



**Legislative Assembly
of Ontario**

First Session, 41st Parliament

**Assemblée législative
de l'Ontario**

Première session, 41^e législature

**Official Report
of Debates
(Hansard)**

Wednesday 29 April 2015

**Journal
des débats
(Hansard)**

Mercredi 29 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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Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

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 29 April 2015

Mercredi 29 avril 2015

The committee met at 0900 in committee room 1.

**STRATEGY ON SEXUAL VIOLENCE
AND HARASSMENT**

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

Let me share with you the mandate of this committee. We are here to listen to your experiences as survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You are going to inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. Your advice will help guide us as we make recommendations to the Ontario government on dealing with systemic sexual violence and harassment.

However, I should stress that we do not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

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

**CANADIAN FEDERATION
OF STUDENTS—ONTARIO**

The Chair (Ms. Daiene Vernile): I would like to call on our first presenter to come forward, and that is the Canadian Federation of Students—Ontario. Please have a seat and make yourself comfortable. You're going to have 15 minutes to address our committee, and then they are going to ask some questions of you. Start by stating your name. Begin any time.

Ms. Anna Goldfinch: Thank you. My name is Anna Goldfinch. I'm the Ontario representative of the Canadian Federation of Students. I represent 350,000 college and university students across the province of Ontario.

The Canadian Federation of Students, just to give you a bit of background, is the largest students' organization in the province, representing full-time and part-time university and college students from the undergraduate, graduate and professional levels of study. We represent students who go to school in English and in French and who are on bilingual campuses.

Today, I'd like to tell you a little bit about my own experience as a student and as a student representative and the history of activism students have had around the issue of sexual assault, and to present our three recommendations around mandatory consent education for all students in Ontario, institutional accountability, and funding for training and support.

I'm sure many of you will agree with me that going to college or university can be an amazing experience. For some, it's the first time that they live away from home. For others, they might experience or discover their academic passion or solidify some of their career goals.

Like many of the students I represent, I found much worth in my university experience. However, also like many of the students I represent, I dealt with the difficult reality of sexual assault, violence and harassment on my own campus.

This experience is ubiquitous on all campuses. Occasionally, we hear one or two make the headlines: the University of Ottawa, Lakehead, Carleton and Dalhousie—not just in our province. However, students know that it's happening on all campuses, not just the ones that are making the headlines.

Essentially, what I am trying to tell you today is that sexual assault is the norm on our campuses. The statistics back up my experience and the experience of students I am presenting on behalf of today. One in five women will be sexually assaulted in university. That's 20% of my classmates—the women on our dorm-room floors and in our study groups.

This isn't a new issue, either. The Canadian Federation of Students has been working on this issue of sexual assault since its beginnings, when it was founded in 1981. This is why we developed the No Means No campaign against rape culture and sexual violence on campus. Since then, students have been at the forefront of this fight on our campuses.

Now, you would assume that we were applauded for this work, that task forces were set up and that administrators were sensitive to our recommendations and collaborated with us. This is not what happened. Student activists working on this issue have been met with resistance by college and university administrators for years. We have heard excuse after excuse as to why we cannot have better prevention, policies and procedures, and supports.

We have constantly been told that students were not mature enough to discuss the topic of sexual assault, that if we adopted sexual assault policies, parents would think sexual assault actually happens on our campus—spoiler alert: it does—and that there is no need for sexual assault policies, because we have general harassment policies that are overarching and cover this subject.

This rhetoric became so common across the province that our organization even had to develop a guide on how students could respond to administrators who gave them these excuses of why this important work couldn't be done. We called it Snappy Responses to Spicy Pushback. I am proud that, despite this pushback, the Canadian Federation of Students has continued to work on this issue, and our local student unions have stepped in to make our campuses safer.

For years, students have had to take matters into their own hands, incorporating consent training into orientation, educating students about sexual assault at campus pub nights, and setting up sexual assault support lines run by and for students. However, we continued to say that our efforts weren't enough. We needed institutional support, more resources, and the political will to make real change. This year, students finally saw leadership on this issue from our provincial government. Premier Wynne acknowledged that not enough was being done on the part of post-secondary institutions to prevent sexual assault on our campus, nor was enough being done to support those who had experienced this violence. Her promise to introduce legislation that will mandate colleges and universities to adopt stand-alone sexual assault policies and to involve students in this process will build the foundation for better and safer campuses. These policies will help to acknowledge the reality of rape culture on campus, to establish a culture of believing those who have experienced this violence, and to take responsibility for the healing and accommodations that students need.

Although this will help, we know that our universities and colleges need to be held accountable to these policies because to date the responses to sexual assault on campus have been adequate at best and non-existent at worst. It is for this reason that our first recommendation to the committee is for the government of Ontario to establish a post-secondary sexual assault accountability division. This could make an enormous difference on our campus in effecting real and tangible change.

As I mentioned earlier, the issue of sexual assault is not unique to one campus. Recognizing that it happens across the province, we need to establish ways to track the policies and supports that exist, the number of students who are being sexually assaulted, and what types of prevention programs are in place and how they're working. The accountability division could do all of these things.

Firstly, the division could take stock of all existing sexual assault policies on campus, making it a hub of institutional knowledge of common and best practices. This would eliminate the duplication of work and give

institutions access to province-wide knowledge about sexual assault policies.

Additionally, they could set data collection standards so that universities and colleges all collect the same information from students who have experienced sexual assault. Currently, no provincial analysis can be done on the number of students who have been sexually assaulted because universities and colleges all collect the information differently. In fact, when the CBC tried to do a cross-campus comparison, they were not able to do a true analysis because—get this—some schools collected data on a calendar year, while others did it on the basis of the academic year. Clear data standards would mean that the division could collect information from all post-secondary institutions, perform real analysis on these numbers, and evaluate the effects of the implementation of prevention programming and better supports on campus that the Premier's plan has mandated.

Lastly, this division we are recommending can hold institutions accountable to supporting students who have experienced sexual violence. Currently, the way that it works is that students have no recourse if they are sexually assaulted and report this incident to the institution and the institution does not follow their policies or does nothing to help the student. These accountability measures exist in other jurisdictions like the United States, and they give students the ability to report their university's or college's inaction and ensure that they are given the support and accommodations they need, without having to navigate the institution's enormous bureaucracy and be re-victimized. This division would bring Ontario up to speed in terms of the infrastructure made available to students who have experienced sexual assault by holding institutions accountable to the policies they soon will pass under the proposed legislation.

It is incredibly important that universities and colleges are held accountable, but it's also important that they are given the resources they need to improve their approach to sexual assault prevention and support. Student groups are doing the best they can with minimal resources, but we need to be able to expand to serve all of the students who need this support. A \$41-million investment was announced with Premier Wynne's It's Never Okay plan. Students are asking that \$6 million is allocated to a post-secondary sexual assault support fund that would be adjudicated by our accountability division and that is made available to colleges, universities and student groups so they may apply for funding to develop or enhance existing education or training programs and to support resources on campus and in the greater campus community.

0910

A post-secondary-specific fund is important for many reasons. First, just as an example, the colleges have recently passed a blanket policy that all institutions will have to adopt. This policy appoints one staff member as the go-to person for when a sexual assault occurs on campus. If we think about it, the minimum standard here

is one person. What happens when that one person goes to sleep? What happens if that one person takes a sick day or a vacation? We're not really sure. Also, what's the minimum standard of training that this one person will have? We want all colleges to be able to apply and receive funding to train these point people on campus without having to compete against local rape crisis centres, who also desperately need these resources.

Additionally, student groups who run sexual assault centres or support lines need funding to expand the amount of phone lines that they run and to move from volunteer to paid labour to ensure that there is always someone available to talk to and provide support. We've heard too many times that students who have experienced sexual assault go to one of these student-run support centres and unfortunately, because they're volunteer-led, it takes a little bit of time for them to get served. So it would be really great if we could be able to move from volunteer to paid labour.

This \$6 million can contribute to the cost of training staff and faculty on the new policies that will be implemented on campuses across the province to make sure that the policies actually work, that they're put in place and that everyone knows how to use them and direct students to them.

Accountability and funding for training and support will help ease the pain of students who experience sexual assault. However, as students, we cannot ignore the power of learning and education as a vessel for change.

Preventing sexual assault is not an easy task. It involves challenging complex systems of oppression that have been learned over time. It takes confronting uncomfortable topics like sexism and misogyny, and openly talking about consent and sex. But education is the only way that we are going to be able to shift this culture on our campuses.

The Premier already acknowledged in her announcement on March 6 that education was important. Her action plan called for all students to have information about preventing sexual violence and harassment, starting with their first week of orientation and continuing throughout the year for students in all years of study.

The Canadian Federation of Students—Ontario supports this initiative. However, we need something more concrete put in place because, as we know, conversations about this difficult topic rarely arise out of our administrators' good will. We need to make consent education mandatory for college and university students, starting with obligatory orientation training.

Because students and student unions have been engaging in this education work for years, we are experts. We know that the best way to do this is through smaller, in-person workshops with residence advisers, orientation leaders, program mentors and support centre coordinators, along with elected student representatives. We need every student in Ontario to engage with the topic of consent in this way.

Additionally, it is important that training happen as early as possible because, as we know from a 2003 study

done by the Canadian Department of Justice, many on-campus sexual assaults happen within the first eight weeks of school. If you think that this is unnecessary because the new Ontario sex-ed curriculum will cover the issue of consent, think again. Our universities and colleges are home to more than just those students who go through the Ontario public school system. Students from other provinces and other countries attend our institutions as well, and it is important for everyone to have at least an introductory level of knowledge of what consent is and what it isn't.

With a better understanding of what consent and sexual assault are, with better accountability measures that ensure we will have the information that we need to make change and that students will have recourse if ever they are not afforded the support and accommodations they deserve, and with funding for better training and support services, we will be able to make campuses a safer place again for Ontario students.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first set of questions for you is from our PC caucus. MPP Jones.

Ms. Sylvia Jones: Thank you, Ms. Goldfinch. I have a question related to one of your recommendations. It's the last one: "Adjudicate a long-term sexual assault support resource fund available to students, campus groups, universities and colleges for education, training, or to develop or strengthen existing support resources." Can you tell me or do you have any anecdotal examples—are the students accessing the resources that are available to them within the community?

Ms. Anna Goldfinch: Absolutely. One of the things that we have found with the issue of sexual assault is that it is not as neat and tidy as we would like it to be when it comes to providing support. For example, on a campus, if a student is sexually assaulted off-campus, they might go to the on-campus support or they might go to off-campus support. It really depends on what is available on campus, what is available off campus and what is advertised.

For example, we know that at Ryerson, a lot of students come forward to the on-campus support because there is a student-run sexual assault support line that students can call into that's open almost 24 hours a day. However, we do know that some students, because we are in Toronto, have many other resources as well, and will go to those resources.

I think one of the biggest things in this is just making sure that whatever resource is communicated, we communicate it well. I don't think it matters if students go to off-campus support or on-campus support, but we need to make sure that those supports are well-known and they're advertised, and they're part of the training that we're giving during orientation—it's part of the education of all staff members, faculty and administrators—so that they know where to point students.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next questions for you are from our NDP caucus.

Ms. Catherine Fife: Good morning, Anna, and thank you very much. I think you do bring a unique experience

to this table. Obviously, your federation has a lot of history on this issue.

I think a lot of people would be surprised to learn that sexual assault is the norm on college and university campuses. I think that's why the media attention was so intense. I like your message of no more excuses. So I'd like to get you on the record, please, here today. You've asked, of the \$41 million that was announced on March 6, that \$6 million be dedicated towards the recommendations, including collecting data, which obviously is key to addressing a problem—you have to understand the problem. Can you make it very clear to this committee what would happen if that \$6 million does not flow towards mandatory education on sexual assault?

Ms. Anna Goldfinch: Essentially, what we'll end up with is a hollow promise. We will end up with policies that exist in paper copy only. Students will continue to come forward and be met by administrators, faculty or staff who do not understand how the process works, what supports are available, or that the supports on campus will be inadequate to make sure that students have the supports they need.

I think it's very important that we get the \$6 million, because one of the things I've heard students from across the province saying they're worried about is that these policies are going to be put in place, and what happens afterwards? I just heard from a student from Queen's University who has been very active in the sexual assault policy there, and she said to me, "The recommendation from the Premier came and talked about 24/7 support. What is that going to look like? Because the only 24/7 support that we have right now is campus security, and they don't have the best reputation for dealing well with sexual assault." If we don't get the money we need, we're not going to have a 24/7 person, or we're not going to be able to train security so that they can improve their response.

The Chair (Ms. Daiene Vernile): Thank you very much. We want to make sure that we have time for everyone to ask you questions.

Our final questions are from our Liberal caucus.

Mrs. Marie-France Lalonde: Hi, Anna. Thank you very much for your presentation. I guess we talked about policy and we heard your perspective, and thank you very much for that. I wanted to go back to a point that you made in saying that sexual assault is the norm on campuses. How do you think we can change that statement? That conflicts me, as a mother. So maybe I could have a little bit of you discussing this?

Ms. Anna Goldfinch: Absolutely. The Canadian Federation of Students has been at the forefront of trying to come up with a vision of what the opposite of this norm would be. So if the norm right now is rape culture, we've been working on a vision with students from across the country about what consent culture would look like.

I think that what we are trying to do with mandatory education is show students, from wherever they may be from, what consent looks like; how rape culture can be reinforced in the media and how we don't want to

recreate that on our campuses; how we want to move towards consent culture and make sure that students understand what consent looks like and what it doesn't look like—because I think there are grey areas, and students have never had the opportunity to have that conversation about what it looks like and what it doesn't. So I think that making a space where students can feel comfortable about talking about that, and students being able to come forward and talk about their experiences with rape culture, is really, really important. It's going to be uncomfortable, but we need to have those conversations.

0920

The Chair (Ms. Daiene Vernile): Ms. Goldfinch, thank you very much for coming and appearing before this committee today. You're welcome to join our audience now and listen to the following presenters.

WHITE RIBBON CAMPAIGN

The Chair (Ms. Daiene Vernile): I'd like to call now on Todd Minerson, with the White Ribbon Campaign. I want to encourage our committee members just to remember that we have gone to 20-minute presentations now, so 15 minutes for our presenters, leaving us each one minute for each caucus to ask a question. So I encourage you to be concise.

Please begin by stating your name and begin any time.

Mr. Todd Minerson: Sure. My name is Todd Minerson. I'm the executive director of the White Ribbon Campaign. I am also a member of the minister's permanent Roundtable on Violence Against Women. One other hat that might be interesting is that I'm also a member of the United Nations Secretary-General's global network of men working to end violence against women. So a couple of different hats that I wear here today. I will take your advice as well, Madam Chair, and keep it brief so there's time for questions.

I wanted to really address two specific questions today about how we engage men and boys in preventing sexual violence and harassment, and really look at two fundamental questions: Why should we engage men and boys, and how? I think that they seem like they might be obvious questions but they do require a bit of dedication to unpacking them and talking about them a bit.

First, a little bit about White Ribbon: We are an Ontario-based, non-profit organization that works across the province but also across the world on preventing violence against women and girls by engaging men and boys. We work on all forms of gender-based violence. We started here in 1991, a few short years after the Montreal massacre, with some men in Toronto, including the late Jack Layton, John Tory and a number of other men who got together and said that there needed to be a place for men to have a role and a responsibility in working to end violence against women.

Those men came up with a pledge that we still use today: to never commit, condone or remain silent about violence against women. Today, we're the only national

organization that's working on violence prevention with men and boys to end gender-based violence.

We also have the great honour of having over 10 years of relationship and support working with the province of Ontario through the Ontario Women's Directorate. I'll tell you a little bit more of some of those interventions in a few minutes.

To start, let's try to tackle this first question about why we should work with men and boys on ending sexual violence and harassment. What does the evidence base tell us? Well, if you only open a newspaper in the last couple of months, you can see the kind of narrative around men and violence against women, and that would be the narrative of the Jian Ghomeshis, the Ray Rices, the Bill Cosbys, the dental school students, the university hockey teams and the countless other perpetrations of violence against women that we can see every day in the news that kind of saturate our collective consciousness. No doubt it's evident to you at this committee as well, for all the testimony you've heard in the past couple of weeks and months, the scope and nature of the problem.

But one of the things that I want to challenge a little bit here is that there's not only a role for men as part of the problem and in that troubling aspect around violence against women, but there is a role for men in the solution to ending violence against women. I would mention a couple of other men whose stories may not be as familiar, but a man named Glen Canning, who is the father of a young girl named Rehtaeh Parsons, who committed suicide after being sexually assaulted and having pictures of her assault sent around her high school. Glen has now become a passionate advocate to end violence against women.

I'll tell you about another boy I met at the United Nations two months ago. His name is Max Bryant. He's 13 years old. He raised \$40,000 for girls to go to school in Pakistan because he heard a speech on YouTube by Malala Yousafzai, and he said, "Why wouldn't I do that? Why shouldn't women and girls have a chance to go to school safely?"

So there's a narrative around men as perpetrators of violence that we want to challenge and disrupt also at White Ribbon—that men can also be part of the solution. We are working vigorously to do that.

We know most men will never use violence against women, but too many men are silent about it. Too many men don't know what to do about it and too many men are not taking action on ending violence against women. We know that all men and boys have the promise and potential to be part of the solution, and we are engaging thousands and thousands of men across the country to do that.

At White Ribbon, we've come to identify this approach as primary prevention. Simply put, that's trying to prevent the violence from starting in the first place, and to engage men and boys in practical terms with which they can speak up, speak out, and challenge and change those social norms that you mentioned, Madam Chair, and that this committee's mandate is looking at—

those social norms which say men are perpetrators and not part of the solution; those social norms which say that men don't have a role to play. We know there are countless ways to activate those kinds of roles in society, and we're working on doing that.

In this part, it's a complementary piece to the vital work that must continue with support and transition and sexual assault crisis centres with women. Unfortunately, we know that aspect of the work is not going away, but prevention has to be a complementary piece to that. In our view, it's a vastly under-tapped and underrated approach to solving this challenge. It's difficult and frustrating work at times. It has challenges, and it can cause more harm than good, if not considered carefully.

The thing that we don't frame this as is an investment—it's investing in prevention before the problem starts. A researcher from BC, named Colleen Varcoe, did a great study of the cost of violence against women in Canada in 2011. Her best estimate was about \$6.9 billion per year to the Canadian economy, to deal with the issue of violence against women.

Researchers at the Shift project at the University of Calgary have estimated that for every dollar spent on prevention work, up to \$20 could be saved downstream in terms of violence against women.

So not only do we have an ethical and a moral obligation to involve men in preventing violence against women, but we also have a really promising policy tool that we could be leveraging here in a more effective way.

When we think about primary prevention, we have to think about root causes. From White Ribbon's perspective, there really are three root causes to sexual violence and harassment. We know it's extremely complex, but we can boil it down to these three things.

The first is the fact of gender inequality for women in the world, still. If we look at gender inequality as a spectrum, then we can obviously put the tragedy, trauma and violence, and fatality in sexual assaults on one end of that awful spectrum of inequality.

The second is this idea that there are really harmful and violent aspects of masculinity that contribute to this violence. Not all of masculinity is bad. But how are men socialized and brought up to bring into their consciousness that it's okay to use violence against women; that, somehow, sexual activities are their right; that women are objects to be utilized in that fashion? Think about the things that we teach boys: "man up," "boys will be boys," "boys don't cry," "you throw like a girl," "don't show emotions," "fight," "take what's yours." All of these negative aspects of masculinity come with great costs to women and girls, but they actually come with great costs to men and boys as well.

There's a third aspect that would take a whole other select committee, and that's the idea of aboriginal communities and the effect of colonial violence and trauma, but that's not really what we're here to talk about today.

In this work, we know there are a few promising practices that work, if we move to how to engage men and boys. We know we have to use a strength-based

approach. We know that using guilt, shame and fear doesn't actually change attitudes and behaviours in the way that we want to.

We know that showing the way to have healthy relationships, showing the way to be accountable to women, modelling that kind of behaviour, is something that does change those attitudes and behaviours.

We know that there's evidence that points us to the fact that if we want to change men, we have to engage men and to talk to them. Unfortunately, still, men listen to other men when it comes to this stuff, so we have to work on engaging men through peer and near-peer models to make that happen.

We know also—unequivocally—that when we work on issues of gender equality with men, violence goes down. We've seen repeatedly across the world, in study after study, that when we teach men about gender equality, the violence goes down.

As I mentioned, we have to challenge these harmful masculine stereotypes. I'll give you a quick example. If we use some of the common kinds of stereotypes around victim-blaming—when a woman is sexually assaulted, some of the first things that men often say are, "What was she wearing? Where was she? What was she doing?" But if we unpack that statement—"What was she wearing?"—what are we actually saying about men? That we're a miniskirt and a couple of beers away from being rapists.

These are the kinds of harmful masculine stereotypes that we also need to address if we're going to make these kinds of social norm changes.

Through the province of Ontario and the Ontario Women's Directorate, White Ribbon is engaged in a number of these kinds of evidence-based projects around sexual violence prevention. I want to just draw your attention briefly to two of them.

We're important partners in the Draw the Line campaign development; we've been working on the components around engaging men and boys. We also are funded to do a program called "It starts with you. It stays with him."

We recently launched a component called I'm a Male Model, and there are a number of folks here who have been part of that particular campaign. But that campaign is based in the research that tells us—when we asked men what they were willing to do to end sexual violence, they said they were willing to talk to young men in their lives. "It starts with you. It stays with him" is a campaign aimed at trying to activate men's roles as fathers, educators, other family members, coaches and volunteers and leaders in communities, to do that kind of work around healthy relationships with men and boys.

0930

Briefly, we're also working on a project with Status of Women Canada, called our national community of practice, where we're facilitating the connection of nine Status of Women-funded projects across Canada that are working on prevention efforts with men and boys. We're bringing the evaluation data from those nine projects

together and we're going to be developing the first-ever made-in-Canada toolkit on best practices for engaging men and boys.

The last couple of things I wanted to talk about were what I call—one of them is called the "non-negotiables," because when we talk about engaging men and boys, it's not as simple as throwing up a poster in a boys' locker room. There really are three fundamental—or four fundamental, rather—things that we need to consider when we talk about engaging men and boys.

The first is that it has to be done through a human rights' and women's rights framework. Again, if we're not working on gender equality, we're not getting to one of the root causes and we're not actually going to solve the problem. All of our efforts with men and boys have to be framed in that concept of women's rights/human rights.

Second, the work we call for has to be gender-transformative. This is that challenging those harmful ideas of masculinity that I was talking about. Again, if we're just telling men and boys, "Don't do this; don't do that," and not having them critically reflect on those harmful ideas of masculinity, the evidence tells us we're not going to get the kind of behaviour change, social norm change, that we want to see.

The third is probably the most important. We cannot engage in this work with men and boys at the expense of other work for women and girls. The issue of resources has to come into play here. We can't be working with men and boys and contribute to the structural inequalities around funding levels that are already low for women's and girls' services for sexual assault centres, and that's an absolutely unequivocal qualification that we have to make.

The last is that it has to be evidence-based. We know enough of what works and what doesn't work.

A few of the challenges—and I'll leave it there—for engaging in primary prevention: We need to scale up and accelerate the pace of change. We need to fill the gaps in the evidence base. We have to do more long-term evaluation work. We need to ensure that grassroots and inclusive participation is part of it because, unfortunately, as well, there's no one-size-fits-all solution. Each community is going to need different ways to approach and engage the particular issues around that community's approach to dealing with sexual violence.

I hope I've made a compelling case for getting men and boys involved. It's 2015. The province of Ontario has made amazing strides in the last six or eight months on this issue, but we all need to be outraged that we still live in a world where one in five young women are going to be sexually assaulted at a university or a college campus, where 51% of Canadian women are going to experience sexual or physical violence in their lifetime.

It's 2015, and we need to get the political will and the collaboration to make some change on this happen, and I think men and boys can be a big part of that solution.

The Chair (Ms. Daiene Vernile): Thank you, Mr. Minerson. Our first question for you is from our NDP caucus.

Mr. Taras Natyshak: Thank you, Mr. Minerson, and thanks for the work that you do. Your presentation was really wonderful.

Thanks for referencing the late Jack Layton. He was an inspiration to me to get involved—a level of awareness that I didn't know. Of course, being someone who had a high level of prominence, he inspired a whole lot of other folks to step up and a lot of men to step up. I think that's a vital role that we should play as community leaders, that we have to play. I'm having those wonderful discussions with my children and doing my little part.

But what I want to know from you is, through your experience through the UN, simply, what jurisdictions are getting it right? What are the resources that they are allocating? These are international jurisdictions. You said specifically that we have to focus on this component of working with men. The prevention has to be complementary—so the line items that they're attributing to working with men, the resources; and how is it working? How do we follow that path, and where can you point us to?

Mr. Todd Minerson: Sure. A great question. I'm extremely pleased to say that the province of Ontario has now started to implement what, in our view, in the work around the world, is the gold-plated policy tool, which is a national or a provincial plan, because without being able to do a plan that harnesses all of the aspects of government, all of the different resources, all of the different stakeholders to the table—we know that that's how we see measured progress in places around the world like Australia, the UK and Scandinavia, that have several years of experience with national or provincial kinds of plans.

I'm really pleased to report that that gold-plated policy tool is starting to happen. What we need to see from it now is how the resources are going to be allocated, how the accountability is going to be measured, the really important questions around data collection and standardization so we can keep track of progress that we're making and understand where we're having difficulties. Those are some of the things that I'm still keen to see fleshed out in the provincial strategy.

Then again, in terms of engaging men and boys, what we know the best, and I'll reiterate, is that work has to come but not at the expense of other resources for women and girls. But what we do know works best there is that when we're able to bring community-based grassroots knowledge from the ground up with the top-down evidence base and merge those two things together, we come up with the most effective—

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our Liberal caucus.

Ms. Eleanor McMahon: Thank you for the work that you do. I want to echo my colleague in complimenting you for trying to change the conversation around gender-based violence. You said so many great things, it's hard to know where to begin. You talked about how, if we don't get this right, there are real risks that it could

become a problem. It was something that you said that really caught my attention. Can you expand a little bit on that?

Mr. Todd Minerson: Yes. There's enough of an evidence base now for us to know what works and what doesn't work. I don't want to identify or call out any specific campaigns, but we know, for example, that when campaigns are based around shame, fear and guilt when they're around engaging men and boys and the goal at the end of the day is behaviour change, less violent behaviour and more equitable behaviour—say, for example, a campaign says, “Don't be that guy who's going to be a rapist.” What we know is that for guys who are likely to use violence in the first place, they're going to just ignore that message. What we also know is that guys who may be in that mushy middle are going to feel like they are already presumed to be violent and already presumed to be one step away from being a perpetrator.

What we have to do instead to get that mushy middle of guys to understand consent culture and how to have healthy relationships is show them what those look like rather than blame them for something they haven't done. That's one example of how we know we have to follow the evidence base if we want to get the outcomes we—

The Chair (Ms. Daiene Vernile): Thank you. And our final question for you is from our NDP caucus—I'm sorry, our PC caucus: MPP Jones.

Ms. Sylvia Jones: Thank you.

Mr. Todd Minerson: This is the beauty of an all-party committee.

Ms. Sylvia Jones: Yes, we'll go with that.

Thank you for your presentation. I don't think anybody in this room would disagree with you on the value of prevention. I'm interested if you could provide—because I know we're limited in time—some examples of why you have seen or where you have seen the gender equality argument succeed, whether that's in schools, workplaces, communities. If you could provide a couple of examples, that would be very helpful.

Mr. Todd Minerson: Yes, sure. Globally, if we look around the world, the communities across the planet that have the least amount of violence against women and girls also rank extremely high on other gender equality indicators, whether that be the income gap, political representation, or representation on corporate boards and at high levels of decision-making. There's research that has looked at those correlations on a global level.

Ms. Sylvia Jones: It's a social determinant of health.

Mr. Todd Minerson: Yes. There are clear correlations between places that have those increased metrics around gender equality and less violence.

On the other side, it's the same: Where we see extreme amounts of violence against women, we also see extreme amounts of gender inequality. There are those correlations on a global level. We see it every day when we work with schools over the course of two, three or four years and we start to embed ideas of gender equality in those schools with young men and women. The issues diminish, the incidents diminish; the outcomes are better for everybody.

Another project we're working on is in Zambia. We identified in a community that the main cause of violence in families was financial illiteracy and a lack of understanding around it. We've created what we think is the world's first financial literacy, gender equality and violence prevention project. We don't tell the guys it's those other two things. But when these families come together and learn about how to manage their budgets, they also get an introduction to gender equality issues. With the company that we've been working with on that particular project, they've now scaled that up to be mandatory training for all of their employees, so we're talking about 5,000 employees who are getting that training now. The incidents of violence in that community have decreased dramatically.

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The Chair (Ms. Daiene Vernile): Thank you, Mr. Minerson. If you would like to join our audience now for our following presentations.

MS. JULIE STAUFFER

MR. JEFF STAUFFER

The Chair (Ms. Daiene Vernile): I would like to call on Julie and Jeff Stauffer to come forward. Please have a seat and make yourselves comfortable, and begin by stating your names. You've got 15 minutes for your presentation. That will be followed by questions.

Ms. Julie Stauffer: My name is Julie Stauffer.

Mr. Jeff Stauffer: And I'm Jeff Stauffer.

Good morning, respected members of the Select Committee on Sexual Violence and Harassment, the Clerk of the Committee, fellow witnesses and others in attendance. My name is Jeff Stauffer; joining me is my wife, Julie. While it is the result of traumatic circumstances, we appreciate the opportunity to make this presentation.

We understand that the purpose of the committee is to make recommendations to the Legislature with respect to the prevention of sexual violence and harassment and to improve the response to Ontarians who have experienced sexual violence and harassment, as well as to consider ways to shift the social norms and other barriers which prevent people who have experienced sexual violence and harassment from coming forward.

We are here today because for seven years we have been involved in a gruelling and punishing process in coming forward and proceeding with complaints to Captain R. Wilson Public School, Garth Webb Secondary School, the Halton District School Board, the Ministry of Education and Ministers of Education relating to the sexual, physical and psychological trauma a child endured while at school in the Halton District School Board. We, along with the health care team treating the child and school social workers, have often not been heard, seen or believed, resulting in the subjection of an innocent and vulnerable child to perpetual revictimization and ongoing trauma.

Instead of being responded to with genuine understanding, care and compassion and provided with a

school recovery environment that was poison-free respecting the child's rights, the response the child received undermined the child's sense of personal dignity and safety, isolated the child, led to the disruption of the child's education and contributed to the diagnosis of chronic post-traumatic stress disorder, potentially interfering with the child's ability to achieve to their full potential.

We are here today with the hope that by sharing this experience it will bring awareness to a rarely openly discussed issue and lead to the establishment of practical and effective systems for responding to, and preventing, inappropriate sexual behaviour and abuse perpetrated by children in elementary schools.

While the issue of inappropriate sexual behaviour and abuse perpetrated by children is rarely publicly discussed, researchers and mental health professionals have been investigating and analyzing the prevalence, dynamics, causes, effects and treatment of this since the 1990s. They discovered that it is a widespread problem and that incidents of reported sex-related offences committed by children and adolescents were increasing at an unprecedented rate. In 1987, it was reported that 25% of all sex crimes committed in Canada were perpetrated by adolescents. In 1990, R. McGrath's assessment of sexual aggressors determined that 30% of adults convicted of sex crimes began offending before they were nine years old. Currently, according to the Stop It Now! Do Children Sexually Abuse Other Children? guidebook, over a third of all sexual abuse of children is committed by someone under the age of 18.

Researchers and mental health professionals have also determined that children who are sexually abused by other children suffer the same type and severity of negative consequences as children who are sexually abused by adults; that any sexual offence is traumatic because it represents a violation of emotional and physical boundaries, and that the trauma of sexual abuse may progressively accumulate as the individual matures through later developmental stages, resulting in long-term impacts from the abuse.

The experience we will share occurred in a school environment and involves the sexual abuse of a child by another child under the age of 12. In the interest of protecting the privacy of the individuals involved, we will not describe in detail the sexual abuse. However, to demonstrate the severity to the circumstances, we will disclose that the incidents fell within the 1999 British Columbia Ministry of Education resource guide for educators' Responding to Children's Problem Sexual Behaviour in Elementary Schools' table "Behaviours that Are Cause for Serious Concern." These behaviours include:

- induces fear/makes threats of force to get others to expose themselves;
- touches genitals of others with force;
- engages in chronic peeking/exposing/obscenities/pornographic interest;
- forces/manipulates others to view nude pictures or pornography;

- has sexually explicit conversations with peers that reflect adult level of knowledge;
- engages in compulsive masturbation which interferes with normal functioning;
- rubs up against others in a secret or accidental way;
- demonstrates repetitive simulation of intercourse with dolls, peers or animals with clothing on;
- simulates intercourse with clothes off;
- engages in oral, vaginal or anal penetration of other children or animals.

The following is a brief overview of the gruelling and punishing process that was faced in coming forward and proceeding with a complaint of this nature in the absence of practical and effective systems for responding to and preventing inappropriate sexual behaviour and abuse perpetrated by children in elementary schools.

November 2007: The harmed child discloses incidents of inappropriate sexual behaviour that are cause for serious concern.

November to December 2007: The harmed child returns to the classroom with the perpetrator without any support or safety mechanisms put in place. The harmed child is exposed and subjected to retaliatory bullying behaviours by the perpetrator. The harmed child's well-being regresses and the family seeks the support of their family physician, who refers the child to Halton Health-care child and adolescent outpatient services and recommends interim support through the Reach Out Centre for Kids.

January to March 2008: The harmed child is relocated to a new classroom and continues to be subjected to retaliatory bullying and stalking behaviours of the perpetrator and bullying behaviours of other classmates. The harmed child remains in the classroom/school without meaningful school supports or safety mechanisms in place.

March 2008: The harmed child receives the diagnosis of post-traumatic stress disorder related to the sexual trauma and bullying which occurred in the school, as well as the sequelae of the school's responses to these incidents.

March to June 2008: The harmed child continues to be subjected to retaliatory bullying and stalking behaviours of the perpetrator and bullying behaviours of other classmates. The child and adolescent psychiatrist attends a school meeting to provide a verbal assessment and recommendations to establish a safe and supportive school recovery environment. The child and adolescent psychiatrist verifies that the school reported the circumstances to both the Halton Regional Police Service and the children's aid society. It should be noted that neither agency interviews the harmed child or the child's parents. The harmed child remains in the classroom/school without meaningful school supports or safety mechanisms in place, with the exception of being introduced to the school child and youth worker. The harmed child continues to experience elevated symptoms of PTSD, resulting in frequent absences and disruption of education.

September 2008 to February 2009: The harmed child continues to be subjected to bullying and stalking

behaviours of the perpetrator and bullying behaviours of other classmates. The harmed child remains in the classroom/school without meaningful school supports or safety mechanisms in place, with the exception of access to the school child and youth counsellor. In seeking support from the CYC, the harmed child is exposed to the explosive behaviours of students in the behaviour resource class; witnesses physical and verbal aggression towards adults in the classroom; is called a bitch, slut, whore; is punched closed-fisted in the side of the head; is threatened that the comfort toy will be torn to pieces; and the back of their head is cut with the blade of a snow shovel. The child and adolescent psychiatrist attends another school meeting to provide verbal assessment and recommendations to establish a safe and supportive school recovery environment.

March to June 2009: The child and adolescent psychiatrist provides a written assessment and recommendations to establish a safe and supportive school recovery environment. The school superintendent evades implementing any of the psychiatrist's recommendations. The harmed child remains in the classroom/school without meaningful school supports or safety mechanisms in place, with the exception of access to the school child and youth counsellor. The harmed child continues to experience elevated symptoms of PTSD, resulting in frequent absences and disruption of education.

September 2009 to June 2010: With continued parental advocacy, the school implements safety measures to limit exposure to the perpetrator and provide an improved recovery environment. The harmed child continues to be subjected to the stalking behaviours of the perpetrator.

September 2010 to June 2012: The perpetrator is no longer a student at the same school with the harmed child. With continued parental advocacy, the school continues to implement supports and safety measures to provide an improved recovery environment.

September 2012 to June 2013: The harmed child is reunited with the perpetrator in the secondary school environment. Despite advocacy of parents to initiate a meaningful safety plan, the harmed child is expected to attend school without meaningful supports or safety mechanisms in place, with the exception of access to the school social worker.

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Within the first few weeks of school, the harmed child is subjected to the stalking behaviours of the perpetrator. The harmed child is subjected to anonymous cyber-bullying. The harmed child is subjected to bullying and sexual harassment by other students.

The school responds to these incidents but does not implement meaningful mechanisms to provide for a safe school or recovery environment. The harmed child experiences resurfacing symptoms of PTSD, resulting in frequent absences and disruption of education. Despite the advocacy of parents and the school social worker, the school takes limited steps to avoid exposure to the perpetrator.

September 2013 to February 2014: To avoid direct contact with and exposure to the perpetrator, the harmed child changes course selections of courses also selected by the perpetrator, as the school is only offering one class. The harmed child is subjected to the stalking behaviours of the perpetrator. The school takes limited steps to avoid the harmed child's exposure to the perpetrator.

The harmed child experiences elevated symptoms of PTSD, resulting in frequent absences and disruption of education. The harmed child receives a diagnosis of chronic post-traumatic stress disorder due to the difficulties of the recovery environment. Those difficulties include the harmed child being perpetually retraumatized, repeatedly exposed to the perpetrator of the trauma, and consistently given no choice but to forgo school courses and activities also selected by the perpetrator.

The harmed child continues to attend school without meaningful supports or safety mechanisms in place, with the exception of access to the school social worker.

In March 2014, there's a change of school social worker. The harmed child continues to be subject to the stalking behaviours of the perpetrator. The harmed child no longer feels safe to attend.

The Chair (Ms. Daiene Vernile): Mr. Stauffer, you have two minutes remaining. You may continue to the end and forgo any questions from our committee, if you wish.

Mr. Jeff Stauffer: In April 2014, the school offers to implement enhanced safety measures but states that they do not believe the perpetrator presents a threat to the harmed child. The harmed child completes the semester independently with home instruction.

In June 2014, the harmed student withdraws from the Halton District School Board. While this outcome is without justice, withdrawing from the school board puts an end to the gruelling and punishing process of coming forward with a complaint of this nature.

With insight and knowledge gained throughout this process, we believe the ongoing trauma and the outcome the child endured could have been avoided if the board and schools had practical and effective systems for responding to and preventing inappropriate sexual behaviour and abuse perpetrated by children in elementary schools.

In that regard, we encourage members of the Select Committee on Sexual Violence and Harassment to recommend that the Ontario Legislature develop legislation to amend the Education Act to incorporate meaningful and comprehensive measures to address inappropriate sexual behaviour and abuse perpetrated by children and that the legislation also requires all boards and schools to have a policy in place—a policy that alerts all parties to their rights, roles, and responsibilities and clearly outlines how all incidents will be dealt with promptly and efficiently.

Although it is not as victim-centric as it needs to be, the BC Ministry of Education's Responding to Children's Problem Sexual Behaviour in Elementary Schools: A

Resource for Educators provides an excellent example of the components that such legislation and policies should include. Additionally, the legislation must provide concrete and timely mechanisms of compliance and accountability.

In closing, with respect to shifting cultural and social norms that support inappropriate sexual behaviour and abuse by children and dispelling the darkness of denial, parents, educators and other adults caring for children need to have access to current information about sexual abuse issues, including the topic of offenders. The difference between appropriate and inappropriate sexual behaviours needs to be openly discussed by parents and educators so that children receive two very clear messages: that they can say no and that certain behaviours are unacceptable.

All circumstances involving inappropriate sexual behaviour and abuse by children reported to parents, schools, boards, the Ministry of Education and Ministers of Education must be treated seriously—not over-reacted or under-reacted to—and given the care, understanding, attention and investigation they deserve. Most importantly, a child harmed by the inappropriate sexual behaviour and abuse of another child must be repeatedly given the message in facial expression, body language, tone of voice and words that they did not deserve what happened to them, that you are sorry that it happened, that they did the right thing by telling someone, and actions will be taken to support them and protect them from further harm. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. We do have time for some very brief questions and answers. We begin with our Liberal caucus.

Ms. Harinder Malhi: Thank you for sharing your experience with us. I was just taking a look—you talked a lot about the school board and how they could have gotten involved. I just want to know what you think they could have done differently to improve your experiences? I know there are a lot of anti-bullying initiatives out now, but obviously they weren't helpful in this case. So what could they have done differently to improve your experience?

Ms. Julie Stauffer: First of all, there are some concrete and clear differences between bullying and sexual violence or sexual abuse, but how they could have been more helpful is that they could have had policies in place that actually provided support for the victimized children. Most of the tools they implemented were to provide support and treatment for the child who perpetrated the acts, and the child who was victimized was left to cope and recover on their own.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our PC caucus.

Ms. Laurie Scott: Thank you very much. What happened is appalling and unacceptable, and I hope it's not widespread across other school boards.

There doesn't seem to be enough action or strong enough action on the perpetrator. Do you know if the parents of the perpetrator were brought in? It seems to be—

Ms. Julie Stauffer: We were given very limited information with respect to the perpetrator. Definitely, there was not a process put in place to help the perpetrator understand the severity of the behaviours.

Ms. Laurie Scott: So do you think the school board actually had that flexibility and didn't choose to use it? What was your interpretation of that? They could have done it and they didn't?

Ms. Julie Stauffer: I believe the school board could have done more. Whether it was within their authority or not, I'm not aware of that.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final question for you is from our NDP caucus.

Ms. Catherine Fife: Thank you very much for coming forward. It takes a lot of courage to share your story, and we appreciate that.

I think the main thing I've taken from this is that there is such a fundamental difference between sexual abuse and bullying, but they do cross over, especially now with cyberbullying as well.

Any recommendations for the committee specifically around—because your child was bullied outside of the school; and schools should be safe places.

Ms. Julie Stauffer: No. No bullying outside the school environment.

Ms. Catherine Fife: In the cyberbullying; no?

Ms. Julie Stauffer: Oh, well, that could be directly related to acquaintances from the school environment.

Ms. Catherine Fife: Sure. Okay. Thank you very much for coming.

The Chair (Ms. Daiene Vernile): Thank you both very much for coming and appearing before this committee. I invite you to now sit with our audience, if you choose to.

MUSKOKA/PARRY SOUND SEXUAL ASSAULT SERVICES

The Chair (Ms. Daiene Vernile): I would now call on Muskoka/Parry Sound Sexual Assault Services. Presenters, please come forward. Our Clerk is going to help you with your presentation.

Once you're ready to go, please state your name. You'll have 15 minutes to speak to our committee and then they will ask you questions. So begin anytime.

Ms. Sylvia Jones: Chair, while they're organizing their presentation, can I ask a research question?

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

Ms. Sylvia Jones: I was intrigued by Tim Minerson's comment about the \$6.9-billion study, but I didn't catch who did it. Could you go back in Hansard and maybe pull that study and distribute it for us?

Interjection.

Ms. Sylvia Jones: He made reference to a study and a report, so I think it would probably be valuable reading.

Interjection.

Ms. Erin Fowler: Okay.

Mr. Taras Natyshak: Chair, I'm getting some excellent information here from—

Mr. Todd Minerson: The researcher's name is Varcoe.

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

All right. Please start by stating your name.

Ms. Lauren Power: I'm Lauren Power, and I'm executive director of Muskoka/Parry Sound Sexual Assault Services. I'd just like to let the committee know that I'm a professor of social justice at Nipissing University in Bracebridge as well.

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I'm just going to begin. Our sexual assault centre is somewhat unique in the province. Not all of them are structured like ours. What I'm here to do today is just share a little bit about our model and our structure. We think it's a model that's working really well in our area and I'm hoping to show you why.

I'm also going to thank some of the women along the way who are part of our program. Thanks to thriver Natalie Stokes—you can see a painting of hers; that's our office; welcome to our office in Bracebridge, just to have a look at that—and all the women who share in our programs, because we could not do what we're doing without the work of the survivors and advocates who form part of our agency.

The question for this committee is, how do we broaden prevention of sexual violence and harassment? I have three answers for you. Number one is that we use a model which the VAW movement began with: advocates willing to raise their voices, tell their stories, name abuse and support others to do the same; survivors who have become thriving, outspoken advocates.

A second answer is that we recognize the regional barriers that SAC centres face and provide appropriate funding to address barriers unique to the region to enable survivors to begin to thrive and speak out. Thirdly, we use trauma-informed group models to bring survivors together. I'm going to talk about those things.

We're located in a primarily rural district with six towns and lots of villages. We're spread out over a huge area. Our programs comprise rape crisis centre—SAC—funding and Ministry of the Attorney General and long-term mental health abuse treatment funding, which is LHIN-funded. Most of the SACs are not based on that model, as you're going to see.

Our mandated client group is 16 and over, women only. We have five full-time and two part-time staff, the same number as in 1993 when the program began. Public awareness and population have created a tremendous demand on us. Poverty in the area: Although people think of Muskoka as being a wealthy area, in fact, in terms of year-round residents it's significantly below the provincial median income. Poverty means difficulty in accessing us because of distance, and there's no public transit.

So what have we done? We've developed a survivor-to-thriver model, which is primarily group-based, so women carpool. They carpool to come and that has been

one of the best ways we've found to enable people to access our programming.

I'm not going to talk about this too much—this slide—but I wanted you to see how we work. The acronym SAIL stands for sexual assault intervention for living. That is our therapy program. The SAC program itself, the rape crisis program, funds the drop-ins, the crisis counselling and the thriving conferences, which I'm going to talk about as well.

Very few SACs in the province have the LHIN-funded abuse therapy program attached to them. It's a patchwork in the province depending on who originally got those grants. Bringing these programs together improves both. Trauma-informed perspectives, the therapy that's available through that abuse treatment programming, is longer term. That's trauma-informed. We can't do brief therapy with people who have complex trauma. It brings that more medical-based information together with feminist analysis, public education and advocacy and the ability to work with survivors long enough to create sustained change for them. It's significant.

We believe that all SACs should have the LHIN abuse therapy program attached to them. Only some kind of top-down restructuring will enable that. It is truly a patchwork. Some of those abuse-treatment programs have been absorbed into community mental health programs across the province, but they should be reattached to the sexual assault centres.

Our model is structured in trauma-informed intervention that supports most women to move directly into a group program and provides a quick assessment for all our new referrals. We utilize women's immediate motivation, curiosity and drive for wellness when they initially come to counselling for the first time, to put them right into a group with other women survivors. It's significant to do that, because it immediately reduces shame.

The majority of women who use our programs could have or have a diagnosis of PTSD or complex PTSD, sometimes referred to as borderline personality; addictions, 30% to 40%; eating disorders, about 15%. It's the trauma spectrum. In 15 minutes, I can't educate you completely about what that means, but let me say that working with survivors is challenging, time-consuming and absolutely rewarding. In the past, we used to believe that what is termed borderline personality was not a treatable situation, and it absolutely is; it absolutely is.

Our model is trauma-informed in our therapy program, and it's feminist-informed as well. Those are different types of therapy: cognitive behaviour, dialectical behaviour therapy and trauma therapy; in a group model, primarily. We have a longer duration that we're able to offer women because of the LHIN-funded program.

We work with attachment style in our counselling. I think we have a very effective form of counselling, and it's coupled with that analysis of VAW, rape culture, advocacy and empowerment, and public education. Women who are coming through our programs are able to move on within the same agency to doing advocacy work themselves, and that has been significant.

Most people feel comfortable with individual counselling. Most survivors will ask for that. They don't want to go immediately into a group, because of the shame. What we've been able to do is find a way to help them be in a group quickly. Individual counselling can maintain the sense of shame and secrecy regarding a sexual abuse history. The therapist-and-client model has inherent power differentials built within it. It reinforces a sense of less power and less competence for clients. When we put them with their peers, their resiliency stands out, so a peer model is extremely effective.

In 2009, we applied for a Trillium grant to host a two-day conference for the women who use our programs. Shelter residents were also invited. We hosted 100 women survivors at Hidden Valley Resort in Huntsville for a two-day conference of VAW analysis, wellness workshops, and information about trauma and healing. Each woman received a half-hour self-care treatment such as a pedicure, haircut or therapeutic massage.

Two women survivors provided keynote addresses, both of whom had come through the local shelter program for woman abuse and our Sexual Assault Intervention for Living program as well. One of them was a musician and sang a song to us, which electrified the audience, as did the knowledge that the entire room was packed with other women who had shared sexual assault. This is, we believe, a unique program in the province. Hotel staff and service providers were thrilled to take part too.

Just a reminder that one in three women have experienced sexual violence, so it was quite profound for all of the women who were connected with the conference, even those who weren't clients themselves.

The response to the first conference was tremendous. We didn't have any more funding to continue it, but with the Sexual Violence Action Plan funding that we've received from the province since 2011, we've been putting them on. That's what we're using our funding for. We've had six further conferences. The next one is May 29.

We do 50 women at a time. We've gone to a day conference model, just to spread the funding further. The feedback continues to be extremely positive.

Some of the evaluations reflect that we as women can heal when we help each other—how strong our will is and what we are capable of surviving. So it's significant in reducing shame.

Just a few pictures: These are all women who are aware that their pictures are being shown. Survivors become advocates. Right? So there they are—just a few shots. That's our banner in the background.

We encourage women to take part in developing public education materials while they're in our therapy program. There they are.

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You can see, on the one slide there, that was a session with a naturopath on healing stress. We use that trauma-informed model to put the content into these conferences.

Impacts of the conference: Numerous women who have attended a thriver conference have gone on to

deliver keynote speeches themselves at other professional conferences as well. The advocacy of these survivors that they have taken on has enabled a much wider reach of public awareness and education in our local area.

One of them, Barb Swartz, spoke recently to 320 people at our production of *The Good Body*, by Eve Ensler. So they are moving on significantly. If you heard Barb's story—I was hoping to bring her, but she's speaking at another conference right now in Niagara. When you hear what they have to say, you realize how far these survivors come. She was someone who was chronically suicidal prior to doing the work and becoming an advocate.

Our local area in Muskoka has grown a whole bunch of VAW advocates. We have some significant numbers in terms of our involvement in VAW activism, so I'm going to just talk about that a little bit.

With 57,000 permanent residents, more than 1,000 women and men took part in the One Billion Rising anti-VAW initiative in 2013—which was actually about the same number as in Toronto, I might add.

Our agency partnered with the other two women's agencies to co-sponsor those events. Numerous women clients participated, taking part in advocacy in their own communities. What happens in that group model and in that conference model is that they lose shame, and it's okay to say, "Yes, I'm a survivor, too."

Sadly, the local murder of a young Nipissing University student by an ex-boyfriend in 2013 galvanized our advocacy movement further. Ontario Women's Directorate funded a volunteer conference, which was held as part of a week of events, including One Billion Rising, at Nipissing U. That was last year. We asked for that grant in part to help those students along with their grief. It was significant. It's a primarily-women campus. Much of their programming has to do with violence. Those were students who had just come through taking a course in violence against women when one of the students in their tiny campus was killed by an ex-boyfriend.

Their student participation has increased substantially. They planned the week of events for OWD's grant. Local advocate Dawn Novak, mother of VAW victim Natalie Novak, who was killed at Ryerson, spoke and shared her film, *If Only ... Nat's Story*. Alison Irons, mother of Lindsay Wilson, who was killed while attending Nipissing, spoke also. That was her first time doing public speaking. Jeff Perera of the White Ribbon Campaign also came and spoke to students. That was a significant week of advocacy events, and it has just broadened it further.

Now our student movement is in the process of building a monument to women who have experienced VAW at the campus. Their vision is a public space, in communities across Canada, where violence against women is recognized and women who have experienced it are honoured.

The Chair (Ms. Daiene Vernile): You have one minute to go, Ms. Power. Thank you.

Ms. Lauren Power: Thank you. I'm almost done.

They're actively working toward this. They're applying for grants to broaden their reach.

One other thing I thought I would put out on their behalf to this committee is that creating in every community a public space that acknowledges women who have experienced violence creates a public discourse, creates a place for violence-against-women advocates to go for events, and it just broadens the public knowledge. That idea came from students, and there they are: Kirsten Nicolson and Avery Saunter. We recently had a domestic abuse conference. We had Dr. Lori Haskell speaking with us.

They have developed a local monument that they're fundraising for—that's the maquette for it there—which is called Ignite Canada. They're now raising \$80,000 to put that monument on the campus, which is really exciting. But I think it's a vision for our province, certainly, to begin to develop these public spaces. We want survivors to speak out.

The Chair (Ms. Daiene Vernile): Thank you very much. I want to stress to our committee members, so that we make question period today: We each have one minute to ask a question and have it answered. We begin with our PC caucus.

Mr. Norm Miller: Thank you for making the trip down from Muskoka today to present to the committee and for the good work you're doing in Parry Sound–Muskoka.

Ms. Lauren Power: Thanks, Norm.

Mr. Norm Miller: In the short time I have: You mentioned that you receive some LHIN funding and that that's kind of a patchwork across the province. How significant is that funding for your agency?

Ms. Lauren Power: It's extremely significant. It's one third of our funding. It enables us to really broaden the work that we do with women and extend the time period that we're able to do it. It supports our rent dollars. We're running two offices; many of the SAC centres are only running one. We need to run two because of the broad area that we cover.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our NDP caucus.

Ms. Catherine Fife: Thank you very much, Lauren, for coming in. I don't really have a question; I'm just impressed with the presentation that you gave. I was going to ask the LHIN question, because there's a bit of a disconnect, I think, between what is happening at the LHINs and this issue overall. You coming in and talking to us about how important that funding is is significant, so thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our Liberal caucus.

Ms. Eleanor McMahon: Thank you, Madam Chair. Thank you; it's great work you're doing. Your work to build capacity—you're building a community of practice here.

Ms. Lauren Power: Yes.

Ms. Eleanor McMahon: It's really great, and I want to salute you for that.

Ms. Lauren Power: Thank you.

Ms. Eleanor McMahon: I was about to ask you—what was running through my mind was: Do they hold a conference so that they can really spread the information and share it? Your comments about shame and ending that shame were very powerful.

Ms. Lauren Power: Yes.

Ms. Eleanor McMahon: I had a question; I just wanted to check this out with you. I may stumble a bit, so please bear with me. Your comments at the end about creating a public space and a public discourse and how the young people had brought that forward really got to me. It's very interesting. One of the things that seems to be taking shape as we go around the province is that your colleagues in other places are talking about resources—and of course, because that's so important. But we're talking about the justice system, too, and barriers to reporting. They're so important to acknowledge. It's sort of coming out that some women don't actually want to report for a myriad of reasons, and therefore may choose not to. Part of that is victim-blaming, and part of that is that they feel revictimized by the process and all of those things. But what if they don't? That's okay, isn't it, if they don't? How can we help them, the ones who choose not to report? Sorry; it's a long question.

Ms. Lauren Power: That's okay. Probably 90% of our clients have not reported—90%.

Ms. Eleanor McMahon: And that's okay? Is that their wish?

Ms. Lauren Power: Our justice system right now is structured in such a way that it is not helpful for sexual violence survivors to access that system. I'll put it like that.

The Chair (Ms. Daiene Vernile): Ms. Power, thank you very much for coming and appearing before this committee today.

Ms. Lauren Power: Thank you.

The Chair (Ms. Daiene Vernile): Committee, we are back here at 3:30 this afternoon. We'll see you then. This committee stands recessed.

The committee recessed from 1018 to 1530.

The Chair (Ms. Daiene Vernile): Good afternoon, everyone. The Select Committee on Sexual Violence and Harassment will now come to order.

I'd like to welcome our presenters this afternoon and any guests who are here with us. I want to share with you the mandate of our committee. We're here to listen to your experiences as survivors, front-line workers, advocates and experts on the issue of sexual violence and harassment. You are going to inform us on how to shift social norms and barriers that are preventing people from coming forward to report abuses. However, I should stress that we do not have the power or the authority to investigate individual cases. That is better left to the legal authorities.

We welcome you.

MS. ANNE LEE

The Chair (Ms. Daiene Vernile): I see that we have our first presenter, and I would start by asking you to say

your name. Just to let you know that you have 15 minutes to make your presentation, and that will be followed by questions.

We just have a switch, committee members. We're waiting for Cheri DiNovo, so we're going to begin with Anne Lee. Please begin.

Ms. Anne Lee: Hi. I'm Anne Lee. I'm here to talk today about female-perpetrated sexual abuse. I spoke briefly on April 1 with CAFE. I didn't realize that this committee was open to the public, so I've come back again because I think it's information this committee, if you're looking to be inclusive, needs to hear about.

Let me start with commonly held myths about female-perpetrated sexual abuse: It's not harmful, it's less harmful than male-perpetrated abuse and carries less impact; it's not common, less than 3%; it's so rare that it doesn't require any services for its victims, law enforcement training, public policy or research. The last commonly held myth is that women aren't sexually violent.

I'd like to examine all of this a little closer. Before I start, I'd like to say that violence is a very complex and multi-layered issue. There are aspects of FSA, or female-perpetrated sexual abuse, that I can't really show you. I'm going to show you some of the lesser-known aspects you may not have encountered.

I should also mention that my husband and I run a peer support group for trauma survivors and we're open to all genders, all races etc.

Let's begin. This is from the book about female-perpetrated sexual abuse by Theresa Gannon. This is a case study: Andy was sexually abused by his mother from infancy until he was 17 years old. He never perceived it as sexual abuse. He says, "My mother loved me the only way she knew how. She would never hurt me. She was my mother. I could have stopped it if I had wanted to, but I kind of liked it, really. It never did me any harm."

But the truth is, Andy is now 34. He is serving a life sentence for rape and murder of a woman. He served a previous nine-year sentence for the rape of an older woman. He was in and out of juvenile facilities from the age of 12, mainly for violent acts, glue-sniffing etc.

This is actually very well known. Male sexual abusers of women—there's a high degree of sexual abuse in their childhood by females. It doesn't get the coverage it needs to get. That was to the point that it's not harmful. It's very harmful. I could trot out all kinds of cases, but we have limited time.

The second one: It's not common. There's a huge discrepancy between conviction statistics and victim reports. Some studies show it to be as high as 60% and some even higher. But even, let's say, the 3%. There are no services in the province of Ontario that I'm aware of for victims of female-perpetrated sexual abuse or FSA, so I wanted to give an example.

Imagine a patient showing up at the door of a hospital in Ontario only to be told, "You have ovarian cancer. You're less than 3% of the incident rate. We don't treat your kind. We have more important patients to treat." That's how the victims of FSA are treated currently.

If you look on the right-hand side, those are the Canadian cancer statistics. Half of the types of cancer are less than 3%. Now imagine the government formulating public health care policy saying that these cases are unimportant and not worthy of treatment because they aren't common. I'm hoping that we can change this.

This is a comment on, "Women aren't sexually violent." We don't often think about how women express sexual violence. This is from the Texas Department of Criminal Justice. This is their official report on Karla Faye Tucker. She was executed. She murdered two people with a pickaxe—and I'm sorry; some of this is going to be a little bit graphic:

"Tucker struck him with the pickaxe 28 times, and expressed that every time she struck Dean she received sexual gratification." That's a bit of a euphemism; in the official reports, she had bragged that she had multiple orgasms every time the pickaxe entered the body. Clearly, this wouldn't be viewed on the outside as being a sexual crime, but I think we need to look at it that way.

This is from an article in the LA Times: "Not Only Men Are Molesters." This is one of the excerpts: "More than 50% of the 150 female offenders [Wolfe] has counselled molested their own children, primarily daughters...."

"Wolfe described one such offender ... as a sexual sadist.

"She looks like everybody's lovable grandmother: pink cheeks, gray hair, chunky. She volunteered to babysit for young single moms. They jumped at the chance."

"Most of this offender's victims ... were not yet verbal. [She] would slap them until their teeth cut their mouths or start a nosebleed. Their pain gave her sexual pleasure."

That is another aspect that we don't look at, but we need to start considering this within the realm of sexual violence.

Most people believe that that last example is not possible, so I'm going to show you a bit of a video. For everyone's benefit, I've got the sound off, but this will show you that things like this are possible if you look at—and I apologize in advance. It's graphic.

Video presentation.

Interjections.

The Chair (Ms. Daiene Vernile): Ms. Lee, can you please press "pause" for a moment, if you're able to? You've taken us by surprise. We were unaware that you were going to be presenting such graphic images. I'm concerned that we may be disturbing or traumatizing people in the room right now.

I'd like to recognize MPP Natyshak.

Mr. Taras Natyshak: Where is this video from?

Ms. Anne Lee: It's from YouTube.

Mr. Taras Natyshak: And who is this person?

Ms. Anne Lee: It's a nanny.

Mr. Taras Natyshak: Has this person been charged with a crime?

Ms. Anne Lee: I don't know. Most aren't charged.

Sorry, do we want to do questions?

Mr. Taras Natyshak: Well, it's incredibly graphic—

The Chair (Ms. Daiene Vernile): We're not sure of the relevance of this video and how it relates to this committee and who this person is, if they have some direct connection to the issue of sexual violence and harassment.

Ms. Anne Lee: It relates to the previous example that I gave you, where one of Wolfe's sexual perpetrators was a sexual sadist and committed exactly this kind of violence.

I can go on.

The Chair (Ms. Daiene Vernile): Just to clarify, though, how can we be assured that the person who is committing the violence in this act is connected to what you are describing? This might be some other kind of isolated incident that has nothing to do with sexual violence and harassment.

Ms. Anne Lee: That's possible. That's true. I think, though—I've spoken to a number of victims over the years, and they all expressed various aspects of this—not everyone, but there are different kinds of sexual offending with different typologies.

The Chair (Ms. Daiene Vernile): I'm going to have to step in and say that unless we can be absolutely assured that the images that you are showing us are directly related to a person who has been charged and convicted of an incident related to sexual violence and harassment, and unless the presenters can give us a warning that we are going to be looking at visual images like this, this is not appropriate at this time or related to what we are talking about here today. So I would ask you to continue with your presentation, but not with this. Thank you.

Ms. Anne Lee: Okay, no problem. But I would like to make the point that child victims—

Mrs. Kathryn McGarry: Can we change the slide?

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

1540

Mrs. Kathryn McGarry: We have other people in the room who don't need to be seeing these. Thank you.

Ms. Anne Lee: Okay. Child victims are not considered, the cases aren't investigated, and they're not able to be witnesses and they are not included in the criminal statistics because there are no charges. So we have this circular reference, and I think in criminology circles they don't study it. I have heard from a number of people who treat sexual offenders who say they come up against this and they don't know what to do because they've never heard about it. But we can go on. I just wanted to say that this is something that needs to be considered within the realm of sexual violence.

I should step back. Within an assaultive transaction, there are actually three perspectives: the victim, the abuser and the observer. How we define "sexual" and how we define even "violence" sometimes is based on how the observer sees it, not how the offender or their victim sees it. So I think that it's important to include that. My apologies for the graphic nature.

I looked at your mandate and tried to see: How does this fit with what I'm trying to present? You talked about prevention, improving response, including diverse voices, shifting barriers and the advice of experts. No one is talking about this. The researchers who are trying to research it have a very difficult time getting their voices out.

I've only given you one handout. I read some of the earlier notes. You're concerned about people speaking and not getting to recommendations. This is an article from *Child Abuse and Neglect*, volume 23. It's about the idealization of women and its role in the minimization of child sexual abuse by females. It is a recommendation on how professionals can address this issue—the fact that it is so invisible. So I've done an excerpt from it, and it's an excerpt that I've given you. This author, Jacquie Hetheron, talks about professional vulnerability to popular myths about female child sexual abuse: “Before the public is convinced of the true extent of female child sexual abuse, doctors have to first suspend their disbelief that it can occur. The same is true for all professionals working in the area of child sexual abuse.”

The recommendation is to improve professional practices in response to female perpetration. The following recommendations are proposed:

- counsellors and investigators must foster a climate which indicates that such disclosures are permissible;

- female abuse must be routinely probed for as a matter of course;

- minimization of victims' or survivors' experience is devastating and should be classified as secondary abuse;

- the responses to all victims and survivors therefore should be equally supportive regardless of the perpetrator's gender;

- the involvement of females in cases of child abuse should be investigated just as thoroughly as their male counterparts and should involve questioning which is just as detailed as that which occurs when males are suspected of abuse;

- professionals throughout the child abuse system must be receptive to the idea that females are capable of serious abuse and should be willing to refer female perpetrators to therapy or to the penal system, as appropriate;

- researchers should endeavour to investigate empirically whether professionals in the child abuse system demonstrate gender biases in their work, and this tendency must be brought to the attention of professional agencies involved in order that they can then be addressed; and

- professionals in the child abuse system should strive to lift the taboo surrounding female child sexual abuse by bringing it into the public arena.

“Without such endeavours, survivors may experience continued isolation, disclosure may be inhibited and the belief that the phenomenon does not exist will continue to be perpetuated.”

I would like to direct you to a wonderful website, femalesexoffenders.org. It's run by a mental health professional in Massachusetts, I believe. He has a huge

bibliography of almost 700 references on female-perpetrated sexual abuse going back to 1857. If you're looking for information, that is a really good place to go. He also has a wonderful list of resources that will give you more information on this.

I looked at the mandate and I wanted to speak to the mandate of this organization, both as a survivor myself who has never been able to get my own abuse acknowledged—there's no way into the justice system if your abuser is female, unless it is extreme.

Prevention of sexual violence and harassment: To do that, you really need to look at how people learn to commit sexual violence and harassment, and to do that, you need an open mind. It's important to consider that if you truly look at this, you'll get a lot of information you might not have known and you might not be comfortable with—for instance, the significant percentage of perpetration of female sexual abuse in the backgrounds of male rapists. Likewise, there are other, different demographics. For female rapists, I understand there's not much research on it, but they usually have been abused by more than one person—

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

Ms. Anne Lee: Okay. I'm just going to do really quickly—this is Vanessa George. She was convicted of child molestation on the Internet. This is an article from the Guardian: “Up to 64,000 Women in UK ‘Are Child-Sex Offenders.’” How many do we have in Ontario? How many do we have in Canada? I don't think we know. I haven't heard anything. Why don't we know? Because in my experience, we don't ask, ever. My background is in IT and in data, and if the data is incorrect, you're never going to get accurate statistics. We don't want to talk about it, we don't want to think about it, we don't want to know about it.

The Chair (Ms. Daiene Vernile): Ms. Lee, thank you very much. Our first question for you is from our NDP caucus.

Mr. Taras Natyshak: Thank you, Ms. Lee. I think I get it. As difficult as that little clip that you showed was, I can't imagine—I guess it would take me some time to imagine, but I think you needed to show us that. You felt as though it was an integral component to your deliberation.

Ms. Anne Lee: Yes, and I apologize for doing that.

Mr. Taras Natyshak: That's okay. We're hearing things as a committee that are shocking to us, that are outside of the norm of our committee. We're prepared to hear that, but we also have to have an open mind. So I'm approaching your testimony with that, and I thank you for it.

What you displayed there was pure evil; that's what it is. We have heard various incarnations and interjections of where sexual assault and sexual abuse can happen. I want to thank you for bringing up the realm of what is ultimately female abusers—

The Chair (Ms. Daiene Vernile): Thank you very much. I'm sorry, but I've got one minute per caucus, and you're well into the next caucus's question.

Mr. Taras Natyshak: Okay, I'm well in. With your indulgence, Chair, what I want to say is, how do we support female abusers coming forward, as we do with male abusers who seek to remedy, who seek to get counsel? Are we doing that?

The Chair (Ms. Daiene Vernile): I'm sorry. MPP Natyshak, you've now moved well into the time of the other caucus. Perhaps you can have a chat afterwards.

Our next question is from our Liberal caucus.

Ms. Harinder Malhi: Thank you very much for your presentation. We don't have any questions at this time.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our PC caucus.

Ms. Laurie Scott: Maybe I can just add onto MPP Natyshak. The treatments that the victims are treated with, or the perpetrators: How are they different? Like, as opposed to child abuse—female abuse—

Ms. Anne Lee: Sorry, are you talking about the victims or the abusers?

Ms. Laurie Scott: You can address both, if you don't mind.

Ms. Anne Lee: There is a woman who works with sexual offenders in Texas I have been speaking to. She believes they're the exact same. It's the exact same demographics. As a matter of fact, she measures sexual arousal to deviant images, and she says it's the exact same approach.

For victims, I think it's really important that we don't segregate and we don't discriminate. Currently, we discriminate against female victims. There are no services anywhere. This is an invisible topic, and yet it's brought up over and over again.

I should say that the researchers and the people who study this also feel almost shunned from their community. It's very difficult even for the professionals to get the information out.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. Lee. If you would wish to join our audience, you may do so.

1550

MS. CHERI DiNOVO

The Chair (Ms. Daiene Vernile): I would call on our next presenter, and it is MPP Cheri DiNovo. Ms. DiNovo, you have 15 minutes to address our committee, and that will be followed by questions. Please start anytime.

Ms. Cheri DiNovo: Thank you, Chair, and thank you all for the work you're doing. I can only imagine how difficult it is.

My story—and it's not new; it's been reported in Maclean's, and I'll simply reiterate it for you—is not a story of evil. It's a story of the commonplace. It's a story of the everyday. It's a story that I think many young women face—and not-so-young women.

First of all, I want to commend already the money that's been set aside for this and the advertising campaign, which I think has had a really positive impact.

But I have to say that's only part of the story. When Antonia Zerbisias started her hashtag, which was #BeenRapedNeverReported, and it became viral, I responded to her and I said the reason that women do not report sexual assault is because sexual assault is from someone they love, someone they respect or someone they fear. The advertising campaign is pretty good for someone you might come to fear. Those we fear are dealt with in various ways through the criminal justice system and other systems. I think those we love and respect are a huge problem that is far more difficult to address. My story is about that, and I just told it recently. I actually told it on Saturday to a group of women who are survivors in my neighbourhood, who have started a group.

When I was in my 20s, I was very serious about a young man who I have to say is still a good friend, someone I love, someone I treat as a brother. We had been in a relationship. I'd known him since early high school. We broke up. I was the instigator of the breakup; this is a very common scenario. I went to get some of my stuff from his place. The sexual assault occurred then.

When I told this story to Maclean's and when they put it online—and after that, I actually phoned this individual—he's not in Ontario—and wished him a happy birthday, I thought, "I don't think he even recognized himself in the story." I don't think he even recognized himself in the story. That is what rape culture looks like. Rape culture and date rape look like a young man who does not recognize himself in the story.

We, as women, are subjugated to an incredible plethora of media which shows us as willing victims, which shows us in 50 Shades of Grey and other films I could mention as women who, just because you don't say "no" or you don't scream "no" and be more specific, are therefore available. They're available. I think this truly is an educational moment. It's about education.

When I told the story yet again on Saturday to a group of women, one of the women said, "But you're an MPP now. You've told it to Maclean's, blah, blah, blah. You should confront him and you should make his name public." Then another woman from the same group said, "You know, I was assaulted by my father"—a very common form of sexual assault, I might add, to a young girl: assault by a family member, in this case from a father. She said, "I love my father. There are all sorts of positive and wonderful things about my father. This was not one of them, but I am not going to call the police on my father because that's not the way either my culture or I can deal with this. That's not helpful."

I would say the same thing about my assault. It is not helpful to call the police on someone you love and someone you respect, who is as much, in their own weird way, a victim of the rape culture—the educational system and the lack of it and the media we're surrounded with—as you are.

The way forward is not always and only criminal, it's not always and only the justice system, and it's not always or only even this committee. What I would suggest—and I know you had somebody from White

Ribbon come to testify before you—is that, really, what we’re confronted with here is a systemic problem.

I have to tell you, I have run out of numbers—as a United Church clergyperson, as an MPP—of young women who know my story, who come through our constituency office, who have told me similar tales. Date rape is prolific; it’s common. Rape by those you love and respect—who you would never turn in to the police because you love and respect them—is common. It happens all the time. The tip of the iceberg is the criminal stranger-danger issues. The huge iceberg underneath is those you know: the family, the friends. There are all sorts of other aspects of your relationship with them; this is only one of them.

I really wanted, and I felt it was important, to come and tell you about that aspect. I can tell you—for all the women’s groups that I’ve talked to, all the people who have come through, both during my clergy days and also through being an MPP—that most of the women have the same story.

I say the same thing to them: “Why didn’t you call the police? Why didn’t you turn them in?” They say the same thing: because this is someone they love or respect, or they’re a friend or they’re a family member. That wouldn’t be helpful; that wouldn’t solve the problem. The problem is so much bigger and broader than that. I say to these women, “I may, in some future time, have this conversation with this individual.”

But honestly, it’s not the answer. It’s not the answer to my children or my grandchildren or your children or your grandchildren. I asked my daughter, who’s in her thirties now—I have a daughter and a son—“Why do you think women get raped and don’t report?” She said, “Because it’s humiliating and it’s embarrassing.”

In that moment, I knew that the same thing had happened to her, and I knew that the same problem existed out there. If women can say, “It’s humiliating and it’s embarrassing,” about date rape, about unwanted sexual advance and assault, then we have the same problem.

It’s not somebody jumping out at you—which also happened to me. I told Maclean’s I remember walking home from work one night, as a young woman, and somebody jumped out with a knife. I screamed and, luckily, they ran away. The story could be otherwise. That’s a minor part, a small part, of the problem we face. The larger part is those we know, those we love, those we respect.

The Chair (Ms. Daiene Vernile): Thank you very much, Ms. DiNovo. The first question we have for you is from our Liberal caucus.

Mrs. Marie-France Lalonde: Thank you very much for being here. I’ll say—on behalf of all of us, I’m sure—thank you for actually coming forward and talking in front of this committee. I really appreciate that.

I need to ask you—I think you’re singling out a very important point, which is the 90% who don’t report. Give me some examples of how we can—maybe not reach, but how can we help that 90%, and what would you recommend to us, as a committee, to write on that aspect?

Ms. Cheri DiNovo: I think that, really, we have to start when children are in elementary school and in high school. We have to start talking about what consent is, what consent looks like. In that educational environment, we have to talk to our children about what they see on television and in the mass media, which is not helpful. If you turn on your television, if you watch *Law & Order: Special Victims Unit*, you will see females being mutilated, females being assaulted. This is constant. You will see, in rock videos, in MuchMusic videos, women being objectified, women being objects, not subjects, of sexual desire.

I think it’s an educational process, and it’s not just about women. That’s why it’s so good to see men on this committee. It’s not just about women. It’s about how we educate our sons as well as our daughters about what it means to get consent.

I think there’s a lot of mythology out there, and our girl children are absolutely at risk. They still are—more so than ever, I would argue, in fact. And our young men are bewildered about what their sexuality means, and they’re not educated about appropriate ways of being sexual in the world, and that’s also true.

1600

Mrs. Marie-France Lalonde: Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. Our next question for you is from our PC caucus.

Ms. Sylvia Jones: Thanks, Cheri. Look, you’ve sat on these select committees. You understand what we’re trying to accomplish here. We just got a research report today that talks about recidivism—I still can’t say that word—repeat offenders. I get the prevention piece. I understand how important that is, but I also am concerned that by ignoring the perpetrator, we’re actually making it worse.

As I say, you’ve been on select committees. If you could make one recommendation that we can all agree with—share your thoughts.

Ms. Cheri DiNovo: Sure. I have to say this is more difficult than I thought it would be, because I know I’m among friends here.

Absolutely. I’ve also been the United Church minister who has gone to Family Court. I’ve been there when the restraining orders go out—and how useless they are and how women die as a result of the lack of enforcement. I don’t want to minimize that. That’s absolutely critical.

But I do have to say that if there’s one recommendation I have, it’s that we look at our core curriculum in our schools, that what we do is we’re looking at consent and we talk about these issues. I’m one of those who supports the sex ed curriculum, but I think we need to go further than that. We need to talk about what it is to give consent. For girls, what it means to date, what it means to have a healthy sexual relationship, not an unhealthy one. We are inundated with unhealthy sexual representation in our media.

The problem is that children take this to heart. They grow up to become men and women, and they don’t know any other way of acting. They think this is appro-

priate. That's the huge elephant in the room that we have to address.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our NDP caucus.

Ms. Catherine Fife: Thank you very much, Cheri, for coming forward. I think that when people do come forward and have the courage to do so, then they open the doors for other people to share their stories as well. I want to thank you for that.

My question is connected, as well, to the recidivism, because familial child sex abusers will re-violate—there's a 13% rate that they'll come back. Your point about people feeling too humiliated or embarrassed, and that there's re-victimization, if you will, by coming forward and sharing and reporting, that's where I want to go. I want this committee to have something tangible at the end of this, to say: How can systems of support actually be supportive so that more women and men come forward and report abuse?

Ms. Cheri DiNovo: Absolutely. I think this committee has certainly seen what's happened on our campuses and the problems there. We've seen turning a blind eye to the issue. I couldn't agree more.

All I wanted to bring forward is simply that there is a larger—really, much larger—problem here. We know with child sexual abuse—a former speaker was talking about that, that the vast majority—90%—of that is someone the child knows and is probably a family member.

I've lost track of the number of women I've spoken to who have had child sexual abuse perpetrated upon them by a relative. Those children grow up to be victims of other abuse. Those abusers go out into their communities and continue to abuse. Absolutely, it needs to be reported. But we have to make it safe for women to do so. Right now, it's not safe for women to do so.

I said three things. I said sexual assault and sexual abuse happens from somebody you love, somebody you respect—that's at least two thirds of it—and somebody you fear. If it's somebody you fear, somebody who has a hold over you, either employment-wise or in any other way, you're not going to come forward because you can't afford to. If it's somebody you love or respect, you're not going to come forward because you're not going to walk away from your entire family and community, which, by the way, our racialized communities are most at risk of. I've heard from many racialized communities and women in those racialized communities who said, "But if I spoke up"—and some of them have—"I would have to walk away from every family gathering, I would have to walk away from my entire community."

We cannot ask the victim to be further victimized by doing that. We have to find a way around the shaming and blaming and charging to how we prevent this from happening. How do we assist victims when they're ready—if they're ever ready—to come forward? It's the support for victims that is lacking. That's where I would turn to the government side and say we need money into victims' services. That's where it starts: Helping the victims, not going after the perpetrators.

The Chair (Ms. Daiene Vernile): Ms. DiNovo, thank you very much for sharing your experiences and your insights with this committee.

Ms. Cheri DiNovo: Thank you.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

The Chair (Ms. Daiene Vernile): I will now call on our next presenters with the Registered Nurses' Association of Ontario.

Please have a seat. Make yourselves comfortable. You'll have 15 minutes for your presentation, and that will be followed by questions from our committee. Start by stating your names and begin any time.

Mr. Tim Lenartowych: Sure. Good morning, my name is Tim Lenartowych.

Ms. Lynn Anne Mulrooney: And I'm Lynn Anne Mulrooney.

Mr. Tim Lenartowych: I am the director of nursing and health policy with the Registered Nurses' Association of Ontario. I'm also being joined by my colleague who is a senior policy analyst with our association.

As many of you are aware, RNAO is the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. Our mandate is to advocate for healthy public policy and the nursing role in enhancing the health of Ontarians. We appreciate this opportunity to appear before the select committee as you look for ways to both prevent and improve our response to Ontarians who have experienced sexual violence and harassment. We also thank the many Ontarians from every walk of life who have bravely shared their experiences and prompted the government of Ontario to listen and release *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*.

In your package you will find copies of both our formal written submission with references as well as our speaking notes for today.

Sexual violence can and does happen to everyone—people of every age, ethnicity, class, sexual orientation, gender identity, religion, national origin and physical appearance, and across the ability-disability spectrum. While anyone can be a target of violence, different social locations, power relations and experiences can intersect in people's complex and multi-dimensional lives to increase vulnerability.

Thank you for visiting Sudbury, Thunder Bay and Sioux Lookout to listen first-hand to how colonization, racism, sexism, residential schools and intergenerational trauma impact health and wellness. As a provincial organization, we urge the governments of Ontario and Canada to respect, support and fund aboriginal communities and organizations in the implementation of the Aboriginal Sexual Violence Action Plan.

In March 2015, after gathering detailed evidence, the UN Committee on the Elimination of Discrimination against Women reported that Canada's failure to prevent and protect aboriginal women from disappearances and

murders was a grave violation of their human rights. RNAO supports the implementation of these recommendations as a whole, including the establishment of a national public inquiry and plan of action; improving the socio-economic conditions of aboriginal women; taking measures to overcome the legacy of the colonial period and to eliminate discrimination against aboriginal women; and improvements to policing, access to justice, victims' services and attentiveness to the situation of those involved in the sex trade.

In our written submission, we bring to mind a woman who was sexually assaulted twice within an hour by two different men on the steps of Street Health in downtown Toronto. This incident was captured by security video and was then reported to police by nursing staff at Street Health, who provide health care services to those who are homeless. Poverty is a form of structural violence in itself. It makes those living in poverty more vulnerable to direct violence, especially, as in this example, when the shelter system was at capacity, and there were no 24-hour safe spaces for women to drop in.

Early life trauma—including sexual, physical and emotional abuse and neglect—has a lifelong impact that carries into adulthood, with an increased risk of mental health challenges, substance abuse and suicide attempts, as well as risk for violent victimization. That's why RNAO has recommendations to address poverty, such as increasing access to affordable housing, raising dangerously low social assistance rates and increasing the minimum wage. We need to strengthen Ontario's Poverty Reduction Plan with a detailed implementation plan that includes targets and timelines, as well as substantive public investment.

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Those who have experienced trauma are often re-traumatized in their contacts with health and social services that are supposed to be helping them. It is critical that providers, organizations and systems become informed about and implement trauma-informed care. Hospital-based sexual and domestic violence treatment centres provide such care, but they need protected, substantive and sustained funding so that they have the staffing and resources to provide excellent, appropriate and timely care that is consistent with international standards and best practices.

In our written submission we remember, as we often do, registered nurse Lori Dupont, who was murdered just before her 37th birthday in the operating room of Hôtel-Dieu Grace Hospital in Windsor. Lori's mother described her as "a victim of workplace harassment and violence—harassment which was allowed to continue over an eight-month period and escalate into the most severe form of physical violence." Even prior to this eight-month escalation, the work colleague with whom Lori had a past relationship, Dr. Marc Daniel, engaged in disruptive behaviour with multiple staff members despite the hospital's zero-tolerance harassment policies, bylaws and codes of conduct.

For this reason, the inquest jury felt it necessary to make multiple recommendations around the principle of

ensuring that patient and staff safety, as well as patient care, must be the most important factors "and not be superseded by a physician's right to practise." Therefore RNAO advocates for amending the Public Hospitals Act to replace medical advisory committees with inter-professional advisory committees as part of strengthening health outcomes, quality of care and inter-professional care, as well as addressing power imbalances.

We also recommend that the Ministry of Labour review the Occupational Health and Safety Act to include safety from emotional or psychological harm, rather than merely physical harm, as part of the mandate of the ministry.

Although the Occupational Health and Safety Act does include wording prohibiting reprisals by employers, RNAO continues to recommend explicit and strong language to protect whistle-blowers concerned about incidents or potential incidents of violence and harassment and other threats to the health of the public as a safety valve for our health care system.

In February, RNAO paused to honour the life and mourn the death of another dear nursing colleague who was murdered this fall in Toronto. A beloved and respected nurse practitioner who worked for Toronto Public Health, Zahra Abdille, and her two sons fell through the cracks. When Zahra fled in fear from her husband, she tried to get an emergency court order to protect her children. Zahra didn't have enough evidence to prove that her sons were at risk, she couldn't get the financial documents requested of her, she didn't qualify for legal aid and she couldn't afford a lawyer as her husband controlled their bank account. After three weeks in a shelter, Zahra and the children returned to their violent home, where they were eventually found dead after her husband committed suicide.

It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment identifies the need for "more help and better supports for survivors in the community." Policies that create barriers to safety as they intersect, contradict and do not take into account the complexities of women's lives include those that are related to income security, safe and affordable housing, freedom from discrimination and persecution, child access and custody, access to community supports and access to legal representation. It is critical to identify how and why the woman assaulted twice on the steps of Street Health, Lori Dupont, Zahra Abdille and many other Ontarians fall through gaps in our system, and make sure that no others are lost through these preventable tragedies.

On behalf of Ontario's registered nurses, nurse practitioners and nursing students, we thank you once again for the opportunity to appear before the committee. We look forward to your questions.

The Chair (Ms. Daiene Vernile): Thank you very much. Are you going to be speaking also?

Ms. Lynn Anne Mulrooney: I'll help with the questions.

The Chair (Ms. Daiene Vernile): Okay. Our first questions for you are from our PC caucus.

Ms. Laurie Scott: Thank you very much for appearing here. The RNAO did an excellent presentation, as well as the nurses, in Sioux Lookout. I have followed up with some questions about access to rape kits and the education that the nurses receive, so hopefully we're on that path.

You brought in a lot of suggestions. The Ontario Hospital Association—I'm just trying to get people on your side—how do they feel about the changes you've suggested to the Public Hospitals Act?

Mr. Tim Lenartowych: I certainly can't speak for the Ontario Hospital Association, and unfortunately I'm not aware of their position on that matter.

Ms. Laurie Scott: Okay. I just wondered if you'd lobbied. How about the Ministry of Labour? I'll follow up with that one next. You suggested changes to the Ministry of Labour on the Occupational Health and Safety Act. Have you taken that a little bit further to see what kind of reactions—not that we're not going to bring it up again. But I just want to know if you had spoken with the Ministry of Labour on that level?

Ms. Lynn Anne Mulrooney: As far as I know, we haven't spoken directly, but it's certainly been something that we've been advocating along with some other groups as well.

Ms. Laurie Scott: Okay. The stories you've brought up are very tragic. I'm a nurse—as well as MPP McGarry, who I'm sure is going to speak also. But we do appreciate your advocating on this issue. It's very complex. I didn't know. You have done a nice summary. We had a little bit different in Sioux Lookout, which was good. I think the RNAO is coming to another spot also, Windsor maybe. I won't test the Clerk's knowledge right now.

I think you did a great job, and I don't have any further questions.

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

Mr. Taras Natyshak: Thank you very much for your testimony here today. Lori Dupont was from my riding, from Windsor–Essex, and her story continues to be a traumatic event for our entire community. It's something that we continue to try to deal with and are hopefully working towards a better situation within our health care system.

I want to give you the opportunity to expand on the recommendation to amend the Public Hospitals Act—similar to my colleague Laurie Scott, who asked you about that similar situation or similar concept. Can you tell us how it would work, what the mechanics are and what would be involved, resources required, what the outcomes would be and how it works today as opposed to how you see it with the reforms that you are suggesting?

Mr. Tim Lenartowych: Sure. Within the context of today's health care environment, we have evolved significantly from when the Public Hospitals Act was first introduced. Given the relationship between physicians as independent contractors within hospitals, the medical advisory committees were set up to essentially control

physician privileging processes and it is a physician-led committee.

Our concern is that given the changing landscape of health care, where we are relying more and more on teams, nurses, physicians, physiotherapists and dietitians, all working together to be able to provide person-centred care, it doesn't make sense to us to have these antiquated committees that afford a significant amount of power and authority to the operation of the hospital to physicians.

I think that given the infrastructure that is already in place—for example, we have chief nursing executives who are within all of Ontario's hospitals. There have been regulations under the Public Hospitals Act to require that these chief nursing executives are non-voting members of the board. I think the infrastructure's already there to be able to convene leaders who are representative of different health care professionals to the table to all provide their own unique perspective based on their expertise to better guide the leadership of the hospital.

I don't really foresee that this would be an exhaustive, lengthy, huge change. I think it's really getting that commitment to amend the legislation and provide support to hospitals in the process. Certainly from our association we would be more than thrilled to work with hospitals, to support them to accommodate such a change.

Mr. Taras Natyshak: Excellent. Thank you very much. Perfect.

The Chair (Ms. Daiene Vernile): Our final questions for you are from our Liberal caucus. MPP McGarry.

Mrs. Kathryn McGarry: Thank you very much. As MPP Scott has pointed out, I have also been a nurse—an emerg nurse—and have actually looked after and gone to court on behalf of women who have been sexually assaulted. I was very interested in your comments today and I would follow up, again, on the member from the NDP caucus's comment about the medical advisory committee being replaced with the inter-professional advisory committee. I think that's an excellent idea. I'd love to see that going forward.

One question I would like to know—and as a long-time nurse, I'm concerned because I don't think medical professionals get enough training in this scenario. My question to you is, are medical professionals—not just doctors and nurses—getting the kind of training they need to properly diagnose and treat survivors of sexual assault and violence?

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Ms. Lynn Anne Mulrooney: Absolutely. I think that's an excellent point, that there should really be more resources for people across the spectrum to have better skills and knowledge to treat people with trauma-informed care—the health care professionals certainly, but across all our health and social services, because so many people who are survivors of trauma end up in the criminal justice system or end up needing a whole bunch of services. It would be very helpful.

Mr. Tim Lenartowych: If I could just add to that as well, I think that there's an opportunity to continue to grow that competency. We had the opportunity to appear

before the ministry's task force on the prevention of sexual abuse on the part of health care professionals, and this was a topic that we talked about at length.

It can be operated in two ways. First off is looking at the actual undergraduate nursing curriculums and ensuring that those programs are going to respond to the needs, and then also ongoing education and training, looking at clinical practice guidelines. Our association has a number of clinical practice guidelines on this topic, and we continue to develop resources to support nurses in implementing them. I think that that's a step in the right direction, but I still think that there's an opportunity to do more.

Mrs. Kathryn McGarry: Nurses in particular, I think, are more vulnerable to issues with sexual violence and harassment from their patients, from their co-workers. I can think of, offhand, a dozen cases that I know about. So how would you address the particular challenges with a nurse or a front-line health care worker who is alone in a vulnerable area with a patient who may commit an offence?

Mr. Tim Lenartowych: I think it really goes back to having clinical practice guidelines in place and having the resources that—it's great to just have a nice book that sits on a shelf and, "This is what the recommendations are," but I think the key is knowledge translation: How do you actually translate that knowledge into action? I think that there are a number of different ways. We can take advantage of technology now to be able to have e-learning modules.

My concern often is access to education within northern and rural communities. Our association has a report that we're going to be releasing in a little over a week's time that we feel is going to remedy those concerns if the recommendations are actually acted upon.

The Chair (Ms. Daiene Vernile): Thank you very much. We appreciate your presentation to this committee today. We invite you to sit with our audience now, if you wish to.

ONTARIO NETWORK OF VICTIM SERVICE PROVIDERS

The Chair (Ms. Daiene Vernile): I will now call on our next presenter. It is the Ontario Network of Victim Service Providers. Please have a seat and make yourself comfortable. You're going to have 15 minutes to address our committee. That will be followed by questions. Start by stating your name, and begin any time.

Ms. Jade Harper: Good afternoon. I would like to begin by thanking the committee for the opportunity to be here today and to tell my story.

My name is Jade Harper, and I am the chairperson for the Ontario Network of Victim Service Providers or, for short, the ONVSP. Additionally, I am also the executive director of Victim Services of Durham Region. I'm also a survivor of both domestic and sexual violence, perpetrated by an intimate partner.

You may not be able to notice it, as it has faded over time, but around my neck there is a very faint scar which

carries great meaning for me. The reason for this is that in 1997 I was assaulted. In fact, I was almost murdered and was left for dead by a man I thought I could trust. I was wrong. The scar is the legacy of that attack.

The assault took a lot from me, but, thankfully, with the support of loved ones and friends, I reclaimed much of the trust and strength that was stolen from me.

After I began the long process of healing, I made a choice. I chose to dedicate my life to helping those who had been victimized so that Ontarians who needed help after a crime got the help they needed as soon as was possible. That's how I became involved in victim services in Ontario.

Eighteen years later, despite our best efforts and the work of many survivors, I can say that the problem of sexual violence and domestic abuse remains prevalent in our society, as does the need for support for victims. You see, roughly 25% of all women will face domestic abuse over the course of their lifetime and yet another quarter will be the victim of sexual violence. Speaking to you today from both professional and personal experience, these types of abuse are largely integrated. There are very, very few women who will face one without the other.

When one considers that almost 70% of Canadians choose not to report such crimes to police, you will see the scale of a vast and only partially treated problem. I am sure that other presenters will offer thoughts around different policies that together we can, as a society, enact to lower these numbers. But sadly, sexual violence and assault will be part of Ontario for the foreseeable future. As a result, I would like to use my time today to focus on ways that we can better provide support to those who have been victims of sexual violence, rather than offer thoughts on how to prevent it from occurring in the first place.

It is in the area of healing and support that agencies such as my own in Durham region come into play. Victim service providers such as ourselves exist in every corner of Ontario. Our mandate is simple: It is to provide immediate support to victims of crime, including sexual violence, through such programs as the Victim Quick Response Program. We also provide support and follow-up to survivors in accessing vital resources, such as counselling services, at a time when they need it most—but many, unfortunately, are least able to access it independently.

Recently, we've been very active in confronting two evolving and particularly problematic forms of sexual violence: Internet child exploitation and human trafficking. Both are devastating for the victims and, sadly, both are on the rise.

However, despite our heavy responsibilities, victim service sites are surprisingly cost-effective. The reason we can accomplish our mandate for a relatively small amount of money is thanks to our reliance on highly trained and committed volunteers. Across Ontario, in fact, almost 10,000 people offer their time freely to agencies such as mine, and I can tell you that it makes a world of difference.

I am proud to say that, last year, thanks to the support of government and our volunteers, local victim service agencies helped literally thousands of people in this province get the support they needed following a sexual assault. However, the simple fact that we are here today indicates that we must do more, and we must do more together, to confront this problem.

You are not confronting this problem alone. My association, the Ontario Network of Victim Service Providers, which represents the majority of victim service providers in this province, stands ready to support you and stands ready to support the work of this committee and the government at large. We want to work with you, because that's what we do. We help victims of crime, and we want to help you help victims.

As a first step, I would respectfully offer the following four suggestions, both as a professional who works with victims daily as well as a survivor.

(1) I would ask that you treat services, such as victim services, the shelter system, or rape crisis counselling centres, for example, which support victims, as a key, foundational element of any integrated strategy. Prevention is key, but there must be robust supports available to those who are victimized.

(2) I would encourage these providers to work more closely together to provide a more seamless service to victims. Providing resources over time to support this integration would also be helpful.

(3) I would ask you to understand that when a woman is a victim of sexual violence or sexual harassment—or, frankly, any citizen, for that matter—they are not victimized in isolation.

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When a woman is assaulted, her children suffer. Her parents suffer with her, as do her friends and the broader community. Programming must be in place to provide outreach and support to family members as well as the primary victim. This will make the decision to report sexual violence less painful.

(4) Public education around support services, such as victim services, or some of my colleagues in terms of rape crisis counselling or, in general, the violence-against-women shelter programming, must be done so that women, and young women in particular, know that there are options for them at any age. Too many women simply do not know what help is available to them.

Ontario has already made significant progress in some of these areas, particularly in the recent advertisements, which were simply wonderful, and I commend you. However, we cannot make this problem go away entirely in the near term. As a result, I would encourage the committee to call for action in the areas I've identified. Concrete and granular programming in these areas could then flow from constructive policies developed in conjunction with your core stakeholders, such as the Ontario Network of Victim Service Providers, various lead ministries, policing partners and survivors themselves.

In closing, I would like to again thank the committee for the chance to speak today. Eighteen years ago, I

didn't think I would live out the day, let alone sit in front of you as a leader in victim services for Ontario and as the executive director of my own agency. But I am here, as are thousands of other women who have lived through similar trauma.

I am proud of myself for being able to rebuild my life, and I am proud of each of you for confronting this challenge, which is not a pleasant one. However, it is one that must be addressed for the sake of every Ontarian. Toward this end, the ONVSP, the Ontario Network of Victim Service Providers, and my colleagues and I in like organizations—we stand at the ready, to help you in this very important work.

I would be pleased to take any questions you may have.

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

Ms. Catherine Fife: Thank you very much, Jade, for coming and for sharing your story.

You do bring a unique provincial perspective, and I appreciate the fact that you are advocating for a holistic approach to victim services. I wanted to ask you about the model that you would prefer to see across the province, because there's great inequity around those models. Can you speak to co-location of services that support a victim when she has enough courage to come forward to talk about her experience?

Ms. Jade Harper: I think that there's a lot of evidence-based research that suggests that co-located and coordinated responses to victimization—in general—certainly work to support an individual, simply because you are eliminating the many steps that a client or a victim needs to address.

With respect to some of those hub models, for example, I can tell you that in Durham region, I have been a member of our executive steering committee for almost a decade, and a model specifically addressing the needs of those women who are facing domestic violence and sexual violence—and it has been extraordinary, on two fronts.

It has been extraordinary in the sense that, together, as collaborating agencies, we have developed protocols, practices etc., in order to address the multiple needs that present themselves. Also, I think it goes without saying that there's value there for the client. Victim service providers are an integral component of that. We in fact work in conjunction and in partnership with policing partners, but to access our services, it doesn't require that you actually complete a report with the police.

Ms. Catherine Fife: Which is important.

Ms. Jade Harper: Yes, you can be self-referred. Independent of a hub model, if people don't know about a service, whether it's integrated, co-located, coordinated or otherwise, without public awareness, first and foremost—"You're not alone. Let's eliminate the shame. Let's work together with you"—they won't access it. I guess I'm giving you a long-winded answer.

Yes, I think that there is value in integrating this. The reality is that this does not happen in isolation, so it

would be foolish, in my view, to approach it from a singular perspective. It must be integrated.

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

Mrs. Marie-France Lalonde: Thank you very much, Jade, for being here and again sharing this story. You talked about—and I think it’s a little bit what MPP Fife was saying—a better coordination of services. Can you maybe tell this committee, how would you see this? What would be the steps that you would see would improve it for our victims and survivors?

Ms. Jade Harper: By being coordinated?

Mrs. Marie-France Lalonde: Yes.

Ms. Jade Harper: I think that, obviously, with respect to any of the work that we do with a client, they first and foremost must consent. They must provide approval, if you will, in order to engage in this. But by doing so, by indicating to us that there’s a willingness for us to be able to share their information, for example, with other service providers, quite frankly it means that we’re then able to wrap around our services and better attune ourselves to what it is that that client is needing.

However, independently—if I just step back from a coordinated approach for a moment—we already function, to a large degree, in that regard. Victim services agencies, to simplify it, act as brokers within our communities. It is paramount that we know what organizations have wait-lists, what programming is available when and how we might better serve our clients by understanding what’s happening locally within our communities.

We already have a coordinated response model. In terms of the formal request or a hub model, I do understand that many communities are looking at making it more formalized, and I think that there would be great value in that response for a victim.

But in large part, in the 47 centres that exist across Ontario, we are already doing that to the extent that we can by working with our community partners, knowing that we are not the bee’s knees. We don’t have all of the programming in, so it’s responsible care for our clients and continuity of care for our clients to ensure that they have access.

Mrs. Marie-France Lalonde: Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our PC caucus.

Ms. Sylvia Jones: Thank you, Ms. Harper. Excellent presentation and recommendations.

I wanted to zone in particularly on your your trained and committed volunteers; I think you mentioned the words “10,000 across Ontario.” I have seen in other situations the value of peer support, the value of lived experience, and I’m going to presuppose that you have also seen that in your organization. Is there a way that the provincial government can support that model so that it isn’t just surrounding your organizations or the communities that get it? Is there something that we need to do at the provincial level for training support? You tell us.

Ms. Jade Harper: For volunteers?

Ms. Sylvia Jones: Yes, and the peer support model.

Ms. Jade Harper: Our volunteers across Ontario afford us the ability to be a 24/7 model. I think, first and foremost, recognizing that contribution is utmost. I often say to our volunteers, “Thank you for giving us your time for victims of crime.” Quite frankly, time is a limited resource for all of us.

I think that recognition is one piece in order to provide the opportunity for others to aspire to give back; if they felt as though they were a valuable part of the system. I think, locally, we have to do a tremendous job at reward and recognition for our volunteers; otherwise, we wouldn’t have them. But provincially, I think that there’s an opportunity to really recognize those Ontarians who are quite frankly walking in the door when everyone else is walking out. It’s an extraordinary skill set.

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The second, I think, would be around supportive training and opportunities for professional development. In Durham region, I am in a blessed position of being able to have both staff and volunteers, and yet my staff are afforded the opportunity to have more professional development than my volunteers—

Ms. Sylvia Jones: Do your volunteers go through a police record check?

Ms. Jade Harper: They do.

Ms. Sylvia Jones: So—do I have time?

The Chair (Ms. Daiene Vernile): Yes, you do.

Ms. Sylvia Jones: Perfect. My question is going to be related to something that I’ve been working on for a number of years, and that is allowing the police record check to be used in multiple agencies. So similar to a college transcript: Once you have it for a year, you can use it for multiple organizations. I see it as a provincial opportunity to say, “What you do as a volunteer is important to us.” Stats do show that people who volunteer tend to volunteer for multiple organizations.

What are you doing to cover the cost of your police record checks for your volunteers? Are your police giving it to you gratis? How is it working in Durham?

Ms. Jade Harper: They are. We have a very symbiotic relationship with policing agencies across Ontario, and they gift it to us. In addition to a vulnerable person’s background check, there is an extensive recruitment as well as screening process that they need to go through. So I do believe it would be advantageous for an individual to be able to walk that CPIC to different agencies. So conceptually, I’m in agreement with you.

I think that with respect to our particular work that we do, because we have so much data, sensitive data, at the ready and at the availability of our volunteers, we have to go through perhaps—I’m not suggesting that other programs aren’t as extensive, but ours, for sure, are very exhaustive with respect to the background check.

Ms. Sylvia Jones: Thank you.

The Chair (Ms. Daiene Vernile): Ms. Harper, thank you very much for presenting your information to this committee. We invite you now to sit with our audience if you choose.

ONTARIO NETWORK OF SEXUAL
ASSAULT/DOMESTIC VIOLENCE
TREATMENT CENTRES

The Chair (Ms. Daiene Vernile): I will call on our next presenters with the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres.

Ms. Sheila Macdonald: Here?

The Chair (Ms. Daiene Vernile): Yes. Just take a seat and make yourself comfortable. You're going to have 15 minutes to address our committee, and then we are going to follow that up with some questions for you. Begin by stating your name and begin any time.

Ms. Sheila Macdonald: Great. Thank you for the opportunity to speak today. My name is Sheila Macdonald. I'm the provincial coordinator for the hospital-based sexual assault-domestic violence treatment centres in Ontario. My perspective in speaking with you today is through various lenses: One is the provincial coordinator, as I said; one is the clinical manager of the Sexual Assault/Domestic Violence Care Centre at Women's College Hospital; one is a registered nurse with 25 years of experience in this work; and finally, as a member of the task force on the prevention of sexual abuse by health professionals that was established by the minister in December of this year.

I'm aware that several of my colleagues have spoken with you around the province and also provided you with information about our network, our mandate and services in previous documents. So in order to reduce repetitiveness, perhaps, I just want to support the submission that was provided particularly by my colleague Melody McGregor of Thunder Bay, who did a submission for you, as well as by the Ontario Coalition of Rape Crisis Centres. I reviewed both those documents, and they made good comments and suggestions to you. I'll address other things, since they've already done it, but I just want to be linked to them, if I could.

To start, I highly commend the government for the commitment to addressing violence against women and seeking opinions around the province. I believe that we have a good infrastructure in place in Ontario. We have, to my knowledge, somewhere in the area of 44 sexual assault centres. We have 35 treatment centres, legal aid services, victims services, counselling, shelters, hotlines etc., yet there's a significant barrier to victims coming forward for help and getting what we need. I think that at least we have the groundwork—the framework—to build on, to strengthen the services. So how do we do that?

Specific areas that I want to address today—one is from the health care perspective. Despite having our 35 treatment centres in place, we've had challenges in health, in providing the 24-hour coverage.

A reminder: Our service is predominantly staffed by nurses, who provide the 24-hour health and forensic care to victims who present to one of the treatment centres.

We have established relationships with our emergency departments in surrounding areas. Should a victim in Toronto, as an easy example, show up at Toronto

Western Hospital, our service is mobile over to Toronto Western—in fact, to all of the seven emergency departments.

But we've had challenges province-wide in maintaining the staffing, mostly because our original staffing model was a nurse who was on call from home, who came in if a victim presented. That staffing model, 25 years later, isn't working. It's difficult to retain nurses on a team, being paid \$3 on standby pay, to come in with the level of skill and expertise that's required for this patient population.

I have taken this concern to the Ministry of Health, and I appreciate that they are working to respond to it. I hope that that issue is addressed, but it's something that needs to be monitored in an ongoing way. Sometimes our hospitals, which are facing financial crises of their own, are diverting dollars from our programs at the expense of our ability to provide 24-hour coverage. That's an issue I just have to raise here as well.

The specialization of this role has changed dramatically in the last 15 to 20 years. It's a nurse-led model. When I started in 1990, it was a nurse-physician team. But to maximize the use of the RN role—as well as to recognize that we had trouble getting physicians—the nurses have been trained, with specialized training, to provide the care to the patients who come in.

But issues that have emerged over the years—drug-facilitated sexual assault, the issue of HIV—have all increased the skill and knowledge required for this population, so it's difficult to recruit, train and then maintain staff. It's a constant challenge to keep people at the skill and level of knowledge that's required for this work. I hope that we are able to address it.

I've asked the ministry—and I hope that you will help with this—to maintain the ongoing monitoring of funds, ensuring that the services are providing what they need to.

As I said, we also are reaching out through an initiative to all the emergency departments in the province to make sure, no matter where a patient shows up, that they get the appropriate response. There are only 35 treatment centres. There are somewhere in the area of 110 emergency departments. We can't have a treatment centre in every emerg, but we can collaborate as partners. We are working to do that as well, and I've asked the ministry to help us with that.

In terms of counselling, which is a big issue, our treatment centres want to be able to provide longer-term counselling. Our mandate is actually short-term. "Short-term" can mean anywhere from six to 20 sessions. I believe my colleague in Thunder Bay already articulated the complexity—the need for counselling services for patients.

From our experience in Toronto—we see many patients with complex mental health issues, and 20 sessions just isn't enough. Survivors spend an extraordinary amount of time seeking out the longer-term support they need to get, so that they can get back to a quality of life, so that they can move beyond the experience that has

happened to them. We need to be able to do more than that short-term counselling, given the specialized training that we have with our counsellors.

I believe that we also need to strengthen the collaboration among mental health services in general, and that communities need to road-map out what are the mental health supports or services in place, who is doing what, and how one patient moves to another service. We all have a role in this; we all have something to do.

I believe there are patients who are probably on every waiting list, desperate to get access to service and not being able to find it anywhere. So I think there is a gap or a weakness in how our mental health services collaborate.

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I also think we need to ensure that counsellors who are providing the counselling to patients have been trauma-trained. It's a specialization. There needs to be an understanding of the root cause of violence to support patients through it, and that's not something that every counsellor or every social worker has been trained in, and that's particularly important.

From the criminal justice system perspective, I believe that all cases of sexual assault need to be treated seriously by the legal system. My experience over the years is that often, stranger rape is considered more serious than what we call "date rape." Assaults tend to get minimized. Police don't want to lay charges. The cases don't go to court. It becomes an issue of consent. Victims come forward, and almost immediately, a significant number of cases are dropped off. I think we need to look at how we are handling these cases.

David Lisak is a psychologist who, if you're not aware, examined that date rape offender and has suggested that perpetrators of this kind of crime be more thoroughly investigated and that we don't treat these cases as if it's a situation gone bad, a miscommunication or some misunderstanding. I think how police investigate date rape needs to be handled differently than it is currently. The majority, 80% of the victims we see, are assaulted by somebody known to them. So only 20% are represented by the stranger assault, the one that gets the most attention, and the rest are left and handled in a different manner.

Victims need to be able to have access to legal assistance when they need it during the course of the trial when, most often, there are challenges to their own personal histories, credibility etc. The crown is not there to represent the victim, and we understand that, but then it's incumbent on the victim to find their own lawyer to step in, to have a voice at the trial, to represent the interest of the victim. Victims can't pay for it, so they will often want to back out of the process, or have to pay for the lawyer or take whatever the defence is putting onto them without anyone intervening on their behalf, and I don't think that's fair.

My other issue is around the forensic evidence. We collect forensic evidence from victims who come forward. I think all of it needs to be submitted and analyzed

by the Centre of Forensic Sciences and not left to the discretion of the investigator, which they currently do in terms of deciding what needs to be submitted. Often, evidence isn't submitted at all in cases; it's stored at the police units without being analyzed.

If you look at the reports that came out of the US, where all samples that were being stored were analyzed, they found numerous repeat offenders in date rape cases because they found DNA that matched. So when they're looking for DNA, they often perceive that it's a stranger assault who is a serial rapist when in fact it's probably date rape—the guy who goes to the bar every Friday and repeatedly assaults women who are reluctant to come forward. The DNA is never submitted for analysis and we never see if there's a match.

There's a process issue that I have a concern about. No doubt the CFS would say it would completely overwhelm them, but when we have victims who are courageous enough to come forward to seek our assistance, it's mighty discouraging to find out that the kit was actually never even submitted for analysis. How we have set things up in the system is flawed in terms of victims' ability or right to access to justice to hold the offender accountable. They've done their part; I think we need to figure out ours here.

My next point is on accessibility and awareness of service to diverse populations in the province. We need to increase and sustain our outreach to diverse populations to increase awareness of services. I know that in a multicultural city like Toronto, our victim profile is under-represented in comparison to the population that's here. The outreach needs to be provided in a culturally appropriate way in the languages required.

We also need to increase our outreach and awareness of populations that are at particular risk—persons with disabilities, aboriginal people—again, in an appropriate way and in the most appropriate language. This takes time and resources that we haven't been able to have. If we truly want to make our programs accessible to all people in Ontario, we do have to make this investment.

We also need to train our health professionals, then, to make sure that when patients step forward, they have been trained appropriately. We do our best, as we do within our programs as a manager, but there's more to be done if we want to ensure that the person stepping forward is actually receiving the care that they want.

My final point, I guess, is to do with abuse of patients by health professionals. As I just started with, I'm on the task force appointed by the minister. The last time this issue was looked at was in 2000. So 15 years have gone before there has been focused attention on this particular topic. We do talk about victims of violence in general, but I haven't heard about the victim who has been assaulted by a health professional, which is a specific issue.

Again, in general terms of accountability, I hope that there's some sustained ongoing accountability put in place for all these initiatives, that it's not just this task force and then we drop off again until somebody else 15

years from now picks up the initiative; that whatever you're recommending or coming up with has monitoring processes and accountabilities in place in an ongoing way. It warrants time for conversation, then.

The Chair (Ms. Daiene Vernile): Thank you, Ms. Macdonald. Our first question for you is from MPP McMahon.

Ms. Eleanor McMahon: Thank you. There are so many things I want to ask in so little time. I want to ask you about training in a second, if I have time. But I'm interested in your comments about rape kits that aren't being processed. Are they put into evidence somewhere and held for trial in case that happens? Can you talk about that and how we can maybe change that?

Ms. Sheila Macdonald: Well, I understand the rationale. So, again, to put it in context, 20% of sexual assaults are committed by that stranger, that unknown person. The overwhelming majority, the victim has some relationship. It could be the boyfriend, ex-boyfriend, friend. There's something that when the accused is interviewed, he'll say something like, "Oh, no. I don't know what she's complaining about. We had sex. It was a consent issue; there was a misunderstanding." So the samples don't get submitted, because he has acknowledged it.

What happens when you take it to the crown is, the crown says, "We don't have the likely prospect of conviction." That's the threshold for when crowns decide what case goes forward. Perhaps if that sample is actually submitted anyway and analyzed, it might show, "You know what? We see the same DNA profile from other victims who came forward to report date rape as well."

I think where we lose it currently is that we lose the ability to link date rape cases, because the cases don't get submitted. The perception is, "Well, we don't need to. He acknowledged that they were together and had sex." I think that's a limitation. In date rape, the attention is on the victim. This is where the myths come in: "What were you doing? What were you wearing? Why did you go with him?" It becomes less about perpetrator behaviour.

We have to stop looking at the victim to understand what happened in this assault and look at the perpetrator, in terms of their behaviour. I think that is a deficiency, and I think that very clearly came out when they looked at the cases in the US. That's why I think it needs to be done.

The Chair (Ms. Daiene Vernile): Thank you very much. Our next question for you is from our PC caucus.

Ms. Sylvia Jones: Thank you. I'm going to follow up with what Eleanor just said, because when you said those words, I was flabbergasted. The argument that I keep making about how we have to stop the offenders becomes more challenging if the date rape kits are not actually being assessed and analyzed. Anyway, I'm speechless.

I want to move to the nursing care that is provided, the on-call model that you said is 25 years out of date. You make reference to the fact that these are very highly trained, specialized nurses who are doing this work. In your discussions with the minister, have you made rec-

ommendations on how we can update that model to make sure that those specially trained professionals are available when they're needed?

1700

Ms. Sheila Macdonald: Yes. It's an issue that—and I recognize that every program is going to have to handle it their own way in terms of: Is it financially feasible to have a nurse on-site 24 hours a day if the program sees one patient every four days? Some programs have adapted the model to use the nurse in another setting within the hospital, who gets called away if a patient does present to our program.

I think programs need to look more creatively, but also have the funds available to move to some alternative staffing model aside from the recruitment of on-call nurses. I know from the years of doing this that I can hire six nurses, and within a year, probably three to four have left. We've done the training, we've got them up and running, and then they realize, "I'm on call. I only made \$30 in the last 12 hours." It's very hard to retain nurses for this level of specialization that's required.

I have asked the ministry. Every hospital has to look at their own issue, but the bottom line is, we have to move away from this to a more sustainable model, given the amount of training that we need to do with all the nurses to make sure that they can provide the care that's required.

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

Ms. Catherine Fife: A very great presentation, Sheila. I just want to clarify: You're advocating for a central system around forensic evidence so that there can be cross-referencing for the province? Is that right?

Ms. Sheila Macdonald: I'm advocating that there be more consideration given by the investigator, who really is making the decision around samples to be submitted: What is the rationale or basis to submit or not to submit the samples? If it's truly coming down to—

Ms. Catherine Fife: Subjective.

Ms. Sheila Macdonald: —"he said," it's a consent issue etc., you don't know where else the DNA will be found if it's never, in fact, analyzed at all.

Ms. Catherine Fife: That's a really important piece of information for this committee to hear.

The other point from your presentation: I think you're also advocating for protecting or enveloping funding for the emergency room nursing program, because obviously, hospital budgets are being squeezed, and you're right: There's some creative accounting that happens. Is that a fair summation of what you were proposing?

Ms. Sheila Macdonald: We developed, in Ontario, standards of care that I believe have also been submitted to you, but I will email them subsequent to this in case you don't have them. We put out standards. We didn't want to say, "Keep it at X dollar level." What we said was that we need to be able to meet our own standards, which we developed across emergency service, follow-up care, counselling service and outreach.

What we've said is that we need to meet our own standard. It's posted on our website. It's part of our accountability to our own patients and communities that anyone can go look and say, "We expected to have this level of service when we went to the emergency department." I'm not advocating to restrict us to a certain limit; I'm advocating that the hospitals need to ensure that we are able to meet our standard of care, handling it that way.

Ms. Catherine Fife: So that the standards of care are resourced and not taken away from your own standards.

Ms. Sheila Macdonald: Right. We want to make sure that when patients show up, we are meeting the mandate put to us by the minister, by the Ministry of Health and by the expectations of the Premier.

Ms. Catherine Fife: Thank you very much, Sheila.

The Chair (Ms. Daiene Vernile): Ms. Macdonald, thank you very much for appearing before this committee and providing the information that you did. I would invite you now, if you wish to, to sit in our audience.

YWCA CANADA

The Chair (Ms. Daiene Vernile): I'll call on our next presenter, from YWCA Canada. Please come forward. Have a seat. Make yourself comfortable wherever you like. You see one microphone has a red light on: That's the one you want to sit in front of.

You're going to have 15 minutes to address our committee, and that will be followed by questions. Please begin by stating your name.

Ms. Ann Decter: My name is Ann Decter.

The Chair (Ms. Daiene Vernile): Begin any time.

Ms. Ann Decter: Thank you. Good afternoon and thank you for the invitation to appear before the select committee. As I said, I am Ann Decter. I am the director of advocacy and public policy at YWCA Canada, which is the country's oldest and largest women's multi-service association and the largest single provider of shelter to women facing violence. We have 12 member associations in Ontario, including YWCA Toronto, who will present to the committee at a later date.

Ending violence against women is a priority for our work at YWCA Canada, and we'd like to commend the Ontario government for its recent activism on the issue, including:

- the establishment of the Roundtable on Violence Against Women;

- the new It's Never Okay: An Action Plan on Sexual Violence and Harassment, and the accompanying financial investment;

- the public service advertisement Who Will You Help? and parallel social media campaign; and

- the revisions to the Ontario school curriculum related to sexual health, healthy sexuality, consent and safety.

The revised high school curriculum is very clear on consent: "When making decisions about sexual activity,

both people need to say yes. Silence does not mean yes; only yes means yes....

"It is illegal to have sexual contact with someone who has not consented or who is unconscious or too impaired to give voluntary consent."

This is the articulation of a consent culture, and it is the law in Canada. Only yes means yes. Sex with someone who has not consented is illegal and punishable by law. Someone who is unconscious or impaired cannot give consent. That is the law, but it is not yet the culture.

According to published research, there are convictions in only 0.3% of sexual assaults in Canada; 99.7% of sexual assaults do not result in legal sanctions by the criminal justice system. Clearly, there is a problem.

The term "rape culture" is an accurate descriptor of this statistic and the massive gap it points to between the rate of occurrence of the offence and the rate of conviction of offenders. With only 3.3% of sexual assaults reported to police, we can say that women do not see the police and court systems as a desirable response. The broad movement we are seeking and perhaps beginning to see is from a rape culture to a consent culture. This points to the mandate of this committee to consider ways to shift social norms and other barriers which prevent people who have experienced sexual violence and harassment from coming forward.

We also need to shift the social normalcy of sexual assault itself: 460,000 is a big number, and it needs to be reduced.

Interestingly, YWCA Canada developed an infographic, which we've circulated to you, in 2013 from University of Ottawa criminologist Holly Johnson's analysis of Statistics Canada data. We released it during our 2013 Rose Campaign to end violence, which happens every year, to modest notice. But on Tuesday, October 28, 2014, as the Ghomeshi sexual assault allegations narrative moved from complete denial to doubting women for not reporting, we reposted this infographic on social media to show that not reporting sexual assault was the norm in our society. It was used on the national TV news on several networks and went viral. We noted the inclusion of these statistics in It's Never Okay.

So how can we shift social norms? What needs to change? Information, policy, social expectations, education, the police and court systems.

Education is part of the equation, and the curriculum revisions are strong. A consent culture is essentially a culture of respect for others, and children can learn to respect others and to ask before touching at a very young age. We need to shift the stigma in sexual assault so that it falls on the rapist attacker instead of on the person, most often a girl or woman, who has been assaulted.

When Rinelle Harper was brutally attacked and sexually assaulted in Winnipeg last year, her parents agreed to release her name to support the police investigation. That a teenage girl had been sexually assaulted and that her name was Rinelle Harper was public information. There was no questioning that an assault took place and no public placing of blame for that assault

on Ms. Harper. The blame fell on the attacker, where it belongs. Ms. Harper is now an advocate for ending violence against indigenous women.

While we respect the practice of maintaining privacy for sexual assault survivors who choose it, Rinelle Harper's case may indicate that shame tends to attach to things that are kept secret.

Perhaps times have changed. For example, advocate Glen Canning battled to have the court and media use his daughter Rehtaeh Parson's name during the trials of those accused of creating child pornography from her assault. To be clear, it is not shameful to have been sexually assaulted, any more than it is shameful to have had your car stolen or your house robbed. It is shameful to sexual assault someone, and we need a culture that fully recognizes this.

It is questionable whether a criminal offence that gives rise to criminal conviction for only three in every 1,000 incidents is really considered a crime. If sexual assault is really a crime in this province, we need to remove the barriers to reporting it.

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Last fall, after allegations of sexual assault by CBC radio host Jian Ghomeshi were reported in the media, Toronto Chief of Police Bill Blair issued a public invitation: "Any person who has been the victim of a sexual assault, I want to encourage them to come forward and report, give us an opportunity to conduct an investigation and gather the evidence.

"We are quite prepared to conduct a criminal investigation should they come forward with complaints." And women did come forward.

Chief Blair's statement indicated that women who contacted police would be taken seriously. This is a message that should be delivered by the police services to every sexual assault survivor. This is the stance police need to take toward the public at all times. It needs to apply in all cases, not just high-profile ones.

All cases need to include women engaged in exchanging sexual services for money, shelter or basic means of survival. In our nationally adopted policy on prostitution, sex work and women's safety, YWCA Canada calls on government at all levels to ensure effective police and justice system responses to violence against and disappearances of all women, including women engaged in sex work or prostitution.

In cases of sexual assault, it appears that the presumption of innocence operates within the police system. With other crimes, it operates only within the court system. We need to remove the presumption of innocence from the police system in sexual assault cases, and confine it to the court system where it belongs. How do we do that? Policy, mandatory training, leadership and enforcement.

Prosecution: Do we need to change the justice system in order to actually sanction sexual violence? Do we need a separate court to try sexual assault cases, where all actors are well-versed in the law of consent and rape shield provisions? This is a radical suggestion, but so is

the notion of ending sexual violence. Is this a crime unlike any other? How does an adversarial justice system deal with a crime commonly described as "Coming down to 'he said, she said'" in a society that, although in the process of change, is still patriarchal? And by that I mean male privilege still exists.

Mr. Ghomeshi's case provided a quick example of male privilege. As the allegations against him became public, he filed a \$55-million lawsuit against the CBC, alleging misuse of personal and confidential information, a lawsuit he later dropped and for which he agreed to pay costs. Rather than criminal charges, his expectation was that his employer owed him damages.

Male privilege can also be seen to be operating in media discourses that bemoan the conviction of young men on sexual assault charges as ruining their lives rather than assigning them responsibility for their criminal actions—again, rape culture, not consent culture.

The abysmal number of convictions for sexual assault raises the need for a thorough public discussion of prosecution in these cases that is not circumscribed by reference to the rights of the accused. As noted, for women who have been sexually assaulted, the police and court systems are not a desired response.

If there are 460,000 sexual assaults annually in Canada, we can expect that there are about 180,000 occurring in Ontario. We need to not only support those who have experienced sexual violence, we need to prevent it. YWCA Canada's award-winning Safety Siren smart phone app—you have a card on that as well—is a free downloadable application for iPhones, BlackBerrys and Androids that:

- sends an emergency email to a pre-set SOS contact with approximate geolocation coordinates and places an emergency outgoing call to a preprogrammed number;

- geolocates the user to nearby sexual assault centres, emergency hotlines, health centres and clinics; and

- offers a wide range of facts and information on women's health and wellness and contains a library of women's health resources.

Motivating bystanders to action, as in *Who Will You Help*, is an effective strategy. Last fall, YWCA Canada launched a similar initiative, #NOTokay—we also have a website; you've got a card on that as well—intended to move the general public to act on violence against women in their daily lives and in the media. We wanted to make it easier for people to act when they feel something is not okay, and say it's not okay, starting online, and then moving to daily life, because to change rape culture to consent culture we need the kind of societal shift in attitude that has happened with drinking and driving, and smoking in public places. Long-term public awareness campaigns were essential to making those changes. In social situations, men—and young men in particular—will have to be able to say to their peers, "That's not okay, and it's never okay."

Enforcement is expensive, laborious, and unwieldy. The law is often a very blunt instrument and, in the area of sexual violence, clearly an inadequate one. Access to

justice is restricted, often financially. A citizen who has to constantly litigate to enforce her rights is not a citizen whose rights are realized. We need a society where everyone expects women to exercise their rights and freedoms, and acts accordingly. We need a body politic with the expectation that women will have equality, security of the person and charter freedoms. We need to evolve into a consent culture. Thank you.

The Chair (Ms. Daiene Vernile): Thank you very much. Our first question for you is from our PC caucus.

Ms. Sylvia Jones: A real quick question.

Ms. Ann Decter: Sure.

Ms. Sylvia Jones: Your Safety Siren promo: How are you distributing that?

Ms. Ann Decter: You can download it free—depending on the provider—from the iTunes store for the iPhone, and the BlackBerry store and Android.

Ms. Sylvia Jones: Province-wide?

Ms. Ann Decter: Yes, it's national. We're national, so everything is national.

Ms. Sylvia Jones: Can you make it available to every student who is going to a post-secondary institution?

Ms. Ann Decter: We are really trying to. We're working on a partnership with the Canadian Teachers' Federation to get them to promote it through the schools. It's free. The downloads are over 15,000 now.

Ms. Sylvia Jones: Thank you. Great presentation.

Ms. Ann Decter: You're welcome.

Ms. Laurie Scott: I'll ask a quick question. Thank you. My local YWCA is in Peterborough, but it serves my riding of Haliburton-Kawartha Lakes-Brock. I've met with them often. I think they're coming to Kingston.

Great presentation. Can you provide in a little bit more detail—the court system doesn't work; we've heard it continuously—what you would recommend as a process, so that more victims feel comfortable? Is it a totally separate process? Are the crown attorneys different—

Ms. Ann Decter: I'm not totally sure that it is, but I think it's really important to be open to looking at that, right? We have protections that have evolved through the court system for the rights of the accused. But the court system has evolved essentially under the same society, so perhaps they will never be able to solve sexual violence and sexual assault. Perhaps the changes that are going on now—the recommendations in It's Never Okay look very good—perhaps they will start to shift it.

But if it's truly a consent culture, then, it seems to me, the burden of proof shifts, and the accused has to prove that he had consent, which is really not what's going on in the courts. The question is, how can you get there? I don't have the answer, but I hope your round table does.

Ms. Laurie Scott: That's good.

The Chair (Ms. Daiene Vernile): Our next question for you is from our NDP caucus.

Mr. Taras Natyshak: Thank you, Ann. Thanks for the work that you do. This is really interesting. We travelled to the north several weeks ago, and one of the questions was about access to resources and access to

information, the knowledge of the resources that were around you.

I just downloaded the app. I'm learning it right now. I will show it to my daughter, for her awareness, and we'll get to learn it.

Ms. Ann Decter: Please, yes.

Mr. Taras Natyshak: I'm wondering if you are providing any outreach to rural and northern communities, and what the catchment would be for this type of service. You've already developed it.

Ms. Ann Decter: Yes.

Mr. Taras Natyshak: I would imagine that the YWCA would be very amenable to sharing it with other organizations that aren't definitely associated.

Ms. Ann Decter: Absolutely.

Mr. Taras Natyshak: Can you just tell us how you can promote this, how we can promote it? What can we do? It seems pretty great.

Ms. Ann Decter: We have the cards. It's online; you can share the link. We could send everybody an email that promotes it, and you could just send that out to anybody that you want to.

Ms. Sylvia Jones: Tweet.

Ms. Ann Decter: Yes, okay. We will send the committee the link—

Mr. Taras Natyshak: But specifically—sorry, Ann—there's a real need for information and access in remote and rural northern Ontario. Have you made any strides toward pushing the resources out there that may be developed in urban areas but are easily accessible over the Internet—things that are developed here? Have you made those connections, and would you or could you—

Ms. Ann Decter: We have one member association in northern Ontario, in Sudbury.

Mr. Taras Natyshak: In Sudbury. That's not northern Ontario—

Ms. Ann Decter: No, it's not very far in northern Ontario.

Mr. Taras Natyshak: —as we learned when we went to Sioux Lookout, right? We know that now. Yes, that's southern Ontario.

Mrs. Marie-France Lalonde: We were told.

Mr. Taras Natyshak: Yes.

Ms. Ann Decter: I would be able to check the work that they have done. But unfortunately, we don't have member associations in the smaller communities. Sudbury is really as far as we've gone. But if you have any suggestions, we'd be happy to follow up.

Mr. Taras Natyshak: Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you. Our final question for you is from our Liberal caucus.

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Ms. Harinder Malhi: Thank you so much for your presentation. What do you think some of the root causes around sexual assault are?

Ms. Ann Decter: I would follow the analysis that it's essentially a power situation. The root solution is more gender equality, but I think there are also—I think it's a lot within the cycles of abuse that people experience, so

abuse, power; it's a continuum with other kinds of abuse, often. Then they also have pathologies sometimes.

Mrs. Marie-France Lalonde: I have a question. I know you didn't seem to know some answers, but you're talking about the culture, the rape culture. Can you give this committee ideas of how we can change from a rape culture to bringing that other approach where the victims are not victimized by the system?

Ms. Ann Decter: Well, I think one of the things that promotes the idea of rape culture is this really low conviction rate and the sense that—something like that Rolling Stone article that just happened, where somebody investigated and somehow proved that this woman had made false allegations. So there's an idea extant in this society that most charges against men for rape are false, when really, I think the truth is that they're very hard to prosecute and there's very little success in prosecuting them.

I think in a sense that's the root of the disbelief, and I think you really need to push on the rape shield laws. There shouldn't be any questioning of a woman's past behaviour. And it lies in only "yes means yes" and a really strict, solid interpretation of that, beginning with that education of children when they are young.

Mrs. Marie-France Lalonde: Thank you very much.

The Chair (Ms. Daiene Vernile): Thank you, Ms. Decter, for appearing before this committee and sharing your insights with us.

Ms. Ann Decter: My pleasure.

The Chair (Ms. Daiene Vernile): You may join our audience, if you wish to do so.

ELEMENTARY TEACHERS' FEDERATION OF ONTARIO

The Chair (Ms. Daiene Vernile): I will call on our final presenter for today with the Elementary Teachers' Federation of Ontario.

Committee members, we have a change in name on our list. I'm going to ask you if you could please introduce yourself and begin anytime.

Ms. Susan Swackhammer: Thank you. My name is Susan Swackhammer and I'm the first vice-president of the Elementary Teachers' Federation of Ontario. ETFO represents 76,000 teachers and education workers working in Ontario's public elementary schools. We appreciate the opportunity to be here today to present to the select committee.

Today, we have a short presentation, and we will forward to the committee a written submission within the next few days. We knew we were last on the list and the only thing standing between you and dinner, so we've tried to—

Ms. Laurie Scott: Bless you.

Ms. Susan Swackhammer: We knew you'd appreciate it. It's a heavy topic.

ETFO applauds the government in moving forward with *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*. The first television ad that launched the plan was excellent.

As educators, we're always looking for improvement, so we urge the government not to stop after one effective ad. A profound change in public attitude is needed. We urge the government to keep going and to implement a sustained multimedia plan to raise awareness and educate the public about this important issue.

The federation always welcomes the intention to include sexual harassment in the Occupational Health and Safety Act. We worry, however, that the action plan initiatives will share the problems of many earlier attempts to address these issues, specifically inadequate and/or transitory resources, education, training and enforcement. To succeed, the government's plan will require significant and ongoing funding and resources, legislative change and new levels of commitment in communities, campuses, workplaces and government.

ETFO members have direct contact with violence against women. Our members often work with children and families affected by violence against women. Over 80% of our members are women, so many have personal or family experience of woman abuse. We recognize that males can also be victims of violence and harassment, but the vast majority of victims are women and children.

Nobody explicitly condones violence against women, but the lack of effective prevention and enforcement mechanisms at all levels and in all spheres of our community amounts to a shrugging acceptance of rape culture.

ETFO is an activist organization on issues relating to sexual violence and harassment. Since the 1970s we have been addressing sex stereotyping and violence against women, and in recent years we have produced curriculum resources on healthy and equal relationships and provided workshops for our members on women abuse and its effect on children. This work has been done in partnership with Education Wife Assault and, on occasion, the Ontario Women's Directorate.

We value these partnerships and would welcome continued involvement and inclusion through the proposed round table. I understand you've had one meeting already, and we haven't been there, but violence against women needs to hear the perspective of the education sector and of front-line educators in particular.

The government can do more to support classroom teachers and other educators to address issues relating to sexual violence and harassment. The updated health and physical education curriculum for elementary and secondary students includes some important content to promote healthy relationships. Relying on the updated curriculum to achieve generational change, however, is an inadequate strategy. Educators need resources and training so that they can include learning about healthy and equal relationships in a variety of subject areas to ensure that the learning is integrated more coherently across the curriculum.

The Ontario Women's Directorate funded a couple of ETFO resources for teachers that support this work. We've brought you a copy today to leave with the committee. The first one is a resource for teachers and it includes lesson plans for grades 1 to 8—it's about the roots of equality—and a workshop, *Women Abuse*

Affects Our Children. In both cases there are workshops for teachers that go along with these documents, so they can't just have the book and do nothing; they have to come to workshops and understand.

In this particular one, it starts with family and it works all the way up through the media so that children learn from a very early age the importance of equal relationships and respectful relationships. We're hoping that by dealing with children we can produce future generations of adults who get it.

Sexual harassment in the workplace is both a human rights issue and a workplace health and safety issue. There are a number of positive elements in the government's plan, but there are specific actions that need to be taken for the plan to be effective and meet its objectives.

The government's plan to include sexual harassment in the Occupational Health and Safety Act is an excellent opportunity to strengthen existing requirements that address workplace harassment. At present, a Ministry of Labour inspector cannot investigate, resolve or mediate individual cases of workplace harassment. The ministry inspector cannot order an employer to deal with an individual case of workplace harassment. The act establishes that the employer, the supervisor and the worker have general duties with respect to violence, but it fails to establish the certainty for harassment. Each of these limitations has the effect of understating the seriousness of harassment as a workplace hazard. To strengthen current provisions for harassment and to provide adequate protections against sexual harassment, the action plan's proposed legislative changes under the act must be enforceable.

The government's action plan would establish a special enforcement team of Ministry of Labour inspectors to address complaints of workplace harassment, including sexual harassment. In addition, all Ministry of Labour inspectors should receive specific training about harassment, including sexual harassment, in order to better assist employers, protect workers and enforce the act during their regular duties.

The action plan proposes to establish a new code of practice and to provide educational materials about harassment, including sexual harassment, to assist employers with legal compliance. Our written submission provides some examples of resources that are pertinent to addressing the issue.

It would be prudent for the government to engage in consultation with workplace parties during the development of the code of practice and the creation of educational materials for employers. Workplace violence and harassment are leading hazards for ETFO educators. Workplace violence and harassment can have a significant negative impact on the teaching and learning environment, causing psychological and physical injuries to both staff and students.

It has been five years since Bill 168 came into force under the Occupational Health and Safety Act with specific requirements for workplace violence, including domestic violence and workplace harassment. There has been no reduction in the severity and frequency of work-

place violence and harassment incidents in our schools. It is clear that legislative change alone is no guarantee that school communities will become safer and healthier places to learn and to work. Principals and staff need ongoing training and supports to understand and engage their legislative roles and responsibilities for workplace violence, including domestic violence and harassment.

1730

It is time for a major shift in the leadership priorities of school boards and the enforcement actions of the Ministry of Labour regarding the prevention and control of workplace violence and harassment. ETFO remains concerned that the introduction of sexual harassment as a specific requirement under the Occupational Health and Safety Act will be another empty promise.

In conclusion, ETFO commends the government for introducing its action plan to address sexual violence and harassment. We urge the government to commit adequate resources and oversight to ensure that the plan actually meets its full potential in terms of raising public awareness and preventing violence and harassment in the workplace and in society at large.

Our specific recommendations are outlined in our written submission, and they identify the areas we believe receive insufficient focus in the action plan. Thank you very much.

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

Mr. Taras Natyshak: Thank you very much, Chair. Thank you, Susan, for your submission and the work that you've done through the Elementary Teachers' Federation of Ontario.

I simply have a comment that within the context of this committee we are looking for recurring themes, and the one that you had highlighted around the role of the Ministry of Labour and the inspectors and the enhanced responsibility training and duties that they can have and should have falls very much under their purview. They have the legislative authority to enforce the provisions. That's something that we've heard before, and it clearly identifies a gap and a role that can be played through the MOL.

I want to thank you for your testimony. I look forward to reviewing your written testimony, your written submission. I'm sure there will be a lot more that we can draw out of that that should make a large component of our final draft and final recommendations to the Legislature. So thank you very much for appearing.

Ms. Susan Swackhammer: Thank you.

The Chair (Ms. Daiene Vernile): Our next question for you is from our Liberal caucus. MPP Dong.

Mr. Han Dong: Thank you, Madam Chair. Susan, thank you very much for the presentation.

You mentioned workplace violence and harassment. What I'm interested in is: What happens to the victim after such an event has occurred? Up until this point we have heard a lot about prevention. We've heard a lot about support and services. But I want to know what happens to the victim, because I have a hypothesis.

Usually when these events happen, it creates a disturbance to the victim's life. They have to maybe relocate. They have to find another place to work. Just a lot of these things will happen to that person, and maybe that is one of the reasons why that deters them from coming forward. So I want to hear from you, in your experience, what happens to victims.

Ms. Susan Swackhammer: Yes. As a teacher teaching children, it's very interesting to witness children. One of the things that this workshop does is to teach our members to recognize—because the behaviour manifests itself in a whole lot of ways. Children just don't normally walk into a classroom and say, "This has happened to me," or, "I was raped by my brother's friend last night." We're trying to understand behaviours that cause children to respond, often with learning difficulties and unco-operative behaviour.

The first thing is about recognizing and identifying, and then the school system is woefully underfunded with guidance counsellors and school psychologists. The kinds of supports that used to exist decades ago aren't there anymore. So you put a child's name on a list, and they could be waiting upwards of a couple of years for somebody. If the family has enough money to jump over lines and go to another community—but for the most part, that's not happening.

In terms of our own members, this is also an issue, because society looks to blame the victim. Often our members don't want to come forward with the issues, too, because, "He was just kidding," or, "His rubbing your back is just a way of saying you're doing a good job." But when this person happens to be a person who supervises you, and you want to say no, it's more difficult. You're a young teacher, a first- or second-year teacher, and you're in this relationship where this is happening to you. That manifests itself in a whole lot of ways too.

So there is lots of work to do. We just heard a police officer, York University, just a couple of years ago, where she was raped because—"What was she wearing? What were her clothes?"

We have to start with children in kindergarten. We have to change the culture of what people think is suitable and appropriate behaviour for everybody, and there's a ton of work left to be done.

The Chair (Ms. Daiene Vernile): Thank you very much. Our final questions for you are from our PC caucus.

Ms. Sylvia Jones: Thank you. I know that in my own community, children who are the ancillary victims of domestic assault primarily are often placed in new schools. Do your members currently get any resources or training to assist in that integration?

Ms. Susan Swackhammer: No; very few. You're absolutely right; in the areas where the sexual assault centres are or where the women's shelters are located, those schools often have children who are transitory. They're in crisis. They're not stable environments. If you

teach in a school in neighbourhoods where children start in kindergarten and go all the way through to the end and everybody knows the families—in these schools, these kids come and go. They only get to stay for so long, and then they're off to who knows where, and they'll be back again at another time. We are woefully underserved for children's mental health in this province—woefully.

Ms. Sylvia Jones: I'm well aware of that.

The Chair (Ms. Daiene Vernile): Thank you very much. Thank you for appearing before this committee.

Members, I have some business I need to share with you. Do you have something you want to ask of our researchers?

Ms. Sylvia Jones: Yes, a couple of research questions. I think I know the answer to this but I would appreciate an overview of the difference between the Ontario Network of Victim Service Providers and the Ontario Network of Sexual Assault/Domestic Violence Care Centres. I thought they were both excellent presentations. I'm trying to figure out how their roles change.

My second thing is related to—I'm sorry; I'm not a member of the subcommittee so I'm not familiar with who has already said they would like to appear, but I know from my work in a different select committee that individuals with a developmental disability have a much higher percentage of assault. I'm wondering, if we don't have people who are presenting representing that population, if Carrie could provide the Clerk with some suggestions, because there are lots of them out there and they raised it in our previous select committee, so I know they have some insight.

The Chair (Ms. Daiene Vernile): Our Clerk will be familiar with who we are going to be hearing from in the near future. We're asking about those involved with developmental disabilities. He will check to see who has signed up.

Members, before you run off, I just have some dates I want to give you. Our next hearings are going to take place on Wednesday, May 9—pardon me?

Interjection.

The Chair (Ms. Daiene Vernile): May 6, at 9 a.m. and 3:30, and then on Monday, May 11, from 2 until 6, and then Wednesday, May 13, from 9 a.m. and then again at 3:30 p.m.

One more comment for you: We are currently oversubscribed in Kitchener-Waterloo and Ottawa. We have a suggestion that if we change to 20-minute presentations rather than half-hour presentations in those locations, we will be able to accommodate everyone. What are your thoughts on KW and Ottawa going to 20 minutes rather than a half hour? Yes, MPP Natyshak?

Mr. Taras Natyshak: I support that, Chair.

The Chair (Ms. Daiene Vernile): Okay. Are we all in support? Okay.

Our legislative researcher has asked if we can speak very quickly in camera. So I will say that that concludes our hearings today, and we'll see you next week.

The committee continued in closed session at 1740.

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