



Presentation to the Standing Committee on Status of Women (FEWO) Study on Intimate Partner & Domestic Violence in Canada

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Good afternoon. I'm Karen Campbell from the Canadian Women's Foundation, Canada's only national public foundation for women and girls and one of the 10 largest women's foundations in the world. In partnership with the Department of Women & Gender Equality, we have provided the women's and gender justice sector with \$45 million in pandemic emergency funds as of September 2021 and we are in the process of distributing the next allotment.

Thank you for the invitation to appear today on the urgent question intimate partner violence. In 2018, Statistics Canada¹ reported that every six days a woman is killed by her intimate partner. We know from the excellent work of the Canadian Femicide Observatory² that femicide is on the rise, with 160 femicides in 2020, or an average of one woman or girl killed every 2.3 days. They also note that 92 women and girls were killed in the first 6 months of 2021—14 more killings than in the same period in 2020, or close to a 20% increase.³

This troubling trend is unsurprising to anyone working with GBV survivors. Whenever communities are under stress, whether from climate-induced disasters like floods and fires, economic downturns, or public health crises—GBV rates increase. In our current context, this increase has been recognized globally and named a Shadow Pandemic.⁴

Inattention to the predictable increase of GBV in emergency planning at all levels has had disastrous consequences for women and gender-diverse people who are further marginalized by race, sexuality, gender expression, disability, immigration status, and/or geographic location (rural/remote/northern).

¹ Statistics Canada (2019), “Homicide in Canada, 2018” <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00016-eng.pdf?st=tbVdGANb>

² Canadian Femicide Observatory for Justice and Accountability (2021) “#CallItFemicide 2020 Report” <https://femicideincanada.ca/callitfemicide2020.pdf>

³ Miller, Jason. “Killings of women and girls up again in Canada in 2021 as researchers point to pandemic stresses” *Toronto Star*. <https://www.thestar.com/news/gta/2021/11/25/killings-of-women-and-girls-up-again-in-canada-so-far-in-2021-as-researchers-point-to-pandemic.html>

⁴ UN Women, “The Shadow Pandemic: Violence against women during COVID-19” <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

The compounding effects of the pandemic have shone a penetrating light on the systemic root causes of all forms of gender-based violence, including IPV.

IPV is more than a private or household issue. It is a product of gender inequality and patriarchal social norms; colonization; systemic racism and ableism; and the ongoing oppression of marginalized communities in Canada.

- *Indigenous women experience the highest rates of IPV.* About six in 10 Indigenous women have experienced some form of IPV in their lifetimes, and they are killed at nearly seven times the rate of non-Indigenous women.⁵
- *Women with a disability* are three times more likely to experience violent victimization than those who do not live with a disability.⁶
- *Immigrant women* may be more vulnerable to IPV due to economic dependence on their partner or other relatives, language barriers, a lack of knowledge about community resources, and, importantly, immigration and refugee system rules relating to spousal sponsorships that instill fear of reporting violence to authorities.⁷

There is a significant lack of data on IPV as experienced by *Black and racialized women and gender diverse people*. There is also a significant gap in the data on how IPV affects women living at the confluence of several groups, such as Black trans women or racialized women with disabilities. This presents important challenges in understanding the differing levels of violence across populations. As we stated in our *Resetting Normal* report from 2020,

“Until we have access to disaggregated data that does not further victimize or pathologize some women according to population group...we will not be able to see the full extent of the violence they experience.”⁸

Ultimately what these numbers tell us is that the IPV that women, trans, and non-binary people experience is deeply connected to the systemic violence that confronts them every day.

Pandemic stressors on individuals and households have compounded pre-existing conditions of violence. Stay-at-home orders increased the occurrence of IPV and decreased women’s ability to leave abusive homes for the safety of shelters.⁹

To improve the protection of women, girls, trans, and non-binary people living in unsafe homes, we must acknowledge the gendered nature of the mental health impacts of the

⁵ Statistics Canada (2021) “Intimate partner violence among diverse populations in Canada, 2018” <https://www150.statcan.gc.ca/n1/daily-quotidien/210519/dq210519c-eng.htm>

⁶ Statistics Canada (2021) “Criminal victimization in Canada, 2019” <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2021001/article/00014-eng.pdf?st=nJW4GfxF>

⁷ Canadian Women’s Foundation “The Facts About Gender-Based Violence” <https://canadianwomen.org/the-facts/gender-based-violence/>

⁸ Canadian Women’s Foundation (2020) “Resetting Normal: Systemic Gender-Based Violence and the Pandemic” https://fw3s926r0g42i6kes3bxg4i1-wpengine.netdna-ssl.com/wp-content/uploads/2020/12/20-08-CWF-ResettingNormal-Report3_v5.pdf

⁹ The Canadian Women’s Foundation responded by creating the now-viral Signal for Help and the Signal Responders’ Guide (SignalResponder.ca) as a means for people to reach out when experiencing violence at home, but also to raise public awareness of the violence resulting from the stress of the pandemic, to reduce the stigma associated with IPV, and to encourage a culture shift towards a society free of GBV.

pandemic and its associated restrictions. We need to better understand how job losses, food insecurity, fears about contracting the virus, and social isolation have contributed to male violence in the home.

In our work with organizations serving youth, we see how the impact of school closures and disrupted family routines have contributed to more time spent online, where the risk of tech-facilitated violence are key concerns. Organizations we work with also report increased suicidality and substance youth among youth, and the challenges of young people forming healthy relationships grounded in consent culture in this context.

To eliminate barriers facing women and girls seeking to leave unsafe environments, we must focus on those who are bearing the brunt of the economic and social effects of the pandemic—women, trans, and non-binary people who are marginalized by race, age, ability, and socioeconomic status. Facilitating women’s economic independence is fundamental to reducing the prevalence of GBV and supporting women’s capacity to leave abusive situations. Access to an adequate and equitable standard of living, as well as access to quality public services, is absolutely necessary.

Chronic underfunding of the GBV sector has left survivors at risk. In the best of times, GBV services are underfunded and oversubscribed. The increased demand on these services has resulted in significant staff burnout and turnover, with organizations struggling to find new staff to replace them. The pandemic has shown us that the sector has no surge capacity to deal with shocks such as this, and that significant gaps persist in services for the most marginalized. GBV service providers have reported that clients are presenting with more complex needs and disclosing more extreme forms of physical and sexual violence. The complexity of cases, combined with barriers to relationship building and in-person support and access, is yet another drain on an overtaxed and women-dominated workforce.

To prevent IPV, we need to make sure that work on the ground is funded and supported. In addition to the GBV sector needs, support is required for grassroots community groups and youth-led initiatives—on campus and off-campus—that are doing the essential work of building consent culture and challenging traditional gender roles and expectations. Much of this work is carried out by young people, racialized people, elders, and even men and boys in their communities. Many are not eligible to receive charitable donations under CRA guidelines. This makes it difficult to get funds to them to support their work. Reforming the rules governing the charitable sector to ensure that these groups get the support they need is an important step towards ending IPV and all forms of GBV.

Importantly, public policy needs to target the root causes - sexism and toxic masculinity; racism; ageism; ableism; and colonization and intergenerational trauma. GBA+ needs to be meaningfully embedded in all policy instruments, to ensure that the gendered impacts are well understood and addressed across all populations. An over-emphasis on criminal justice responses only scratches the surface, and ultimately criminalizes members of the communities that are most in need of relief from the systemic injustices they face daily. All public policy responses to addressing IPV need to be grounded in the lived realities of the most marginalized women, trans, and non-binary people.

Thank you for your time.

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