hospital for two and a half hours in an OPP cruiser, which is the start of the feeling like you are the criminalized person. The back seat of an OPP cruiser is not conducive to a victim.

The other issue is that in many of these communities in the north we do not have enough female police officers. In this case, this client was accompanied by a female officer. In another case that we have encountered, the woman was accompanied to Sault Ste. Marie—for two and a half hours in a cruiser—with two male officers after being raped, which is a huge issue in itself.

On October 17, 2013, S.M. told staff that she had been informed that the man who raped her was now in jail as “No one would post bail for him.”

On October 18, she disclosed that the OPP informed her that there is a no-contact order against her attacker and if he tries to contact her he will be in breach of his bail.

October 21: She stated that VCARS told her that her attacker is in bail court today.

October 28: She talked about her current situation and her feeling of emptiness. Staff suggested counselling services.

October 29: She was informed of the services of V/WAP by outreach. S.M. expressed some concerns about her attacker's friends harassing her. We discussed safety and gave her a personal alarm to carry with her.

On October 29, she disclosed that she is having trouble sleeping due to nightmares and flashbacks. Staff asked if she would like to speak with the crisis worker from the counselling centre. She stated she would rather see her counsellor from here. Staff was able to arrange for her counsellor to meet her here. S.M. later stated that the visit went well.

October 30: She does not appear to be coping well with the news of the charges being dropped against her accused rapist.

October 30: She disclosed to staff that she is considering committing herself to a 72-hour stay at the hospital in Sudbury for a thorough psychiatric assessment. She stated that she has not decided on this yet.

November 14: She disclosed that she received some very upsetting news today regarding the court: that all charges against her attacker have been dropped. She stated that she could not sleep and stayed up with staff until 4 a.m.

What is not in here, but I will share with you, is that she disclosed to staff that she was told or she was given the impression that the charges were dropped because she was not a credible witness because she was under the influence of substances.

November 19: She talked about the effects of the charges being dropped against her attacker. Staff read a memo to her that stated that only 25% of convicted abusers do any prison time. She stated that she knows the rape was not her fault, but is still struggling with its effects.

December 16: She got an apartment.

December 17: She came to pick up a start-up hamper that we provide for our women. That was the last contact with our client.

This client passed away from complications on January 30, 2014. She will be missed and fondly remembered. This was from an overdose.

What we have to say from our front line is that the message is still there today that women are not believed. They are blamed—what they were doing, if they're using substances.

We would like recommendations that small communities have rape kits and trained professionals at all hospitals. It is very traumatizing—retraumatizing, re-victimizing—to make someone ride in a cruiser for two and a half hours after a trauma assault to get that test.

We have made many changes because of this case, and this is why we're sharing it with you today. Many shelters have curfews because they want women to be in at a certain time to be safe. The effect of that, we find, is that if women are using substances and they don't make it back for that curfew, they will just stay out and continue to use because they can't come in. We have changed our shelter to a harm-reduction model so that we are now inclusive to women who do use substances or do struggle with mental wellness challenges so that a woman can come back at any time of night when she needs to be safe. We do deal with behaviours, not with labels. We are providing that service to women, and we have seen an increase in our occupancy of 20%.

We would like a recommendation that we still need to deal with our provincial system of how men are charged and what is needed to prove that and believing a woman when she comes forward. Even if she dresses differently, even if she uses substances, that does not mean that rape did not happen.

**The Chair (Ms. Daiene Vernile):** Ms. Rose, thank you very much. Our first questions will come from our third party. MPP Sattler.

**Ms. Peggy Sattler:** Thank you very much; that's quite a story that you shared. I appreciate you mentioning those details because they really give us some important insights. The change to the harm-reduction model: Is that something that most shelters in the province are changing toward?

**Ms. Melody Rose:** Actually, this is a very good point to make; thank you. I sit on the OAITH board of directors, which is the Ontario association for shelters. Not a lot of shelters have changed to this model because there is a lot of—how would I say?—stigma still with substance use. Our funders had questions, and we did face a lot of questions when we changed to this model about making all women in our shelter safe—having women there who are under the influence. We have changed our policies. We have done lots of training, and we have made it a very safe place. We have shown this to our program supervisor, who has asked us to share that. No, this model is not widely used yet.

**Ms. Peggy Sattler:** You said your funders raised questions, the funder being MCSS?

**Ms. Melody Rose:** Yes.

**Ms. Peggy Sattler:** Okay. But they are now satisfied that you've got appropriate protocols in place to enable this model?

**Ms. Melody Rose:** Yes, but we were, I will say, under scrutiny for an entire year over the model change.

**M<sup>me</sup> France Gélinas:** If you were to take us through, how would you like the court and the policing system to behave? Could you take us through a positive way of doing that?

**Ms. Melody Rose:** Firstly, I feel that the women should be treated as if what they are saying to you is true. That is one of the advantages that shelters have over the other systems; the OPP system as well. When someone comes in, we take the woman at her word. Because of that, they do share a lot more of the details of their stories with us because they feel that they are believed.

0940

I don't believe that a victim should ever be transported to another hospital in a cruiser—maybe an ambulance, not a cruiser. And I believe that changes need to be made in the court system about whatever evidence needs to be proved.

**M<sup>me</sup> France Gélinas:** For the abuser?

**Ms. Melody Rose:** Yes.

**M<sup>me</sup> France Gélinas:** I am appalled to hear that if the hospital doesn't have what's needed to care for the woman—where does this practice of using a police cruiser rather than an ambulance come in? Is it specific to northern Ontario or does this happen elsewhere?

**Ms. Melody Rose:** I'm not sure. At one time, we had rape kits at our local hospital, and then they all expired and they weren't replaced. There weren't people trained at our local hospital to do that. I've been told that they are working on that piece right now. However, before I

came to this hearing, I spoke to the local counselling centre, which does have a rape crisis worker. As little as a month ago, they had two cases that were still transported to Sault Ste. Marie, and that was with police cruisers.

**M<sup>me</sup> France Gélinas:** Would you know if this is specific to where you live? We have 21 local hospitals in the northeast. Are they all doing the same thing?

**Ms. Melody Rose:** I'm not sure. I have not put that question out to the network, but that would be possible to find out. At OAITH, which is the Ontario association for shelters, we do have regions, and we can put that out as an issue and bring that back.

**M<sup>me</sup> France Gélinas:** If you say two and a half hours, that means they go to Sault Ste. Marie or even to Espanola, which wouldn't have—really. It's hard to believe. This is very, very troubling. I take it, the way back goes the same way?

**Ms. Melody Rose:** Yes.

**The Chair (Ms. Daiene Vernile):** We have questions now from MPP Thibeault.

**Mr. Glenn Thibeault:** Good morning. Thank you for being here, Ms. Rose.

I'd like to follow up on some of the questioning that relates to northern communities and smaller communities. I know you talked a little bit about it. What are the challenges that we're seeing in the north and in smaller communities?

**Ms. Melody Rose:** I believe one of the challenges in the small northern communities would be confidentiality, as in this case. People hear about the incident, and then there's intimidation from the friends of the accuser, which makes it very difficult in a small community. Women generally do not want to leave that community because those are the only supports they have.

**Mr. Glenn Thibeault:** When we're looking at some of those challenges, what recommendations would you like to see to ensure that we can make those changes, if it's coming to the intimidation piece or if it's making sure that we have rape kits that are not expired?

**Ms. Melody Rose:** Actually, one of the issues that I really have a problem with is that in our community we have a small newspaper and people who are charged, all of those things, are put in our newspaper, so that lends to the piece of non-confidentiality. It does not name who the victim is, but because it's a small town, that adds to that piece. That piece in itself is problematic for me.

The training for the local hospitals and the right kits is an issue for me.

When we get to our court system, the level of proof that has to be provided is problematic for me. From what we hear, women are not coming forward because they feel like they're not believed, and they're the ones who are victimized. When you're told that you're not a credible witness or you're given that impression because you've used substances, it's really problematic. That is the most vulnerable population that this happens to, and they're not going to come forward if that's how they're treated and they're not believed.

**Mr. Glenn Thibeault:** We've heard testimony, and I've read testimony in the past, that integration of services, even in larger centres, is difficult. Is that a serious issue as well in small communities?

**Ms. Melody Rose:** Not really. Actually, in smaller communities, your collaborations are much stronger. So if we had this case and we picked up the phone and called the agency that has the rape crisis counsellor, they will drop everything and they will come. We do have very strong collaborations.

**Mr. Glenn Thibeault:** Excellent. So you don't see difficulties in terms of trying to transfer from a small community, then—I know that my colleague from the other side was talking about transferring with cruisers. There are issues like that, but the integration piece seems to be working well.

**Ms. Melody Rose:** The integration works well except for one piece, which would be the policing. I believe, as the lady before me, that there is a much-needed education around trauma-informed services and around trauma-informed education and support and knowledge, which would make a great difference. This is definitely needed in our Ontario Provincial Police system.

**Mr. Glenn Thibeault:** Excellent.

**The Chair (Ms. Daiene Vernile):** Thank you very much. Our final questions come from MPP Hillier.

**Mr. Randy Hillier:** Thank you. Thanks for being here today. There are a couple of things I'd like to get a little bit more detail on. First off, I was astonished about the rape kits. I would ask the Clerk if maybe we can get a list of hospitals that do have rape kits or what the criteria is that constitutes the need for rape kits and people who are able to—

**M<sup>me</sup> France Gélinas:** Use them?

**Mr. Randy Hillier:** —use them.

But the part about the credible witness—that part I want to get into a little bit more. I see that as a pervasive part of the problem in reporting and continuing on. I'm just wondering if there are any of the shelters or if there's any mechanism—I can see that, for example, shelters or other groups may be able to provide that education and the guidance and the advice to a victim to improve their understanding of the court system and improve their credibility within the court, because, of course, the court is there to find truth. That's the ultimate objective of the court. If somebody is not credible, then that is dismissed. So is there a role for the shelters or other groups, and do you think that would be beneficial, that we could actually provide that assistance and guidance to victims so that their standing in court would be substantially elevated over what is seen today?

**Ms. Melody Rose:** We do provide advocacy for the victims. We will go to court with them. We will provide all of those supports for them. The piece that really seems to be the biggest barrier is that the women feel that when they get to court they won't be believed, or they will be seen as non-credible for unsubstantiated reasons, such as using substances, as was the impression of this young woman. Only 3% of your victims are reporting. This is where the issue is.

**Mr. Randy Hillier:** This is where we want to get into—

**Ms. Melody Rose:** Yes.

**Mr. Randy Hillier:** I'm thinking about possibly having assistant crowns, or crowns, coming in and providing direct advice and guidance to victims—there has got to be some way that we can overcome the belief that they're not going to be credible or they're not going to be heard. It's not just the role of advocacy. There's another missing part here that needs to be added into the equation.

**Ms. Melody Rose:** I think it would be great if the organizations that work with the victims are part of working with the legal system to improve this relationship, because these organizations are the ones that your victims trust. So that would be a very big piece.

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**Mr. Randy Hillier:** Thank you.

**The Chair (Ms. Daiene Vernile):** Thank you very much for coming and speaking to our committee today. You may join the audience if you wish.

**Ms. Melody Rose:** Thank you.

#### CENTRE VICTORIA POUR FEMMES

**The Chair (Ms. Daiene Vernile):** Our next presenter is Gaëtane Pharand. Welcome. Bienvenue.

**M<sup>me</sup> Gaëtane Pharand:** Merci.

**La Présidente (M<sup>me</sup> Daiene Vernile):** Vous avez 20 minutes pour parler à notre comité. Je m'excuse parce que je ne parle pas français très bien. Quand vous avez fini, les personnes ici demandent leurs questions. Si vous pouvez dire votre nom et commencez.

**M<sup>me</sup> Gaëtane Pharand:** Bonjour. Je m'appelle Gaëtane Pharand, directrice générale du Centre Victoria pour femmes.

Alors, j'aimerais d'abord vous remercier pour l'opportunité de vous parler de notre expérience à livrer des services directs et de l'éducation dans le domaine de la violence sexuelle.

Nous remercions aussi le gouvernement provincial pour son engagement à cette cause sérieuse. C'est le deuxième plan provincial contre la violence à caractère sexuel et nous croyons que celui-ci nous amène encore plus loin dans la lutte contre cette forme de violence.

Le Centre Victoria pour femmes vient de souligner ses 20 ans à livrer des services à Sudbury et c'est depuis une quinzaine d'années que nous livrons des services aussi dans la région de l'Algoma, où nous avons trois points de service. Nous desservons donc les femmes francophones tant dans des milieux urbains que ruraux sur un vaste territoire.

Le CVF, Centre Victoria pour femmes, est désigné sous la Loi 8 et livre ses services entièrement en français dans l'Algoma ainsi qu'à Sudbury. À l'extérieur du Québec et de la région de la capitale nationale, il n'y a pas d'autres communautés au Canada qui comptent un plus grand nombre de francophones qu'à Sudbury.

Le CVF a un double mandat, soit les services directs aux femmes ayant vécu toute forme de violence : la violence sexuelle d'abord et la violence dans les relations intimes. Nos services incluent aussi la ligne francophone provinciale Fem'aide, gérée en partenariat afin de soutenir les personnes touchées par la violence. Nous travaillons aussi à éliminer la violence sous toutes ses formes en livrant de l'éducation, de la sensibilisation, et la prévention par le biais de présentations, d'ateliers et d'activités spéciales sur les diverses problématiques de la violence faite aux femmes.

Comme organisme régional, nous sommes membres de plusieurs comités dont le regroupement provincial Action ontarienne contre la violence faite aux femmes. Cet organisme nous permet de former régulièrement notre personnel sur des enjeux en violence faite aux femmes. Il nous fournit des outils, de l'analyse d'enjeux, et il effectue de la revendication de nos besoins et ceux des femmes. Pour nous, son apport est indispensable à notre travail sur le terrain, parce que nous n'avons pas les moyens de le faire.

Évidemment le CVF est membre de regroupements divers tels les comités coordonnateurs régionaux, les DV3C, dans l'Algoma et à Sudbury. C'est par le biais de ces comités que nous sommes en mesure de nous allier à d'autres pour faire plus d'éducation et de sensibilisation dans nos diverses communautés.

En région rurale, l'offre des services est plus difficile. Les survivantes sont parfois très connues dans leur communauté. Il peut exister des liens de parenté qui compliquent la situation de la confidentialité et souvent c'est presque impossible. La notion aussi de la perception de l'entourage face à l'agresseur, que « C'est un bon gars », sert à renforcer le silence et le doute sur le vécu de l'agression sexuelle. Le grand-père, une personne connue et respectée dans la communauté, a commis de l'inceste, et c'est la survivante, sa petite-fille, qui est mise à l'écart, ostracisée par sa famille, ses pairs. On l'accuse de vouloir détruire sa famille. La conséquence c'est qu'elle doit choisir entre maintenir son silence, avoir à côtoyer son abuseur régulièrement, ou de s'isoler de tout ce qu'elle connaît.

Nous désirons souligner le fait que dans son plan, le gouvernement provincial énonce assez clairement toute une série d'engagements et de démarches pour contrer la violence à caractère sexuel vécue par toutes et tous. Nous appuyons toutes les démarches énoncées et tout ce qui peut aider à faire changer les attitudes par lesquelles, encore aujourd'hui, le vécu des survivantes n'est pas pris au sérieux. Combien de procès juridiques connaissons-nous qui mettent en cause le passé et les comportements d'une survivante?

Notre expérience comme organisme communautaire en prévention de la violence et des agressions à caractère sexuel, c'est que les femmes avec qui nous travaillons, et ce à 99 % d'entre elles, ont vécu une agression à caractère sexuel dans leur passé, car au moment d'une agression sexuelle, la honte, la peur et l'humiliation étaient des facteurs envahissants qui ont servi à mettre en doute ce

que la femme avait vécu. À cause d'une société peu ouverte où les systèmes que nous avons mis en place pour leur venir en aide les revictimisent, ces femmes ont alors choisi de ne pas divulguer leur vécu. Mais avec les années et la distance, elles se sont rendu compte que pour se doter d'une vie saine, il était important de dénoncer et de chercher du soutien.

Au moment de vouloir entamer des procédures en justice, leur socialisation et celle de leur entourage les amènent encore une fois à hésiter. Cette socialisation nous dit que les femmes sont des cibles faciles, qu'elles auraient cherché la violence par leurs comportements, leur habillement, certains gestes du passé. En somme, tout semble fait pour mettre en doute la crédibilité des survivantes, certainement celle des femmes. Notre système de justice et plusieurs autres systèmes disent qu'il faut accorder à une personne accusée la présomption d'innocence. Mais pourquoi se fait-il qu'une femme contre qui on a perpétré une agression à caractère sexuel n'est pas crédible? Pourquoi n'accordons-nous pas la présomption de crédibilité aux survivantes? Voilà une des raisons fondamentales qui font que les survivantes hésitent à dévoiler leur vécu de violence.

Combien d'entre elles avons-nous vues se faire revictimiser en ayant à répéter leur histoire trois, cinq ou 10 fois? Les personnes survivantes ne mentent pas plus ou moins que bien d'autres personnes et ceci est prouvé. Toutefois, la crédibilité des survivantes est mise en doute à plusieurs étapes de leur cheminement, peu importe le système qu'elles traversent. Nous connaissons plusieurs exemples de femmes où, lors de leur enquête, lorsque les policiers, enquêteurs ou avocats les interrogeaient sur leur situation, ils étaient davantage préoccupés—c'est encore vrai aujourd'hui—par les comportements de la survivante, le montant d'alcool consommé et son habillement, plutôt que de maintenir une discussion sur la question du consentement.

Bien que nous appuyions toutes les stratégies mises de l'avant dans le plan d'action—« Ce n'est jamais acceptable »—nous aimerions faire quelques suggestions.

Il n'est pas suffisant d'avoir des politiques en place dans les divers milieux. Il faut aussi de réelles conséquences pour les personnes en autorité qui sont témoins ou chargées d'intervenir et qui ne le font pas. « Dans une école, une petite fille se fait harceler sans cesse par des garçons, qui lui suggèrent une série d'actes sexuels choquants. Lorsqu'elle en parle, ce n'est pas pris au sérieux. Comme conséquence, on a tenu une discussion avec les agresseurs. La jeune fille devait continuer à être exposée à eux et elle a été exclue de sa classe le temps que la situation se calme. Elle a payé le prix pour les gestes d'un groupe de garçons qui se croyaient en droit de l'abuser. » Dans ce cas, le personnel de l'école n'était pas outillé pour comprendre et surtout agir convenablement dans cette situation de violence sexuelle.

Il nous faut donc de l'éducation obligatoire jumelée à toute politique pour contrer la violence sexuelle afin que toutes les personnes comprennent et agissent de façon appropriée, et que le fardeau ne soit jamais placé sur la

survivante. Trop souvent, dans des cas d'harcèlement sexuel, nous avons vu la survivante avoir à quitter son emploi, prendre un congé de maladie ou autre, sa vie complètement bouleversée et celle de l'agresseur à peine dérangée.

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L'éducation qui est livrée doit présenter de nombreux exemples de situations réelles et potentielles. Par le biais de scénarios, le personnel et l'environnement de travail ou d'apprentissage doit être interpellé par des faits réels ainsi que des solutions. Plus la réalité est illustrée par des cas, plus on réussira à faire changer les attitudes, à mieux faire comprendre le sérieux de tout geste de violence sexuelle.

Nous aimerions aussi renchéris sur la question du consentement. Le consentement et la compréhension de ce que cela implique permettraient d'améliorer les relations dans toutes les sphères d'activité. Il faut comprendre que toutes et tous ont l'obligation d'obtenir le consentement. Il faut aussi comprendre la notion d'une personne raisonnable. Est-il raisonnable de ne pas agir lorsque nous sommes témoins de comportements d'agression à caractère sexuel commis par quiconque? Est-il raisonnable de blâmer une survivante parce qu'elle est sortie un soir, elle était seule, elle avait bu ou flirté, qu'on voyait ses jambes, et ainsi de suite?

Le fait de parler de situations réelles donne lieu à des discussions de fond et des échanges sains qui servent à engager les personnes d'abord à la réflexion mais aussi à l'action.

En milieu de travail, ce qui nous inquiète beaucoup c'est que malgré les politiques, procédures et protocoles qui sont nouvellement revampés, et on a pu en lire certains, nous craignons que sans un accès rapide et immédiat à une ressource externe, il y aura peu de changements. Dans combien d'affaires comme des situations en milieu de travail, dans des collèges et universités et des équipes sportives avons-nous appris, après le fait, combien de personnes connaissaient ou étaient témoins de situations de violence sexuelle sans que ce soit rapporté et que les personnes dénoncent? On ne sait pas en tant que société comment passer à l'action, passer à la première étape pour mettre fin à cette violence.

Notre expérience nous dit que le silence est enraciné chez la majorité des personnes, qu'elles soient survivantes ou témoins. Encore une fois, malgré les bonnes intentions des politiques en place, il est difficile, voire impossible, pour une personne d'oser s'adresser à son employeur ou à l'institution où cette violence a été vécue. Le fait de dénoncer est encore et toujours rempli de graves risques pour les survivantes. Trop d'exemples sont connus où la confidentialité a été rompue, où les propos des survivantes ont été mis en doute, et où le soutien n'a pas été livré. C'est pourquoi nous croyons qu'il faut des services externes pour les survivantes.

« Dans un cas de cyberviolence et de harcèlement en milieu de travail, la survivante a dû prendre congé parce qu'on voulait qu'elle continue à travailler à proximité de

son agresseur. Dans un autre cas, où il y a eu un dévoilement de violence conjugale dans le milieu de travail, on demande à la survivante qui est encore victime de rester à la maison, afin que le lieu de travail demeure sécuritaire pour les autres. » Qu'est-ce qui a été offert à la survivante pour assurer sa sécurité et son bien-être? Ces formes d'intervention servent à punir doublement une personne innocente.

Nous appuyons le concept de la formation normalisée. Par ce terme, nous disons que la formation doit être obligatoire et répétitive, avec une série d'exemples de situations réelles telles que vécues par les survivantes. Il faut que cette formation soit livrée dans tous les milieux, auprès de tous les corps policiers, de tous les procureurs de la Couronne, dans la formation de tous les avocats, à toutes les directions d'institutions d'éducation, à tout le personnel, les bénévoles, les équipes sportives de tous les niveaux, dans tous les milieux de travail, dans chaque programme universitaire et collégial, le tout afin de faire comprendre les conséquences sérieuses de la violence à caractère sexuel.

Nous réitérons aussi la nécessité que le gouvernement améliore son engagement envers les services communautaires en matière de violence à caractère sexuel. Ces services ont démontré leur capacité de rejoindre les femmes dans leurs milieux divers. Le contact personnel et plus humain et l'accompagnement des survivantes ont démontré qu'ils font toute la différence pour assurer un soutien de qualité constant et convenable pour les survivantes. Ceci est encore plus important pour toute personne appartenant à un groupe minoritaire comme celui des femmes francophones, vivant en milieu rural, lesbiennes, transgenres, immigrantes, âgées, jeunes, vivant avec un handicap, pauvres, métis, avec de jeunes enfants, monoparentales, ou ayant une dépendance ou un diagnostic au niveau de la santé mentale.

Enfin, il y a un certain temps que toute la population s'est mise en accord pour dire qu'on avait assez perdu de vies à cause de l'alcool au volant, qu'on avait assez souffert, et donc on a créé des lois, des conséquences claires, visibles et mesurables, et les campagnes de sensibilisation se sont multipliées. N'est-il pas temps maintenant qu'on se dise qu'on a assez perdu de vies et assez souffert de la violence sexuelle? Nous disons ici très haut et très fort que le temps est venu pour que nous mettions en place toutes les démarches possibles afin de faire cesser la violence à caractère sexuel dans notre société. Il faut que cette forme de contrôle et d'abus cesse.

Merci et bon succès dans vos démarches.

**La Présidente (M<sup>me</sup> Daiene Vernile):** Merci, et nous avons des questions de M<sup>me</sup> Lalonde.

**M<sup>me</sup> Marie-France Lalonde:** Bonjour, madame Pharand. C'est un plaisir de vous voir aujourd'hui présenter au sein du comité.

Écoutez, je sais qu'on a parlé de plusieurs minorités. Moi, j'aimerais quand même mettre l'accent sur la francophonie et les services qui sont offerts pour les

Franco-Ontariens. Ma première question serait par rapport—au niveau du milieu rural dans les milieux franco-ontariens. Est-ce que c'est un enjeu? Si oui, ça serait quoi, vos recommandations?

**M<sup>me</sup> Gaëtane Pharand:** C'est absolument un enjeu. Comme j'ai dit un peu plus tôt dans ma présentation, nous avons trois points de service dans la région de l'Algoma, dont un à Wawa, qui dessert les communautés de Dubreuilville, Chapleau et les environs, un autre dans la communauté d'Elliot Lake qui dessert sept communautés mais aussi les environs, dont Blind River, Thessalon, Spanish, et jusqu'à Espanola aussi. Ce que nous voyons, c'est que pour nous d'avoir accès à la population francophone, il faut être présent sur le terrain. Il faut vraiment faire des démarches très concrètes avec les gens. Toutes les autres formes de sensibilisation sont moins importantes ou ont moins de succès que ce contact-là entre personnes, parce qu'il faut bâtir la confiance. Les femmes ne font pas confiance dans les systèmes. Elles ont de la difficulté justement à croire que leur situation sera prise au sérieux. Donc, le fait de nous voir et de pouvoir nous parler fait en sorte que ça fait baisser des barrières. Mais je vous dirais que c'est quand même très difficile parce que dans l'Algoma, nous avons une intervenante qui doit couvrir tout ce territoire-là dans la région de Wawa, une à Sault Ste. Marie et l'autre dans la région d'Elliot Lake.

**M<sup>me</sup> Marie-France Lalonde:** Vous avez parlé un petit peu des démarches que vous—je retourne ici. Vous avez dit, lorsque vous avez fait votre présentation, qu'il faut des services externes pour les survivantes. Pourriez-vous le développer un petit peu pour moi?

**M<sup>me</sup> Gaëtane Pharand:** Bien, je pense que quand je parlais—nous, on vient de revoir les politiques contre le harcèlement et la violence sexuelle dans les collèges à Sudbury. On nous a demandé de les réviser. Ce qu'on a voulu faire comme point, c'est que très souvent, les personnes n'iront pas à l'intérieur auprès d'un enseignant ou d'une direction d'un collège parce que les systèmes en place sont tellement—ils font peur. Ils sont tellement hiérarchiques qu'on ne sent pas nécessairement qu'il y a cette possibilité-là d'un contact réel, personnel, et une écoute, peut-être pas nécessairement par la faute du système à l'interne mais parce que les gens ne font pas confiance. Donc, pour nous, c'était vraiment important de dire aux collèges et aux universités qu'il faut que les femmes ou les personnes qui ont vécu de l'agression à caractère sexuel puissent aller chercher de l'information à l'extérieur. À ce moment-là, on a un petit peu plus la garantie d'une certaine confidentialité, d'une distance entre l'évènement et l'institution où ça s'est produit.

**M<sup>me</sup> Marie-France Lalonde:** Excellent. Merci. Do I still have time?

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

**M<sup>me</sup> Marie-France Lalonde:** OK. Je vais vous demander une autre question.

On va parler du système de la justice. Vous avez fait référence au système de la justice et tout le côté de la

formation, de l'éducation. Est-ce que vous pourriez un petit peu élaborer, à savoir, ce seraient quoi, les recommandations précises, des points d'action qu'on pourrait recommander au comité?

**M<sup>me</sup> Gaëtane Pharand:** Moi, je pense que, comme j'ai dit dans ma présentation, d'abord, il faut absolument que ce soit obligatoire au niveau de la formation des avocats, de la formation des policiers, de la formation des personnes qui seraient plus aptes à être les premières personnes à transiger avec des survivantes. Ce qu'on voit, c'est que cette formation-là n'est pas égale. Elle est parfois disponible. Certains l'ont eue, d'autres ne l'ont pas eue.

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**M<sup>me</sup> Marie-France Lalonde:** Est-ce qu'elle existe en ce moment? Est-ce qu'il y a quand même une formation qui a été entreprise mais qui n'est pas divulguée ou amenée sur le terrain de la même façon?

**M<sup>me</sup> Gaëtane Pharand:** Oui, je vous dirais qu'il y a eu plusieurs programmes qui ont été développés justement pour faire de la sensibilisation. Notre groupement provincial vient de compléter un programme qu'il a testé dans un collège auprès des étudiants qui se préparaient à devenir des policiers. L'idée justement, c'est d'aller voir comment c'est reçu, qu'est-ce qu'on peut en ressortir, comment on peut aussi le perfectionner. Le problème c'est qu'il faut être capable de le distribuer et s'en servir très largement.

**M<sup>me</sup> Marie-France Lalonde:** OK, excellent. Merci beaucoup.

**La Présidente (M<sup>me</sup> Daiene Vernile):** Merci. M. Hillier dit qu'il n'a pas de questions. Alors, est-ce que vous avez des questions?

**M<sup>me</sup> France Gélinas:** Oui. Bonjour, Gaëtane.

**M<sup>me</sup> Gaëtane Pharand:** Salut.

**M<sup>me</sup> France Gélinas:** Merci beaucoup d'être venue.

**M<sup>me</sup> Gaëtane Pharand:** Ça me fait plaisir.

**M<sup>me</sup> France Gélinas:** Félicitations encore une fois pour votre 20<sup>e</sup> anniversaire. Ça fait 20 ans vraiment?

**M<sup>me</sup> Gaëtane Pharand:** Vingt ans—1995.

**M<sup>me</sup> France Gélinas:** Je vais commencer avec ça. Toi, tu étais là pendant ces 20 années-là. Si tu regardes de 1995 à maintenant, qu'est-ce qui a changé? Est-ce qu'il y a des choses à apprendre du fait que vous êtes là depuis 20 ans?

**M<sup>me</sup> Gaëtane Pharand:** J'aimerais pouvoir dire qu'il y a des choses qui ont changé, puis je sais qu'il y a des choses ont changé. Le simple fait qu'il y a plus de services qui existent, le simple fait qu'un organisme comme le mien existe depuis 20 ans, et entièrement en français, pour nous, c'est vraiment une marque énorme de l'ouverture qu'il y a eue. On a multiplié beaucoup les programmes, le travail, le contact avec les personnes dans les communautés.

Malheureusement, ce qu'on s'aperçoit, c'est que, encore là, la socialisation est tellement, tellement imprégnée dans nous tous que nos préjugés ressortent constamment. On le voit chez les avocats, chez les policiers, dans nos propres boîtes. Il faut faire un travail

constant pour défaire justement ces mythes-là qui existent encore, qui font qu'une personne, justement, une femme qui a été agressée sexuellement, est moins crédible. « Elle l'a cherché. » Malheureusement, la société nous dit aujourd'hui que c'est encore la réalité, c'est encore le phénomène.

Ce matin, une de nos intervenantes nous parlait du fait que dans les écoles, la question des jeunes filles qui acceptent de se faire poser nues ou dans une position un peu—comment le dire? Je ne voudrais pas dire « dégradante »—

**M<sup>me</sup> France Gélinas:** Compromettante?

**M<sup>me</sup> Gaëtane Pharand:** —mais suggestive, elles acceptent de le faire parce qu'elles font confiance et elles croient que ça fait partie d'être acceptée et d'être bien vue. Donc, il faut justement faire un peu de travail pour envoyer des messages et leur faire dire, « Je n'accepterai pas de me placer dans des situations, et non, tu n'as pas le droit d'agir et de prendre mes photos et d'envoyer un "Snapchat" à quiconque. Et la personne qui le reçoit ne doit pas l'accepter. »

Donc, il faut vraiment travailler pour changer les mentalités, et c'est un problème qu'il faut commencer très, très jeune.

**M<sup>me</sup> France Gélinas:** Dans les 20 ans que vous êtes là, est-ce que c'est devenu plus facile pour les victimes d'identifier leur agresseur ou non?

**M<sup>me</sup> Gaëtane Pharand:** Pas du tout, pas du tout, puis je pense qu'on en a des exemples constants dans les médias. Je pourrais vous nommer des affaires où la publicité qui s'est faite au niveau de l'Internet sur « Moi, j'ai été agressée »—on pourrait sortir des milliers et des milliers de personnes qui n'ont jamais parlé de leur situation, n'ont jamais osé, parce que, encore aujourd'hui, les systèmes qu'on a en place vont les mettre en doute, vont les questionner, vont les juger. Ça demande un courage énorme.

Donc, sérieusement, je regrette d'avoir à dire qu'on manifeste une plus grande volonté de changer les choses, mais il faut une éducation de A à Z constante et répétitive pour pouvoir y arriver.

**M<sup>me</sup> France Gélinas:** C'est une histoire que je connais, puis tu l'as donnée comme exemple, l'inceste d'un grand-père et comment la petite-fille vivait ça. Est-ce que c'est quelque chose qui est typique de la communauté francophone, ou si vous le retrouvez en aussi grande quantité à l'extérieur de la communauté francophone? Là, je parle spécifiquement de l'inceste.

**M<sup>me</sup> Gaëtane Pharand:** Je pense que c'est un phénomène assez répandu, non seulement dans les communautés francophones, mais on le voit, et on en entend parler par nos partenaires et nos conseillères dans d'autres agences, où le phénomène de l'inceste a été très, très présent. Est-ce qu'il l'est en ce moment? C'est difficile à dire parce que, encore une fois, les gens vont attendre très, très longtemps avant d'en parler parce qu'elles ont peur de perdre leur entourage, leur soutien. Trop souvent, on va vouloir porter ça en silence au lieu d'accuser un membre de la famille.

**M<sup>me</sup> France Gélinas:** Tu nous as dit que vous avez une travailleuse à Wawa, une à Sault Ste. Marie, une à Elliot Lake, et vous avez votre bureau ici. Qu'est-ce qui arrive à toutes les autres communautés où cette présence-là, une-à-une—comme tu l'as dit, pour bâtir la confiance, il faut être capable d'être là, d'être présent, mais il y a plein de communautés dans le Nord où vous n'êtes pas présents. Qu'est-ce qui arrive là?

**M<sup>me</sup> Gaëtane Pharand:** Moi, je dirais qu'on a fait de grands efforts. Si on entend parler d'un besoin et nous, on est incapable d'aller rendre un service, on va aller chercher le soutien des personnes que l'on connaît dans les communautés ou, où on a quand même plusieurs contacts. Je pense qu'il faut dire que le réseau a été augmenté de beaucoup. On a des services en français dans la région de Thunder Bay, dans le Nord, le district de Cochrane, Timmins, Hearst. Par contre, les personnes sont souvent seules, mais elles ont la capacité de se lier avec des intervenantes dans les maisons d'hébergement et dans d'autres services comme les services en santé mentale. Donc, pour ça le partenariat et la collaboration ont été des enjeux très, très importants pour nous permettre d'aller plus loin.

**M<sup>me</sup> France Gélinas:** Est-ce que tu as des éléments de solution qui mettent le focus spécifiquement sur la confidentialité en milieu rural ou dans les petites communautés? Est-ce qu'il y a des solutions gagnantes face à ça que vous avez découvertes ou qui existent?

**M<sup>me</sup> Gaëtane Pharand:** La meilleure solution que nous, on connaît, et qu'on a pu vivre de façon très, très claire, nette et précise depuis les derniers 15 ans, c'est le programme qu'on appelle le programme d'appui transitoire. C'est un programme d'accompagnement des femmes. Dans le cas d'un accompagnement, ce que ça fait, c'est que d'avoir une tierce personne en présence de la survivante permet justement d'aller chercher plus de crédibilité, plus de respect pour sa situation, et va un peu—comment dire?—forcer les gens à faire très, très attention à ce qu'elle dit, à ce qu'elle dévoile, et nous permet aussi d'avoir cette discussion-là avec la personne à qui on dévoile sur le contexte et le cadre dans lesquels on doit permettre la confidentialité.

C'est un dilemme énorme, et on vient d'apprendre, nous, une intervenante qui doit passer en cour cette semaine pour une cause—le procureur de la Couronne nous dit que si nous avons obtenu un consentement de cette personne-là pour discuter de sa situation avec un policier, puis on nomme seulement un policier dans le consentement, peu importe qui a été nommé, au moment où nous avons obtenu le consentement, nous sommes dans l'obligation de dévoiler à quiconque dans le système pourrait nous poser des questions.

Donc, dans sa cause où elle doit témoigner, elle ne peut pas dire, « Moi, j'ai obtenu le consentement de discuter de la situation seulement avec une personne. » Si en cour on lui dit, « On sait que tu as obtenu un consentement », peu importe qui a été nommé dans son consentement, elle est dans l'obligation de le discuter. Donc, nous, au point de départ, on dit aux femmes qu'on

doit faire très attention à ce qu'elles nous disent aussi, ce qui parfois va brimer un petit peu la relation qu'on peut avoir avec elles.

**M<sup>me</sup> France Gélinas:** Parce que c'est commun ça, que lorsqu'elles arrivent en cour, si elles vous ont donné le consentement, ça devient consentement général?

**M<sup>me</sup> Gaëtane Pharand:** La confidentialité, selon notre connaissance, c'est seulement bon pour les avocats. Le privilège de confidentialité, ça existe entre un avocat et la personne avec qui il transige. Mais le consentement que nous avons, comme personnes travaillant dans un organisme communautaire, n'a pas du tout la même valeur.

1020

**M<sup>me</sup> France Gélinas:** Mais c'est aberrant ça, c'est contre-productif. Ça vous empêche de faire un bon travail, non?

**M<sup>me</sup> Gaëtane Pharand:** Oui, ça nous force, par contre, de trouver des manières un peu créatives parfois pour ne pas briser la confidentialité. Dans des organismes comme le nôtre, on ne garde pas de notes écrites très, très détaillées. On s'assure que c'est très succinct. On ne nomme pas de noms. On révisé ça régulièrement.

On a déjà vu des organismes comme le nôtre aussi détruire des dossiers, si jamais on pensait qu'il pourrait y avoir de la documentation qui pourrait faire du dommage à la femme. Dans des cas de ce genre, on a vu que l'organisme a été mis en cause.

**La Présidente (M<sup>me</sup> Daiene Vernile):** Madame Pharand, merci beaucoup de nous visiter ici aujourd'hui.

I would ask some of my colleagues who speak French better than I do just to instruct Madame Pharand, if you wish to sit in our audience and listen to the rest of the testimony, please do so.

**M<sup>me</sup> Gaëtane Pharand:** Merci beaucoup.

**La Présidente (M<sup>me</sup> Daiene Vernile):** Merci.

VIOLENCE INTERVENTION  
AND PREVENTION PROGRAM,  
RAMSEY LAKE HEALTH CENTRE

**The Chair (Ms. Daiene Vernile):** We now call on a group from the Violence Intervention and Prevention Program, Ramsey Lake Health Centre. Please join us.

Thank you very much for coming and speaking to our committee today. You will have up to 20 minutes to speak. That will be followed by questions by our committee members. Please begin any time and begin by stating your name.

**Ms. Nancy Horan:** Thank you for this opportunity to speak. My name is Nancy Horan, and I am the manager of the Violence Intervention and Prevention Program at Health Sciences North here in Sudbury. Our program is quite unique in the province because it contains a hospital-based sexual assault centre, as well as a community-based rape crisis centre called Voices for Women.

I would like to address the committee first on behalf of the sexual assault and domestic violence program. Health

Sciences North Domestic Violence/Sexual Assault Treatment program was a founding member of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres more than 23 years ago. The centre began with a staff of two people and opened its doors to survivors of acute sexual abuse. We provided women with a place to seek medical treatment and the collection of forensic evidence.

After a few years, it was clear that we needed to provide services to women who experienced domestic violence, so the program expanded to include on-call registered nurses and social workers. Today, the SA/DV program provides services to all survivors of sexual abuse and domestic violence, including children.

Sudbury is a regional lead in services of child maltreatment and provides consultation to support child sexual and physical abuse. The sexual assault treatment and domestic violence program also works collaboratively with other programs at HSN to provide workplace violence safety assessments, plans and consultations for employees. Sudbury's multidisciplinary team now consists of registered nurses, physicians, registered practical nurses, social workers and counsellors.

The Sudbury SA/DV program has been a progressive, innovative leader throughout the north, providing support and training to many northern community partners. To maximize the resources available to us, we work closely with community partners and stakeholders to provide accessible, comprehensive, valued client care. We have developed working relationships and formal policies with community partners, such as children's aid and the police, to better streamline the care and access services for clients. As a community partner, we are an active participant in Sudbury's coalition to end violence against women and children, helping us to identify and advocate for global community issues.

The Violence Intervention and Prevention Program supports Ontario's action to stop violence and harassment and would like to take this opportunity to identify some considerations and opportunities for change.

I would like to comment on two of your plan's commitments: first, on strengthening supports provided to hospital-based SA/DV programs; and, second, in the development and training of front-line workers. I would like to also provide some information to the committee into the geographical barriers to survivors in the north. It is crucial that the plan commits to strengthen supports provided to hospital-based sexual assault and domestic violence treatment centres to maintain a 24/7 access to excellent, appropriate and timely care. In the past, this has proven difficult to do with an on-call system, not only in finding staff willing to work in addition to their regular work but also in maintaining consistency.

An average length of stay for an on-call nurse in a program is about three years. While this may seem lengthy to some, it takes about a year to become an independent forensic practitioner, which includes hours of online training, mentored shifts, and provincial training. This costly but essential training is imperative to meet

our provincial standards of practice and crucial in providing the best care to survivors of violence. This current on-call system perpetuates a revolving door of practitioners constantly in a state of training.

With a more stable scheduling practice, nurses would be able to gain confidence and the program would maintain a core staff of trained, experienced workers required for the community and legal justice system.

My second comment would be in respect to your commitment to provide up-to-date training for front-line workers in the health, community services and justice system sectors. It is my experience that both hospital-based programs and rape crisis centres throughout Ontario have a great tool box for this training; however, it is distributed to only those sectors open and available seeking the information. Given the fact that one third of women experience sexual violence, would it not be important as a starting point that this training be mandatory in the curriculum of health care providers, law enforcement, and educators? How can we be empathetic, non-judgmental, empowering and inclusive as a front-line worker if we have not had the opportunity to learn about the impacts, prevalence and effects of sexual violence? This is imperative in providing holistic care to survivors and serves to be the beginning of changing rape culture behaviour and attitudes.

The sexual assault and domestic violence treatment program is centrally located in the North East LHIN, with a hospital-based program to the east of us in North Bay and one to the west in Sault Ste. Marie. As the most northern and central program, we are the support and referral program for physicians, emergency departments and health care clinics up to and including the James Bay coast. We have taken every opportunity to provide training and support to these communities, but without substantial financial outreach support, right now programs and training are dependent on the success of receiving grants and community funding. Given the geographical immensity of the north, this can prove quite challenging.

It is important to consider whether or not we are providing equal service to all victims within the north. On occasion, a victim will travel six or more hours to receive services, but there are some circumstances where travel may be greater and may not necessarily be the answer. One consideration might be to look at the vastness of the north and to support additional SA/DV programs specifically in the North East LHIN to decrease travel and improve accessibility for all survivors of abuse.

While I have focused on the acute needs of survivors of abuse, I would like to discuss some opportunities for victims where violence has been historical and complex. The Voices for Women-Sudbury Sexual Assault Centre is a community-based rape crisis program that provides services to women 16 years and older. It is funded separately from the hospital-based program and, like most centres, receives the bulk of its funding from the Ministry of the Attorney General. Voices for Women is

the newest rape crisis centre in Ontario, having opened its doors less than three years ago, superseding the original Sudbury Sexual Assault Crisis Centre, which celebrated 20 years of operation prior to closing.

Voices for Women is an inclusive, women-safe space that provides an array of opportunities to meet the needs of women throughout their healing journey. Voices for Women, as is the case for many rape crisis centres, relies heavily—and perhaps too much—on the donations and grants of community funding to be able to provide holistic care for women who access services, so we can appreciate the ministry's commitment to increase and stabilize funding for these programs. Adequate, stable funding would greatly assist centres like Voices in fulfilling their mandate to provide counselling, support and advocacy for women who are victims of sexual assault.

### 1030

One of the challenges that we currently are facing is our ability to service women even within the immensity of our own community. The city of Greater Sudbury, as you know, is the largest city in northern Ontario by population, and by land base or area we are the largest city in Ontario. This vastness makes it very challenging to connect to women who are isolated due to transportation and distance. The need to move into the world of technology to decrease this isolation is essential. Programs that are secure and designed to do online counselling can be costly to initiate and maintain.

Voices for Women also struggles with the availability of personnel resources, particularly counsellors, that support women, not only within our program but within the community. Many counsellors have wait-lists due to the sheer volume of need. In response, we have developed a process that best meets the needs of our women in the community and has minimized our wait-list, but there is still a wait-list for counselling nonetheless.

Voices receives about 125 women annually through the intake process. Women then have the option to attend a six-week workshop that provides education and support to dispel the myths and empower women. Women then enter into a therapeutic group where they have an opportunity to build a tool box for their healing journey. This is followed by individual sessions with a counsellor to begin setting their personal goals and meet their individual needs.

Along this journey, Voices for Women also provides volunteer-driven, social supported programs focusing on reducing the isolation and building connection. Some of these include our lending library, art and yoga classes. Without the generous donation of skill, time and funding from our volunteers and community partners, these programs would not be successful. They are crucial in the lives of women who have suffered sexual trauma, and the sustainability of these programs should not be dependent on fundraising, grant proposals and donations.

For my last comments, I would like to talk about rape myths, attitudes and behaviours; specifically, the way the media responds to sexual assault.

In our local media, stories about sexual violence and assaults more often than not contain explicit details. Based on our front-line work with victims of sexual assault, I can tell you that the public dissemination of these details has a very traumatizing effect. Survivors of sexual assault tell us that when explicit details of assaults against them are shared, it has an effect of making them relive those moments over again. They also have to deal with the fact that other people now know the graphic detail of what they've endured. In some cases, they did not want their families, friends or circle of acquaintances to know those details. Most often, graphic details being made public deters victims from coming forward to report these crimes.

Sexualized violence is deeply personal and attached to shame, guilt and fear. It takes exceptional strength and courage to provide an impact statement to the courts. It can be regressive to the healing journey when details are reported in a sensationalized manner that has little positive impact on the victims themselves and does little to improve public safety.

The media plays a valuable role in helping educate the public about the definition of sexual assault, its atrocity and the lasting repercussions for victims. The public does need to have a clear understanding of what is meant by "sexual assault" so we can reduce these crimes and ensure that the legal system deals with them appropriately when they occur. The media can also play a valuable role in dispelling the myths about sexual assault.

I believe the media can accomplish these valuable goals and fulfill their obligations to report the news without the need to relay graphic details of these sexual assaults. The general public does not need to know the intimate, graphic and lurid details of sex crimes to determine if justice is being served. That is the role of the jury and the crown attorneys who are there to represent the public interest in representing and weighing evidence and recommending sentences.

Media must be responsible and sensitive in their reporting to prevent the revictimization and shaming of those people who come forward.

In conclusion, it is important that we include survivors and those working with them as key stakeholders in all aspects related to policy-making and education. It is imperative that we support systems that value survivors and provide them with adequate resources for healing. It is necessary that we look at barriers unique to the marginalized, isolated and rural communities and that we include these stakeholders in our round-table discussions for change.

We look forward to your committed response to sexual violence. Thank you for this opportunity to share our experiences.

**The Chair (Ms. Daiene Vernile):** Ms. Horan, thank you very much for coming and speaking to our committee today. Our line of questioning begins with the official opposition. We have MPP Scott, who's going to ask you some questions now.

**Ms. Laurie Scott:** Thank you very much for being here today and for the work that you do. I guess a little

bit more on the human resources aspect, because I represent a rural riding also—not as rural, of course, as northern Ontario. What do you see as staff recruitment, training, and then obviously—I know Sudbury is the main area. I'm not sure; you must have other branches or contacts in other communities. Is it funding? What type of training do you usually see before they come in for more specific training, obviously, for sexual assault? I know it's a large question, but just in general it's a human resources question.

**Ms. Nancy Horan:** It is very specific training to be able to complete a sexual assault kit in a manner that it is credible in the court system, so it does require some extensive training around being able to provide that. The problem is—I think it's much like all of our rural communities—that we just don't have the numbers of social workers and we don't have the numbers of counsellors or care providers to be able to fulfill job postings or things like that. I'm not really sure what the answer is as far as recruitment.

**Ms. Laurie Scott:** Is it full-time as opposed to part-time? Is that full-time help?

**Ms. Nancy Horan:** For the recruitment for the on-call team, I think it is a full-time issue. We're asking nurses to do a 45-hour commitment to work for \$3 an hour, to stay on call during the night and on weekends, potentially waiting should a case come forward. For a nurse to take a full-time position would be easier and financially more stable for her than taking the on-call position.

**Ms. Laurie Scott:** For social workers that have specific training, is there a problem recruiting the social workers because of full-time/part-time issues?

**Ms. Nancy Horan:** I think it's like recruitment. People want to work full-time, and that's—

**Ms. Laurie Scott:** Right. They're mostly part-time now.

**Ms. Nancy Horan:** They're mostly part-time now, yes; correct.

**Ms. Laurie Scott:** Okay. Being full-time might help.

**Ms. Nancy Horan:** Yes.

**Ms. Laurie Scott:** And the training that is afforded—how many more minutes do I have?

**The Chair (Ms. Daiene Vernile):** You have plenty.

**Ms. Laurie Scott:** Do I? Okay. The training: You have social workers maybe in the more urban areas. Do you think you have enough social workers that would apply if full-time was available? I know they have to have training afterwards specifically, but do you think—

**Ms. Nancy Horan:** I think full-time is a huge draw.

**Ms. Laurie Scott:** It's a huge draw. So you'd have the social workers and the training.

**Ms. Nancy Horan:** I think so, yes.

**Ms. Laurie Scott:** Okay. So you'd have them available. It's just a matter of the resources to create the full-time.

**Ms. Nancy Horan:** Correct.

**Ms. Laurie Scott:** When they have to travel—give me an example, just because I don't know the area that well.

Give me an example of a community where you might have a hub or an office. Are there any?

**Ms. Nancy Horan:** That's the problem.

**Ms. Laurie Scott:** That is the problem. So there isn't anything that exists now. Is there infrastructure for that to happen, maybe, as in—I don't know—hospitals or offices that could be satellites if they had the funding to be that way?

**Ms. Nancy Horan:** Yes, actually. We have looked at a couple of different options. To be very honest, funding is clearly the barrier. One would be around Timmins because that seems to be a larger community. Right now, women would come from Cochrane to us, from Timmins to us, and that doesn't seem to be viably good.

1040

**Ms. Laurie Scott:** I understand.

**Ms. Nancy Horan:** The other thing is, Manitoulin Island also falls within our group, and if you are coming from the far shores of the island, that's almost a four- or five-hour drive.

So there are opportunities, and I think there are people interested in wanting to do that work—I just believe that it's funding.

We've gone to Timmins and Cochrane and all of those places and provided a small sample of nurses, some basic education, but there's no sustainability in that. They're not supported other than having had that one-time education.

**Ms. Laurie Scott:** In those communities, where would a victim go right now? If something happened in Manitoulin Island or Timmins, I assume there's a 1-800 number that could be called from those areas. I'm just assuming. That's why I'm asking the question. Is there somewhere where—even if it's working with a church community or anything. Is that set up there?

**Ms. Nancy Horan:** They'd present to the hospitals—

**Ms. Laurie Scott:** Okay, so they go to the hospitals—

**Ms. Nancy Horan:** Yes. They may report to the rape crisis centre in Timmins, but generally they would present at the police station or at the hospital.

**Ms. Laurie Scott:** That would probably inhibit some women from coming forward—because it's the large institutions, maybe, or the police. Do you find that with the hospitals?

**Ms. Nancy Horan:** Yes, it prevents women from coming forward. If you were assaulted somewhere on the island and you had to travel four and a half hours to get treatment and then travel four and a half hours back—I think that's often a big deterrent. As one of the colleagues before me said, getting into a police car or an ambulance, or whatever it is, is not ideal.

Having said that, it's important that we don't minimize the standards of practice. If we are funding centres, we want to make sure that we are maintaining the standards of practice and that we're not allowing people—anybody—to sort of hang up their shingle, because we want to be able to support at a standard where it can meet the criteria for the court system.

**The Chair (Ms. Daiene Vernile):** There are some questions for you now from MPP Sattler.

**Ms. Peggy Sattler:** Thank you very much for the presentation.

I want to focus on this model that you have developed here combining the hospital-based sexual assault centre with a community-based rape crisis centre. I have two questions about that. First, what were the particular circumstances that led to this model being created? Is it common in other communities? Second, what would you say are the advantages of this kind of model and what are some of the limitations, if we were to look at replicating this in other places in the province?

**Ms. Nancy Horan:** What happened was the sexual assault crisis centre had closed down, the tender went out and there were applications, and we were successful with the application to develop the community-based program.

I need to be clear that they are separate. It is kind of a unique model that I am the manager of both, but they are completely separate. The hospital runs on a hospital or medical model, and the community-based centre is definitely community-based, grassroots philosophy. I just happen to be the link, in the sense that I am managing both programs.

Being linked to a larger facility comes with some disadvantages, in the sense of funding, staffing issues, things like that. It sometimes does have its advantage financially, where I can rely on things like payroll and stuff from that advantage. We're still new at doing this. We struggle from both sides, so I'm not sure that this is the ideal model. I think, for us, this is what has happened in our community, and we're doing the best that we can to maintain two separate entities and support the women who access both those services.

**Ms. Peggy Sattler:** Okay. Thank you.

**M<sup>me</sup> France Gélinas:** In your presentation, you talked about basically sharing explicit details of cases through the media. Do you know if there's a code of conduct that exists specifically for the media when it comes to reporting those sorts of cases?

**Ms. Nancy Horan:** That I'm not sure of. I know that there's an organization—and I apologize for not knowing who they are—but they have developed a booklet to help the media report. I think it's really important that the media are reporting to the community the fact that sexual assault occurs; I think we just need to look at how that reporting is handled. I'm sorry; I don't know if the media have a code of conduct that they're supposed to abide by.

**M<sup>me</sup> France Gélinas:** But there's a booklet.

**Ms. Nancy Horan:** There is a resource.

**M<sup>me</sup> France Gélinas:** There's a resource that exists, but from what you're telling us, it's not being used.

**Ms. Nancy Horan:** Correct.

**M<sup>me</sup> France Gélinas:** We do those kinds of things here as legislators. We make sure that if there are rules out there, they are followed. That's kind of what we do.

**Ms. Nancy Horan:** I don't know if it's a rule. It's just some guidance.

**M<sup>me</sup> France Gélinas:** Okay. We can make it a rule.

My next question has to do with travelling in the back of a cruiser so that you can have the forensic evidence

done in a way that is acceptable to the court. Really? Travelling in an ambulance would not be more humane than travelling in the back of a cruiser?

**Ms. Nancy Horan:** In our community we have solicited the help of VCARS. Instead of the cruiser, they will relay women to where they need to go. They've been very helpful in that sense. We try to avoid the ambulance and police.

**M<sup>me</sup> France Gélinas:** But we were told stories this morning that women coming from Elliot Lake, Blind River, the island, all over northeastern Ontario, given that, except for you in Sault Ste. Marie, you are it—victims are travelling in the back of a cruiser.

**Ms. Nancy Horan:** That does happen, yes. That's correct.

**M<sup>me</sup> France Gélinas:** Are any ideas being put forward as to how we could improve this or do it differently for every victim in northeastern Ontario?

**Ms. Nancy Horan:** The Ontario Hospital Association put out some guidelines around caring for victims of sexual assault. They put out some guidelines to all of the emergency departments.

Then the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres got a funding grant to be able to go to all of the communities' emergencies throughout Ontario to provide specific training to be able to do the kits within their own community. At that time, they were given all of the opportunities to have the kits, and they have access to get the kits. As part of that funding, there will be some ongoing education online that will be available to emergency practitioners throughout all of Ontario.

**The Chair (Ms. Daiene Vernile):** Thank you very much. Our final questions come from MPP McMahon.

**Ms. Eleanor McMahon:** Thank you. You play a very interesting role in the community because you are active on the treatment end, you're active on the counselling end and you're obviously active in the outreach end, because you're running a vigorous non-profit and you're engaged in partnerships in the community. Congratulations for that. I think it's heroic, really, what you're doing.

I just want to take us back. Some of my colleagues opposite were asking this, and I wanted some thoughts. We've heard from various presenters today about the kind of victim blaming that's going on and the silence that gets perpetuated. Women don't want to come forward because they feel as though media scrutiny is going to penalize them. It's going to question what they wore, what they said, whether or not they've been drinking. Instead of focusing on the aggressor, they focus on them. It's hard to believe, isn't it, that that kind of stuff is still happening.

1050

While I'm hesitant to point fingers at the media—because it's a larger picture—I do wonder if there are ways in which we can get local organizations like yours to work with local media. There's a bigger picture here. Maybe it is regulations; maybe it is some legal heft. It

sounds like the Ontario Press Council, which is the organization I think you were referring to, has developed a bit of a manual.

Can you talk a little bit about the media and the role that they play? Because it's a two-headed monster, isn't it?

**Ms. Nancy Horan:** I can just give a small example. We had a group a while back where there was some media for a sexual assault that occurred in our community. The presentation of how the media responded—we actually had to stop our group, spend the entire group session on debriefing, trying to figure out how that impacted them, talking about that and how everybody felt around that and what it meant to each of them. I don't know if that's—I mean, it was therapeutic in that sense, that they were able to get their feelings out.

I'm not against the media reporting, by all means. I just think that talking about the sexual acts and the fact that she was “drunk coming out of the bar”—I don't think those are things that we need to really focus on, because that makes her look like, “Well, if she was drunk coming out of the bar, then she asked for it,” right? Those are the kinds of things that we need to move away from. Report the facts and put more emphasis on the perpetrator as opposed to the victim.

**Ms. Eleanor McMahon:** Maybe strengthening that code of conduct and encouraging some better behaviour from the media in terms of how it contributes. It's hard to imagine this, but let's imagine that maybe they don't fully appreciate the extent to which that re-traumatizes a survivor.

**Ms. Nancy Horan:** And we're all here doing our jobs, right? I think it's important that we work collaboratively together and we have that training or that knowledge to be able to know. Maybe it's just because we don't know how it impacts. So maybe it's just a matter of sharing that and being able to show how that impacts the victim.

**Ms. Eleanor McMahon:** Interesting. You mentioned training, so I'm going to take a leap off that diving board: training for our police officers, training for our justice system, greater sensitivity. I'm sure you've held the hands of survivors through the justice system. Your comments, please, on how we could bolster the supports that are available for victims as they go through the process in terms of the role that you play, and maybe talk about training for our law enforcement and our judiciary.

Sorry, that's a lot.

**Ms. Nancy Horan:** That's okay. I think that training is imperative, and not after the fact. I get that officers in the court system and everybody who is in—we require to have some ongoing training, which we do. We work collaboratively together. The police sit on our coalition and those kinds of things.

What my focus was on was, maybe we're not training early enough. Maybe it needs to be incorporated into police schooling. Maybe it needs to be incorporated when we're doing our teachers so that they can recognize it. Maybe it's part of the nursing core. Maybe it's part of the physicians' training, so they're at least getting that small

amount so that when they're out there doing their practice, they're able to better equip themselves to deal with persons who have experienced sexual violence.

So my comment was more about getting into the beginning parts of it so that at least they have that small bit of knowledge going forward.

**Ms. Eleanor McMahon:** Do I have time for one more question?

**The Chair (Ms. Daiene Vernile):** You do, yes. Go ahead.

**Ms. Eleanor McMahon:** I'll take you back to your comments on the forensic training that's necessary for the nursing profession, I believe. Can you talk a little bit about that and how we could lower some of the barriers in terms of recertification and keeping up with certification, so that we can continue doing the valuable work—because that sounds complicated.

**Ms. Nancy Horan:** Again, it goes back to working full-time as opposed to on-call, because if staff work full-time, then they're exposed to it more often. Right now I may have a staffer who does her commitment of 45 hours a month, but she may not see a case for three months, just because of the way it happens in her on-call, so it's difficult to keep up her competency and her ability to feel confident when she's addressing somebody.

Having that model where people are working full-time in a rotation, they're more exposed. They're able to keep up their skills that make them more credible when they come to court, because they're able to articulate. They have a better knowledge of the services and stuff like that. So I think it's just the staffing model that needs to be tweaked a little bit. I think that would also keep nurses longer, so they're able to build that skill.

**Ms. Eleanor McMahon:** That's helpful. Thank you.

**The Chair (Ms. Daiene Vernile):** Thank you very much for coming and informing our committee of the important work that you are doing. You're welcome now to join our audience if you wish.

#### LAURENTIAN UNIVERSITY

**The Chair (Ms. Daiene Vernile):** I would call on our next two presenters. They are Dr. Jennifer Johnson and Lise Dutrisac. Committee members, our next two presenters have asked to sit together and to present concurrently, so we're going to allow them to do that, and then at the conclusion we will have a full amount of time to do our questioning.

To the presenters who are here with us today: If you could all begin by stating your names, and then you will have up to 20 minutes each to present. Begin when you like.

**Dr. Jennifer Johnson:** Thank you so much. My name is Jennifer Johnson. I'm going to address the group first to let you know how things will roll out for us. We're all from Laurentian University, and we actually represent some fairly different offices within the university, but today we've endeavoured, in the time that we had—which was about a week and a half of preparation, from

the time we learned about the committee until coming here—to let you in on some of the things that we're talking about at the university, and what our process is moving into the future on policies and practices regarding sexual violence, harassment and discrimination.

Folks will introduce themselves, but I will say briefly that Lise Dutrisac, to my left, is from the office of human rights at Laurentian; Nicole St-Marseille is the director of parking and security services; and Erik Labrosse, right at the end there, is director of student life services on campus. I'm a department chair at the department of women's studies at Thorneloe University, federated with Laurentian, so I represent some of the academic perspective.

We've organized our presentation around, first of all, offering you an idea of what Laurentian is like as an institution, leading into relevant statistics around how sexual violence and harassment might be specific to and different at a smaller university. We'll then talk about some of the policies that already exist, but where the gaps and strengths that we're experiencing are. We are then going to focus on the theme of how we respond to allegations of sexual assault and harassment. Then—and this will be my part, because I'm an academic—I'm going to leave you with some problems and questions which we can discuss, or which you may wish to take away with you.

Without further ado, I'll pass to my colleague Erik Labrosse.

**Mr. Erik Labrosse:** Good morning. Bonjour, cher Comité spécial de la violence et du harcèlement à caractère sexuel. We'd like to begin by offering the committee an idea of what Laurentian University is like as an institution, so that we can contextualize what you'll learn about us in the following presentation.

Some of the key pieces of information: We are one of two bilingual universities in Canada. We have a tri-cultural vision, of English, French and aboriginal cultures. Our Sudbury campus is situated on Anishnawbe land; specifically, the traditional lands of the Atikameksheng Anishnawbek First Nation. We also have a campus in Barrie.

For many reasons, Laurentian has been a leader in higher education. We have smaller class sizes, which is extremely positive, and we're also recognized for our interactions with our faculty, our professors. We've garnered acclaim in Maclean's, the Globe and Mail, and our university reports.

#### 1100

Geographically, Laurentian is not just a microcosm of northern Ontario. While the student population at Laurentian does reflect northern Ontario demographics, it includes students from rural and remote communities, and we do have a large proportion of first-generation students, which means it's the first person in that family who attends either college or university.

A large percentage of our students, however, are from the greater Toronto area or southern Ontario, and we do have a lot of students who are here on visas from China or Saudi Arabia.

This diverse student environment is distinct from the demography of the city of Greater Sudbury and serves to enrich the campus community, and it does challenge us in terms of policy and campus programming.

As a community, we know that we have a wide range of services available in comparison to many of these northern communities that we just talked about, but there are continuing problems with sexual violence and harassment in our communities.

Like in other institutions, over half our population of students is female. As studies report, four out of five female undergraduates had some exposure to sexual violence. We are aware that sexual violence affects a large proportion of our student population.

Although the city of Sudbury is considered an urban hub in the north, its proximity to rural and remote regions, as well as the migration of students from those communities to Laurentian, means that we welcome a lot of students who have lived through the challenges of growing up in an isolated community, often with serious social and economic challenges.

We recognize the importance of this long-overdue conversation. While we recognize the long road left to travel in this area, we are well positioned to move forward with sexual violence prevention and policy.

We are also a self-reflective university which values frequent assessment and analysis, as it leads to a safer and healthier environment. I'm going to share some statistics that are specific to our campus regarding our campus climate. Some of the data that we're sharing with you is research that was done by people who are here at this table—Jennifer, for instance.

In 2013, a sexuality and gender diversity study told us that we needed to improve our campus climate by reducing gender-based discrimination in our services. A national survey on student engagement also told us that we needed to provide more programs and services that help students build a stronger social network, meaning that students need to make more social connections on campus and that students need to build a stronger social network with the ability to connect with people from different backgrounds and cultures on our campus.

Our human rights office reported that we have issues of racism and racial harassment, which is most often reported through the human rights complaint office.

We know that experience of sexual violence may intersect with other aspects of student, staff or faculty identity and experience, such as sexual orientation, disability, the citizenship status of students, and racism. Whatever policies we put in place, we do understand that we need to take and consider all these complexities.

To speak about the policies that we have at Laurentian, I'd like to introduce Lise Dutrisac, who is our human rights adviser.

**Ms. Lise Dutrisac:** Bonjour tout le monde. Je suis Lise Dutrisac. Je suis la conseillère en droits de la personne pour l'Université Laurentienne. Ma présentation sera faite en anglais, mais je vous invite à poser des questions en français.

Most of my presentation will be done in English.

I'm the human rights adviser for Laurentian, which means that there is an office of human rights. What Laurentian does is look to promote and to support a harassment-free, discrimination-free environment for all of our students, our staff and our faculty. The policy that comes under the human rights office also covers visitors, contractors and volunteers who may be on campus.

We also have a number of policies and programs to support this. I think it's important to note that although we do have them, it's not always easy for students, staff and faculty to be able to know about them. Therefore, that's one of the struggles that we have: to be more visible.

For the students, we've got the code of student conduct, and it's currently being revised. We have a student support and intervention policy. That is also being revised currently.

We've got a residence rules and regulations handbook. There's a varsity code of conduct. And through my office, as I mentioned, there's a policy on a respectful workplace and learning environment, along with a program to support that. We also have an employment equity policy through this office.

There's an emergency management plan. There's a statement of student rights and responsibilities, and Laurentian University has a web page dedicated to the prevention of and response to violence. Students and faculty can access that page directly by going on the web, and I've got the Web address that I could share with you, should you wish.

The goal for Laurentian University is to be a safe and inclusive campus. Like other institutions, we do have those policies, as I mentioned, and procedures to support that. These apply to all the faculty, staff and students. We make it clear that the university will not tolerate violence, discrimination or harassment. Although we have policies and although we have an office, there still seems to be a reluctance to report and therefore what we're trying to do is to be more visible to make it easier for individuals to report.

Like other institutions, we are proactive. There are many training sessions where we talk about the harassment-free and discrimination-free workplace, as well as a workplace and learning environment without violence and how individuals who may be affected can access the services that they need.

In our program, we also speak to the rights of the respondent as well as the rights of the complainant because we feel that it's important to respect the rights of both. Some of the reluctance comes from the stigma that still seems to be attached to reporting sexual harassment. It could be because of the differential in power, if you want. So we have students who may be reluctant to report anything against a professor. We may have staff not comfortable in reporting against their supervisor, and untenured professors not willing to report for fear of retaliation. The reason why I mention this is that with our program, in order to go forward and deal with the harassment, the individual needs to be identified. Therefore,

that sometimes poses a stumbling block whereby it makes it more difficult for the individual to be able to say, “Yes, my name is.... This is my story, and I want the other person to know that those are the allegations.”

In our policy and our program, we do make it clear that the complainant has the right to make a complaint and has the right to be given support. If a person feels comfortable coming forward, they can bring someone of their choice to make the report. We offer the same to the respondent.

We also have professionals trained in counselling. We’ve got security and, as I mentioned, the office of human rights. These individuals can respond and can be helpful to anyone who comes forward.

As I mentioned earlier, not everyone knows about the services, and that can pose a challenge. One of the areas that we are trying to explore and to promote is that colleagues need to be able to step in on behalf of those who may be faced with sexual harassment or sexual violence so that there will be more than just the individual who is being affected who is there to support and to intervene. Our training covers that, and we try to make sure that people get that’s it’s not okay and that it’s up to the colleagues to come forward and assist anyone who may be faced with that.

We do have student orientation at the beginning where we talk about the services that are available. However, doing it right at the beginning may not be enough, and we need to continue with that and get more people to fully understand that Laurentian has a no-tolerance policy and that we want to be there to be helpful to individuals.

The office of human rights also has good rapport with the office of security. It’s my pleasure now to introduce to you the director of security, to my left, Nicole St-Marseille.

**Ms. Nicole St-Marseille:** Good morning. Thanks very much for this opportunity to speak with you. I wanted to talk specifically about how reporting works at smaller institutions, specifically at Laurentian, and how information is funnelled, tracked, recorded, reported and stored.

**1110**

Once an individual person comes forward with a report of an incident of a sexual assault, it falls to my office to handle that. If it’s harassment, we redirect them to the human rights adviser office. However, our office is 24 hours a day, seven days a week, so oftentimes we end up receiving the reports of harassment in the meantime in order to not lose that person who comes forward, and then we hand it over to the appropriate office.

We know that there are universities all across Ontario—we’re part of an association with OACUSA, which is the administrators of security in universities and colleges, and we discuss quite frequently how we deal with things. We know that one size doesn’t fit all on campuses across Ontario, because everyone is unique with each of their own—

*Interjection.*

**Ms. Nicole St-Marseille:** Oh, sorry. Is this even on?

*Interjection.*

**Ms. Nicole St-Marseille:** I don’t know how I did that, but it went on.

So there are a number of locations where someone can report at a university campus. We receive information. Residence often receives information. Although I just said that security is 24/7 on campus, residence managers, porters, RAs, res advisers—all of those folks are available 24/7 as well. They often receive information because of that intimate relationship that they have with the students who live in their residences and on their floors. Sometimes that request comes through that they don’t want it reported anywhere further than with their res personnel who they’re familiar with, and it doesn’t end up in the security office necessarily, and there is no obligation to be reporting.

But when an incident is reported to security, we maintain confidentiality, as long as there is no harm to other people or to the person who is reporting. So we advise the person in advance that confidentiality will be maintained as best as possible, as long as there’s no one else at risk.

We don’t have an obligation to report to police, unlike special constables in some of the other university campuses and colleges in Ontario. So the relationship there is slightly removed, and there is no reporting structure, as special constables have in the province.

The report is accepted by security. We strongly encourage the person to bring that information to the local police, Greater Sudbury Police, and we can assist with providing them with a location for an interview or we can provide transportation. We can get other resources, like an advocate to go along with them—a friend or somebody from counselling if they have relationships there—to accompany them to the police.

We very strongly recommend that they visit Health Sciences North. As you heard earlier, there’s a wonderful system in place here in Sudbury with Health Sciences North that provides that care and a long list of resources that are available to a person. That’s one of our strong recommendations. We’ve partnered with that department out of a hospital to educate our personnel and our residence personnel so that they have a better understanding of what will happen when you show up in the emergency department here in Sudbury, so that that can be encouraged, because I think, oftentimes, people have a misconception of what will happen if they do end up in the emergency department and that it’s not necessarily accurate to what will actually unfold—so we strongly encourage the Health Sciences sexual assault crisis department.

We provide a number of options to the complainant, all while reminding the survivor of the need for confidentiality, with the exception of fear of risk to others. We receive the information. We respect all the wishes of the survivor. We have health services on campus. We have counselling services on campus who can provide assistance.

We conduct an interview. We generate an incident report. We’ll conduct an interview with the complainant and then with witnesses and the respondent as well.

We have a number of options that are made available to the person coming forth with the complaint, such things as displacement of the respondent who may live in residence, if we can do that. It may mean the person who is reporting wants to move or change residences as well, and we can certainly help with that. We can notify to avoid all contact, either directly or indirectly. So we do a variety of things that help to protect the person who has brought forward the complaint.

With our student services office, we can impose sanctions. It's a privilege to be able to use our campus for the extracurricular activities that we have. We can certainly restrict those privileges with regard to accessing campus for academic reasons only, restricting them from attending extracurricular activities or whatever other activities outside of the academic scope of their relationship with Laurentian.

We regularly develop a safety plan for the survivor, so we encourage a buddy system. We have services on campus that can escort a person to and from their vehicle or to the bus stop; we'll wait with them. There's a variety of different things that we provide, and people don't necessarily know those things. So part of the safety plan is to offer all of those opportunities for somebody who has reported.

We can change their class sections. If their perpetrator or the respondent is in the same class section or the same program, we do our best to try to eliminate that exchange or interaction that may have to occur as a result of being in the same program. And we provide support to the survivor and the respondent, and possibly protection for the person who is the respondent, because although we house approximately 1,600 students on our campus, our residences are fairly small, so we've seen retaliation as a result of something coming forward, where information gets out and there are accusations made. The respondent oftentimes ends up being in need of protection, so we end up removing that person.

We generate an incident report with all the information. In the event that it is including the police, we provide them with all the support that they need as part of the investigation. We hand over all of our incident reports to the police; our archived video footage, if that's applicable; card-access information that may be applicable to an incident; sign-in records—a variety of different things. On campus is typically where an assault may occur, because our students are living on our campus.

Our on-campus housing is geared towards our first-year students, as well. As a first-year student at Laurentian, you're guaranteed housing on our campus. That assists with that transition from high school into being more independent. We know that the first-year students have that opportunity to have somebody kind of looking over their shoulder, guiding and providing assistance when needed.

When a report is made with Greater Sudbury Police, we provide all the information, and if the complainant chooses to pursue the case via the criminal justice system, we can also assist the crown—and this has actually

been done via the police, where they consult with us on what kinds of restrictions with regard to a release, if it's bail or whatever the case may be, on that person's release after charges are laid; that we assist with putting restrictions in place. It's separate from what we do internally as a campus. We can provide whatever restrictions we feel are necessary in order to make sure that the complainant is safe, but we can also provide recommendations with the police that are brought forward to the crown, and we've done that in the past.

But we do have some gaps. One of the things that Erik boasted about at Laurentian University is that our class size is very small, and that's great when you're studying. However, when something goes wrong, that creates a challenge for us. As Jennifer noted just recently in another conversation, we have faculty members who teach a small class size of 20 people and there's only one group of that class size or that section. How do we remove somebody from a class environment where the class sizes are that small and so intimate? That creates a gap and a challenge for us. Small classes also identify people. In the event that something changes and somebody is removed from a class, or they're doing distance ed as an alternate arrangement, that often ends up identifying the person involved, as well.

One of our challenges: In the past, OACUSA, which is the Ontario Association of College and University Security Administrators, had a reporting structure where we would benchmark against one another. That wasn't legislated; it was just an association decision to have done that. Our reporting stats differ according to who the administrator happens to be. So how are things being reported and recorded in an appropriate way? We have no obligation to report to the police. This is a good thing. It can be a bad thing. The respondent may continue to offend, and that information is not necessarily being shared with the police, at the request of the survivor.

Another challenge we have is that our campus services are available during business hours, 9 to 4:30. Our counselling services and our health services are all restricted to our business hours. Those incidents, of course, never happen between 9 and 5, so our 24/7 operation becomes one that is necessary. Increased training and availability of people after the regular business hours would be something that would be quite helpful.

#### 1120

Our after-hours services within the city of Greater Sudbury are quite well, but that means that our students have to leave our campus, which is basically their home and where they're feeling most comfortable.

That's some of the gaps and some of the challenges we're being faced with at Laurentian University. I'll hand it over to Dr. Johnson.

**Dr. Jennifer Johnson:** Thanks, Nicole. I'm going to follow on Nicole and Erik and Lise's points, and I would like to leave you specifically with some questions that we have for you as a committee, and also some problems that we are just hoping might be solved or partly have solutions as a result of the process that you're working through on this committee.

I do want to note that we have, I think, a pretty interesting, dynamic and vibrant discussion going on at Laurentian at the level of administration and within some student organizations. We're at the beginning process of really talking through how we're developing policy as a result of what your committee is doing and the other changes that are coming from Kathleen Wynne's government around the sexual violence policy and proposals that have recently been released.

We fully intend to continue to support and work with our community partners. We're developing some of those relationships newly; others are existing but only within certain parts of the university. So when we're talking about sexual assaults crisis support at Voices for Women downtown; or if we're talking about Shkagamik-Kwe Health Centre, where some students might feel more comfortable going to, as an aboriginal health service, for instance, than maybe other health services, and developing those types of relationships and conversations, we know that we need to do those things and to continue on where it's been working.

In whatever we develop in terms of policies on sexual violence, we'd like to address this issue as it intersects with other aspects of our community's identity, recognizing that a lot of students are travelling quite far from home; that this is a racially diverse population of students, staff and faculty who do experience racism in our community; and that reporting is an additional challenge.

I think of one student I have, in particular, who wears hijab and experiences racial harassment on a daily basis on campus in the city of Sudbury. Her experience of sexual assault was greatly inflected by knowing that—or that she feared she might experience stereotyping about the type of family she comes from, in addition to her experience of sexual assaults in the community. We want to be aware and sensitive to those issues.

The questions we would like to leave you with, the problems and challenges that we hope you will work through in your research and policy-making, include some of the following:

We'd like to ask how the committee envisions policies on sexual violence being distinct and separate from existing policies at Ontario universities, having to do with human rights codes or policies, for instance, on violence in the workplace, which are part of employment standards and so on. What is it new that we need to produce that will satisfy the discussions that we're having?

What are the university's obligations—and I use the term “university” writ large—in the interim of a report of a sexual assault and prior to the outcome of a criminal investigation? If a criminal investigation is to be carried out by the police, for instance, and then a conviction results, what are the obligations of the university community in the interim? Nicole has talked about some of the measures that can be taken around restricting privileges and so on, but in the nuts and bolts, when a sexual assault is alleged and there is a complainant and a respondent, something needs to happen with both of

those people. Sometimes there are resources needed to be directed at that. We need some guidance, direction and some ideas from you about what you're hearing and what might be proposed, as well as, eventually, the legal obligations for all parties involved there.

What are, for example, the university's obligations to manage a relationship between a respondent and a complainant in the interim of a police investigation? How does the committee recommend supporting someone who has to respond to such an allegation? In policies—and we've surveyed our own and looked at others from other universities—there's frequently little reference to how the university's relationship is to play out to a respondent. If you can imagine you were accused of a sexual assault, you or your supporters would want some sort of procedure to follow. The idea that the university has to be judge, jury and executioner is problematic, so dividing ourselves up as services versus supporters versus people deciding what's going to happen in a case of sexual assault is a murky area. And I know we're not the only university that will have to deal with that.

A couple of more questions: How does the committee envision supporting a staff/student/faculty member who alleges an incident but who does not want to respond to the police? Are you looking at expanding the scope of what universities should be doing to respond in those particular cases; that is, if someone does not report? What will the committee be recommending to post-secondary educational institutions that have multiple hiring units or multiple constituencies, such as universities that are federations? Laurentian University is a federation: Laurentian University, the University of Sudbury, Thorneloe University and Huntington University. Our students might live in residence. They might take courses on any part of the campus. They might be in Barrie, as well. We're looking at universities here as complex institutions that have multiple hiring units.

For example, if I sexually harassed a student in one of my classes that happens to take place at Thorneloe University, where does that student go, and where is the obligation for universities to respond? Can the student report that to Lise's office, the office of human rights, or parking and security? Or should the student report it to the person who happens to pay my salary, even though I teach for Laurentian University? You see how complicated it can get very quickly.

We also want to ask the committee generally what your next steps are. Given the volume of existing material on these topics—40 years of academic research on violence against women, gender-based violence and sexual harassment—I know it's big, but there's a lot of literature out there. We're curious to know what you're reviewing and how you're using prominent academic research that's currently going on, in addition to the volume of research that's been compiled by the Ontario Women's Directorate and the large range of updates that have already been made to those reports in terms of recommendations.

With that, I'd like to thank you on behalf of our entire committee. We wish to thank you for your time today.

We really look forward to the results of your consultation process and we're happy to entertain any questions that you have of us. Thank you.

**The Chair (Ms. Daiene Vernile):** Thank you very much for your presentation this morning. I would ask the committee members, if you do have questions, to raise your hand, because I'm having a little difficulty knowing who wants to speak.

Our first questions come from our third party. MPP Gélinas will speak to you.

**M<sup>me</sup> France Gélinas:** Before we go more deeply into the questions that you've asked us, I just wanted a point of clarification, and that has to do with—you have a way of explaining to complainants what will happen if you convince them to go to Health Sciences North, what will happen if they go to the ER. Can you share that with me?

**Ms. Nicole St-Marseille:** Our knowledge of the emergency department is that, presenting at the emergency department at Health Sciences North, within 20 to 30 minutes an emergency sexual assault crisis nurse will be called, so you don't have to sit in the emergency department waiting for consultation. That happens at triage. Then the nurse on call will attend the hospital and provide a number of services. Evidence can be collected and stored by the hospital—I believe it's for six months, if I'm not mistaken—in the event that that person decides that they want to change their decision and pursue it through the criminal justice system. They have access to counselling services. They have counselling available for them, both at the hospital and off-site. They can provide antiviral medication in the event of exchanges. There's the morning-after pill which is available to them as well. So there's a variety of resources that are available through the emergency department that are much quicker than what I think most people would assume is going to happen if they report to the emergency department.

1130

**M<sup>me</sup> France Gélinas:** When you did your opening comments, you made a point of saying how diversified the student body is at Laurentian. What happens if this person is not from Ontario and does not have OHIP coverage?

**Ms. Nicole St-Marseille:** I believe our student insurance covers all of that. It's part of their ancillary fees. As a student at Laurentian University, they get insurance coverage as part of what anybody else in Ontario would receive.

**M<sup>me</sup> France Gélinas:** You know that for a fact, or you think?

**Ms. Nicole St-Marseille:** I'm pretty sure that that would be covered.

**Mr. Erik Labrosse:** Yes, the Students' General Association has a health benefits plan, and I know that our international students also have a plan. I'm not sure on the particulars of our international students, but I know that they do have access to health benefits when they're accepted in a university or when they're students at Laurentian or any other institution. It is something that's part of their conditions of becoming a student in an Ontario university.

**Dr. Jennifer Johnson:** That is a good question, though. This is sort of a semi-related issue, because I have heard from students who have sought abortions, for instance, that that's not covered. International students have to lay out \$3,000 or \$4,000 if they need an emergency abortion. That wouldn't necessarily be the case for someone who's reporting a sexual assault immediately, because they would have access to the morning-after pill.

That would be a question that I'd like to take back for a longer process—insurance coverage. I think that what you're saying must be correct in terms of the basic health insurance they have to have in order to come and study, to be accepted.

**Mr. Erik Labrosse:** I did have that question with our international students' team in the last couple of weeks, so I know they have coverage. But like you said, there might be parameters to that coverage. Maybe it doesn't cover everything. I think that probably, in part, answers your questions.

**M<sup>me</sup> France Gélinas:** Basically, yes. Most of those who come from outside of Ontario will have coverage simply for physician visits. Most of what's offered through the programs at the hospital, we were told this morning, happens through nursing services, not a physician's billing code, which means that most of those foreign students would end up paying out of pocket if the hospital decides to charge. I have no idea what is the relationship between your organizations and theirs.

It was just an aside, before we go into—I will let her go first, and then I'll finish.

**Ms. Peggy Sattler:** Thank you very much for that comprehensive picture of what's happening on Laurentian U campus.

When the Toronto Star did the story about sexual assaults at Ontario universities, we heard that there were only four Ontario universities, I think, with stand-alone policies. Was Laurentian one of those? So the processes that you've developed have been incorporated into a variety of the policies that you spoke to.

The Ontario Women's Directorate: You mentioned the research that has been done already. The Ontario Women's Directorate had produced a guide to dealing with sexual assault on university campuses. Are the recommendations from that guide all reflected currently in the policies that you have in place? Have you done this cross-reference to the guide to see what the gaps are and what you still should be looking at?

**Dr. Jennifer Johnson:** I would say not necessarily. I think that many of the elements are there, because I think a lot of the people who have worked on these policies—the existing policies—over the years are in tune with that literature. I'd have to review them specifically to see if they dovetail in specific areas.

But these are a tremendous resource. As we move forward, we're at the stage of really pulling together the parties on campus who should be involved in further discussing and evaluating what we're doing with our policies. We're also at the stage of trying to figure out which community partners would be best to work with and have more conversations with, as we move forward.

For example, there are academic discussions going on at the same time. There's a professor in political science who is looking to hold an annual panel and discussions about sexual violence. In preparation for that, a number of us reviewed some of the Ontario Women's Directorate—the more recent ones, to see what's being discussed there. We would plan towards having those discussions simultaneously.

**Ms. Peggy Sattler:** Okay.

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

**M<sup>me</sup> France Gélinas:** Really?

**The Chair (Ms. Daiene Vernile):** Did you want to get one more question in? Sure. Go ahead.

**M<sup>me</sup> France Gélinas:** I thought we had double the time because they had two together.

**The Chair (Ms. Daiene Vernile):** Go right ahead.

**M<sup>me</sup> France Gélinas:** Thank you. I'd like to know if you are able to see trends. Laurentian has been very proactive in that area for a number of years, and I congratulate you for that. Are you able to see if more people come forward, if more people agree to press charges or to go to the hospital? Are you seeing a trend, as in it happens less and less? Can you speak to this? Because you've been doing that work for quite a period of time.

**Ms. Nicole St-Marseille:** I think our numbers are pretty constant year to year. I haven't seen any increase or decrease. I've been at Laurentian University in this capacity—as the assistant director and then the director—since 2004, and I haven't seen increases or decreases. It's pretty much flatlined with the number of reports coming through to my office.

**M<sup>me</sup> France Gélinas:** And—  
*Interjection.*

**M<sup>me</sup> France Gélinas:** Sorry. Go ahead.

**Ms. Lise Dutrisac:** I was just going to add that my office deals with sexual harassment as well as other types of harassment and discrimination, and the numbers have been constant as well. Laurentian is a very—it seems that people are getting it that harassment is not okay. The numbers have been constant as well.

**Dr. Jennifer Johnson:** Having said that, we conducted a survey on the climate for lesbian, gay, bisexual, trans and two-spirit people on campus three years ago. Just over 400 people participated in that survey, so in a population of about 9,500 it's statistically valid. We found that, among all of those respondents, one person reported an incident of violence against them, and that was on the basis of sexual orientation and gender identity. So although that was upsetting to find that—the low-grade homophobia and transphobia, if you will, was there. So we know we have those types of intersecting issues to look at.

The other thing that came out of that survey was that, when people read “gender identity” in the survey, they understood that to mean being male or female. We were talking about people transitioning from male to female or female to male, or perhaps being in between, but a lot of female respondents read that as sexual or gender

harassment, so that raised an issue of where people might not be fitting into saying, “Well, actually, I've experienced harassment. I want to go to that office and make a report.” That's where some of the grey area came up, and that's where we need to take some action, even as our numbers have remained constant.

**The Chair (Ms. Daiene Vernile):** Thank you very much. Our next questions will come from MPP Anderson.

**Mr. Granville Anderson:** Thank you very much for coming. I must commend you on how proactive your university has been in facing the challenges that you face with sexual violence and racism within the campus. Again, well done.

You alluded to the fact that you have a number of students from diverse communities and foreign countries such as China, Saudi Arabia etc. Would you tend to find students from various cultural backgrounds more reluctant, depending on the culture, to come forward or to report sexual violence, or any other kind of harassment, because of a cultural thing and the stigma that would be associated with doing so?

I'm going to compound the second point I wanted to ask you. Foreign students, international students: Would there be more reluctance on their part to come forward for fear of repercussions, of being sent back or expelled from the school etc.? I don't know who wants to talk on that first.

**Ms. Lise Dutrisac:** Well, I could speak about the office of human rights. It's difficult to determine the numbers and whether or not there is some reluctance. What I'd like to add, though, is that, for our international students, we do have an international office. I've noted that if there are complaints from one of our students in the international group, it will come through the international office. Perhaps that speaks to what you're saying, that there's a bit of reluctance to come directly. Sometimes it's also possible that they may not be comfortable in the language to be able to do it on their own, but they do have the support from international services. But I can't answer as to whether it's more challenging for them than for others because I have not kept stats such as that.

**1140**

**Ms. Nicole St-Marseille:** Neither has my office, but our international department on campus is very supportive and they're available a lot. I've talked about the 24-hour-a-day services being available, and where there are gaps, Laurentian international does a really good job at making sure that people have contacts in the event of situations. The few that I've seen have come forward with the assistance of the international office.

**Mr. Granville Anderson:** The second part was, based on culture, would there be a difference, because of their cultural background, in someone coming forward?

**Dr. Jennifer Johnson:** That's a really good question. It's one of the questions that in women's studies we talk about a lot: What are the restrictions, for instance, within particular religious communities and so on? From my

experience in talking with students and talking with students who have been through sexual assaults—we're not talking about faculty here; there's a whole other range of people as employees who might still face these issues. In one case I heard of recently, the student absolutely did not want her parents to know. I could see a student of any racialized background or any ethnicity or any religion potentially having that concern. She did not want her family to know. She did not want her friends to know. She just absolutely wanted to bury the incident. I think that that is an issue that potentially affects just about any group, any cultural, religious, racial or ethnic group, although it's an important question and it's something that I would put on our list of things to think and talk about.

**Ms. Nicole St-Marseille:** I'm going to support that. That has come forward a number of times: "I don't want my parents to know about this." I think it's an educational component of transitioning from being a high school student, where mum and dad might get a phone call at home from the principal's office, whereas once they're in a university or college environment, that doesn't get included. And so it's not widely known that they're a young adult now and their choices are their own choices and they get to make those decisions. I've heard that repeatedly as well.

**Mr. Erik Labrosse:** I was just going to say, I've been in my job almost a year and one of the things that I've been learning when I speak with students—because I think all four of us talk to students on a weekly basis and have some of these difficult, courageous conversations—is that there are a lot of entry points for students to access services. One of the entry points is our aboriginal student affairs team, which has elders, and which is a resource not just for our aboriginal students but for everyone. I think that we have to think more comprehensively about how people enter, ask questions and get support or start that process of asking difficult questions or reporting something that might have happened to them. I think the elders are part of that solution.

**Mr. Granville Anderson:** Thank you.

**The Chair (Ms. Daiene Vernile):** Thank you. A question now from MPP Lalonde.

**M<sup>me</sup> Marie-France Lalonde:** Bonjour à tous, et merci d'être ici.

Thank you for being here. What I'm hearing is a lot of discussion and a lot of questions asked to us. But I would like to ask you some questions based on some of your expertise. We've talked about the university and what's happening on the campus, but I would like to bring it maybe to a more general aspect. When we think about sexual violence and harassment—I'm not sure who I should direct this to, maybe Lise—what are some of the root causes, based on your experience or your approach or people telling you of this very difficult thing which is sexual violence and harassment?

**Ms. Lise Dutrisac:** It's difficult to pinpoint the root causes. I think some of what has been said already—the population that makes up Laurentian, that individuals are

coming from perhaps smaller, rural areas, and there may not be as much information. For example, some of the language that you may hear, that's the starting point, and not necessarily just at Laurentian. If you look around in the community, one of the examples that I can give you is where a young man is using the expression a "wife-beater shirt"—you know, those shirts without sleeves. So I say to him, "Why would you say that? That language is not appropriate"—utilizing that, but recognizing as well that they may not recognize it themselves. You need to bring to their attention that it's not only the act, it's also the language.

In terms of root causes, it's difficult to pinpoint. I think there are various causes. When an individual comes to my office, all I can do is be able to help that person out. As we pointed out before, there is still the reluctance to go forward. Part of it, I think, is that they need to be identified, and there's still a stigma around that.

I'm happy that this committee has been struck and that we'll see results, because the other thing I think is important is that it's not just up to each university to talk and to say that it's not okay; it's good that the whole community, the province—all of us—are saying, "No, it's not okay. We need to talk about this."

**The Chair (Ms. Daiene Vernile):** Yes, MPP McMahon.

**Ms. Eleanor McMahon:** We have time, Madam Chair?

**The Chair (Ms. Daiene Vernile):** We do.

**Dr. Jennifer Johnson:** I will respond—

**Ms. Eleanor McMahon:** Oh, sorry. Forgive me.

**Dr. Jennifer Johnson:** No, not at all. I'll respond briefly to that. My entire field of study, women's and gender studies, actually, has come up with many possible answers to that question. But speaking to the university environment, I will just highlight a couple.

One of the things that makes sexual violence possible is a lack of options. When you get that feeling of, "Hmm, something's not quite right," in this relationship or this situation or this interaction, we all need options. We need options to leave. We need options to be able to get on the bus and go. We need options to be able to call a taxi and leave. If you're living in a student residence and something's not quite right with your partner, where are you taking your kids, when you're an international student? So options, money, not being able to take action in the way you would when you feel like something's wrong—that's a limitation. It can be both a source and also something that exacerbates a problem around sexual violence.

The other thing I wanted to point out that might be specific: We had a conference not too long ago called the Classroom Closet. Again, it was for LGBTQ high school students. We have a sexual health educator come up. This is through a community organization called the Réseau Access Network. That sex health educator comes and talks with 200 high school students, and the one thing they always say our students here in Sudbury and from around the region ask the most about is consent: "How

do I know if I'm consenting? How do I know if she or he is consenting?" I know we have a new high school curriculum, but I think that issue follows us into university. I don't know if it's specific to our region, but it keeps coming up.

So that's another issue: consent. How do I know who's consenting and why? Two issues.

**The Chair (Ms. Daiene Vernile):** Okay. If you can ask a really fast question with a fast answer.

**Ms. Eleanor McMahon:** I'll try. I'll speak quickly.

Building on your comments about consent—sorry if I missed this—do you train your students throughout the year? Do you have seminars for students during freshman week, for example? Are you constantly doing that, I wondered. Second, do you follow up with surveys and ask your students, "Do you have what you need? Are the things in place? Is there an awareness around consent?"

A couple of fast—that's as fast as I could do it, Madam Chair.

**Mr. Erik Labrosse:** So I guess you need a fast answer.

In our presentation today, we shared what we do, but we also identified some gaps. We were quite transparent about where we think we should improve. The orientation piece—what happens when somebody comes into first year—is one of the places we absolutely need to improve, because orientation is all year. It's not just the first five days; it should be happening throughout the entire year. What we're talking about today as well as other issues around mental health, around [*inaudible*] those kinds of things are things that we're building into our orientation, making orientation more of a year-long process versus just what happens in the first couple of days. So that, in part, answers some of those questions.

1150

I'm just going to put my health promotion hat on. We're talking about this, and you can see that we're having similar conversations just between the four of us, the students and everybody else. We're also talking about things like mental health. What we're finding out is that a lot of the skills, a lot of the things that we can do and teach them to protect themselves, apply to how you manage an unhealthy relationship or how you handle anxiety, stress, resiliency etc. I think what we're thinking about as a campus strategy is what are those things that we can do? What are those skills that we can give students during that orientation, during those first couple of weeks and at different times throughout the semester—it might be January—that help protect you and give you the skills to manage all of those difficult decisions, things that might happen to you—

**The Chair (Ms. Daiene Vernile):** Thank you very much. We have some final questions now from MPP Hillier.

**Mr. Randy Hillier:** Thank you very much, Chair. This question is going to be more directed to Dr. Johnson, I think. I want to just start off by focusing on this reluctance to report. If I heard right, you are the dean of women's studies?

**Dr. Jennifer Johnson:** I'm a department chair, so I'm an academic and I have an administrative role.

**Mr. Randy Hillier:** Okay. On reluctance—and we recognize that there is that shame component; we've heard a lot of that through this committee. But when I look at this, over the decades there have been a lot of new programs. Shelters are new, over the last few decades, and counselling services. I see a lot of things at the university here as well: the confidentiality; there's not the obligation to report. A number of different things have been put in place, but we still remain with this reluctance to report. We are clearly still missing out on some of the options or choices. There's some key elements missing here.

I think it's pretty much accepted, from what I've seen, anyway, that most of the sexual assault evidence is that these happen with people who know one another, and that there is an imbalance in the power within the relationship or the authority within there. I'm just asking you, from your career in speaking and studying women's studies for a period of time, what other options or choices—or what else is missing here—that we can improve the probability that people who have experienced sexual assault will actually come forward? If you can enlighten us or give us your thoughts or ideas. What happens if that discussion has come up in the university? What are the things that you might be looking at?

**Dr. Jennifer Johnson:** I'll give you a couple of points and if anyone else has material on this, please jump in. One of the things that comes back to me over and over again is that when young women, in particular, experience sexual assault, many are reluctant to admit that they were vulnerable. Because we have so many institutional rights, liberties and freedoms as citizens, and we've gained all kinds of equity in certain areas, it's almost as though that has allowed for an illusion that we should be impermeable to things like sexual assaults, harassment and so on: "I'm a strong person. This shouldn't happen to me, right?" That becomes a barrier, the kind of, "If you call someone on it, all of a sudden you're a victim." And nobody wants to be a victim, right? That's a powerless place to be. So that culture around lessening the culture of shame around sexual assault, where pretending that once someone has been a victim they can never be a survivor—that's a problem. It's a larger cultural shift that has to happen, but I see that's one thing that young women, in particular, are struggling with.

For men, as well, who are sexually assaulted—I saw one the first year I worked here, a young gay man who went to southern Ontario for services because at that time, he couldn't find, or felt there weren't, services in the city. He was sexually assaulted by another man. So to admit, as a man, that you had become a victim in that way was culturally unacceptable.

The other piece I want to come back to is specifically around racism. People of colour, women of colour, indigenous people in our health care system, probably in our larger education system—it's difficult for communities that have already experienced a ton of marginalization to then add on another layer. I'm not going to speak for those groups of people, but that is something I see

over and over in research and in the conversations in the community.

**Mr. Randy Hillier:** Have you been looking at the imbalance of power in relationships? What other elements could we be looking at to provide for consequences that would mitigate—or what things we might be able to do in those relationships to mitigate—the imbalance? Because we see it everywhere, whether it's in an academic setting or in the workplace, wherever it may be. There are relationships and there's differences in power. So I'm just wondering if there's anything that you've been looking at in the academic world that might be able to be employed to mitigate that imbalance.

**Dr. Jennifer Johnson:** There is a lot of focus and research on entitlement and privilege amongst men specifically. As the parent of three little boys looking at how do we raise young men to understand that women are entitled to their bodies and that whatever your sexual relationship, that every partner is entitled to say no at any time, to consent at any time—that is some of the research that's most exciting to me, discussions with young men about how to really understand what consent is.

That's one of the reasons why we raised the issue of consent. That's an ongoing discussion that happens as we're adults and into older age. We still have sexual relationships after 35. Thank goodness, right? But those issues of consent can always come up at any age, so it starts when young.

I do want to come back to that issue of resources. When you're negotiating relationships where you make less money, you can harness fewer resources. I'm just thinking of another particular case, a student who became homeless after being abused by a parent. She couch-surfed for a week—but three more days and she was basically on her own. She was living in people's homes, male friends where she was approached and nearly sexually assaulted once and the second time she fended off—it's just beyond reason that someone who is in university and has other resources but not actually the money in hand to go and do something, that that could still happen.

Resources and equity within people's relationships—so you're looking at employment equity. You're looking at the male dollar versus the female dollar, the wage gap. You're looking at those larger issues. I know they're big and broad, but, trust me, they all feed back into people's ability to consent within their intimate relationships. They do.

**Mr. Randy Hillier:** Thank you.

**The Chair (Ms. Daiene Vernile):** Thank you, MPP Hillier. To the faculty and staff at Laurentian University, thank you very much for coming and informing this committee. Your insights will provide us with lots to write about when we make our recommendations.

This committee stands recessed for one hour. We are back at 1 p.m.

*The committee recessed from 1158 to 1300.*

**The Chair (Ms. Daiene Vernile):** Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment now continues this afternoon in Sudbury.

## RÉSEAU ACCESS NETWORK

**The Chair (Ms. Daiene Vernile):** I'd like to call our first witness for this afternoon. Stephanie Harris, can you please come forward and join us?

Stephanie, just have a seat in front of the microphone that has the red light. You will have up to 20 minutes to speak to our committee, and that will be followed by questions from our committee members. Please begin by stating your name.

**Ms. Stephanie Harris:** My name is Stephanie Harris. I'm the women's HIV/AIDS community development coordinator at Réseau Access Network. As a result of my work, women's issues have become quite a passion of mine in all of the work that I've done in the community—so has HIV, but women's issues are really at the basis of it all.

From what I've gathered, you've heard a lot of really awesome things this morning about issues surrounding sexual assault, so today I wanted to bring a little bit of a different perspective. I'd like to focus my talk on the need to further educate and challenge social norms, systemic discrimination and social justice around issues around sexual violence and harassment among women.

At Réseau Access Network, in supporting a woman, we offer a multitude of services, including direct client services for people living with hep C and/or HIV, as well as education and prevention work. Where most of my work happens is in the education and prevention department. In this area, we try to challenge issues that increase the risk for HIV among women. This includes sexual violence.

Our agency offers a woman as much support as we can, by assisting her through some of the challenges around stigma and discrimination due to her HIV status. We support her HIV-related needs.

We make referrals and advocate on behalf of our clients, as needed. This includes partnerships with agencies that specialize in addressing violence against women, as well as specialized services for sexual assault.

There are many services in our community, as you heard this morning and probably will continue to hear later on, that have been amazing in supporting women through their journeys. I'm fearful that if there's a lack of sustainable funding these services will not be as easy to access. That's a really important point that I wanted to add in there.

How do we challenge sexual violence and harassment? As I experience the world I live and work with, I have come to understand that this is not just one issue. It's a complex web of issues stemming from social norms and beliefs, gender roles as portrayed by various sources, and the systemic discrimination that continues to oppress women in many ways.

To truly get a good understanding of the things that need to be addressed, here are a few things that I feel need to be recognized:

—the consequences of colonialism on aboriginal women, and identifying and acknowledging our own social position within this context; as an example, really

gaining a good understanding of our white-privilege status;

- the structures that exist in society which continue to oppress women and place women at a disadvantage economically, financially, socially, physically and even emotionally;

- the factors that come into play around child care and custody issues for women, and what that means for her and her family's survival as well as her recovery and overall wellness;

- the effects of low-paying work and the impacts this has on her and her family;

- how gender norms and social expectations affect a woman and how these impact her self-determination;

- single parenthood, and all the challenges that brings for some women;

- that a woman trying to get ahead is forcefully thrown back into the margins of society because of the social structures and barriers that prevent her from moving ahead; for example, the multi-level stigmas and discrimination that women continue to face and experience around many complex issues such as mental health, addictions, chronic illness, culture, religion, or discrimination on the basis of race, ability, HIV status etc.; and

- the cost of post-secondary education, the cost of child care, the cost of medical care and the cost of medications—if a woman is sick or her child is sick and she can't afford to buy medications, that puts an extra burden on her.

A lot of these things are inaccessible for the working poor. The criteria and expectations for most social programs—OW, for example, and the minimum wage would fit in that as well. How can a person on limited income who can't get a loan go to school, get child care if she has children, work and parent all at the same time? If she gets a loan, we need to understand the impact that has on her and her financial stability in the future. We need to challenge these structures.

Affordable housing: Why would a woman leave an abusive situation if she risks being homeless? Sure, there are shelters. Those are usually temporary fixes, so we really need to look and challenge those. I could go on and on.

I realize that these points are very specific in nature, but are also very overarching in nature. That's the point that I'm trying to make. The work needs to begin at looking at the disadvantages that women have by challenging social norms through education and prevention work, all the while looking at the systemic issues the government perpetuates by not looking at the root of the problem.

Poverty is getting worse. More and more people are falling into the category of the working poor, and who do you think will be the first to get there?—minority groups, marginalized groups and women. A young woman who has no place to go—for example, because she isn't able to make enough money and her husband evicted her on the basis of her HIV, which is common among my clientele—will often fall to the streets and couch-surf for

survival, which is a huge risk factor for sexual violence and HIV.

We want to end this cycle of oppression and sexual assault among women. We must first take a look at our general attitudes about this and challenge stereotypes and norms we have supported through generations and generations. Creating social justice for women involves a profound restructuring of society and of the way that people think about and experience the world.

By stressing that the personal is political, the women's movement has made the social equity of women a public and not merely a private problem, so we must look at moving ahead with these issues. We must remember what the 1960s movement was all about: creating a just society for women, which means the elimination of sexism in all areas, particularly in the legal system, the organization of social production and the perception and treatment of women's bodies in the arts, sciences, religion, education and the mass media.

We need to look at how the current system revictimizes women when they do speak out. For example, women living with HIV are more criminalized than ever before because the current judicial system itself isn't very clear around the laws on sex and HIV. HIV disclosure is not as clear-cut as the law makes it sound. So what I'm saying is that we need to consider how the judicial system itself can be revictimizing.

We need to develop a better structure for service provision for women who request support—collaborative, holistic, client-centred care where privacy laws are reviewed within these contexts—but that must also include sustainable funding.

I'd like to conclude that I'm a little disappointed that we're here today. This has been done four years ago. There was a document that was put out as a result of a conversation similar to this in nature, where they were asking people for their general thoughts and beliefs around issues of sexual violence. I googled to see if there was anything out there, and I found two documents, actually: Changing Attitudes, Changing Lives, and then a progress report that was put together two years later. The answers you're looking for are right in here. I don't feel that you need to be here today when you have the resources right in front of you that you could potentially just rely on and build from to continue the work that has already been done. I just wanted to throw that out there.

There are also a multitude of other resources available. For example, the Ontario Women's Directorate is leading a working group on this issue. Connecting with them, you may be able to find some strategies.

**Interjection:** We are.

**Interjection:** We have.

**Ms. Stephanie Harris:** Okay, great. Good.

A Strategic Framework to End Violence Against Aboriginal Women: another document worthwhile looking into.

**Interjection:** We are.

1310

**Ms. Stephanie Harris:** Good. The Promoting Healthy, Equal Relationships campaign; Kizhaay Anish-

inaabe Niin, the I am a Kind Man campaign—because some of the work that we do around ending sexual violence is not just a women’s issue. We need to involve men as well, and there are already a lot of established core groups that could help with that. We need to engage our young men in ending violence against women, whether it’s physical, emotional, sexual, whatever.

The White Ribbon Campaign—same idea. I love their talk about the man box and helping people think outside of the norm of how men should behave and treat women.

Le Centre ontarien de prévention des agressions are also implementing an online social media campaign, another campaign worth looking into: “It starts with you. It stays with him.” “Ça commence avec toi. Ça reste avec lui”—another really awesome campaign.

A last one that I was able to find is Ontario’s Equity and Inclusive Education Strategy.

There’s a lot of really good work happening already, and I feel that you being here today is kind of just restarting that cycle where—

*Interjection.*

**Ms. Stephanie Harris:** I’m glad to hear that, but from the perspective of someone who works in women’s issues, I just have a really hard time having a discussion with you when the work is already being done. Instead of having these conversations, I feel like potentially you could look at the documents and put out another progress report talking about how you’re furthering the work that’s already being done.

In line with that I’ve been talking about, this is an Australian document that I found that I was really interested in. It’s called Advance Australia Fair: Addressing Systemic Discrimination and Promoting Equality. It’s a really good document on the strategies that their government has taken on to promote equality within their own government. I realize their laws are different, but it might be a good framework to follow in terms of addressing systemic discrimination.

That’s all I have. I didn’t take the full 20 minutes.

**The Chair (Ms. Daiene Vernile):** Ms. Harris, thank you very much for your information. We’re going to give you some questions now. We’ll begin with the government side. We have questions from MPP McMahon.

**Ms. Eleanor McMahon:** Thank you for your presentation. I hear the frustration in your voice. I think you heard some of the responses today. We are connected to the Ontario Women’s Directorate. All this stuff emanates from us, so it has been a building block to where we are now.

Just to say something that may seem obvious, the conversations that were started in the fall with issues like Jian Ghomeshi are indications to us that at a societal level we have some systemic problems.

**Ms. Stephanie Harris:** A lot to do.

**Ms. Eleanor McMahon:** Yes. I do want to ask you a question in a moment, but also give you one more piece of background, if I may. The documents that you reference—way to go; you’ve done wonderful research—

were the building blocks for our health and physical education curriculum that was just released.

**Ms. Stephanie Harris:** Great.

**Ms. Eleanor McMahon:** Yes, just so know. We sympathize; navigating government is complicated, and sometimes understanding how these things all fit together is challenging—so just to reassure you that they are connected and that we know them and we appreciate your observations.

**Ms. Stephanie Harris:** It’s mainly frustrating for us service providers who try to work with these women in addressing some of these barriers, we’ll call them, when we really have no control over the way things are being handled systemically. We can give them a voice all we want and we can advocate for them all we want, but at the end of the day, we’re not in control of what happens after and beyond that.

**Ms. Eleanor McMahon:** That’s what we’re here to hear about from you today. Talk to us about the systemic pieces and why we’re in a society where victims of sexual violence and harassment still don’t feel safe to come forward. Can you talk to us about your observations around that, and then give us some advice as to how you think we could begin to address that?

**Ms. Stephanie Harris:** Well, I did speak to that in my speech a little bit, around the media and the gender norms and all of the social roles that are forced on us from early childhood—even when you’re looking at the blue and the red. When you go to the toy store, there’s a girl department and there’s a boy department. So even just in nature how the gender roles are defined by society is a problem.

In terms of women coming out and reporting instances of sexual violence, the judicial system itself is very revictimizing, where the perpetrator has rights that a victim doesn’t. At the end of the day, if a woman has to retell her story a million times and has to defend her story and prove that she was sexually assaulted, it’s too much work. As a woman, I probably wouldn’t do it either, because it’s frustrating. It’s a very frustrating system, and so a lot of women aren’t coming forward because of that reason. They don’t want to rehash everything and relive their experience over and over again and have to find somebody who could defend them enough to get enough proof to suggest that it did happen, or to prove that it did happen, where the male perpetrator gets a slap on the wrist and walks away at times. That’s very frustrating for women.

**Ms. Eleanor McMahon:** It is. As overwhelming as this might sound—because I can concur, and as we all do with your experiences—can you maybe distill a couple of examples for us of things that we could begin to address? I know there’s a long laundry list, but are there a couple that really stand out for you in terms of priorities that we could begin to address? Because it is a wheel. It’s the judicial system. It’s the law enforcement pieces. It’s the revictimization.

**Ms. Stephanie Harris:** It’s bigger than that, though.

**Ms. Eleanor McMahon:** So please share with us.

**Ms. Stephanie Harris:** It’s bigger than that, because, again, part of the problem is the way that women are

being portrayed, whether it be in the media, whether it be in society. It's the way that women are being portrayed.

I was talking to some folks earlier, and I was giving some really concrete examples of what young girls face. Some people were like, "Oh, my God. That happens?" Yes, that happens. I don't think it's a safe place for me to be very descriptive, but it does happen. But, at the end of the day, it's really the systemic nature of how women are perceived in society.

How do we change that? Education. Prevention. The campaign strategies that already exist—let's adopt them on a national level. Let's actually have commercials or have programs in schools, have programs in society.

There's a lot of community work being done—for example, the Coalition to End Violence against Women. We do what we can on a community level. There's the domestic violence youth group. We're putting together a youth mentorship program for males so that they can learn a little bit about gender-based violence—and it's kind of the equivalent of the Power of Being a Girl, run by the YWCA.

There's a lot of work being done on a local level, but it needs to be bigger, it needs to be better and we need to reach out to more people. How do we do that? What are people accessing the most? The Internet. They're watching TV.

**The Chair (Ms. Daiene Vernile):** Thank you very much. We're going to take some questions now from the opposition. It is going to be MPP Hillier.

**Mr. Randy Hillier:** Thank you. I just wanted to get some clarification. You mentioned some reports, and I didn't get the name of those reports. If you could tell us what those—

**Ms. Stephanie Harris:** You mean these ones here?

**Mr. Randy Hillier:** There were two of them.

**Ms. Stephanie Harris:** So it's Changing Attitudes, Changing Lives: Ontario's Sexual Violence Action Plan.

**Mr. Randy Hillier:** Okay, and the subsequent one was a progress report?

**Ms. Stephanie Harris:** Yes, it was a progress report. One was written in March 2011 and the other one in June 2013.

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

**Ms. Laurie Scott:** If I could ask, I'd like to hear some examples, if you could share. Just pick a woman who has come in, and give an example of some of the barriers, and maybe if you knew in the judicial system—the action plan does speak of changing the judicial system so cases are sped up, if you think that will help.

**Ms. Stephanie Harris:** I'm not an expert in the judicial system.

**Ms. Laurie Scott:** That's okay—

**Ms. Stephanie Harris:** I'm a community development coordinator, so the majority of my work is in prevention and education. These are just things that I'm hearing from clients who are faced with these dilemmas.

**Ms. Laurie Scott:** That's fine.

**Ms. Stephanie Harris:** What I can tell you, though, is that particularly with our clients who are living with

HIV, just living with HIV alone has its own barriers. Going to the hospital, often they are told, "Sorry. I can't help you." They're being turned away because of their HIV status. Oh, yes. This happens all the time. They're discharged early before even they're better in terms of their health, and half of them don't have an address. They say, "Okay. Here's a cab. Go home." Well, for some of our clients, their address is our office. If they're going to the hospital to address any issue, and they're completely discriminated against because of their HIV status and then they're told to go home and their home address is our office and we're closed on a Saturday, where do they go? So they often find themselves in a situation where they have to find a place to crash. They go couch-surfing. They ask their buddies, they ask their friends, "Can I stay at your place?" Oftentimes that doesn't come without sexual favours. So discrimination is a huge part of that, for sure.

**Ms. Laurie Scott:** So in the health care system, you're saying they're released early because of HIV, or not dealt with appropriately.

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**Ms. Stephanie Harris:** It could be for many reasons, but yes. I mean, it's not all the time; it's not every doctor. But for our clients, that is a reality.

**Ms. Laurie Scott:** Okay. You mentioned before the revictimization. We all totally agree. It's part of our mandate to look at that. Have you heard, or have you seen, anything that you could add to that system that you see as a barrier, that we should look at?

**Ms. Stephanie Harris:** I'm trying to keep it related to HIV, because that's the population that I work with.

**Ms. Laurie Scott:** That's fine.

**Ms. Stephanie Harris:** The only thing I could tell you is, when it comes to the justice system, and even in how laws are written around HIV and disclosure, the law itself is not very specific. The law states that if your viral load is undetectable, you must wear a condom, and you don't have to disclose. But if your viral load is not undetectable, you must disclose and you must wear a condom.

What happens if the condom breaks? What happens for anal sex? What about oral sex? The language around how the policy is written itself is a challenge, because if a woman chooses not to disclose her HIV status and has sexual intercourse with someone and the condom breaks, is she then responsible for telling them that she's HIV-positive? She did wear a condom, but she could be criminally charged with aggravated assault.

**Ms. Laurie Scott:** And has that happened? Have you seen that happen?

**Ms. Stephanie Harris:** Oh, yes. There was a case in Barrie not that long ago.

**Ms. Laurie Scott:** A case—sorry, where?

**Ms. Stephanie Harris:** In Barrie, not that long ago.

**Ms. Laurie Scott:** What percentage of women, that are HIV-positive—

**Ms. Stephanie Harris:** In all of Ontario, we're looking at about 22%. In Canada, there are about 66,000

people living with HIV. In Ontario, there are about 19,000, and 22% of those are women.

**Ms. Laurie Scott:** And up here, or in the area you service, what percentage?

**Ms. Stephanie Harris:** You know what? I don't know. I don't know the recent stats. At one point, it was about 500, but that was a few years ago. I don't know the most recent stats.

**Ms. Laurie Scott:** I think those statistics—I wouldn't expect to hear it would be that high, because you're very specific in speaking here today. I don't know if you do other parts, if your job entails—

**Ms. Stephanie Harris:** Sorry?

**Ms. Laurie Scott:** When you have your community development coordinator, is it just HIV/AIDS? I didn't know if you had a broader mandate for your job. Is it specifically—

**Ms. Stephanie Harris:** It is, because—I use a social-determinants-of-health lens in my work, so I touch on the different areas that could potentially be included. Poverty elevates the risk for HIV. Lack of education elevates the risk for HIV. Homelessness elevates it. I use that lens, so I do a little bit of work in various areas.

**Ms. Laurie Scott:** That's great. Thank you very much for—

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

**Ms. Laurie Scott:** —and for your information.

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

**Ms. Peggy Sattler:** Thank you very much. I also heard the frustration in your voice, and want to assure you that this committee—I think it's a priority that we honour the work that has been done for years by women's organizations and other organizations on the front lines. Thank you for that reminder.

You talked at the beginning of your remarks about making sure that a lack of sustainable funding for community organizations doesn't threaten women's access to services. I wondered if you could speak to us a bit about your experience with accessing funding, and what community organizations have to go through to ensure the sustainability of their services.

**Ms. Stephanie Harris:** I was more referring to the cuts that are coming down the pipes in terms of health care. If those cuts come through, certain services—social services as well as health services—could be impacted. Of course, women's services would be part of that, I would imagine.

**Ms. Peggy Sattler:** Are there specific cuts that you were thinking of?

**Ms. Stephanie Harris:** Just the health care.

**Ms. Peggy Sattler:** Just in general—okay.

Another issue you raised was the need for a review of privacy laws. I don't know if that relates back to the legislation you spoke about with regard to HIV—

**Ms. Stephanie Harris:** No, it was more around consent. When women access services, they rarely come with just one issue. Taking a look, I really don't have the answer in terms of what that might look like from a

governmental perspective, except to say that when we work together in a community, we build partnerships, but we're often limited by the privacy laws around what we can disclose and what we can't.

Where some agencies are more restricted than others, it prevents us from being able to better work together, to work outside of our silos and come together as a community to better serve a woman—taking a look at what that might look like.

**Ms. Peggy Sattler:** So at this point you don't have specific recommendations about what needs to be done?

**Ms. Stephanie Harris:** No, I don't. It's certainly not an area of expertise for me. I just know that that's a barrier for a lot of women.

**Ms. Peggy Sattler:** And your organization has experienced those barriers? I just want to understand.

**Ms. Stephanie Harris:** No, we have, because we serve women who are living with HIV and who also have addictions issues, and who also have mental health issues. We are liable, as an organization, in making sure that the privacy of our clients is respected, but there's got to be a way that we can create a circle of care for women where certain information can be divulged, so that we can work together as a team to help her. Right?

**Ms. Peggy Sattler:** Okay.

**M<sup>me</sup> France Gélinas:** I already know the answer to this, but I don't think my colleagues do: Do you know if there are physicians in Sudbury who refuse to see patients because they are HIV-positive?

**Ms. Stephanie Harris:** From the stories I've been told from our clients: Yes. I can't tell you who they are, but certainly.

**M<sup>me</sup> France Gélinas:** Yes, we have many. Would you be able to say how many physicians in Sudbury do take patients who are HIV-positive?

**Ms. Stephanie Harris:** I know of one for sure. She works out of our office. She comes in on a monthly basis and works with our clients who are living with HIV or hepatitis C, or who are co-infected.

**M<sup>me</sup> France Gélinas:** We have over 220 family physicians in Sudbury, you work with people who are infected with HIV and you know of one physician who takes HIV-positive clients?

**Ms. Stephanie Harris:** Yes.

**M<sup>me</sup> France Gélinas:** I just want people to know that. So if you are HIV-positive and you have been a victim of sexual abuse or sexual harassment, where do they turn to for support? Where do they turn to for help?

**Ms. Stephanie Harris:** They usually come to us because they don't trust any of the others, now that our clients are aware that we have a doctor who will work with them. But even then, it's limited; she only comes in once a month. So if somebody was sexually assaulted, we will refer her to the sexual assault crisis centre, but whether or not she's comfortable accessing that service is a completely different story, because when you add HIV to the mix, whether it's a perceived or real stigma, it's still there. So a lot of women won't access services because they're scared of being rejected. We make an

appointment with them to see our doctor, but it's a month at a time.

**M<sup>me</sup> France Gélinas:** If you look at the populations that you work with—I don't know if you keep those sorts of statistics—what percentage of the population that you work with would you say has lived experience with sexual assault and sexual harassment?

**Ms. Stephanie Harris:** Many.

**M<sup>me</sup> France Gélinas:** Over 50%?

**Ms. Stephanie Harris:** Yes.

**M<sup>me</sup> France Gélinas:** Would you say that they are way higher than in the population of women in general?

**Ms. Stephanie Harris:** I don't know how to answer that. The only thing I can tell you is that we work with very marginalized populations whose risk factors are elevated, so potentially.

**The Chair (Ms. Daiene Vernile):** I thank you very much, Ms. Harris, for coming and speaking to our committee today and sharing your information with us. We invite you, if you wish, to sit in the audience for the rest of the afternoon.

**Ms. Stephanie Harris:** Sure. Thank you.

#### SUDBURY COUNSELLING CENTRE

#### CENTRE DE COUNSELLING DE SUDBURY

**The Chair (Ms. Daiene Vernile):** I would now call on our next presenter, the Sudbury Counselling Centre. Just have a seat in any chair that has a microphone in front of it. The red light means you're on, as you can see. You will now have up to 20 minutes to talk to our committee, and it will be followed by questions by our committee members. Please start by stating your name, and begin any time.

**M<sup>me</sup> Lynne Lamontagne:** Bonjour. Je suis Lynne Lamontagne, la directrice générale du Centre de counselling de Sudbury, the Sudbury Counselling Centre.

Le Centre de counselling de Sudbury, the Sudbury Counselling Centre, offers various programs as they relate to sexual violence. We offer Violence against Women and Growth in Connection programs. We offer a Child Witness Program. We offer a child victim program. We offer a Partner Assault Response program. We also offer a Male Survivors of Sexual Abuse Program.

Amongst all the programs that we see, we also see gaps in programming in the area. Some of the gaps that we've identified include prevention programs, mostly. One such program that we're trying to offer, but have not secured any kind of sustainable funding for, is what we call the Before Everything Escalates Program. This is a program aimed at men to prevent violent acts against their intimate partner.

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We also offer a risk management service for men. This is a post-charge program, after the initial charge is laid, because we know it is at that time that men become most dangerous against their partner, because they dared report the violence or their neighbour reported the violence.

There is nothing to support men in this crucial time of need.

We also see a need for conjoined counselling as a prevention measure. It's too late to try to do couples' counselling after the violence has been implanted in that relationship. We need to do it before, as a prevention measure.

Those would be the recommendations that we have for our community here in Sudbury.

We also note that there are many, many organizations involved in sexual violence. They range from rape crisis centres to counselling centres like ours, to shelters, to women's centres, to Réseau Access—I just heard Stephanie speak—the hospitals, the workplaces and now, most popularly, the educational institutions. What we see now is a need for clarification of our system map, because women don't know how to navigate to get the specific services that they're looking for.

More often than not, women are referred to us because somebody already came to see us, so they know we exist. We are a non-profit charitable organization and therefore do not have all the money we would like to promote, nor do we want to promote to the extent that we cannot serve. These are some of the challenges that we're facing.

We also think that women deserve some assistance in navigating that system.

I looked at the report that Stephanie mentioned a little earlier, the 2011 report entitled Changing Attitudes, Changing Lives, but I haven't seen much change since 2011. I would like for us to have that snapshot of what happened to the promises made to our groups at that time.

Les femmes francophones ont des besoins particuliers. Par exemple, il se peut qu'elles préfèrent parler en français, mais ne peuvent pas lire en français. Il faut avoir des organismes bilingues qui peuvent adresser ces besoins, tant sur le côté oral que sur le côté écrit.

Notre recommandation, alors, devient qu'il y ait plus de financement aux agences bilingues pour être capable de passer à une offre de qualité de services en français, parce que ça nous coûte déjà deux fois les montants que des organismes unilingues reçoivent pour être capable de passer à cette offre.

Non plus avons-nous une représentation provinciale pour le secteur de la violence faite aux femmes. Nous avons définitivement Action ontarienne, qui représente en grande partie les centres d'assaut sexuel, mais quelle est la distinction qu'on fait entre les CALACS et les centres de counselling? Les voix ne sont pas représentées sur la scène provinciale.

Alors, la recommandation, c'est d'assurer la représentation des agences en matière de violence faite aux femmes, et non seulement des CALACS, dans les discussions.

Finally, children are often denied access to CCTV during court proceedings, even though this is their right. Women are subject to endure both family and criminal court proceedings separately or twice, or like we like to say, they repeat their story many, many times, and are

therefore revictimised every time they have to live the experience again.

Our recommendation is a review of the current shortcomings in the judicial process—I know you heard a lot about it already—and training for all of the principal actors.

Those are the recommendations from le Centre de counselling de Sudbury, the Sudbury Counselling Centre.

**The Chair (Ms. Daiene Vernile):** Thank you very much for your presentation. Our first questions for you will come from the third party, from MPP Gélinas.

**M<sup>me</sup> France Gélinas:** Merci beaucoup d'être ici. Ça me fait toujours plaisir de vous voir.

Ma première question serait sur le commentaire que vous avez fait que pour les femmes francophones qui préféreraient, peut-être, recevoir leurs services en français—qu'elles écrivent ou qu'elles n'écrivent pas en français, elles voudraient faire affaire avec des agences bilingues—est-ce que les agences bilingues qui existent en ce moment ont plus ou moins de problèmes financiers que les autres?

**M<sup>me</sup> Lynne Lamontagne:** La réponse facile c'est que les agences bilingues encourent effectivement plus de dépenses pour l'offre de leurs services. La difficulté que j'ai, France, c'est qu'il n'y a pas beaucoup d'agences bilingues. La plupart des agences sont des agences soit anglophones qui offrent un certain nombre de services en anglais, soit des agences francophones. Le Centre de counselling de Sudbury / Sudbury Counselling Centre est une perle rare : une agence francophone qui offre ses services en français et en anglais, mais tous leurs services et non pas juste un service ou deux. Alors, je dois faire l'offre de tous ces programmes-là que j'ai mentionnés en français et en anglais, et c'est à ce moment-là que ça devient plus difficile pour nous.

**M<sup>me</sup> France Gélinas:** Votre budget à vous autres vous vient surtout du ministère des Services sociaux et communautaires?

**M<sup>me</sup> Lynne Lamontagne:** Je ne dirais pas « surtout », parce qu'il représente à peu près un tiers de notre financement.

**M<sup>me</sup> France Gélinas:** Pas plus que ça?

**M<sup>me</sup> Lynne Lamontagne:** Non.

**M<sup>me</sup> France Gélinas:** Le restant, ça vient d'où?

**M<sup>me</sup> Lynne Lamontagne:** Je reçois aussi des fonds du ministère du Procureur général pour certains programmes. Nous sommes aussi une entreprise sociale. Alors, nous offrons des services à des gens qui peuvent les payer, soit des individus ou encore des organismes qui paient au nom de leurs employés des programmes d'aide aux employés. Nous faisons des prélèvements de fonds, et nous acceptons des dons. C'est à peu près un tiers, un tiers, un tiers.

Il y a aussi un peu d'argent qui vient du ministère des Transports pour un programme en toxicomanie que nous offrons, et le ministère de la Santé et des Soins de longue durée cofinance ce programme-là aussi.

**M<sup>me</sup> France Gélinas:** Lorsque vous négociez vos budgets avec les différents ministères provinciaux, est-ce

qu'on prend en ligne de compte le fait que vous êtes un organisme francophone qui offre des services bilingues?

**M<sup>me</sup> Lynne Lamontagne:** Pas du tout. La formule de financement est la même selon les programmes.

**M<sup>me</sup> France Gélinas:** OK.

**The Chair (Ms. Daiene Vernile):** MPP Sattler?

**Ms. Peggy Sattler:** I have a question about the Partner Assault Response program. You mentioned that your agency is involved in delivering the PAR program. We have seen a number of agencies in southern Ontario closing the PAR program, and there were some recent changes to the length of the program. I wonder if you could talk about your experience with the impact of the changes to the PAR program and any kind of results that you have seen coming out of the PAR program.

**Ms. Lynne Lamontagne:** That's loaded. I'm glad you asked it. I didn't really want to open that door. In 2013-14, we were financed to offer the program to about 145 men. For the 2014-15 year, we were asked to offer the program to 245, not with the same money, but with a smaller amount per person. At the same time, the program went from a 16-week program to a 12-week program, so the financing formula was also reduced because of the number of hours that we spent in the program per person.

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We have had only one year now to really look at the financial impact that has had, but I can tell you that the impact it has had on the agency from an HR perspective has been very difficult. We've had to reassign resources, allocate more resources, because now we are held to a greater volume in the same amount of time, and none of the expectations were reduced. In fact, they were increased, if you take into account the data reports that have to accompany a lot of the information that we provide on a quarterly basis.

I'll give you an example. For every man or woman entering that program, we have to track the number of days between the date the order occurred to the date that they show up at our place, whether it was zero to 30, 30 to 60, 60 to 90. We don't necessarily know what day it was when they were ordered to come to that program, so we have to go back to the crown attorney's office or probation to find out when the court initiated the order, and then track when they actually show up to our place. That's a lot more administrative work that we have to do.

There was no increase in terms of assessment of the clients, either. It's a lump sum. You have so much to do assessment. It doesn't matter if you have 100 or 200. It doesn't mean that assessment will guarantee that they get into the program—

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

**Ms. Lynne Lamontagne:** I could talk a lot longer on that one.

**The Chair (Ms. Daiene Vernile):** We want to hear you more, and we have some more questions for you from our government side now.

MPP Lalonde.

**M<sup>me</sup> Marie-France Lalonde:** Bonjour, madame Lamontagne. Merci beaucoup d'être avec nous aujourd'hui. C'est vraiment un plaisir d'écouter.

Je voudrais savoir juste une chose avant de débiter. Combien de gens, de femmes, voyez-vous dans une année au niveau de l'engagement pour la violence et le harcèlement sexuel?

**M<sup>me</sup> Lynne Lamontagne:** Nous accueillons 350 femmes annuellement dans le programme de violence contre les femmes. Nous accueillons un autre 50 femmes dans le programme avec leurs enfants, et nous accueillons environ 75 femmes dans le programme IPV, l'intervention contre les partenaires violents.

Il faut aussi dire cependant que dans ce programme-là, parce que c'est un programme qui s'adresse aux personnes abusives mais à leurs partenaires aussi—une des raisons que je parle du programme de PAR, IPV, qui est surtout initialement un programme pour les hommes, c'est que, intégralement, il y a une composante qui nous exige de prendre contact et rendre service à leur partenaire intime également. Alors, même si nos cibles sont 245 hommes ou femmes par année, c'est un autre 245 hommes ou femmes partenaires.

**M<sup>me</sup> Marie-France Lalonde:** Ce dont on parle en ce moment, je crois que ce n'est pas seulement la violence faite aux femmes; c'est la violence conjugale aussi. Est-ce que je suis—

**M<sup>me</sup> Lynne Lamontagne:** C'est ça. C'est une question qui est difficile à séparer.

**M<sup>me</sup> Marie-France Lalonde:** Oui, pour vous—

**M<sup>me</sup> Lynne Lamontagne:** Et pour quasiment tout le monde.

**M<sup>me</sup> Marie-France Lalonde:** Et on a le mandat aussi de—

**M<sup>me</sup> Lynne Lamontagne:** Oui, c'est ça, puis même pour la victime.

**M<sup>me</sup> Marie-France Lalonde:** Vous parliez du système, et je le dis en anglais, « mapping, » qui a beaucoup, beaucoup de services. Votre recommandation pour nous serait quoi? Comment est-ce qu'on peut vous aider par rapport à cet enjeu-là?

**M<sup>me</sup> Lynne Lamontagne:** Moi, j'aimerais voir un genre d'organigramme si possible. Je suis au courant que le centre de planification sociale à Sudbury est en train de faire un genre de « mapping » pour tous les services qui sont offerts à Sudbury et le lien entre ces services-là. C'est un super beau projet, mais qui a pris fin ou qui, mettons, a pris une pause par défaut de financement. J'aimerais voir renaître ce projet-là du centre de planification sociale.

**M<sup>me</sup> Marie-France Lalonde:** Ma dernière question, si je peux me permettre, c'est, d'après votre expérience, votre expertise, comment peut-on aider la femme qui vit la violence, peut-être pas conjugale, si je peux me permettre—ça peut quand même faire partie du processus, mais la violence faite aux femmes? C'est comment qu'on peut aider à prévenir cette violence-là aux femmes?

**M<sup>me</sup> Lynne Lamontagne:** Je pense qu'il n'y a pas de réponse facile à votre question. C'est un problème social

qui persiste depuis des décennies sinon des siècles. Alors, il faut arrêter de penser que la solution sera facile. Et plus on avance, souvent, à cause d'un manque de financement, plus on rétrécit nos programmes. Un centre à but non-lucratif comme nous, nous avons quand même des limites des services qu'on peut offrir. Une femme peut venir nous voir, par exemple, un maximum de 10 heures par année. J'aimerais voir enlever ces limites-là pour être capable de répondre aux besoins énoncés, et non pas juste rencontrer les exigences ministérielles.

**M<sup>me</sup> Marie-France Lalonde:** Je vais retourner aussi un petit peu avant. Une femme vient vous voir, c'est bien. Mais la femme qui ne vient pas vous voir, comment est-ce qu'on peut la rejoindre pour qu'elle soit capable et ne se sente pas confrontée à venir demander de l'aide? Dans le fond, c'est un bien que certaines femmes viennent vous voir, mais de l'autre côté, on sait qu'il y a beaucoup de femmes qui vivent une violence et du harcèlement sexuel mais qui ne nous le disent pas aujourd'hui.

**M<sup>me</sup> Lynne Lamontagne:** Oui. Une des peurs que j'ai entendues énoncer par certaines personnes, c'est qu'ils ont peur des retombées de se prononcer. Exemple : si une femme vient nous voir et nous divulgue certaines informations, nous sommes tenus, quand même, par la loi, de rapporter certains de ces éléments-là à la société d'aide à l'enfance. Si on pense que les enfants sont en danger, on a le devoir de le rapporter. Plusieurs femmes sont au courant de cela, parce que c'est les voisins, c'est les amis, c'est la famille qui souvent vont recommander à ces femmes-là d'aller chercher de l'aide. Mais c'est ces femmes-là aussi qui ont appelé la police ou qui ont appelé la société d'aide à l'enfance pour venir essayer d'aider ou protéger les enfants.

**La Présidente (M<sup>me</sup> Daiene Vernile):** Merci.

**M<sup>me</sup> Marie-France Lalonde:** Merci beaucoup.

**La Présidente (M<sup>me</sup> Daiene Vernile):** Et maintenant nous avons des questions de Randy Hillier.

**Mr. Randy Hillier:** Thank you, Lynne, for being here. I just want to clarify a couple of things. The PAR program: What does PAR stand for, first off?

**Ms. Lynne Lamontagne:** It's Partner Assault Response, and it's a program for both men and women that is ordered by the court.

**Mr. Randy Hillier:** Okay. And that's the only way people can access it, through the court?

**Ms. Lynne Lamontagne:** Through the court system. It's post-charge, but post-court as well.

**Mr. Randy Hillier:** Okay. And the other program that you mentioned was Before Everything Escalates, and that's not a court-ordered program.

**Ms. Lynne Lamontagne:** That is not court-ordered. It is volunteer, but it's not financed.

**Mr. Randy Hillier:** But it's not funded at all. So it's a program that isn't really a program right at the moment.

**Ms. Lynne Lamontagne:** That's right. Right now we're calling it a project as opposed to a program because we have to raise funds. Now, I have to admit that the Trillium Foundation has supported us somewhat through this initial pilot phase. We fear that the funding

will come to an end in June and it will not be repeated to continue on.

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**Mr. Randy Hillier:** Okay. Are you aware of any examples where this Before Everything Escalates Program is being funded in the province?

**Ms. Lynne Lamontagne:** No. It's a unique program that started here in Sudbury, but I have to add that I'm getting a lot of phone calls about the program, and I have been asked to present that particular program on the provincial and national stage in the coming months.

**Mr. Randy Hillier:** Okay. One other question for you—we hear this often, about a review of the judicial process and the problems of the judicial process. But we need to get more specific. I'm going to ask this one, to see if we can get a little bit closer to where the rubber hits the ground type of thing on the judicial process.

It has often been stated about retelling the story over and over and over, and revictimizing people. My understanding of the court system—and it's limited, as I try not to be in court too often, but if you could give me some example.

My picture, in my mind, of any crime is, the victim would go and tell their story to the police—it may be fleshed out a little bit more by other professionals within the police department, or the crown—and then be questioned about it in a court of law. But that would be my image for any crime, whether it's a physical assault, a sexual assault or a break-and-enter, or whatever.

What makes it different? What is different with sexual assault, where we keep hearing this phrase about continually retelling the story? Where does that come in, or how does it happen?

**Ms. Lynne Lamontagne:** One example that I can give you is that there are actually two court systems. There's the Family Court, and there's criminal court, okay? So you can't compare it to another crime, in that sense.

In Family Court, they're telling their story, to try to keep their children, right?

**Mr. Randy Hillier:** Yes.

**Ms. Lynne Lamontagne:** In criminal court, they're telling the same story, to prove the charges against whoever committed the act.

**Mr. Randy Hillier:** Okay. So that would be a scenario where the assault took place with a partner or where there is custody or other considerations.

**Ms. Lynne Lamontagne:** That's right. So there are two systems at play here. Now, in Toronto, there is a pilot, where both family and criminal courts listen to the story together and then make their decisions separately, instead of having two whole court processes.

**Mr. Randy Hillier:** And that's a pilot project going on in Toronto?

**Ms. Lynne Lamontagne:** In Toronto. We're seeing a lot of positive; we're hearing a lot of positive comments coming out of that pilot. We're wondering if we can look at implementing that pilot in other communities.

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

**The Chair (Ms. Daiene Vernile):** Thank you very much for coming and speaking to our committee today. I invite you to sit in our audience for the remainder of our testimony, if you wish to.

DR. JACQUES ABOURBIH

MS. CAROL CAMELETTI

**The Chair (Ms. Daiene Vernile):** I will call on our next presenter, and that is Carol Cameletti—oh, I'm sorry. Have I missed someone?

**The Clerk of the Committee (Mr. William Short):** No.

**The Chair (Ms. Daiene Vernile):** No? Okay. Carol Cameletti and Dr. Jacques Abourbih.

**Dr. Jacques Abourbih:** Don't worry. Nobody knows how to pronounce it.

**The Chair (Ms. Daiene Vernile):** You're going to come up here and tell me how to pronounce your name, right?

Just have a seat in front of the microphones. Please make yourselves comfortable. You will have up to 20 minutes for your presentation, and then our committee members will be asking you questions.

Please begin by telling us your names, and begin after that. Thank you.

**Dr. Jacques Abourbih:** Thank you. Ms. Cameletti has asked me to go first.

My name is Jacques Abourbih. I'm associate professor of surgery at the Northern Ontario School of Medicine. I'd like to draw to your attention that this presentation reflects my personal views, and I'm not authorized by NOSM to speak on its behalf. I believe Ms. Cameletti also is presenting her own personal views.

My colleague and I will cover two areas of concerns related to sexual violence and harassment. Ms. Cameletti will deal with the LGBTQ2S, and I will deal with the issue of sexual violence and harassment of female medical students and female MDs. My topic deals with the sexual harassment of female medical students in undergraduate medical education programs and female physicians by patients. The second one, which will be addressed by my colleague, is a subtle form of sexual harassment of the LGBTQ community seeking access to health care resources.

I would like to emphasize that the findings described in this presentation do not correlate with what is happening to female medical students at NOSM or reflect the sexual abuse and harassment of female physicians in northern Ontario, necessarily.

We are intending to put a proposal for research ethics approval at Laurentian University and Lakehead University to study if there is a problem of sexual harassment and abuse of female medical students and female physicians in northern Ontario, and if so, what is the magnitude and seriousness of the problem.

Sexual abuse and harassment in society represents profound disrespect for women by the perpetrators, and

the root causes are multiple: unbridled sexual desire, sexual frustration, an urge to control, a deep sense of insecurity. In the case of female medical students and female physicians, they have one thing in common with other women in authority—and that is the unwillingness to accept women who disturb the balance of power.

Over the past two decades, there has been a paradigm shift in the gender demographics of the medical profession. Whereas when I was a medical student at McGill University only 10% of my class were women, today almost 50% to 60% of medical students in Ontario are women. At NOSM, the percentage is even higher; in some classes at NOSM, they represent almost 70% to 75% of the student bodies.

One important aspect of this demographic change is the emergence of sexual harassment of practising female physicians. This phenomenon was brought to light incidentally during the course of an incidental conversation that I had with a female colleague around the subject of how women in the medical profession in rural and northern communities handle professional responsibilities and their roles as mothers and wives. That was an aside; it was not meant to be the topic of the conversation.

Whereas sexual harassment in the patient-doctor relationship has been typically focused on male physicians harassing or abusing female patients, a new phenomenon emerges of female physicians experiencing sexual harassment by their patients.

The College of Physicians and Surgeons of Ontario, the CPSO, which is the self-regulating body of the medical profession, handles severe sexual misconduct of its members. There are no available recourses for female physician victims of sexual harassment at the hands of their patients. The CPSO boundary-crossing policies are directed at the members of the college and focused on protecting the public from predator MDs.

Physicians hold a position of power in our society, and this imbalance of power precludes sexual harassment from patients in general. By extension, female physicians share with their male counterparts the position of power conferred by the title of MD. However, female MDs share with other women in our society the vulnerability to harassment that comes with their sex.

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It starts in medical school. By the way, we have the references to what I'm saying at the bottom of my submission. This is how one medical student expressed the problem: "It's just something you suck up." A fourth-year medical student at the Northeast Ohio Medical University college of medicine is the author of this line.

A review of the literature indicates that sexual harassment of female medical students occurs with regularity in undergraduate training programs. It occurs most often in clinical settings, primarily surgical specialties, and it remains largely unreported. Several articles have been published on the subject.

That said, the overwhelming response of female students in undergraduate medical education programs de-

scribe the climate as positive and used such expressions as "treated equally" and "equal opportunities."

I'd like to underscore that I have been chair of the student complaints committee at NOSM for the past eight years. I have never, ever, had a case referred to my committee for adjudication.

But students are not immune to harassment from patients. One medical student, in an anecdotal report several years ago, said that she was told, "Hey, doc. You got great legs," from one of her patients.

What happens when the medical student enters practice? Dr. Phillips and Ms. Schneider of the Ontario Institute for Studies in Education and the department of family medicine at Queen's University wrote in an article, "Female doctors are treated primarily as women, not as physicians, by many of their male patients." They wrote an article about this in the *New England Journal of Medicine*, a very prestigious medical journal. The vulnerability inherent in their sex overrides their powers as doctors.

The same authors mailed 1,064 surveys to female physicians licensed to practise in Ontario and got about 600 responses. More than three quarters of those responding said that they had been sexually harassed by a patient. Patients requested genital examinations with no evidence of a physical problem. Some groped the doctor's breasts. One mailed a sexually explicit letter. Others sent G-strings. Another requested that his doctor masturbate him for a sperm count. One male complained of a rash on his buttocks, jumped off the table and leered and thrust his erect penis at the doctor.

The most extreme scenes occurred a few times a year and the milder ones about once a month or so. They took place mostly in emergency rooms and in clinics, but they also happened in doctors' offices by their own patients. It's estimated that anywhere between 25% to 75% of women in health care professions are subject to sexual harassment.

There are two tables in the submission that I have given you. This is a summary of the reports in these tables. Some 53% to 59% of female physicians reported that they were victims of suggestive looks or sexual remarks. Suggestive gestures, pressuring the doctor for a date, and inappropriate gifts: These account for about 20% to 30%. These are the more benign forms.

What is more alarming is the egregious behaviours amounting to sexual abuse of female MDs by their patients. They ranged from suggestive exposure of genitalia, brushing, touching or grabbing. This was reported by 20% to 30% of female physicians. There was at least one case of outright rape.

Table 2 shows that 20% of female physicians did not consider sexual harassment by the patient to be a very significant problem, but 74% felt that sexual harassment was somewhat of a problem to a significant problem, and up to 6% reported that sexual harassment and abuse were a serious problem.

In conclusion, sexual harassment of female medical students and female MDs is much more widespread than

thought, but the subject is not raised and discussed. The statistics presented probably underestimate the true incidence, and I suspect that behaviour that may be considered inappropriate and harassment is more often than not excused by female doctors as inevitable, as part of being a woman, or ignored. After all, female doctors live in a society that views that a certain degree of sexual harassment of women is just part of being a woman, and is acceptable.

Remediation starts by recognizing this problem. As a first step, medical schools should include sessions and workshops to raise awareness of that problem. Discussions on strategies to protect female doctors should become a topic addressed by both the CPSO and the Ontario Medical Association.

Thank you very much.

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

Please say your name.

**Ms. Carol Cameletti:** My name is Carol Cameletti. Recently, I completed a graduate specialty in gerontology. In writing quite a few papers and going to a few LGBTQ conferences here in Sudbury, it seems as if there's an absence of including our elderly LGBTQ population in the north, and I'm talking about the age of 60 and over.

Health care providers often lack positive communication strategies for elder lesbian, gay, bisexual and transgender clients due to a lack of cultural competency and a keen awareness of the major hurdles to cross-cultural understanding in health organizations. Elder LGBTQ clients have reported receiving substandard care from health care providers. Developing and analyzing effective health strategies is vital for sustaining access to quality health care for the elder population.

If health care providers have knowledge about their patients' cultures, then an opportunity exists to have a positive effect on a client's health. Disclosing sexual orientation can be the most difficult part of seeking treatment for this population with their health care providers. Many members of this community report negative experiences coming from their health care providers, and a lot of them don't reveal or come out to their physicians, nurses and other health professionals.

Prompt action is needed, given the core belief that a process that clarifies what matters most builds a culture of shared purposes that grounds equitable treatment for all patients, regardless of gender or sex. A recent study has shown that health care providers can enhance the quality of care given to LGBT clients—and researchers delving deeper into the topic of providing health care to LGBT clients. The research is not really there to be inclusive of this population amongst the elderly in health care organizations. The research that I have found has been very lacking.

I will get to a few quick points here:

—The LGBT elders are “largely invisible in the gerontological literature;”

—LGBT elders are “receiving care in medical and research settings that presume heterosexuality;”

—The possibility of residents being LGBT has not been considered by many nursing home directors. I do work in this field, and I can say that apartment living, supported living and assisted care with LGBT clients is not in any of the health care policies in the biggest city in northern Ontario, which is Sudbury. This also includes our nursing homes, whether they're private or government-funded. This also includes hospitals and other health clinics in northern Ontario.

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—LGBT elders are “receiving care in medical and research settings that presume heterosexuality.”

—They're less likely to have adult children caring for them when they are ill or enter care. If they are not able to speak for themselves, who will speak for them?

—Lots of times they have to deal with roommates in the nursing home or supportive care who dislike gay people.

—This population has a fear of being rejected or neglected by health care workers because of their status, and I have seen this several times, whether it's in the hospital sector where I work or going out into these elder care facilities.

—They have a perception that nursing staff will not respect their relationships and life decisions.

—They “worry that their integrity and their life choices will not be honoured.”

—LGBT couples over 65 are less likely to be married at this present time, resulting in LGBT elders being less likely to have spousal support when a partner dies. Of course, if their partner should die and they haven't married that partner, lots of times they lose out on financial compensation.

In closing, an equitable culture in health care for all seniors' health needs to be examined by the government and health care providers to utilize the various insights provided by this presentation. Awareness is central to cultural competence and it moves on a steady course from the intra-personal to interpersonal domain. By developing the necessary innovative criteria from past research methodologies, the health care providers will be able to disseminate knowledge within the context of equal partnership between LGBT clients and health care providers.

This summary is from a paper that I submitted to Lakehead University. Jacques and I and a couple of other NOSM staff ended up going to the first transsexual conference here in Sudbury. There was no mention of any seniors at this conference. I mentioned that I had done a paper, and the North East LHIN requested that I send on this paper. This is just a quick summary of maybe a 10- to 15-page paper that I wrote.

Also, I had the honour of meeting Premier Wynne and her partner. This was a couple of months ago when they took a tour of a seniors' facility. I was there for a few hours. This issue was raised by the Premier on a sidebar. I really think it's important that we start bringing this to the forefront as well. I would just say, with the other MPPs that all work closely with her, maybe we could

move this forward—if not in a provincial context, I would at least say in a northern Ontario context.

**The Chair (Ms. Daiene Vernile):** Thank you, Ms. Cameletti. We begin now with our government side. The first question is from MPP Thibeault.

**Mr. Glenn Thibeault:** Okay. Well, I guess, just to jump to the question that you were talking about specifically on the LGBTQ community, I know we have TG Innerselves coming in a little later to speak to us as well. Have you been speaking to them about some of the issues that you were flagging in relation to the community?

**Ms. Carol Cameletti:** Definitely. Jacques has really kept me in the loop. Jacques has really moved forward with this with Laurentian University and NOSM. We now have it in our curriculum. Jacques is looking more into this. If it weren't for Jacques, I might not have been so passionate, but I've gone to the workshops. I have had connections with Rita OLink and others. Although there are so many issues in this part, we've also got to think past transgender. It's the lesbians, the gays, the whole population that is being discriminated against here in health organizations.

I just looked recently at a CMHA application form for clients, and still, at Health Sciences North, we have "female" or "male." They have no other kind of sexual identity check marks to tick off. If you have a partner, it's "Who is your wife?"; "Who is your husband?"

Even our intake processes in these health organizations are very discriminatory towards this population.

**Mr. Glenn Thibeault:** You talked a little bit as well about the seniors' component. Not only are we looking at seniors and the LGBTQ community, but also, if we want to bring in the components of small, rural, northern communities, has that been considered—if someone is living in a small community or even a rural community in northern Ontario, how those individuals would be able to access the services that they would need, especially if they have experienced any type of sexual violence or harassment?

**Ms. Carol Cameletti:** Because it's such a large geographical distance here in northeastern Ontario, you're looking at aboriginal communities—I was a preceptor at one time with medical students. For a lot of this community, trying to access health services—lots of times, there is no physician in these fly-in communities, and sometimes it's only a registered nurse, not even a nurse practitioner. Hopefully, they would be inclusive. But I think this information has been so buried for so many years that if we start raising awareness of this, it would benefit every northern community, and, I bet you, every community in southern Ontario which might be rural or might be isolated.

**Mr. Glenn Thibeault:** One of the words we've been hearing a lot of, especially today, relates to training. Are you aware of any training that is happening in the medical profession for those types of communities? Maybe I could hand that over to the doctor to respond to that.

**Dr. Jacques Abourbih:** Thank you, Glenn. My microphone is on. Actually, if you look at the content of medical school curricula on LGBTQ, in Ontario, for example, it is abysmally small. NOSM has actually taken the lead in including the pre-clinical training exposure to LGBTQ appropriateness in interviewing patients and so on.

This year was the first year where we have an actual full module on LGBTQ health. In fact, we have specific objectives, and in the coming exams—well, I can't tell you, because I'm writing the exams. They are being tested on several facets of interviewing and management of LGBTQ patients.

Bear in mind that NOSM has a mandate to address the needs of the population in which the medical school exists. We know that 60% of our students stay in northern Ontario. So we hope that this will become disseminated as more and more of our physicians begin to move into smaller communities in northern Ontario.

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

Our next questions are from our opposition. MPP Scott.

**Ms. Laurie Scott:** Thank you very much for appearing here before us today. First of all, about the CPSO and the Ontario Medical Association: It's kind of surprising that they have not addressed this situation. I nursed, in another profession that I had, and there's no question that patient harassment is prevalent. I can't tell you exactly how the nurses' association maybe deals with that. But just because of the statistics you've given, I've got to think that female doctors have complained before, yet the situation hasn't been addressed. Or am I surmising that they've complained?

**Dr. Jacques Abourbih:** Well, since that landmark article, nothing has really been done about it.

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We also know that the CPSO is mostly there to protect the public, not vice versa, so there is no recourse for female physicians to report harassment. If it comes to the point of abuse, then she can lay charges, but if it is inappropriate touching or frotteurism—"frotteurism" means rubbing a person—there's no recourse for her. There is nothing she can do.

**Ms. Laurie Scott:** Do you have any indication that the Ontario Medical Association would push for it? No indication—

**Dr. Jacques Abourbih:** No. The literature that I have reviewed—it's mostly from the United States and it's within the past five to 10 years—recommends that this issue be addressed by the governing bodies and the medical education institutions. To date, I think, if there is, it's very, very small.

**Ms. Laurie Scott:** Thank you for bringing that forward.

**Dr. Jacques Abourbih:** Thank you.

**Ms. Laurie Scott:** We'll have to push onward with the topic. I wanted to ask about when you did the presentation on senior LBGTQs to the LHIN, because you said you were in contact with the LHIN—

**Ms. Carol Cameletti:** I wasn't. They had a workshop and Jacques was presenting; he was one of the guest speakers. I went up to the microphone and I said that this was a great workshop but where were the older adults being included? This is where, after the conference, Jacques got me in touch with a few people.

Jacques also presented with the North East LHIN, a staff person, and she asked me for my paper.

**Ms. Laurie Scott:** Okay. What do you think is the best way to have this throughout the province? With your experience with the northern LHINs, is it through the LHINs, do you think, or approaching the long-term cares? I don't know if you know enough about the structures of how they all—

*Interjection.*

**Ms. Laurie Scott:** You do. What would be your recommendation of how to—

**Ms. Carol Cameletti:** Education for all.

**Ms. Laurie Scott:** Education? Training?

**Ms. Carol Cameletti:** Yes. As a nurse, you were saying—as physicians, I think that all of our MPPs and all of our medical staff—nurses included, physiotherapists, OTs, lab technicians—that we get some mandatory education put into health organizations so that people can be aware of being inclusive of everyone.

I really think that we have scarce dollars in this field, from youth to older people, and I'm hoping that the government is going to move forward with this issue and start raising awareness on government websites and through eHealth.

What else, Jacques?

**Dr. Jacques Abourbih:** I think it probably starts at the level of the institutions where these seniors are going, but from there, as an epicentre, it needs to spread via the LHINs into all the other health care resources accessible by elderly people.

**Ms. Laurie Scott:** Agreed. I was just trying to figure out if you guys have a channel that might work.

**Ms. Carol Cameletti:** I do eHealth for the North East LHIN through a nursing role, and I sit on the eHealth advisory committee for the RNAO, but there are so many big health topics. An institution like NOSM is a leading academic institute in northern Ontario. Like Jacques said, I think it goes through the LHINs to go through academia and health—right, Jacques?

**Dr. Jacques Abourbih:** Yes.

**Ms. Laurie Scott:** Good. Thank you very much. You've been most helpful.

**The Chair (Ms. Daiene Vernile):** Our final questions for you are from our NDP caucus.

**Ms. Peggy Sattler:** Thank you very much. I found the presentation on the harassment of female physicians and medical students by patients to be very interesting. Certainly one of the contextual factors for the creation of this committee was the Dalhousie dentistry Facebook group. That is a very comparable example.

Dr. Abourbih, I was wondering, in your review of the academic literature on this issue, if you came across any examples of other professions that have been traditionally

male-dominated where, when women start assuming positions of authority within that profession, they have the same kinds of experiences. And then, what are some of the best practices for dealing with that?

**Dr. Jacques Abourbih:** We don't have to go to the academic literature. All you have to do is open up the newspaper. Look at the RCMP harassment or the harassment in the army. It goes on and on and on. I'm sure that if you really corner the legal profession, you will also find that there is also harassment at that level.

Best practices? I think the best way is prevention rather than reactive retribution. In this respect, education is paramount, especially nowadays that women are accessing traditionally male-dominated professions.

**M<sup>me</sup> France Gélinas:** Ça me fait toujours plaisir de vous voir, D<sup>r</sup> Abourbih.

**Dr. Jacques Abourbih:** Merci, madame Gélinas.

**M<sup>me</sup> France Gélinas:** Nice to see you. I don't know if you were in the room when I was asking Stephanie Harris from Access AIDS Network in Sudbury about how many of her clients had problems finding family physicians. I will put on the record that since NOSM has been here, you have a group of three of your graduates. They set up shop together at the Four Corners, and they probably have all of the LGBTQ members of our community. They see them all. It has made a huge, huge difference to this population that we have your graduates that are setting up shop in our city, that are taking on new patients. I certainly thank you for this. It has made a world of difference. I have no doubt that some of it is because of the education that they received while they were at NOSM, where they knew this is a community that has huge access barriers. In our community, it was almost impossible to find them a family physician, and now all of this has changed. That being said, we still have challenges, but it's way better than it used to be.

All of this is to say—and my question will be to you, Carol—for the senior population of LGBT, were they able to access primary care and other forms of care? Is it just that they were accessing it and it was not respectful of who they were?

**Ms. Carol Cameletti:** France, I think it could be both. What do you say, Jacques?

**Dr. Jacques Abourbih:** You know, my experience has not really been with the senior LGBT patients. It has been with the younger LGBT patients who know that they should sometimes hide the fact that they are gay, because they feel that they will receive substandard care or even be ignored.

I have two or three individuals who worked very closely with me when developing the curriculum for it, and what these two or three individuals have reported to me is not very flattering to my profession here in Sudbury.

**M<sup>me</sup> France Gélinas:** All right.

**The Chair (Ms. Daiene Vernile):** One quick final question.

**M<sup>me</sup> France Gélinas:** One quick final? The way forward for elderly LGBTQ in our community and throughout the north—any parting word of wisdom?

**Ms. Carol Cameletti:** I do. One word?

**Dr. Jacques Abourbih:** Education.

**Ms. Carol Cameletti:** Two: Education, as Jacques said, but I would say really I think we should start even a working committee in the biggest city in northern Ontario. Jacques and I would be happy to sit on that; I hope Jacques, but I would be, anyway, so that we can bring awareness and education to our population.

**Dr. Jacques Abourbih:** Thanks for volunteering me.

**The Chair (Ms. Daiene Vernile):** Ms. Cameletti and Dr. Abourbih, thank you very much for coming and speaking to our committee today. I invite you to sit in our audience for the remainder of our presentations this afternoon, if you wish to.

1430

#### GREATER SUDBURY POLICE SERVICE

**The Chair (Ms. Daiene Vernile):** I will now call on the Greater Sudbury Police Service to come forward. Folks, just have a seat in front of one of the microphones.

**Mr. Dan Despatie:** Thank you.

**The Chair (Ms. Daiene Vernile):** Make yourselves comfortable. If you'd like to have some water, let us know. Do you have clean glasses there? Another one is on the way.

You'll have up to 20 minutes to give your presentation. Following that, our committee members will ask you some questions. Please start by stating your names, and begin after that. Thank you.

**Mr. Dan Despatie:** Thank you. I'm Staff Sergeant Dan Despatie, from the Greater Sudbury Police Service.

**Ms. Anita Punkkinen:** I'm Sergeant Anita Punkkinen, of the Greater Sudbury Police Service.

**Mr. Dan Despatie:** Thank you very much, on behalf of Chief Paul Pedersen and the Greater Sudbury Police Service, for giving us the opportunity to address the committee on this very important topic.

Again, I'm Staff Sergeant Despatie, and my role within the Greater Sudbury Police Service is within the criminal investigations division, which in turn leads me to oversee many of the higher-threshold sexual assault investigations.

Sergeant Punkkinen is our domestic violence coordinator. Therefore, from an oversight perspective,

Today, just quickly—I believe everybody has got the handout in front of them—what we'd like to speak about is, we're going to give you some brief statistics on last year's calls in relation to sexual assault as well as domestic violence. We'll also do a brief overview of our Nickel model, which is our service delivery model here that we've launched within our police service. We'll talk about some of our community partners who assist with our victims of crime. As well, we'll get into a little bit of prevention education, some risk intervention and harm reduction. We'll talk about one current program that we may be able to expand, and then just give the committee a few recommendations.

You have in front of you a list of our 2014 sexual assault statistics, keeping in mind that there are no real significant changes, numbers-wise, from what we saw in 2013. They have remained pretty constant.

We will also talk about our domestic violence statistics, and we'll get into that a little bit later.

Some may wonder why we're speaking about domestic violence, but in our opinion, and based on our experience, certainly, when you talk about sexual violence and harassment, domestic violence cases are very often linked to these types of offences. So we thought it prudent to speak about domestic violence a little bit as well.

You see our domestic violence statistics there. Those have remained constant as well, from one year to another. They're right around the same range. The detail in those statistics is a little bit greater, and the reason we have that is because, obviously, there is a ministry reporting requirement. Therefore, our domestic violence stats are kept in detail.

When we talk about our service delivery model, really, it is our shared commitment to community safety and well-being. Traditionally, I believe everyone would agree, policing was based on how many people you arrest and how many charges you lay, and that tells you how good of a job you're doing.

We've really grown from that mentality. What we've launched within our service is our shared commitment to community safety and well-being, which we call the Nickel model.

It starts in phase 1, where we speak about enforcing laws and holding offenders accountable. We will never get away from that. That is one of the core functions of policing. However, we like to highlight that we're not going to arrest our way out of any problems that we have in our community, and that's very important.

We're also working on the second phase, which is the yellow part, which speaks about intervening collaboratively in high-risk and elevated-risk situations. This is really where, in our community, you start to see the influence of our community partners.

From a policing perspective, we've realized, "What can we do before a crime happens? What can we do in our community to notice, to see, to be made aware of high-risk situations?" We're really focusing on doing that, along with our community partners—which leads us to our next phase of our continuum of service, where our partners are very, very important: Once we know what's going on and we see some of these high-risk situations and some of the problems within the community, what can we do with our partners? How can we initiate that dialogue with them and those programs with them in order to address some of those high-risk situations, and any situation, and reduce the opportunity for them to take place, so that we can change those community outcomes—which leads us to the green zone, as we like to call it, which is championing safety and well-being within our community.

It certainly rings true in sexual violence cases, and harassment and domestic violence, but really, for any

criminal offence: We can't do it alone. On these very, very important topics such as sexual violence, we need the help of our community partners. They are the experts. They know what the founding reasons are that some of these people are dealing with some of these issues, and they can help move people forward.

Really, that's the basis for how we do business, policing-wise, within our community. Our community partners have been excellent, as usual. They've stepped aboard. To take a line from Chief Pedersen, he always states, "It takes a community to raise a child," and that can't be anything but true, certainly in this situation.

When we talk about some of the things in our shared commitment, domestic violence, sexual violence and harassment often form part of the same offence. We've touched on that already. That's important for us to note again today. Following on the heels of our shared commitment, we recognize that we need that multi-dimensional, multi-partner approach to these issues, just like we do for many issues, but certainly in these cases.

How we are going to address this, how we are going to get to the forefront of creating a better place to live is through some sustainable strategies, which need to focus on harm reduction, risk intervention and prevention and education in these sexual violence and harassment cases. These cases are unique, and they have a different set of circumstances that make them hard to investigate. Not only that, they make it hard for people to want to come forward sometimes. There are barriers there in the reporting process, in the investigative process, in the court process. We talk about domestic violence—and I'll touch on this a little bit later on—but when you discuss criminal proceedings and civil proceedings that are going on in domestic or sexual violence cases involving family members, the lines get blurred there. We've got to do a better job of streamlining that process.

We know from experience that if we work in silos, if the police try to take this on themselves, we're not going to get anywhere. If Geneva House tries to do it themselves, they're not going anywhere. The Coalition to End Violence Against Women: If they try to do this alone, it's just not going to work. We need that collective approach.

What we need to do is create that awareness. It is about creating awareness and creating that environment for people who are victims to want to come forward and know that there are resources for them in our community. We need to be prepared to help victims when they do come forward.

**1440**

We just noted a little bit of a list of some of the community partners and resources we access right now. It's not an exhaustive list, it's not the whole list, but we wanted to highlight some of the partners we deal with. I won't go through all of them, but again, I did mention the Sudbury Coalition to End Violence Against Women; the Sudbury Counselling Centre; Geneva House; le Centre Victoria pour femmes; Voices for Women; Health Sciences North, which is a great partner of ours, through the Violence Intervention and Prevention Program; the

Sudbury Women's Centre; SAVS—I can't say enough about Sudbury and Area Victim Services—have an integral role in our community with our victims; the CAS; the John Howard Society; TG InnerSelves—we've done a lot of work with TG InnerSelves; and certainly the Sudbury multicultural society.

If we dial it down to prevention and education, one thing we do know is that we must begin with educating our youth. I'm sure you've heard throughout the day today that youth are often the key in many situations. When we talk about sexual violence, the largest number of experiences of sexual violence are between 14 and 25 years old. We've got to educate that population, to make things better for future populations.

Locally, we do have the yearly Power of Being a Girl conference, which educates young high-school girls. That's run through YWCA Geneva House.

What we're also looking at, through our partners, through the domestic violence youth committee, is creating a local program with partners that is focused on male youth, because there's an obvious gap in education and prevention with that group, in order to break that cycle. We would like to educate them not only as potential offenders but as victims as well. Sometimes we see that the male youth don't have the same type of programming. Therefore, we're really working on trying to get that rectified.

From the risk intervention perspective, we do have some current community partnerships where we have received some funding through the Ontario Trillium Foundation for an innovative continuum of services for men at risk of domestic violence.

I'm here to brag a little bit about our community in the area of domestic violence and the great work we've done in that area. We highlight three programs. There is the BEEP program, the Before Everything Escalates Program, which is a volunteer program that males can join voluntarily before any charges are laid. Therefore, if they see themselves that they're at risk, they can volunteer to join that program.

There are also risk management services for men, which is a program right at bail court. If people do get charged, they can be subject to that. If they want, if they volunteer, they can follow that treatment program.

Then there's the PAR program, the Partner Assault Response program, funded through MAG, which is after sentencing. If someone is found guilty of domestic violence through court, they can be legislated to do the PAR program.

What I'm getting at here is that we've done some great work in that area. I know, through ourselves and our community partners, we're looking at similar programs that we can do in relation to sexual violence and harassment, both pre- and post-charge, giving members of our community an out before anything even happens.

From the harm-reduction perspective, we've talked about the need to educate and to explore innovative ideas on how to reduce these incidents of sexual violence and harassment and how we encourage and facilitate report-

ing these incidents. That's the big thing. There are a lot of misconceptions out there that if somebody comes forward, the police are going to charge for sure, or they're never going to charge. We've got to create that awareness.

Certainly, in domestic violence situations, it's a little bit different, because where there are reasonable grounds that an offence took place, the police are mandated to follow through with charges, even if victims don't want that.

Sexual-type cases are certainly different. There are always the exceptions, depending on the age of the victim and the offender.

I think that as a community, we've got to do a better job. We're certainly trying to promote that through our community partners, to create that environment for victims to want to come forward, and to be able to explain to them the processes and how this works and that there are options out there.

**The Chair (Ms. Daiene Vernile):** I'd like to alert you that you have five minutes left, if you wanted your colleague to speak.

**Ms. Anita Punkkinen:** He's okay to speak.

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

**Mr. Dan Despatie:** Thank you. When we talk about investigations, certainly in the harassment area with social media now, we're seeing that the challenge is when you talk resources and technology in investigating these incidents. That's something that we're also working on internally.

It always comes down to dollars and cents; we know that from a community partner perspective and getting that programming within the community. One of the reasons we are here is certainly to highlight that our community partners do need that constant funding to assist those victims who are often the young children, and vulnerable adults, who we see as victims as well in some of these sexual types of offences. Often they are dependent on their abusers, therefore they are unwilling to come forward.

We need those localized strategies that must be developed to reduce the harms associated, and the stigma attached, to coming forward. Sometimes that's the only problem. People are afraid of what people are going to say because they came forward as a victim.

We have done some work based on the ministry guidelines for colleges and universities. We are at the table with our local colleges and university helping them with their new policies and protocol with regard to sexual violence.

We certainly recognize that harassment takes many forms. There are a lot of things that need to change within society in order to create that awareness. I keep saying "create that awareness" because really that's where it starts. People have to realize there's a problem, for us to figure out those solutions.

We have done some work with TG Innerselves to educate the police community and the public at large. We created a police transgender training video which is

accessible through our police website. This is only a small step, but in sharing the video with other communities, we believe we're leading the way to getting things accomplished.

We do have our current partnership with Health Sciences North with our Violence Intervention and Prevention Program. What that is, is we've created a really unique situation where there's a room created there and when a victim of domestic violence comes in, they have highly trained nurses who deal with victims, and we have that sharing of information for us to investigate that better. What we're looking at is expanding that to be used for sexual violence and harassment victims as well.

Some of the recommendations: continuous funding—I can't say that enough—for some of these community partners so that their programs can be developed and streamlined without having to reapply for funding every year, because sometimes they can't judge their employee and human resources needs without knowing if they're getting the funding or not.

Certainly there is always a need for increased funding for victims to access counselling services and resources and not be subject to waiting lists.

We would like to streamline that Family Court and criminal court process we spoke about. There is a unique program in New York, the Integrated Domestic Violence courts—and now a pilot project in Toronto—whereby one judge is assigned to that family and that case. Oftentimes it may start as a domestic violence case and it becomes a sexual assault case. The next thing you know there are child custody disputes, and things just get dragged through the court system civilly and criminally. There are some pilot projects out there now, and we're looking at that here as well, where we would like to have one judge assigned to that case so they become knowledgeable about the family and the inner workings of what's going on. It streamlines that process.

At the end of the day, if we can make programs and services more accessible by being in one location where all service providers are available to assist victims—a community hub, right?; a one-stop shop—somewhere where victims don't have to really look too far. They know where they can go and they can access all the resources they need.

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

**Mr. Dan Despatie:** You're welcome.

**The Chair (Ms. Daiene Vernile):** We have some questions for you now. Our first questions come from our PC caucus, from MPP Scott.

**Ms. Laurie Scott:** Thank you very much. An excellent presentation, and very impressive community involvement with all the associations you have listed, and more.

We've heard some good presentations today. We heard recently this afternoon about the PAR program. What can you say about that? We're just trying to highlight the value of it—and maybe if you have helped in the collection of the type of statistics that can further your

case for carrying on the program. How effective has this been in the community? If you have anything to add to that, I'd appreciate it.

1450

**Ms. Anita Punkkinen:** I know with the other programs that we've developed, with the BEEP and the risk management services for men, which are a continuum of services—the participants in those have indicated the need for the ongoing support and the ongoing services.

I think it's just building up to it, where the PAR is the court-mandated program. If it's somebody who has been receiving the counselling at bail court after that, and then if they are mandated to attend the PAR program, it's just a continuation that provides extra support for them. It's something that people might not look to themselves, or they might not have the resources or the EAP programs to access that, but where they're told, "You have to attend this." It might be something that they wouldn't consider on their own, and it just helps everybody in the end. You have to look at it. Also, if you go to a two-day conference, is it going to assist you; or if you go to a three-week learning session—what are you going to benefit most from?

So the shorter thing is just a band-aid fix, whereas teaching people how to deal with things themselves and with situations that arise, which I believe that PAR does, will prevent them from coming back into our system, or to assist them with gaining the coping mechanisms.

**Ms. Laurie Scott:** I couldn't agree more, from what I've heard of the projects—well, BEEP is a project; the other is a program. How do you think it's going to affect—the decrease in the amount of money that's going to come forward, I guess. It was mentioned before that the funding shift is now—I think you're now going from 145 to 245 with the same—in the budgets, which was brought up by—am I asking the question correctly? There's a decrease in funding.

**Ms. Anita Punkkinen:** For the PAR program?

**Ms. Laurie Scott:** Yes.

**Ms. Anita Punkkinen:** Yes. I don't know much about the decrease in funding. That is with one of our community partners. I know that there is the question of, how do you staff those programs when you have a decrease in funding and there's still the same number of people to service? Statistics haven't gone down for domestic violence cases—

**Ms. Laurie Scott:** No. It's only going up. That's why I was asking. You see the need. It's court-appointed. Do you see positive results?

**Ms. Anita Punkkinen:** Most definitely, yes.

**The Chair (Ms. Daiene Vernile):** Thank you very much. Our next line of questioning—

**Ms. Laurie Scott:** Are we all done?

**The Chair (Ms. Daiene Vernile):** Yes. We're going to stay on schedule.

Our next questions are from our NDP caucus.

**M<sup>me</sup> France Gélinas:** We have bragging rights. I want all of my colleagues to hear about the Before Everything Escalates Program. This is a made-in-Sudbury program

that everybody should try to get in their community. It is fantastic.

Now comes the not-so-great: I was there when we made the money announcement. As far as I know, it ends in June. Did you guys figure out a way to keep it going after the money runs out?

**Ms. Anita Punkkinen:** With the continuum of services for men, we have applied for additional funding to continue with these programs. The feedback from the participants in the programs has been that there is a need and that they're actually requesting to come back for the BEEP program. If there's the demand for it, and you get the positive feedback, especially in the first year of it, it's worth keeping going.

**M<sup>me</sup> France Gélinas:** So you've applied for further funding, and you expect to know—

**Ms. Anita Punkkinen:** I'm not sure what the deadlines are, but I know, with our community partners, we have applied—or we are in the process of applying.

**M<sup>me</sup> France Gélinas:** We will all keep our fingers crossed. It's a wonderful program.

Most of the presentations have started with, "We know the problem is there, and the caseload seems to stay the same." What will it take to bend that curve so that we don't have so many calls, so that we don't have so many victims and so many cases?

**Mr. Dan Despatie:** I'm not sure. To be honest, the caseload is there, and it is constant, and we still believe there are victims who are not coming forward. As a community, we want the victims to come forward. Therefore, with victims coming forward, it creates a bigger caseload. We're going to have to deal with that because we want them to come forward, and we know that in domestic violence cases, just as in sexual violence cases, there are a number of factors that influence whether or not or when they're prepared to come forward in their life. That's why we need all those community partners we talked about and that's why we need those programs: because we need to be ready for when that happens. When we create that environment for them to be comfortable, we need to be able to deal with it, because if we don't, then they're going to stop coming forward.

**The Chair (Ms. Daiene Vernile):** Thank you very much. Our final questions for you this afternoon are from our government side. MPP McGarry.

**Mrs. Kathryn McGarry:** Thank you very much for your presentation. One of the reasons I wanted to ask a question was that I was very involved with the Waterloo Region Crime Prevention Council before I was elected, so I'm very well aware of the pilot projects that are under way right now with the community safety and wellness plans that communities are putting together. It's wonderful to see that Sudbury is so far advanced in that. I think that that acts a little like a situation table: that you can prevent some of the domestic violence in the future once you've got those partners and the ability to identify potential situations down the road. So I commend you for your work.

What I'd like to get at is actually getting to the root of the cause before that, how we as a society can prevent

sexual violence right at the root cause so that we don't need the situational tables and we don't need to be able to address as many victims and as many perpetrators as we are in society. You alluded to some of the male youth education programs, but how do you see that we could address it even earlier than that?

**Ms. Anita Punkkinen:** With the male youth, if you get to them—right now they're teaching different programs in the public schools where that's a positive step towards educating the youth. You start at a young age, teaching them what the proper behaviours are and what the inappropriate ones are. Oftentimes, with the busy lifestyles everybody leads, those aren't taught in homes anymore, so now it's going to the educational system to educate the families and educate the youth.

I think the more programs we have to educate them and teach them the proper ways and what is acceptable and what isn't—that's a step in the right direction. You have to start before the problems arise. I think that's going to help us in the long run.

**Mrs. Kathryn McGarry:** Thank you. The next one I wanted to address is, we've talked a lot about the criminal justice system today and the barriers that survivors are facing. Do you have some recommendations and priorities that we could do to address the difficulties that survivors have in actually coming forward in that system?

**Mr. Dan Despatie:** Good question. Certainly victims—survivors—are important to us. Some of the recommendations are also some training and education for the members of our judicial system, getting them up to speed, for lack of a better term.

When we speak about crown attorneys and the judiciary, again, it comes back to that awareness piece. With these programs that we have, in many cases I think people will argue—and people have studied—that putting somebody in jail long-term doesn't necessarily change their offending behaviour. So not only do we have to focus on the victims and survivors, but we have to do some work with the offenders as well to give them some of the resources they need in order for them to be able to change their behaviours.

**The Chair (Ms. Daiene Vernile):** Thank you very much for coming and informing our committee today about the important work that you are doing in the Nickel model. I would invite you to join our audience, if you wish, for our final presenters this afternoon.

#### TG INNERSELVES SUDBURY

**The Chair (Ms. Daiene Vernile):** I would call on TG InnerSelves Sudbury to come forward. Thank you. Please have a seat in front of any of the microphones that you see there. Make yourselves comfortable. If you'd like some water, please help yourselves.

**1500**

You are going to have up to 20 minutes for your presentation, and that will be followed by questions from our committee members. Please begin by stating your names and then begin.

**Mr. Vincent Bolt:** I am Vincent Bolt and I am the project coordinator for TG InnerSelves.

**Ms. Catherine Savarie:** I'm Catherine Savarie and I'm a board member for TG InnerSelves.

**Ms. Darlyn Hansen:** I'm Darlyn Hansen, public relations for TG InnerSelves.

**Mr. Vincent Bolt:** I'm going to start off with some of the statistics that I brought with me today. The first set of statistics is from the Trans PULSE Project. It is a survey that surveyed 433 transgender participants from across the province of Ontario. These were numbers from 2009-10, just to give a timeframe for when these numbers were gathered. According to the participants in the survey, 20% of them have been targets of physical or sexual assault because they are transgender—20%. They looked further into some of these issues around well-being, mental health, assault and how this impacts overall well-being.

Overall, 77% of people who were surveyed have seriously considered suicide at some point in their lives; 47% had seriously considered suicide in the past year; 43% of the transgender community in Ontario have attempted suicide; and 10% had attempted suicide in the past year. When looking at these numbers of how many people had attempted suicide in the past year, the highest percentage was among youth between the ages of 16 and 24, so this is definitely a problem with the younger ones in our population.

When they broke this down based on who has experienced sexual harassment and violence, for those who have never experienced verbal harassment or physical or sexual violence, 26% had seriously considered suicide in the past year and 4% had attempted suicide in the past year.

For those who had experienced verbal harassment or threats, 33% had seriously considered suicide in the past year and 8% had attempted suicide in the past year, so it had doubled.

For those who had experienced verbal or sexual assault, 47% had seriously considered suicide in the past year and 29% had attempted suicide in the past year.

I don't think it's very difficult to see that there is definitely a relationship between personal experiences of harassment and violence and whether or not suicide is in consideration.

The next report that I have drawn some numbers from is from Egale Canada. They have surveyed high school students from across Canada. This report came out around 2011. In the survey, they found that 35.7% of female sexual minority students—female students who identify as lesbian or bisexual—experienced sexual harassment in their school. For male sexual minority youths—gay or bisexual men—41.4% had experienced sexual harassment in school. For transgender-identified high school students in Canada, 49.4% had experienced sexual harassment in school. When compared to the non-LGBT students, it was only 16.6% of non-LGBT female students who had experienced sexual harassment in school and 23% of the non-LGBT male students who had

experienced sexual harassment in school. Those numbers are still high. We cannot discount that this is still a problem with the non-LGBT students. What also needs to be looked at, though, is why the numbers are much higher for the LGBT students and especially for the transgender students, where it's nearly half.

Some of the other issues around the transgender community and sexual violence and sexual harassment and assault come around issues around police services. First of all, I'm very grateful for our partnership with the Greater Sudbury Police Service. Some fantastic work has been done in Sudbury.

One of the reasons why I'm so happy for this partnership is because in this provincial survey that was done by Trans PULSE, they found that approximately one quarter of the transgender population have experienced police harassment because they are transgender. In looking at whether or not to report this kind of harassment and violence, that is something that is weighing on the individual's mind: "Will I be revictimized when I report this?"

One of the other concerns is, even outside of the police community, as a transgender person who is experiencing issues with gender dysphoria and a lot of discomfort with your body and the parts that make you feel the most uncomfortable, you now have to talk to somebody in a centre about what has happened to your body. The terminology that exists might just not match how you feel about your physical self. So that becomes another barrier in seeking help, in seeking services. When you're somebody who, as in my situation, has transitioned from female to male, you've spent a lot of time and effort on making the outward appearance match how you feel inside. Having to prove that you are a man, but then to sit in front of somebody and say, "I am a man who has been sexually assaulted, and this had happened to my vulva" becomes a very difficult conversation to have.

What is needed is understanding from the person sitting across the room or across the table, who will then be hearing these stories, and how to not only support the person, based on the sexual harassment or assault that had happened, but also to do so in a way that does not minimize their identity as a transgender person.

This is going to segue into what Catherine will be speaking about as well.

**Ms. Catherine Savarie:** Just to follow up with what Vincent has been saying—and he has provided the statistics—we can see that sexual violence and sexual harassment are very common occurrences for somebody who identifies as being transgender.

But when we also look at the other issues that surround somebody who is in this community, there was another statistic that says 75% of transgender people have some form of post-secondary education, yet make \$15,000 or less a year, which then leads into another topic: How does an individual who is in this community then provide themselves with income?

A lot of trans people engage in sex work. It is a way to generate income, to pay for things like medication and other procedures in the transition process.

Trans sex workers are highly vulnerable to sexual violence, more so than other sex workers who engage in the sex trade.

From some of the work that I have done, and talking to people who do, most trans sex workers rarely report assaults, for multiple reasons: (1) They say it is the stigma of being a sex trade worker; (2) "I'm trans. I don't want to."

I look at this and I see, especially working here in Sudbury—I work at a youth centre, and I have kids who come in there who are aged 16 to 24, and the most vulnerable. I do have a lot of trans youth who access our services, and a lot of them do engage in the sex trade.

They're 16; they don't have a place to live. They cannot be on Ontario Works, because they cannot find a trustee. The shelters can't keep them for too long—they don't fit—so they live on the streets. They have to feed themselves. Do they engage in sex work? Absolutely.

Are they vulnerable? Absolutely. That's another reality when we're looking at this community.

**1510**

Once again, I have to complement Vincent and say that we are very thankful for our police department here. A lot of the trans community are much more comfortable with reporting crime now due to the work that we have done. We have some great organizations that have worked with us very closely around trans-inclusive policies, but I still think there is much more to be done around education and access to service, the ability to go through your transition without having to wonder how this is going to occur. There should be more awareness. There should be programs very specific to the trans community or even to LGBTQ2 youth. That is desperately needed.

I was very thrilled to hear not that long ago that Toronto finally has 54 beds for LGBTQ2 youth. That will be something that we need here. We have our LGBTQ2 youth out on the street, and they don't fit. They don't fit in the shelter system; they don't fit anywhere. That would help decrease those levels of vulnerability when they're living on the street. Vince?

**Mr. Vincent Bolt:** I also should mention that when looking at the homeless population, when surveys and studies come out that say between 20% to 40% of homeless populations are comprised of LGBTQ youth, that shows that there is a huge issue there, where you have kids who are now on the street because they are not welcome at home or they're not safe at home. That then becomes the reality: What do these kids do in order to feed themselves or find a safer place to sleep for the night?

**The Chair (Ms. Daiene Vernile):** Thank you. Do you have any other final commentary?

**Ms. Catherine Savarie:** No.

**The Chair (Ms. Daiene Vernile):** Okay. Our first line of questioning for you is from our third party, the NDP.

**M<sup>me</sup> France Gélinas:** It's a pleasure to see you all. Thank you for coming and thank you for sharing. The statistics that you shared with us, Vince, were really, really sobering and really scary. I think we've heard how

pervasive sexual abuse and sexual harassment are in our society, but when you deal with trans people, it becomes almost an epidemic. It certainly needs to be looked at and needs to be improved in a way that will work moving forward.

I know that you did not speak, but I will ask you a question anyway. The previous presenter—I don't think you were in the room yet when Dr. Abourbih and Carol were presenting. They were talking about how there have been some changes happening with trans youth, but those same changes have not happened with the more mature trans. You fall in that category—more mature. I just wanted to get a bit of your perspective: Do you see the changes happening also with the more mature trans, or do we need a specific strategy or something different to work?

**Ms. Darlyn Hansen:** I am seeing a change—yes, definitely—especially since I, with the group here, have been working with the Northern Ontario School of Medicine; quite a bit with them. That has helped to change things, and they're now working towards putting out a paper which will go into every clinic or in the doctor's office so any trans person who goes in there can fill it out and everything is going to be confidential.

From a personal point, I am one of the very few fortunate ones. I have a doctor who has totally accepted who I am. He is also working with the Northern Ontario School of Medicine. His goal is to get things here in Sudbury so that people like myself or others don't have to go to Toronto—because we are up north. That's a long way from there. We just can't do it.

**M<sup>me</sup> France Gélinas:** I agree. You guys have been phenomenal in the work that you have done. Before TG Innerselves was formed, Sudbury was a very different community. You have brought changes at every level of our community, and changes for the better. Most of the people here don't know you that well—most of them don't know you at all, actually, except for Glenn, maybe—and I would like you to take a few minutes to share with them who you are, where you started and what you've done. Other groups have talked about you, but an opportunity to brag—you've done great work.

**Mr. Vincent Bolt:** I'll be the bragger; okay. TG Innerselves actually started off as a social support group, because several years ago there were many attempts to start groups, but it was difficult to get one to stay running in Sudbury. At one point, though, in 2011 or 2012, that's when the groups finally started to stick. In 2012, TG Innerselves as a social support group started to gain momentum, and there were enough attendees to keep going as a group.

In early 2013, Catherine, Rita OLink—who is not here—Darlyn and myself started talking about incorporation. By the summer of 2013, we had become incorporated. This then gave us the ability to apply for funding. In August 2014 we finally had access to this funding and now have a position available, which is me. So now we are able to really expand what we do.

Through the years, we had all done individual presentations. I've been doing presentations in Sudbury since

2007, and I know that Rita and Darlyn have been doing presentations as well throughout the city. Finally, now that we have this funding and we're incorporated, we are capable of doing more workshops throughout the community. We provided training for the entire Greater Sudbury Police Service, all of the police staff and civilian staff, which was phenomenal.

*Applause.*

**The Chair (Ms. Daiene Vernile):** Our next line of questioning will come from our government side. MPP Thibeault.

**Mr. Glenn Thibeault:** Hello, Vincent, Catherine and Darlyn. It's great to see you all again. As France was saying, kudos to all of you and the great work that you've been doing over the last few years—not only the work that you have done with the police and changes that you've made there, but just in terms of helping change our community. It's so important.

I think we're probably lucky in Sudbury to have a group like yours for individuals from the LGBTQ community or the trans community to be able to approach you and find the supports that they need. Other communities might not be as fortunate. Looking at northern Ontario specifically, besides cloning yourselves and putting you throughout the north, what would your suggestions be to help individuals who are in Chapleau or Timmins who don't necessarily have supports like we do here in Sudbury? What would your suggestions be in terms for this committee to be able to try to find ways to provide the supports that are needed for those folks in other communities?

**Ms. Catherine Savarie:** Do you want me to answer that?

*Interjection.*

**Ms. Catherine Savarie:** Yes, actually, we have addressed that. Just recently, we were provided a grant through Rainbow Health Ontario. Actually, Vincent wrote that proposal. What we're doing is starting to look at reaching out to other, more isolated areas in the north. It's in partnership with our French health centre. We're going to be purchasing software called join.me so people can actually log in via a video conference and be able to access support and we can be there, because we physically can't be in those areas. We do have our own geographical boundaries that we have to work in, but we understand that there is a need in more remote communities, so that's how we're going to start. Hopefully, from that project, we will be able to see what is needed. Or maybe this will be the motivation and the impetus for something to happen in those communities. You never know who's going to log in, and they might want to start their own group. We can provide them with that kind of support and assistance to be able to do it in their communities.

1520

**Mr. Glenn Thibeault:** We've got this great program with our police services here in Sudbury. Again, kudos for the work that you've done on that. In your opinion, would someone who is transgender feel safe enough to approach other police services throughout the north, without

feeling revictimized? Do you feel that more training—because that’s a word that we’ve been hearing a lot today—is needed in all aspects; not just police, but in many aspects. Is that something that you would see as paramount?

**Ms. Catherine Savarie:** Absolutely. I can only speak to our police department; I can’t speak to others. Absolutely, I think that training should be across all police departments in Ontario.

**Mr. Glenn Thibeault:** And that’s part of the video that you were able to create—to be able to provide that training to other police services throughout Ontario and Canada, and around the world, I guess, with the wonders of the Internet these days.

**Ms. Catherine Savarie:** The video is an absolutely fantastic teaching tool, but I think the impact comes when you have a face-to-face presentation. I think we saw that impact when we did the presentations for the Greater Sudbury police department, when the group was in front of police officers. It’s different. So I would strongly suggest that if training was to happen, it would be done in that kind of a format, along with the video.

**The Chair (Ms. Daiene Vernile):** Our final questions for you today are from our PC members. MPP Scott.

**Ms. Laurie Scott:** Thank you for coming today. Congratulations. I’ve learned a lot. Kudos to you on working with all your communities.

MPP Thibeault asked the questions of how you roll this out, especially to northern remote communities. You’ve answered some of those questions.

Do you see areas in what you know of the rest of the province where police forces—I don’t think it’s manda-

tory for training, but do you see that evolving into other police forces, that associations like yourselves have gone and done presentations? Or maybe you should be on a road tour and doing presentations.

**Mr. Vincent Bolt:** We have had some police involvement in previous presentations that we have done. We have made two trips already to Sault Ste. Marie. We were speaking to women’s shelters and women’s crisis services. For all three of the training sessions that we did in Sault Ste. Marie, police officers were in attendance.

We are hoping that with the training video and with word of mouth, more communities will be interested in this training and more police services will participate.

Today, northern Ontario; tomorrow, the world.

**Ms. Laurie Scott:** Excellent. That’s a great attitude. You’re all fabulous. I thank you for coming today. Keep up the good work. I’ll be looking for the video somewhere, wherever I can get it. Is there a video? You mentioned a video.

**Mr. Vincent Bolt:** The training video is on the Greater Sudbury Police Service’s website. It’s under the “Inclusion Team” link on the drop-down menu.

**Ms. Laurie Scott:** Awesome. Thank you very much.

**The Chair (Ms. Daiene Vernile):** Thank you, folks, for coming in here today and sharing your insights and your experiences with us. Your presentation is going to help to inform us as we make our recommendations to the Ontario Legislature.

That concludes our hearings for today. We reconvene tomorrow at 9 a.m.—that’s April 9—in Thunder Bay.

This committee stands adjourned.

*The committee adjourned at 1525.*





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