

WHAT WE HEARD:

Summary of Engagement to
Inform B.C.'s Action Plan on
Gender-Based Violence

Prepared by SFU's Morris J.
Wosk Centre for Dialogue
September 2022



TABLE OF CONTENTS

| | |
|---|-----------|
| 1. PURPOSE | 3 |
| 2. ENGAGEMENT BACKGROUND AND CONTEXT | 3 |
| 3. CROSS-CUTTING THEMES | 5 |
| 4. ROUNDTABLE ON PREVENTION AND AWARENESS | 9 |
| • Key Insights for Prevention and Awareness | 12 |
| 5. ROUNDTABLE ON SUPPORT FOR SURVIVORS | 13 |
| • Key Insights on Support for Survivors | 19 |
| 6. ROUNDTABLE ON JUSTICE SYSTEM APPROACHES AND RESPONSES | 21 |
| • Key Insights on Justice System Approaches and Responses | 28 |
| 7. ROUNDTABLE ON COORDINATION | 29 |
| • Key Insights on Coordination | 32 |
| 8. ROUNDTABLE ON ADVANCING EQUITY | 34 |
| • Key Insights on Advancing Equity | 37 |

WHAT WE HEARD:

Summary of Engagement to Inform B.C.'s Action Plan on Gender-Based Violence

PURPOSE

The Government of British Columbia launched an engagement process in the Spring of 2022, to hear from partners and stakeholders involved in gender-based violence work.

The inputs will inform the development of a provincial action plan on gender-based violence. This “what we heard” report provides a summary of participant ideas and viewpoints that surfaced during the engagement dialogues. All feedback was compiled and analyzed without attribution to protect participants’ privacy and to encourage participation. The report does not provide an overall representation of public opinion, institutional policies or positions, nor that of a randomly selected population sample. Rather, this report summarizes the ideas and opinions expressed by the people who participated in these dialogues. The report will be distributed to all participants who attended the dialogues and to the dialogue sponsors in the Office of the Parliamentary Secretary for Gender Equity and the Ministry of Public Safety and Solicitor General.

This “What We Heard” report was independently prepared by the Simon Fraser University’s Morris J. Wosk Centre for Dialogue. The report does not necessarily reflect the opinions of the Centre nor the Government of B.C.

ENGAGEMENT BACKGROUND AND CONTEXT

The B.C. Government hosted five roundtables with key partners and stakeholders as part of a process to develop a multi-year action plan to address gender-based violence (GBV).¹ The action plan will serve as a roadmap to guide government’s approach to addressing GBV and will complement priorities already identified by stakeholders and partners, including Indigenous partners in previous engagements. These include:

- ongoing provincial efforts to respond to the National Inquiry into Missing and Murdered Indigenous Women and Girls’ and Two-Spirit People Calls for Justice, including *A Path Forward: Priorities and Early Strategies for B.C.*; and
- The National Action Plan (NAP) to End Gender-Based Violence being developed by Women and Gender Equality Canada.

In total, 148 participants shared insights during five roundtable events, drawing from personal and community experiences. Five people provided additional feedback through a follow-up survey. The table below outlines the topics for each engagement roundtable.

¹ More details on the development of the provincial action plan can be found here: <https://news.gov.bc.ca/releases/2021FIN0076-002260>

| ENGAGEMENT ROUNDTABLES ON GENDER-BASED VIOLENCE | | |
|---|----------------|--|
| TOPIC | DATE | OVERVIEW |
| Prevention and Awareness of GBV | March 8, 2022 | This session looked at how to raise awareness of the realities of GBV amongst bystanders and the general public; how to raise awareness of available services and supports for survivors; how to challenge behaviours, attitudes and actions that enable GBV; and how to meaningfully engage men and boys in this work to prevent GBV. |
| Supports for Survivors | March 15, 2022 | This session explored what is needed for survivors of GBV to have timely, equitable access to services and supports that are culturally safe, trauma-informed, gender affirming and culturally relevant. A specific discussion also focused on the <i>Crime Victim Assistance Program</i> . |
| Justice System Responses and Approaches | March 17, 2022 | This session looked at opportunities to improve access to justice for survivors of GBV as well as their experiences in the justice system. |
| Coordination | April 1, 2022 | This session explored opportunities to support coordinated and collaborative multi-sector service delivery, wrap around care and transitions between support services and the justice system. |
| Advancing Equity | April 8, 2022 | This session explored gaps and barriers in current support services and justice system responses for marginalized groups, and how to advance equity and thereby, reduce the severity and prevalence of GBV long-term. |

This report on *what we heard* highlights issues specific to each roundtable topic. There were a number of cross-cutting issues that were raised during all roundtable discussions, namely issues relating to funding, representation, systems change and these are outlined in the immediate section below. Equity was a cross-cutting theme in all roundtable discussions as well as the topic of the final roundtable. Equity is addressed therefore as a topic throughout the report and also in its own section.

CROSS-CUTTING THEMES

THEME 1: ADEQUATE AND CONSISTENT FUNDING

One cross-cutting issue that participants raised in all roundtable discussions was the lack of **adequate and ongoing funding** available across the health, justice, frontline and anti-violence sectors. Participants described particular difficulties in obtaining grants for programs related to prevention and awareness. We heard that funding levels had remained stagnant over the years in spite of inflation and demands created by the COVID-19 pandemic, with a number of implications such as:

- organizations operating largely on a grant-to-grant basis, creating barriers to providing ongoing and effective programs or services;
- organizations having to compete against each other for funds, rather than work together;
- serious staffing shortages;
- communities and volunteers having to step in to provide services on a voluntary, unpaid basis to cover shortfalls;
- additional challenges of securing funding for youth programs, which may not have full-time, salaried grant-writers.

Quotes from Participants

"We have the knowledge, the ideas and the evidence and data on what works and what to do – we just don't have the funding to do it."

"I'm tired of doing bake sales in our community to raise funds."

"I'm tired of experiencing a constant existential dread about whether this organization will exist – it's not sustainable and that energy and effort could be put into our work instead ... we need funding cycles longer than one year."

"Having to fight for the same small pool of funding is exhausting. It creates competition between organizations that should be working together. We should be together, not divided."

"Our work is mostly funded through grants and donations – these resources are precarious and fleeting, and as a result, services are precarious and fleeting."

Participants also described how temporary funding cycles created barriers for the hiring and retention of staff. Staff were underpaid, overworked (high caseloads, covering for staffing gaps while also doing their own jobs), employed on contract-to-contract bases, with no healthcare, sick leave, pensions or extended benefits.

Many reported that vicarious trauma was common in this field of work, but staff supports were not available, such as counselling, support groups or sick pay. Almost all participants highlighted the prevalence of employee burnout resulting from the precarious nature of this employment. In a circular process, staff burnout contributed to additional staffing shortfalls, increased caseloads and longer waitlists.

"It's ironic that we can only post temporary positions while also trying to fight for gender equity, knowing that permanent paid employment is a huge part of gender equity."

"Underpaying service workers - who are usually also marginalized people - perpetuates the same systemic injustice and discrimination we're trying to fight."

"We need a real commitment to creating supports that allow people to stay in these jobs long-term. This allows enough time to build consistency and case studies that make it possible to effectively assess what works and what doesn't."

Participants also reported **power imbalances in the funding application** process, with government holding "all the power" and non-profits having "no room to assert themselves". Application requirements were described as overly burdensome, requiring full-time grant writers. Some participants also described having to "prove how poor and disadvantaged our people are" in order to get funding, instead of speaking to the community 'assets'.

"In the application process, there's a lack of space for reciprocal dialogue between non-profits and government: all the power is in the government's hands."

"I would love to start writing grants about how awesome my community is and the ways the government should put money behind it, instead of framing them as being in deficit."

The uneven distribution of funding was also an issue: some rural or remote communities had no specialized GBV services, and larger populations such as in Surrey received less resources than less-populated municipalities. Funding for specialized services for marginalized or particularly vulnerable groups were also missing, such as for Indigenous women and girls, immigrant and refugee survivors, trans survivors, and those with mental health or substance use issues.

THEME 2: THE IMPORTANCE OF REPRESENTATION

We heard of the importance of representation in health and social services and the justice sector at all roundtables events. Participants commented that survivors and impacted groups needed to see themselves reflected in the service providers they interact with, but that representation was also vital at "all tables including those of policy-makers and board members" and at the level of leadership. We heard that "true **systems change** starts with the people in the system" and that currently most leaders in the anti-violence sector were white, cis-gendered and heterosexual.

"We do see bias in this sector and can't see how to overcome that without looking at getting more diverse representation."

"We need to consider experience over education, because we're losing out on experience, which would help us become more equitable."

WHAT WE HEARD

We heard that a starting point to 'doing better' was to create enabling environments that sustain representation. For instance, we heard of the need to value experience over formal education, which often screened out applicants; to provide sustainable funding to organizations so they can provide fair salaries and benefits; and to acknowledge that there was bias within the anti-violence sector itself.

"Being a "marginalized" person in unsafe systems is really challenging. It generally requires a lot of psychosocial supports to stay in those roles."

"There is a lot of talk about "for us, by us" in BIPOC communities, so making it easier for more BIPOC support workers to enter the field as well as supports for training /education is needed."

Participants also noted that while more representation was emerging more generally in the non-profit sector, it wasn't yet seen in government or in leadership roles.

THEME 3: EVIDENCE-BASED DESIGN AND GOOD PRACTICE

Many participants spoke of the need to design and implement policies and programs "intentionally" based on evidence of what works. This entailed i) investing in research, specifically on how to translate information and training into actual behaviour change and ii) "looking and learning" at what's already being done in communities and what works. Participants said "no more pilots, please". Instead, they asked the government to look more closely at organizations doing good work, to champion those models and voices, and to provide funding so that they could scale up their impact.

"We don't need to reinvent the wheel: we already have examples of good models - we just need funding to sustain or expand them."

"If we really want to know what will work, we need to go where the communities are, where the people are. Listen to the community: what is going to work? What will be helpful?"

THEME 4: CREATING ALTERNATE PATHWAYS

A common theme across all roundtables was the importance of developing '**alternative pathways**' to accessing support services. In the context of health and social supports, this looked like community-based partnerships with existing service providers. We heard that community-based interventions were most effective and would fill a gap with respect to people who do not formally report GBV or seek support services through formal, institutional channels.

Concerns were also expressed at the overreliance on police as the front-line responders in GBV cases. Participants urged government to reassess which circumstances required a police response and which would be better served by community-based organizations. Examples were provided of GBV calls not being responded to by police on reserves (breaking trust), or responses coming hours later (jeopardizing survivor safety) as well as situations where 'over-responding' escalated situations unnecessarily. We also heard of simple wellness checks attended by police that resulted in police violence and killing.

Participants spoke to the need to prioritize de-escalation, harm reduction and basic needs of survivors (housing, health services, food) in GBV cases. These priorities were seen to be at odds with the current situation of police as front-responders given that 'they are not equipped to play the role of a social worker.' We heard participants share that they believed **community-based organizations** and those with lived experiences had a better understanding of how to respond to GBV in a respectful, trauma-informed and culturally-appropriate way, and they believed that no level of training (for police) could 'teach empathy' or 'sensitivity'.

"Let's look at negative outcomes that happen when we send police: women stop calling the police when they don't do anything; if you're a member of the BIPOC community, you don't call - especially if you don't speak English."

"We've seen cases where both the perpetrator and the person assaulted can be arrested and case where clients get charged because an ambulance was called. One negative interaction means that the entire 911 response system is no longer available to you."

"Currently, there is no funding for other models that are alternatives to a policing response - the only people to show up on repeat are police. We are stuck in a loop. We know people don't want police as front-line responders, but authorities also won't take funding away from police to give to community-based agencies."

"All the training in the world won't help officers be more effective as front-line responders to GBV survivors if they aren't interested."

"Honestly look at what requires a police response and what doesn't."

THEME 5: INCORPORATE INDIGENOUS WAYS OF KNOWING

We heard many participants voice support for Indigenous-led responses to GBV along the spectrum from prevention, to providing low-barrier, culturally relevant support services, as well as healing for both individuals and communities.

We heard the importance of community-based anti-violence programs and Indigenous-led services rooted in Indigenous knowledge. We heard that this would require a restructuring of government processes so that bureaucratic entities open up to "welcome and incorporate different ways of knowing and doing". Participants shared that there was a lot to learn from Indigenous models of holistic health, wellness and healing as well as models of restorative and transformative justice, and in creating partnerships that put culturally appropriate programming at the forefront.

ROUNDTABLE ON PREVENTION AND AWARENESS

On March 8th, 2022, 49 stakeholders met for the first roundtable on the issue of Prevention and Awareness of GBV. What follows below is an overview of the key themes we heard in discussions.

THEME 1: ADDRESS ROOT CAUSES AND SYSTEMIC DRIVERS OF GBV

Participants highlighted the link between **poverty and gender-based violence** and underlined the critical importance of addressing structural determinants of GBV. Prevention efforts needed to be more proactive and target the social and economic root causes of GBV by reducing poverty, financial inequality, unemployment or underemployment, barriers to education and food insecurity. We heard that **safe and secure housing** - a crucial component in the prevention of GBV - was drastically under-resourced.

Participants described the importance of creating **enabling environments** for women to get into and stay in stable employment, such as policies or legislation that provide for affordable childcare. We also heard that access to technology and internet service was key. We heard that prevention efforts should prioritize groups facing the heightened risks of violence such as Indigenous and racialized women; newcomers, immigrants and those with precarious immigration status; trans, non-binary and gender-diverse people; persons with disabilities, sex workers and others marginalized by intersecting forms of inequality.

"The system needs to change. It seems to be that the efforts are being put towards adjusting the system that we already have, but the fundamental problems still remain."

"This issue can't be changed until the root cause is solved."

All in all, participants underlined that prevention must be a priority at every level - community, individual, social, policy, systematic, historical, present and socioecological. We heard that a one-size-fits-all approach was not adequate and that solutions should be co-designed with community representation.

THEME 2: TAILORING EDUCATION AND TRAINING TO THE AUDIENCE

Reaching Young Children: Many participants stressed the importance of educating children about consent and body sovereignty at much earlier ages, including before reaching elementary school level. We heard the importance of establishing a culture and language of consent in daycare, preschool and playgroups, and that appropriate training should be provided to early childhood educators. We also heard curricula needed updating to address sex-positive education, healthy relationships, self-worth, body sovereignty, how to set and respect others' boundaries, and how to respond to boundary violations (self-advocate). We heard that educators must feel safe and supported in doing this work, and that families were an integral part of the conversation. Some participants identified the need to support parents and communities in having these conversations at home. We also heard that education and awareness-raising initiatives should be taken online and to social media.

Reaching Youth and Young Adults: We heard that education for adolescents required updating to include: i) gender-based violence and its legal and social consequences; ii) the *entire* spectrum of violence and not only sexual assault and iii) sexual consent in contexts of consensual substance use. We heard from a number of respondents that education often failed to capture all areas of the GBV spectrum, and seemingly “minor” incidents such as online harassment on social media weren’t taken seriously.

“Meet young people where they are. Not everyone is in a post-secondary setting where these conversations may happen.”

“Post-secondary policies do not currently protect students experiencing harassment through social media such as Facebook, Instagram, Snapchat, Reddit.”

A number of participants also underlined the over-reliance on reaching young adults through post-secondary institutions, which misses young adults who are not connected to any educational institution. Education to reach these young adults – through social media and peer-based groups – should draw on lived experiences of survivors and perpetrators.

General Population: We heard a number of ideas concerning education and awareness-raising more generally, including:

- Engaging the population in GBV-related conversations through **arts and culture** such as films, visual or performance art. An example was given of the “This Is What It Feels Like Project”;²
- The need for public service/safety announcements, similar to those used in the past for drinking and driving, which address myths around GBV and teach skills on how to recognize and respond to GBV;
- Targeting campaigns to different groups, based on their lived experiences and context, and with proper representation;
- Providing additional education for teachers, principals, RCMP and judges.

THEME 3: EDUCATION ON CONSENT

A few participants underlined that prevention efforts must consider our colonial history, with one participant asking, “What does it mean to do consent-based education on stolen land?”

Another participant underlined that to navigate conversations around consent and power dynamics, we must look at the commodification of bodies (which is present in the transactional nature of colonization). Respondents stressed that education and training needed to include topics such as colonization, systemic and structural racism, patriarchy, inequality and its connection to GBV.

²The *This is what it feels like project* is an auditory and interactive exhibit for men to experience what it feels like to be a woman in today’s society.

THEME 4: PEER-BASED LEARNING

Many participants described online or “parachute training” as ineffective at facilitating learning, and referred to research on the effectiveness of peer-based learning, whether for youth, young adults outside of post-secondary institutions, survivors, perpetrators and/or front-line responders. We heard that peer-based education and support for men and boys, including perpetrators was a pathway for inspiring change by providing rehabilitation and healing opportunities rather than demonizing behaviour. The Indigenous Youth Conference “Gathering our voices” was held up as an example of a peer-led platform.

“Peer-led activities are generally not funded well – please empower youth by providing more funding so they can gather to discuss these topics.”

“Survivors and perpetrators have a lot to say and share about their experiences.”

THEME 5: ENGAGE MEN AND BOYS

We heard that effective prevention of GBV must include men and boys. Participants spoke of the need to create opportunities for men and perpetrators to have conversations about GBV, consent, toxic masculinity, unhealthy behaviours in relationships, accountability, intergenerational trauma, and addressing and healing the root causes of violence. A few respondents underlined the importance and success of peer-based networks to provide education, peer support and trauma-informed counselling for men and boys.

“We need to provide a space for shame-free and judgement-free conversations amongst peers where men can say, “I have caused harm and I am uncomfortable with it.”

“Making perpetrators feel targeted, demonized or shamed doesn’t work to break the cycle - learning or behaviour change never happens that way.”

We heard that men’s trauma centres were limited in number, and where centres do exist, they come at a cost for the person seeking support. Other barriers identified included long waiting lists of six months or more. One respondent shared a promising practice example of ‘accountability pods’ – informal groups formed by community members who support each other – with free services and a trauma-responsive environment, which seek to understand ‘why’ this is happening rather than respond after the fact. A few participants underlined the desperate need for counselling services for men prior to them becoming violent and entering the justice system. One respondent provided an example of prevention efforts in a rural community in the West Kootenays where an agency pulled together non-government funding for three years to run a men’s outreach program. The program provided counselling services to men before they became offenders, but since the funding has run out the program has since shut down.

"We need to lower the barriers to get more men to participate in these conversations: we should be proactive and reach out to them before the crisis point and before they become offenders."

"Most current services (for men) are like an ambulance waiting at the bottom of the cliff for people to be pushed off the top."

KEY INSIGHTS FOR PREVENTION AND AWARENESS

During the roundtable discussions, participants shared ideas and insights on opportunities and potential focus areas for prevention and awareness activities, including:

- Address systemic drivers of GBV, such as poverty and the lack of affordable housing;
- Increase funding to secure more beds in safe shelters and transition housing;
- Ensure that education and awareness-raising programs are developed and implemented in partnership with community-based organizations and anti-violence advocates;
- Begin educating children on consent, body sovereignty, and healthy relationships at earlier ages, including before Kindergarten and elementary school level;
- Invest in peer-based learning programs that draw on lived experiences and foster ongoing learning for professionals, young adults outside of post-secondary institutions and to engage men and boys;
- Meet children and young adults where they are: engage in more awareness-raising and education via social media;
- Provide access to counselling and supports for men and boys that reach them before they become violent offenders;
- Expand access to peer-based supports for perpetrators including no-cost or low-cost counselling and education.

ROUNDTABLE ON SUPPORT FOR SURVIVORS

On March 15, 2022, 40 stakeholders met for the second roundtable on the issue of Support for Survivors. What follows below is an overview of the key themes we heard in discussion.

THEME 1: IMPROVING HEALTH SECTOR RESPONSES

Participants identified numerous gaps in the health sector's response to GBV and the need to: i) raise awareness of health services that exist and improve access to such services; ii) improve the capacity of health services to respond to survivors in a non-stigmatizing, culturally appropriate and trauma-informed way; iii) transition to a holistic model of health care that addresses mental and sexual health, and which brings in Indigenous ways of knowing and healing; iv) provide *ongoing* support necessary for healing and rehabilitation and not only immediate crisis support; and v) improve representation in front-line responders.

Participants described how very few people disclose or formally report sexual assault, and those who do, don't often seek forensic, sexual or mental health support for a number of reasons, including a lack of confidence or trust in the legal and healthcare systems. We heard that health practitioners weren't competent in providing responses that were survivor-centred, trauma-informed, or culturally appropriate. We heard of a lack of understanding – or empathy for – the needs of those facing systemic inequities or stigma such as Indigenous peoples, racialized groups, transgender, gender-diverse and non-binary people, sex workers and /or those living with disabilities. Survivors described being re-traumatized by their experiences in medical settings. Issues highlighted included i) lack of training on how to respond to the *emotional and psychological* aspects of GBV in a trauma-informed manner; ii) a lack of *specialized* training, such as how to perform a pelvic exam, conduct a Sexual Assault Evidence Kit examination or store such kits properly; and iii) lack of training on how to respond to *mental health or substance use* issues. Participants also described examples of hospital settings that were cold and clinical, or that lacked walls and privacy, which undermined survivors' sense of safety and dignity. All in all, we heard how typical medical settings did not fit the description for trauma-informed spaces, including from a physical standpoint.

THEME 2: INVEST IN MENTAL HEALTH SUPPORTS

An ongoing theme throughout the engagement was the need for health services to prioritize mental health support, including culturally appropriate counselling, and addiction or substance-use support services. All participants described issues with long waitlists for low-cost or no-cost mental health services or addictions treatments – sometimes up to six months or a year. Many also reported a need for medium to longer-term support services, e.g., to support rehabilitation after brain or bodily injury, mental health and wellbeing, and safe housing. We heard that the prevalence of brain injury amongst survivors of GBV, and its impacts on survivors, is not currently well-recognized, nor addressed adequately through the health care system's supports. We also heard that the prevalence of brain injury and its impacts were also not integrated in the training of police or RCMP responders.

"It's easy to identify what is needed in the emergency room but we need to focus on the long-term. What happens afterwards?"

"The trauma doesn't end once a process has ended or once a conclusion has been determined."

Participants underscored the need for holistic health services such as **wraparound supports and services, healing circles** and community and **Indigenous-led** support services rooted in Indigenous knowledge. We heard of the need to provide low-barrier health supports in non-institutional settings, wellness navigators to guide survivors through systems, and the importance of partnering with community-based organizations.

THEME 3: SAFE TRANSPORT, SHELTER AND TRANSITION HOUSES

The lack of safe and affordable housing and shelters was flagged as a major barrier for survivors to leave their abusers, or heal and rebuild their lives. We heard about a **shortage of beds** in transition houses and limited numbers of second-stage shelters, particularly in rural, remote and Northern communities. We also heard that more needed to be done to ensure that shelters were **safe for vulnerable or marginalized populations**, e.g., 2SLGBTQ+ people, trans persons in particular, for newcomers, and/or those living with complex mental health challenges. One participant reported there are no counsellors at transition housing, which is exactly when many need the service.

We heard that options for safe and accessible **transportation** for persons looking for shelter or safe spaces should be increased, particularly for survivors in rural, remote or Northern areas. Safe and accessible transportation was also crucial for women to find and sustain employment, retrieve belongings from their home if the abuser was still living there and to continue living away from situations of GBV. **This area was flagged as an urgent priority for prevention of GBV and core support for survivors.**

THEME 4: TRAINING ON GENDER-BASED VIOLENCE

Many participants called for all sector-wide training to be grounded in approaches that were feminist, trauma-informed, and survivor-centred. We heard that “one-and-done” online training modules weren’t effective, and that training needed to be ongoing, delivered by, or in partnership with community-based organizations, and that it should be interactive and informed by lived experiences. We heard that it was necessary to deconstruct with communities what ‘survivor-centred’ meant for them, and what trauma-informed responses looked like. We heard that training often missed the link between GBV / intimate partner violence (IPV) and brain injuries and the resulting cognitive and behavioural effects for survivors; how survivors experience revictimization in the retelling and reliving of their stories; and the impact on families and their need for supports.

THEME 5: ROLES FOR SYSTEM NAVIGATORS

Many participants described the complexity of navigating the numerous institutions, administrative processes, and policies across the health sector to obtain support services. Staff working in the anti-violence sector were challenged themselves by the complexity and this was only heightened for survivors who faced additional barriers such as lack of familiarity with the system, lack of services in their own language, or having to deal with systemic bias. In many cases, cognitive issues caused by brain injury or trauma also created additional barriers. We heard that funding and training system navigators who can educate survivors on services available and walk them through support systems was a **priority area**.

THEME 6: MISSING GROUPS & EQUITY GAPS

All participants spoke of gaps in support services for individuals belonging to marginalized groups including Indigenous women, people of colour, nonbinary and 2SLGBTQ+ people, women with disabilities and sex workers. There were also service gaps and barriers to accessing services for newcomers, non-English speakers, those living in rural, remote and Northern communities, survivors living with disabilities and survivors with substance use and mental health conditions.

WHAT WE HEARD

We heard that individuals in **rural, remote communities and Indigenous reserves** often had no specialized GBV services, requiring travel to more urban centres, entailing time and financial costs. Phone-based services were not always accessible in remote locations. We also heard that in small communities, people impacted by sexual violence and seeking counselling may often know the local counselor, which impacts the ability to receive private and confidential services.

Many participants spoke about gaps in the availability of culturally and/or linguistically appropriate services for **Indigenous women, newcomers, immigrants or refugees**. We heard that those with precarious immigration status fear reporting GBV or seeking support services due to fears of deportation – for themselves, their partner or family members. We heard that discrimination and bias faced by **transgender, gender-diverse and non-binary people** across the sector, created additional barriers to accessing services. We also heard that while **sex workers** were at greater risk of GBV, they faced significant barriers in accessing support services or police assistance, due to bias, stigma and a risk of being criminalized themselves. We heard that housing and shelters needed to make services safe for *all* survivors including transgender, gender-diverse and non-binary people and for undocumented persons.

Participants spoke to the need to address these gaps in an **intersectional** way, to not assume a '**one-size-fits all**' approach and to work in collaboration with community-based organizations to design appropriate services. Many respondents spoke about the importance of **representation** across the sector, and how important it was to centre the voices and experiences of GBV survivors, anti-violence against women advocates, and those groups both most impacted by GBV and experiencing barriers when accessing supports. We heard that representation was critical in front-line roles but also in policymaking, in boardrooms, and in partnerships and formal collaborations – upholding the “nothing about me, without me” principle.

“Trainings do not equal cultural safety, so the understanding and representation of people in organizations is critical.”

““Nothing about us without us” recommendations lean into the establishment of a full continuum of GBV services designed and delivered “by and for” communities who continue to be systemically and institutionally excluded and disenfranchised.”

Several participants highlighted the need for a system-wide understanding of how to approach **Indigenous survivors**, recognizing and understanding the historical impacts of colonialization on communities. One participant cautioned for the need to go slowly, build trust, and understand that communities are still healing. We also heard that Indigenous Elders should be involved to help with multigenerational trauma.

“Recognize where people are. Don’t assume people can do things. You need to have a conversation about what they need and how they need it according to them. Go at their pace.”

THEME 7: WHAT TRAUMA-INFORMED SUPPORT LOOKS LIKE

We heard from participants that the term ‘trauma-informed’ meant different things to different groups and that it was necessary to directly engage communities to understand what trauma-informed support (or culturally appropriate) means to them. One participant underlined that we do not currently have a built-in race analysis to understand how racialized folks are

additionally discriminated against and traumatized. Another recommended offering cultural liaisons for Indigenous people, who could hold up and secure survivors as they make statements, and navigate the health and justice systems.

THEME 8: SUPPORT FOR CHILDREN AND FAMILIES IMPACTED BY GBV

Many participants reported the need for a child or youth lens to be used in any action plan on GBV. We heard that there was a critical gap in services for children under 13 years of age who may have been impacted by family violence, or that systems and processes weren't child friendly. We heard that older children impacted by intimate partner violence fell through the cracks of the current system. Participants also described survivors leaving their homes and being thrust into the role of single parent, or needing to become financially self-sufficient overnight. We heard that survivor-centred support should provide a universal basic income, subsidized daycare and training on how to handle new responsibilities. We heard that all approaches to GBV must include supports for children including trauma-informed reporting, lower barriers to accessing safe houses, and designated safe spaces at shelters, and counselling and therapy including via in-school supports.

"When people are met with a reception that doesn't know what to do with them, that is not a trauma-informed response."

"Youth with unmet needs become adults with unmet needs."

THEME 9: SYSTEMIC ISSUES AND NEW WAYS OF KNOWING & DOING

"There are more barriers to services than pathways in our province... we're blocking the way at every step, which decreases the health of our population and increases the trauma."

"How do we elevate the immense amount of knowledge and expertise that community-based groups like this have? How do we become the first touchpoint for survivors?"

"We need to see ourselves reflected in the systems of support."

Several participants suggested moving toward a paradigm shift in how we relate to GBV, which they described should:

- Start with believing survivors;
- Shift the paradigm (and language used to describe survivors) from "victims" we are "rescuing" to a strengths-based approach that considers their resilience, assets and skills;
- Shift the stigma attached to survivors of violence and assumptions that GBV arises out of the choices people make;
- Address the structural determinants of gender inequality and GBV;

WHAT WE HEARD

- Move away from short-term, crisis-based support to a longer continuum of care;
- Empower survivors as agents of change by expanding their choices and options;
- Subsidize support services that are needed as most may not be able to afford them;
- Shift from displacing survivors and children from their homes to having perpetrators leave the family home. One example cited was to have the perpetrator removed from the residence once a protection order is issued instead of displacing the survivor and/or children;
- Improve collaboration between police and community-based victim services:
 - Shift negative police attitudes to third party reporting;
 - Police to issue direct referrals to community-based victim services, where they exist;
- Provide alternative pathways to accessing support services outside of formal institutions, by investing in community-based programs and partnerships;
- Uphold and implement the principle of *'Nothing about us without us'*;
- Educate and rehabilitate perpetrators to break the cycle instead of jail as the only 'solution';
- Supplement training for health practitioners by embedding services (cultural services, elder support, and mental health and healing supports) within institutions such as hospitals and integrating relevant training for health practitioners in post-secondary education/training;
- Move to a definition of what healing looks like that includes whole-health approaches based on Indigenous models of healing and wellness.

We heard that support services were not **survivor-centred** and when available, focused on **short-term crisis**. Many participants stressed the importance of expanding **wraparound supports** and services that address the needs of GBV survivors in a holistic way and the need for enhanced coordination between and across sectors, e.g., policing, safe shelter, mental health, education. Because many survivors do not report GBV to the police, or reach out to formal institutions to seek services, resources should be invested in community-based programs or in partnerships. This means that hospitals and police should provide referrals that link survivors to the appropriate service in a timely way as well as referrals to system navigators who can assist survivors in accessing relevant services.

Many participants spoke to the need for **Indigenous-led** models and **bringing Indigenous** ways of knowing into health systems and healing supports. We heard the importance of representation and getting Indigenous people into roles of leadership.

Respondents also identified the need to move away from policies being **silos** and based on a **"one-size-fits-all"** philosophy. We heard the need for a more inclusive and intersectional approach, and recognition that solutions needed to be tailored to fit different contexts.

Many participants commented on the need to divest from police as frontline responders and to create alternative interventions focused on de-escalation of the situation, harm reduction and providing core supports in a trauma-informed and culturally appropriate way.

"The RCMP is male dominated and a colonial structure, so many do not feel safe going to them."

"All the training in the world would not help officers be more effective in their roles if they truly do not want to help....It's not in their DNA to be social workers."

We also heard that when reporting to police, cases were often treated as an isolated incident, as opposed to a pattern of violence. In other cases, direct police responses escalated a situation that could have been better managed by a liaison type service.

THEME 10: CRIME VICTIM ASSISTANCE PROGRAM (CVAP)

Limitations

Participants were asked to reflect on factors that impact the accessibility of CVAP benefits. Participants commented that the program was vastly under-resourced. The implications are a program that is understaffed, inundated with applications and where delays in processing CVAP claims were common, with detrimental effects. We heard that the multiple 'avenues and channels' in the CVAP process were difficult to navigate and that paperwork for application was too onerous, applications took too long to process, reporting was overly burdensome and there was a slow turnaround on invoices.

Several participants referred to very low hourly rates of pay for counsellors, "huge" barriers for counsellors in small communities to register for CVAP, and other issues such as needing to use the co-pay method and then look for community funding to pay the difference. We heard that counselling demands were very high, and the program could make a tremendous positive impact if administrative barriers were addressed. Other participants described how applicants must constantly 'prove themselves' in order to qualify and 'victims' were 'graded' on how bad their experience is – a process described as 'broken and revictimizing'. Participants also pointed to other limitations such a heavy reliance on police reports and paperwork, which "wasn't the best way to confirm if violence was perpetrated"; that security issues aren't responded to urgently enough (e.g. changing of locks); and that the process is not trauma-informed. For instance, counselling sessions are limited in number, which doesn't address heavy trauma. We also heard that there was a need to bring a longer-term lens to the process and modernize the language, moving away from terms such as 'victim' and 'abuser'.

On the matter of inclusion and equity, we heard that CVAP needed to be more inclusive of gender diversity on its application forms, and provide equitable access to sex workers, those using substances, and other marginalized groups. We also heard that the system needed to incorporate Indigenous ways of knowing, and expand service access to grandparents, and not move children so far from their communities.

Strengths and Opportunities

Many participants underlined that the CVAP had the foundation to be a great program and was "one of the better models in the country", though in need of modernization.

We heard the program could be enhanced if it was more resourced, thereby decreasing long waiting times and if the application and claim process required less paperwork and was less restrictive in how funds could be used, e.g., consider allowing use of funds for transportation, particularly if fleeing violence.

Suggestions for making the program more trauma-informed included: providing ongoing training to ensure that staff are trained in trauma-informed practice as well as the GBA+ framework³, and how to apply it tangibly. We also heard that trauma-informed meant not asking victims to retell their stories multiple times; providing clear information on how survivors can access benefits; streamlining the process including eliminating excess “paper obstacles”; having people assigned by case so survivors have some continuity with who they interface with; and for CVAP to address other forms of violence than physical (e.g., psychological, financial, emotional). One participant recommended having just one form for survivors to complete as they move through the process, and a form of “CVAP triage”. A few participants also urged to get feedback directly from survivors and those with lived experience – either through focus group conversations or by keeping a suggestion box/ feedback process that allows for iterative design.

Several participants also spoke to the need for Indigenous-led programs, bringing in Elders, traditional healing approaches, incorporating traditional medicine, land-based healing and holding space for the other person to share their trauma. We heard that modernizing the CVAP meant acknowledging the role of spiritual leaders and traditional healing processes.

KEY INSIGHTS ON SUPPORT FOR SURVIVORS

Participant ideas and insights on opportunities and potential focus areas to support survivors of GBV included:

- Increase funding for the provision of adequate mental health supports such as trauma-informed and culturally appropriate counselling and peer support groups for survivors of GBV and their families, as well as for survivors with mental health or addiction issues;
- Increase the availability and accessibility for low-cost and no-cost counselling services, which currently have waitlists from 6 months to 1 year;
- As a priority area, address the shortage of beds in safe housing and ensure that survivors can access them by providing options for safe and accessible transportation;
- As a priority, invest in funding and training more system navigators;
- Expand wraparound supports and services that address survivors’ needs in a holistic manner;
- Address historical and ongoing funding shortages so that organizations can hire and retain staff and provide more timely, trauma-informed and culturally appropriate services;
- Address uneven funding distribution across geographic locales to ensure that all populations have access to support services in a timely way;
- Provide trauma-informed training for health sector workers in cooperation with community-based organizations who can provide a nuanced understanding of what this means in different contexts;
- Establish sexual assault clinics in remote, rural communities;

³ The Gender-based analysis + (GBA+ framework) is an analytical tool used to assess how diverse groups of people may experience policies, programs and initiatives. The “plus” indicates that the analysis goes beyond sex and gender and includes the examination of a range of other identity factors (e.g. Indigeneity, age, education, language, race, ability, class, etc.). Additional details can be found at: <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/gender-equity/factsheet-gba.pdf>

- Raise awareness for front-line responders on the prevalence of brain injury for survivors of GBV and its impact on cognitive functioning, emotions and behaviour;
- Improve the representation of people with lived experience of GBV across the sector, and create enabling environments to support their recruitment and retention;
- Move services out of the hospitals and to community health workers;
- Expand the Crime Victim Assistance Program by:
 - providing more funding so it can meet demand, increasing hourly rates of pay for counsellors and expanding service access to grandparents;
 - reducing administrative barriers to eligibility, streamlining administrative processes and burdensome reporting requirements and introducing more flexibility in how funds can be used such as in the case of transportation.

ROUNDTABLE ON JUSTICE SYSTEM APPROACHES AND RESPONSES

On March 17, 2022, 39 stakeholders met for the third roundtable on the issue of Justice System Approaches and Responses. A summary of the key themes we heard in discussion follows below.

THEME 1: BELIEVE SURVIVORS

Most participants agreed that the move towards more responsive legal and justice systems needed to start with a paradigm shift: that shift entails believing survivors when they disclose or formally report GBV, and addressing socio-cultural attitudes that normalize sexual violence, stigmatize and shame survivors. Participants underlined this shift as critical to overcoming the reluctance to report cases of GBV or proceed with prosecution.

THEME 2: TRAUMA-INFORMED TRAINING FOR POLICE AND JUDGES

Overall, there was a general consensus on the need for additional training for police officers, judges and others in the justice system so that reporting, interview and investigative processes don't retraumatize survivors. We heard that training should be i) ongoing; ii) provided in police academies, law schools, colleges and universities, as well as through in-service training; iii) delivered by community-based organizations with frontline experience; and iv) include peer-based learning.

Many participants agreed that training content should embed the lived experiences of those impacted by GBV and address the following topics:

- Colonialism and historical discrimination against Indigenous communities and their impacts;
- Systemic and structural racism, patriarchy, homophobia and transphobia;
- Trauma-informed responses, acknowledging the impacts of GBV in the short and longer-term, how trauma impacts cognitive processes including memory and recall;
- Trauma-informed investigative tools and processes such as trauma-informed interviewing;
- The risk of vicarious trauma for first line responders, families and witnesses;
- The high prevalence of brain injury amongst survivors of GBV, and its impacts on memory, recall, mood and behaviour;
- The enduring 'rape myths' and how they hinder disclosure and/or police reporting.

Some participants expressed concern about the low attendance at existing police trainings on trauma-informed responses, as well as a lack of follow-up, evaluation or oversight of trainings that are implemented. A high turnover of police staff or rotations also affects the impact of training.

"Policies are made and then put on the shelf.... It should be mandatory for police to be trauma-informed. That is not the case right now."

THEME 4: THIRD PARTY REPORTING

Participants raised the issue of survivors not reporting GBV incidents to the police due to: fears of not being believed or being blamed; a belief that the system won't respond; systemic bias in law enforcement and court settings; and attitudes that shame and stigmatize survivors. We heard that some individuals, including those with precarious immigration status or sex workers, feared being criminalized themselves or deported should they report or seek care.

"There's 97% of people who aren't going to the police. What services should we give those people?"

Most participants agreed on the need for low-barrier and anonymous ways to report such as third-party reporting via community advocates. One participant highlighted that there are mixed reviews about third-party reporting where some groups have cited it as a positive experience, and others as a negative one. It's essential to develop ways forward in collaboration with input from diverse communities. Any alternative options for reporting should be survivor-centred, trauma-informed and culturally appropriate.

THEME 5: IMPROVING ACCESS TO THE JUSTICE SYSTEM

Many participants pointed to the need for improved access to the justice system through **free or low-cost legal aid**. We also heard of the importance of **system navigators** in helping explain and lead survivors through a complex system, as well as providing their advocates with a roadmap. There was also a call to have readily available mental health supports and wellness outreach at hand (*"don't silo justice and health"*). Better access could also be enabled if survivors received communication in plain language.

The importance of equitable access to the justice system was underscored with additional barriers recognized for the following groups:

- **Newcomers, immigrants or refugees** experienced a lack of familiarity with the system compounded by language barriers. The move to online services created additional barriers for people who cannot read and write fluently in English. The lack of available interpreters or translators was also highlighted as a fundamental barrier;
- **Persons with precarious immigration status**, faced additional barriers due to fears of deportation for themselves, their partners, or their children;
- **Rural, Remote or Northern Communities** also faced compounding barriers when services moved online due to limited internet or phone service. The lack of services locally also meant travelling to other jurisdictions, entailing additional financial and time costs.

Barriers to accessing justice were also compounded by the following:

- **Digital barriers:** application and registration to services and other administrative processes have increasingly moved online, creating additional barriers for persons with disabilities, and those experiencing cognitive issues arising from trauma or brain injury. Online processes also didn't meet the bar for trauma-informed responses;

- **Language barriers:** The lack of linguistically accessible material – and reliable access to interpreters – also created significant barriers to accessing justice for survivors who do not speak English or French. The digital barriers described above created further difficulties for those unable to read in English or French.

"The whole system needs a revamp, and it isn't working at any level. It isn't working for children, for youth, for GBV, for newcomers. God help you if you have any other barriers because the difficulty will just multiply."

"I'm at a place where we're giving advice to women to not go through the system. The damage we see there is far greater than the gains."

Specific challenges for **Indigenous Peoples** living on or off-reserve were also highlighted. One participant shared that "the justice system was never built for Indigenous people, but built to oppress them" and that "Indigenous people are scared of police and don't know how to react" (when police are called in). There was a need to invest in Indigenous system navigators who can support individuals as they move through the justice system. Others reported that there was a lot to learn from Indigenous law and other cultural traditions about transparency and accountability, as well as a need for Government to be accountable for previously held national inquiries.

"It's difficult for us to build trust that police have mishandled and sometimes it's impossible to re-build that and get the trust back."

THEME 6: CHILD AND YOUTH POLICY LENS

Many participants called for justice approaches to consider the needs and perspectives of children impacted by GBV and to adopt a child-sensitive lens. We heard that children currently have to go through the same legal process as adults when they should have a separate process. We heard of children having to go through preliminary hearings and then repeat the process at trial; of very long and drawn-out court processes, all of which make the experience more traumatic. One respondent reported the use of language that isn't accessible to children, with the implication that they don't understand what they are agreeing to, or just 'agree out of fear'.

"We see a large proportion of young girls who are experiencing sexual violence and they have to go through same systems as adults, and that process is terrible for adults and even more horrendous for kids."

"There is a missing piece of protection for the children – it's an adult system and the kid's needs are forgotten."

"The system we have is damaging families and it's damaging victims. I no longer feel like I am advocating for going through the system because the damage we see is far greater than what they can gain from the justice system."

Respondents drew attention to the **'missing link of 'protection'** for children in families impacted by GBV. Participants reported many instances of there being criminal cases against fathers, who were still given visitation rights to children; and many instances of children continuing to be hurt because visits were either unsupervised or supervised by a family member of the perpetrator.

"We saw a case where a father – under trial for hiring a hitman to kill the mother - had child visitation rights. He didn't believe the child had a food allergy and was feeding them that food."

"The lack of communication between the family system and the criminal court system is extremely damaging to kids."

THEME 7: RESTORATIVE JUSTICE & HEALING FOR PERPETRATORS

We heard several participants refer to the topic of meaningful restorative justice approaches. One element of this approach would be community-led initiatives that provide healing supports for perpetrators including through peer-based circles. Another requirement identified was education and exploration on the root causes of violence, the impact of intergenerational trauma and building healthy relationships. Some participants drew attention to the importance of offering such supports to offenders on release from jail, and for all supports to be grounded in compassion and empathy.

THEME 8: ALTERNATIVE DISPUTE RESOLUTION AND MEDIATION

We heard from a number of participants that mediation or alternative dispute resolution (ADR) mechanisms should not be considered the default resolution process for all GBV survivors, as they do not necessarily centre the needs of survivors or prioritize their voice. Participants described mediation as harrowing for "survivors who do not want to be in the same room as their abuser" and "putting people through the grinder of the system so that we can say we're doing a good job." We heard the need to recognize the many intersectional power imbalances that exist for people asked to participate in mediation processes, and the need for "better screening out for those who cannot have a fair and safe experience in mediation because of this, even with things like shuttle mediation and translation." We also heard that ADR processes or mediation do not honour Indigenous processes well. One suggestion was to consider a process more like that of a civil rights tribunal.

"Women who have experienced IPV should be the ones who get to decide on mediation or going to court - it should not be family justice counsellors making the decision for them, as is happening in some jurisdictions."

THEME 9: PROTECTION ORDERS

Participants reported that protection orders were **underutilized** for several reasons:

- Survivors didn't know protection orders existed or were an option for them;
- Orders were difficult to secure due to the high burden of proof required;
- There were often no consequences for breaches on the part of the perpetrator.

WHAT WE HEARD

We also heard of unique challenges appearing as a result of technology and social media, referred to by respondents as 'digital cop-outs'. Participants described how technology made it easier to gain access to GBV survivors, to tamper with (digital) evidence of harassment and engage in intimidating and threatening behaviours online. We also heard a specific challenge of investigating digital harassment was that police needed to take the phone as evidence – sometimes for up to a year - which left survivors without means of access to social services.

Participants underlined the **uneven granting of protection orders** citing that "some communities had good experiences and others were rarely granted orders". We heard that in cases involving 2SLGBTQ+ individuals, GBV cases were excused as an argument between roommates, or that cases involving Indigenous people were "written off as them just being drunk". We also heard that breaches of protection orders were disproportionately enforced when the perpetrator was racialized or a member of another marginalized community.

Other challenges with protection orders described during this session were:

- Mothers getting protection orders, and if children weren't listed, the mothers may have to remain with the abuser in order to protect the children;
- Difficulties getting out-of-province orders enforced;
- The burden of paperwork should a breach occur being put on survivors;
- Granting *ex parte* orders first and then providing the opposing side a chance to respond. The current practice of giving the opposing party 14 days to respond before an order can be granted means that there is no protection for that survivor in those immediate 14 days.

Participants identified **priority areas for improvement** as reducing the high criteria/proof needed to secure a protection order; that all family law protection orders should be enforceable by the RCMP; and the need to include children on the protection orders.

THEME 10: B.C. PROVINCIAL POLICING STANDARDS ON SEXUAL ASSAULTS

Participants were asked to outline a number of **guiding principles** that should accompany provincial policing standards on sexual assault and be applied to all police policies, procedures and practices. The following were underlined: survivor-centred approach; trauma-informed practice; cultural safety; anti-oppressive and decolonization approach; intersectionality and accountability; and oversight of investigations.

At the same time, we also heard that a focus on guiding principles or policing standards wasn't enough and that there needed to be a wholesale **culture change** on the part of the police and the justice system in order to improve responses to, and the experiences of GBV survivors in justice-related settings. Participants pointed, for example, to the impact of **disempowering language** used by the police in interview settings and in the framing of questions, by using stereotypes and assumptions 'steeped in rape culture'. We heard that interview questions needed to be reframed to be 'strengths-based' by focusing on how survivors resisted.

"This is so much bigger than just guiding principles – we need to change the work culture and the way things are done."

"It is easy to say that trauma-informed practice should be mandatory, but some things cannot be taught. It is not realistic to have the expectation that every police officer is going to be kind, compassionate or understanding. What we need is institutional change so it's not a fight to bring in an Elder, a translator or even a social worker into the room."

Several participants elaborated that the police needed to recognize when to bring in qualified individuals but that instead, there was a resistance and even 'animosity' towards this practice. One participant, concerned that this point would be overlooked, underscored her point in writing, with an example of a young boy who was sexually assaulted by his father and brought into the police station numerous times to provide a statement, despite not being able to speak at the time (due to the trauma). He went on to develop schizophrenia the following year:

"I argue that the police should have recognized that this officer was in over his head and needed support and that the family also needed support instead of waiting in the station hour-upon-hour, day-upon-day, while the father remains free in the community."

To improve policing standards, we heard that requirements should be set on the following: survivors' initial contact with the police; the process of taking a statement from a survivor reporting a sexual assault; a subsequent check-in in case other details/recall emerged; and the need for police to realize that they "need to learn more about the communities that they serve than they realize."

We also heard a number of participants express frustration at the amount of time and focus given to police, as the solution to systemic problems. The overall sentiment was one of asking an entity to play a role that it wasn't designed or equipped to play.

"The police are trained to be detached and compartmentalized, with a mission to protect. What we're asking for doesn't fit their philosophies."

"I'm so frustrated at how much time, brainpower and bandwidth we're giving to police. So many recommendations to an organization that doesn't get it. How many chances do we give them?"

"Where is the buy-in on their end? Where is their commitment to follow through and ensure the guiding principles are even happening?"

"We're fixated on the fact that this is a police problem. We're doing mental gymnastics to get them to do something that they were never created to do. They are not a social services agency but we're asking them to do social services, and there's no buy-in from police."

"We feel like we're selling our clients a bill of services that don't exist."

WHAT WE HEARD

Several recommendations centred around the need to invest in partnerships with community-based organizations, and to let such organizations and GBV experts lead in the areas they have expertise in.

| | | |
|--|---|---|
| <p><i>"Why are we trying to fix them instead of just adding us to their part of the process. We're trying to change them when there are few and far between who want to engage in this way."</i></p> | | <p><i>"The shield and mission to protect means that they don't have time to connect. Instead, can we ask them to include us and ask us to be the front person with the person who has been harmed?"</i></p> |
| <p><i>"YOU PROTECT, I CONNECT" (slogan from participant)</i></p> | <p><i>"We're the experts – then fund us."</i></p> | |

"Police are overburdened, so much they're expected to do. It's unrealistic. How do we decentralize their power and disperse these responsibilities to other agencies?"

THEME 11: PROMISING MODELS

Some respondents referred to general approaches or specific models that were working well, with the recommendation to invest additional time into learning what works, including at the community level. The following were cited as examples of effective models, resources or training approaches to review:

- Response-Based Practice Training, which aims to provide socially just and effective responses to violence;
- Restoring the Circle Training by Native Women's Association of Canada (NWAC) (free resource);
- The Philadelphia Model as a promising collaborative review process for sexual assaults;
- Victoria Sex Assault Centre as a model of a feminist organization dedicated to supporting women and trans survivors of sexual assault as well as survivors of childhood sexual abuse through wrap-around care and system navigation;
- Laws of non-enforcement (Communities and Exploited Person's Act) under parliamentary review: *"It would be great to have a provincial version of those [federal] laws so that sex workers are not arrested if they come forward"*;
- Police outreach meet and greet sessions with communities;
- Police attending GBV calls in plain clothes and not uniform;
- Cooperation of the Crown Counsel with the police departments.

One participant remarked that *"in communities served by teams (victim service support, survivor-centred supports), you see a more positive impact on the survivor. It's so much bigger than the guiding principles – we have to create safe environments for these positive impacts to happen"*.

KEY INSIGHTS ON JUSTICE SYSTEM APPROACHES AND RESPONSES

During roundtable discussions on justice system approaches and responses, participants shared the following ideas and opportunities to better support survivors and their families:

- Expand channels for third party reporting and develop mechanisms to monitor their uptake;
- Adopt a child-centred lens to develop separate processes and channels for children in family court and criminal court that are age-appropriate and trauma-informed. Legislate police standards for collecting statements from children so that they do not have to testify in court;
- Ensure the consistent and timely provision of linguistically and culturally appropriate services;
- Mandate trauma-informed training for all justice sector officials including police and judges in professional training institutions as well as via in-service training. Trainings should also cover colonial history, systemic and structural racism, patriarchy, homophobia and transphobia and their impacts;
- Improve access to the justice system by expanding the provision of free or low-cost legal aid;
- Recruit and train more system navigators to help walk survivors through the system and barriers they may encounter;
- Provide additional mechanisms for procuring services for certain individuals and groups that may not be able to engage with online processes due to digital, linguistic and accessibility barriers;
- Draw from Indigenous learnings on restorative and transformative justice through Indigenous-led partnerships on justice reform;
- Investigate and evaluate how mediation processes – often the standard default resolution process – impact survivors' power, agency and voice and provide appropriate alternatives.
- Reduce the administrative complexities and burdens for securing protection orders and ensure that they are issued in a timely fashion, and are in fact enforceable by policing agencies.
- Ensure provincial policing standards on responses to sexualized violence set requirements on survivors' initial contact with the police and the process of interviewing and taking a statement from a survivor reporting sexual assault.

ROUNDTABLE ON COORDINATION

The fourth roundtable in this engagement process was held on April 1, 2022. 35 stakeholders gathered to discuss opportunities to support coordinated and collaborative multi-sector service delivery. What follows below is an overview of the key themes we heard in discussion.

THEME 1: FUNDING COORDINATION

Participants highlighted the need to increase funding and support for cross-sectoral and multidisciplinary models. We heard of the need for more investment in **community-based approaches** and coordination with police and health systems. We also heard of the importance of more cross-sectoral coordination so that **men** can access funding for services such as counselling as they are currently ineligible.

We heard that **Child & Youth Advocacy Centres** (CYACS) were an example of what was working well but that funding shortfalls meant that half of the children don't have access to the service. One person shared that 80% of their resources went to operating costs and making sure the centre stayed open.

THEME 2: WRAP-AROUND SERVICES AND CARE

"We need wraparound services where the right and left hand know what they're doing."

Almost all participants referred to the importance of expanding the availability of, and access to wraparound models of supports and services that address the needs of GBV survivors in a holistic, timely and inclusive manner. Wraparound care should encompass system navigation and advocacy for survivors and be culturally appropriate. Community-based organizations must play a key role in the design and implementation of wraparound models. In terms of coordination, cross-sectoral partnership and information sharing between service providers and health and justice systems was considered vital.

THEME 3: CHILD AND YOUTH ADVOCACY CENTRES

Some participants underscored the importance of expanding CYAC supports for childhood sexual assaults as well as adding child and youth-specific community-based victim service workers directly into CYACs. We also heard participants share that they believed some may face challenges getting RCMP buy-in. Participants also believed RCMP participation in the CYAC model should be mandated, and that other relevant partners should also be mandated to be 'at the table'. We also heard that CYAC models are a good practice model that could be scaled up to support adult survivors.

"Children and youth are seen as an afterthought in the system when they are also impacted by GBV. They should also have access to supports."

"We need more support services for sexual violence against children. Many triggers come up that are not provided for, especially for BIPOC individuals."

THEME 4: DIRECT REFERRALS TO COMMUNITY-BASED PROGRAMS

Participants underlined the need to ensure that police agencies were more proactive in making direct referrals to relevant community-based services, where they exist, for survivors of GBV. Participants shared that police agencies were often resistant to making referrals to community-based services, or otherwise inconsistent with the practice, with some “dumping loads of people on a staff member and others not referring at all”.

“We’ve been discussing the gap in referrals for 20 years; details are stated in writing but it’s still not happening.”

“There are inherent power imbalances between police-based and community-based victim services; survivors don’t get referrals in a timely manner and can get lost in the process.”

THEME 5: MORE ACCOUNTABILITY FOR POLICE-RESPONSES TO GBV

Many participants spoke about the need to improve oversight and accountability for police actions, by establishing relevant offices or agencies that can ensure police mandates are being implemented with respect to GBV-related responses and prevention. Several participants referred to the need for improved mechanisms for complaint and accountability in instances of police violence and systemic racism.

There was also a discussion about coordinated police models that work well in other contexts and that could be adapted to apply in GBV cases, such as police involvement in CYACs, integrated guns and gangs units and integrated homicide units.

THEME 6: COORDINATION ON THE PROVINCIAL SEXUAL ASSAULT POLICY

During a breakout session on the provincial sexual assault policy, participants were asked what policy changes could support more effective, integrated and coordinated responses to sexual assault. The session also explored how the policy could be made more responsive to the unique needs and considerations of groups that are most targeted by GBV, including 2SLGBTQ+ people, IBPOC women and girls, people with disabilities, and others facing overlapping forms of discrimination.

As in previous roundtables, participants described chronic **understaffing**, ‘frontline burnout’ and the need for additional resources for adequate staffing. We heard of long waitlists for services such as at the Ministry of Children and Family Development and at the Mental Health and Substance Use Centres. Participants stressed that standards and policies were useful to an extent, but that without **funding** for the current programs and models in place, ‘things fall apart’. In general, the need to focus on **translating policies into implementation**, and ‘monitoring if it’s happening on the ground’ was a recurrent theme in the discussion of sexual assault policy coordination.

We heard the need for additional and more **equitable funding** province-wide to ensure equal access to resources for all survivors, and the need to create more awareness amongst communities of the resources that do exist. We heard that there should be no restrictions and time limits on access to services as trauma cannot be dealt with ‘within a certain time frame or certain number of sessions’.

We heard the need for more consistent Sexual Assault Nurse Examiner (SANE) and physician examiner training. We heard that sexual assault is not a priority in many hospitals and there were cases of hospitals not having rape kits available or

approaching non-profits for funding to train nurses or obtain freezers. We also heard that any provincial sexual assault policy should be grounded in **community expertise** and allow for multiple options for accessing supports that fit survivors' diverse needs. We heard a desire by community-based organizations to be consulted more frequently by health sector professionals, to fill some of the gaps in GBV responses, in particular the lack of knowledge around rights and laws.

As in previous roundtable sessions, participants underlined that alongside prioritizing community, any policy should 'deprioritize the role of the police', especially as the majority of victims do not report to the **police**. In terms of integrated responses, we heard that police should provide an environment for safe reporting, and should be able to ignore warrants against GBV survivors reporting violence and seeking services. Participants reported that in rural and remote communities, the RCMP sexual assault officer would frequently be seconded to another area, meaning that sexual assaults were deprioritized or responded to by an officer without adequate training.

We heard **multiple sectors** needed to be involved in a coordinated, cross-sector provincial sexual assault policy including in health, education, justice, child protection and community-based social service agencies. We heard that marginalized people also needed to be brought to the table and that people with lived experiences were fundamental to any discussion on policy planning and policy implementation. With respect to the engagement of Indigenous voices, we heard that bringing Elders into the process was important. We also heard that cross-sector coordination should prioritize services and resources that help past the immediate crisis response, and look to models of transformative and restorative justice. We heard a need for policy coordination across post-secondary institutions.

Participants also spoke to the need for sexual assault policy planning or coordination to first look at what is already working well, particular in communities, instead of 'looking for the new'. One participant also noted that all provincial ministries should have a specific office dedicated to advancing GBV-related interventions within that sector. During discussions, the **Sexual Assault Centre in Victoria** was referenced numerous times as an example of a model that works well. The **Disability Alliance of BC** was also held up as a good model of community partnerships and advocacy. Reference was also made to the innovative training programs offered by **Ending Violence Association of British Columbia (EVA BC)**. Participants also recommended that government look at examples of joint policy and cross-sectoral work that worked well in other circumstances, such as the COVID pandemic.

THEME 7: MORE INTEGRATION AND CONNECTION BETWEEN COMMUNITIES

A few participants shared that remote communities faced huge transportation barriers and that some small and isolated communities do not always have access to victim services (whether community-based or police-based services) or other services (e.g., acute health care). One participant described efforts to establish a CYAC in their community since 2017 running into challenge after challenge, and recommended mandated partnerships with RCMP and CYACs. Another participant reported that smaller communities outside Kamloops aren't properly connected with critical services for health, sexual assault forensic examination or counselling and that better inter-community coordination is required to facilitate access to services for survivors who do not live in 'hub' areas.

THEME 8: INTER-PROVINCIAL COORDINATION

We heard the need for more inter-provincial support for survivors, and for the agencies assisting them, as survivors sometimes need to move to escape abusers and often can't get support in other provinces.

THEME 9: COORDINATION AROUND USE OF LANGUAGE

Some participants highlighted that agencies within and across sectors coordinate to ensure the use of more intentional language in policies, policy names and how GBV is talked about more broadly.

THEME 10: COORDINATION FOR MARGINALIZED POPULATIONS

We heard that specific groups were experiencing compounded barriers as a result of lack of coordination between policies, sectors and services. A few participants referred to a 'quasi-criminalized state' for sex work in legislation, and urged **legislative reform** to provide safe spaces for **sex workers** as well as increased efforts to address the **stigma** surrounding sex work and to decouple it from human trafficking; policies to ensure the health and safety of sex workers become more of a priority for the system; and reforms to end housing discrimination against sex workers.

One respondent highlighted that while we often hear of 'the pink tax' which refers to hidden costs for women, there is also a "brown tax" where **racialized peoples** have to pay for their own therapy and counselling. We heard that coordination efforts should focus not only on improving access to services (bare minimum) but also on improving accessibility for **persons with a disability**. This included creating spaces for minors without requiring them to get parental consent.

We heard that coordination efforts must enhance the **protection of Indigenous women** by acknowledging Indigenous frameworks, ensuring representation of Indigenous people in engagement processes, enabling women to stay on-reserve and close to their communities instead of leaving for safety, and securing them access to Indigenous providers and peer support groups. We also heard of the importance of navigators and advocates for Indigenous women, to help them navigate not only the system, but the bias encountered within it.

"The conflation between sex work and trafficking is a real problem for folks trying to access services, and service organizations need to be educated on the difference. I've talked to sex workers who don't access police or other sexual response service organizations because they don't want to be labeled a trafficking victim."

"It is safer to conduct sex work from home, than on the street or other places, however, that is criminalized as well."

KEY INSIGHTS ON COORDINATION

Participants described the importance of prioritizing the following areas for coordination:

- Increase funding and support for cross-sectoral and multidisciplinary models, in particular community-based approaches and partnerships. The latter are especially critical since most survivors of GBV do not formally report cases or seek formal support services;
- Enable men to use GBV funding to access support services including counselling;
- Expand the availability of and access to wraparound models of supports and services that address the needs of GBV survivors in a holistic, timely and inclusive manner. Wrap-around supports should include the provision of system navigation and advocacy support for survivors that is trauma-informed and culturally appropriate.



- Expand Child and Youth Advocacy Centre (CYAC) supports for childhood sexual assault and add child and youth-specific community-based victim service workers directly into CYACs.
- Amend policies to mandate proactive referrals by policing agencies to community-based agencies providing support services to survivors.
- Promote information-sharing between service providers and between the health and justice sectors, and ensure that police were more proactive in providing direct referrals to community-based services where they exist;
- Establish mechanisms to monitor how policies and police mandates are implemented and to hold the relevant bodies and agencies accountable.
- Establish a Ministry or Minister similar to the [1991 BC Ministry of Women's Equality](#) that can oversee and lead all important work on GBV, and which is provided with appropriate resources and staff to move GBV-related actions forward;
- Increase the availability of and access to housing and transitional spaces for survivors;
- Promote more consistent Sexual Assault Nurse Examiner (SANE) and physician examiner training.
- A coordinated, cross-sector provincial sexual assault policy should include health, education, justice, child protection and community-based social service agencies, and also bring marginalized people into conversations on policy planning and policy implementation.
- Cross-sector coordination should prioritize services and resources beyond the immediate crisis response, and look to models of holistic healing, as well as transformative and restorative justice.
- Expand the integration of inter-community coordination within the province as well as inter-provincial coordination for survivors who require support in other provinces.
- Reform provincial legislation to provide safe spaces for sex workers and increase efforts to address the stigma surrounding sex work.
- Speed up the process by which mandated training on trauma-informed practice will be completed by police from its current timeline of 2024;⁴
- Address rape culture on and off campuses and formulate minimum standards for sexual violence policies at Post Secondary Institutions (PSIs).
- Invest in more data collection related to GBV and its impacts from across multiple sectors, and disaggregate data and experiences. Examples included data on GBV from PSIs, data on how many people (and who) are accessing services and data about the extent to which third party reporting is being used and why uptake is not greater.

⁴Provincial policing standards require all training for police on trauma-informed practice to be completed by July 2024.

ROUNDTABLE ON ADVANCING EQUITY

On April 8, 2022, 33 stakeholders gathered for the fifth and final roundtable in this engagement series on the topic of Advancing Equity. Equity was a cross-cutting issue discussed in all of the roundtables that formed part of this engagement process. During this particular roundtable, participants were asked to focus on equity-related themes or groups that were missing from what we had already heard. An overview of the key themes we heard in discussion are presented below.

THEME 1: INTERSECTIONAL APPROACHES

Participants highlighted the vital importance of including people at the intersections of some of the groups already identified. We heard that the following groups and issues were missing from what we'd already heard, or were groups impacted in particular by stigmatization:

- Métis people who do not have access to First Nations Health Authority (FNHA) sponsored programs;
- Persons experiencing homelessness or precarious housing;
- Persons in supportive housing who may face barriers to disclosing or reporting (including destabilizing their housing situation);
- People or persons who use substances;
- Persons with cognitive issues;
- People living in Canada with a precarious immigration status;
- Senior women;
- Youth involved in sex work;
- Interconnection between disability justice and sex work justice;
- The need to untangle sexual orientation and gender identity given that the lived experiences (and barriers) are very different and to recognize the diversity and intersections between 2SLGBTQ+ people;
- The need to recognize that Indigenous groups are not homogenous and that services must reflect the diversity of Indigenous cultures;
- Support for parents who use substances including safe childcare during health/mental health appointments or attendance at rehabilitative programs;
- Seniors whose first language isn't English or French;
- Older generations with limited ability to access online resources/supports.

Many participants also drew attention to the need to acknowledge that there are **unsafe spaces for transgender and gender-diverse people** within the anti-violence sector as well as discrimination in access to services. We also heard that **sex workers** are often unable to meet eligibility criteria for access to supports and resources.

Most participants agreed that the development and implementation of policies, funding decisions, legislative updates and program priorities be informed by an **intersectional analytical lens**. One example provided was the **GBA+ framework**.

THEME 2: PROTECTION FOR INDIGENOUS CHILDREN

Several participants drew attention to the disproportionate number of Indigenous children in care. Participants reported that children were being put into non-Indigenous foster homes. We heard reference to echoes of the historical taking of Indigenous children from their families. We also heard of the difficulties experienced by grandmothers who want to care for their grandchildren but cannot due to historical records showing past difficulties, since healed. A number of participants expressed concern about the rights of grandmothers and about the voices of mothers in these scenarios.

We heard of the B.C.'s Representative for Children and Youth (RCY) report, "At a Crossroads" which states that almost 70% of children in care are Indigenous, and a previous study by Mary Ellen Turpel-Lafond which found that Indigenous girls in the B.C. welfare system are as much as four times more likely to be victims of sexual violence than non-Indigenous girls.

"Indigenous women and mothers need a voice in addressing this. The theft of our children is part of that 'normalized violence' that we need autonomous indigenous women's groups to address."

"I would like to see the police implement the PCEPA (Protection of Communities and Exploited Person's Act). There are far too many Indigenous children who are trafficked and end up in prostitution."

THEME 3: ANTI-BLACK RACISM

Some participants referred specifically to **anti-Black racism** and the need to "take into account the history of mistrust when it comes to the medical industrial complex". The medical industrial complex here refers to the countless ways in which the medical system and the pharmaceutical industry have experimented on, neglected Black people's health and perpetuated systemic racism. This trend has been widely documented by academics and experts. We heard that this prevalent systemic racism impacts whether GBV survivors will seek care and how it will be sought, if at all.

We also heard that the intersection of anti-Black racism and criminalization of Black bodies impacts how GBV is supported in and outside the community, and the heavy stigma around mental health in Black communities. All of these required sensitivity and contextual understanding.

Participants also described police violence against Black bodies and stonewalling when they ask for investigation or accountability.

THEME 4: PEER-BASED SERVICES

Peer-to-peer services were highlighted as much more effective for providing service supports as well as education. Some participants referred to the benefit of connecting with, and hearing from people who have been in similar situations. Others highlighted that for marginalized people, peer-based services are "less paternalistic" and "balance out" power dynamics. A participant provided the example of the BC Bad Date & Aggressor Reporting (BDAR) Project⁵, a sex worker-led response to report violent incidents or safety concerns to peer and/or outreach workers. As mentioned elsewhere in the report, third-party reporting often does not work for sex workers, and so the BDAR tools and system are important peer-based alternatives.

⁵For more information on the BC BDAR project, see <https://bcbdar.org>

THEME 5: INCLUSIVE TRANSITION HOUSES

We heard a need for transition houses to create safety for gender-diverse people and to have the capacity to work with immigrants and refugees. An example was shared of a satellite service that worked with all transition houses to provide language and cultural support instead of having one dedicated house for immigrants and refugees.

THEME 6: SOCIAL DETERMINANTS OF GBV

Most participants agreed that there was no meaningful way to advance equity without addressing structural determinants that create the conditions in which violence is more likely to occur, or impact what access survivors may have to supports. Participants underlined the link between poverty and GBV and the need to address economic barriers in a meaningful way. Some referred to the *45 Feminist Demands to End Male Violence against Women*⁶, one of which is a call for universal, guaranteed livable income. We heard that many women stay in dangerous situations or return to them for financial reasons, and that “it is critical to address systemic issues such as poverty and patriarchy if we want to get to the heart of GBV”.

“Women forced to leave a two-income, two-parent household suddenly are at a great disadvantage. Help prepare women to transition into living independently and sustaining themselves and their children.”

“Enable women more autonomy to make decisions for themselves – allow them to be able to arrive at the decision to leave their abuser as soon as possible because they don’t have to worry about not being able to manage alone.”

We heard of the importance of addressing the gender wage gap and lack of childcare and the many ways in which ‘normalized violence’ against women shows up in society. We heard that poverty impacts how individuals are able to access supports and services, as well as how they are treated when they do.

THEME 7: MONITORING, EVALUATION, ACCOUNTABILITY AND ONGOING LEARNING

Participants commented on the importance of coordinated monitoring, evaluation, accountability and ongoing learning in the sector. We heard of the importance of **disaggregated data collection** on GBV cases, including numbers of cases being reported through both formal and third-party channels, and who is accessing services. With respect to evaluation, participants spoke to the need to decolonize **evaluation** processes. This meant focusing on process evaluation not just outcome evaluation and incorporating more qualitative ways of assessing the sector’s work. A significant theme for **accountability** was the need to create oversight agencies to i) monitor and respond to policies and standards not being implemented and ii) investigate and hold police agencies accountable for wrongdoing.

Participants also noted that marginalized communities should be brought into discussions of accountability. We heard that participants valued building in **iterative processes** to support **ongoing learning and problem-solving**. Participants underscored the importance of “**networks of women**, to lift each other up” and of establishing Indigenous Women’s Councils to support capacity development and Indigenous women’s leadership in our communities. One participant summarized it this way:

⁶The Vancouver Rape Relief and Women’s Shelter drafted 45 Feminist Demands to End Male Violence against Women as its submission for Canada’s National Action Plan on Gender Based Violence. The 45 Feminist Demands can be accessed at <https://rapereliefshelter.bc.ca/45-feminist-demands-to-end-male-violence-against-women>.

"On-going learning occurs in 'talking circles' or 'consciousness-raising' groups. As Paulo Freire says, 'Teachers are Learners and Learners are Teachers'. In Indigenous communities, particularly those coming from Matriarchal Traditions, it's important to re-empower Matriarchs through supporting autonomous women's groups."

KEY INSIGHTS ON ADVANCING EQUITY

Participants shared the following ideas for opportunities to advance equity:

- Ensure an intersectional approach to the development of policies, programs and legislation, taking into account those groups most marginalized and stigmatized. The GBA+ framework was recommended as an example of an intersectional lens;
- Address legislative, policy and socio-cultural barriers that prevent sex workers accessing services. This includes stereotypes of sex workers who experience violence as being cisgender women (being hurt by cisgender men), which leaves out male, non-binary, trans and other sex workers who experience violence in sex work, and who may have even fewer support services or safe avenues to report the violence available to them;
- Address unsafe spaces for transgender and gender-diverse people and sex workers within the anti-violence sector. This includes acknowledging and addressing how the criminalization and stigmatization of sex work, creates situations where sex workers of all genders are more likely to face higher rates of violence while on the job than workers in other industries;
- Address the specific vulnerabilities of Indigenous children in the foster-care system;
- Ensure that transition houses and shelters are inclusive and safe for all including immigrants, refugees and gender-diverse people;
- Establish mechanisms for disaggregated data collection with respect to GBV such as case numbers being reported via formal or third-party channels and who is accessing support services;
- Decolonize evaluation processes by focusing on process, and qualitative assessments;
- Establish agencies to monitor the implementation of commitments, mandate and standards and hold agencies accountable for non-compliance;
- Establish an oversight agency to monitor and hold police agencies accountable for police wrong-doing;
- Create Indigenous Women's Councils to support capacity development and Indigenous women's leadership in our communities.

